



Haematology Specialist Nurse support and patient assessment/information offered at all appropriate stages of the patient pathway. Supportive and Palliative Care Pathways followed

Appendix

Title	Greater Manchester Cancer Myeloma Patient Pathway
Author & Owner	Greater Manchester Cancer

Version Control		
Version/ Draft	Date	Revision summary
1.0	06.05.2019	Draft for review
2.0		Approved

Pathway Details/Supporting Information

This pathway also incorporates the supportive and palliative care pathways. Key discussion points, contacts with the Key-Worker, holistic assessment points and key information points are identified by symbols along the pathway. The Patient Information Pathway supports the steps in the myeloma pathway such as referral, diagnostic procedures and tests, diagnosis, treatments, side effects and support services. Additional national resources or information to meet patient/carer needs may be offered at any stage along the pathway.

a) First Appointment

- All 2WW referrals are to be seen within 7 days and the latest within 14 days of referral
- Emergency cases such as renal failure or cord compression are to be seen immediately

b) Diagnosis

The diagnosis of myeloma can arise from an initial contact from primary, secondary or tertiary care. A significant proportion of patients will present through the renal department and to a lesser extent orthopaedic or spinal surgeons. The diagnosis of myeloma needs a monoclonal paraprotein (PP) and/or serum free light chains (SFLC) plus an excess of plasma cells to >10% in the bone marrow. The diagnosis of symptomatic myeloma needs the presence of CRAB criteria (hypercalcaemia, renal impairment, anaemia, bone lesions such as lytic lesions or osteoporosis) or as per International Myeloma Working Group (IMWG) guidance

- Bone marrow plasma cell percentage $\geq 60\%$
- SFLC ratio ≥ 100
- More than one focal bone lesion >0.5 cm on MRI studies

There is an importance for education and audit within this pathway to ensure the diagnosis is thought of and considered early on with appropriate investigations initiated in primary care.

- Assessment carried out includes full examination of patient
- Baseline bloods incl FBC, Biochemical profile, LDH, CRP, immunoglobulins/PP/SFLC, urate
- Bone marrow aspirate, trephine, flow cytometry and FISH
- Whole body MR or low-dose CT or PET-CT (Skeletal survey only if no other test possible)
- Virology screening for HepB, HepC and HIV should be done prior to starting treatment; additional virology tests as appropriate for transplant candidates
- Letter to GP re consultation

c) Specialist MDT Discussion

- Patient treatment plan/management plan discussed at relevant Specialist Haematology MDT (listed below) in line with Manchester Cancer guidelines:
Central Sector (Manchester Foundation Trust)
North East Sector (Royal Oldham)
North West Sector (Salford Royal, Bolton, Wrightington, Wigan & Leigh)
South Sector (The Christie, East Cheshire, Stepping Hill, Tameside)

- Refer to Level 2a/b according to trial/chemotherapy required and level 3 if transplant eligible
- Refer to Radiation Oncology at The Christie if radiotherapy is required
- Refer to Spinal Surgeons at Salford if stabilisation surgery of spine is required
- Refer to local orthopaedic surgeons or for more complex matters to Birmingham Orthopaedic Surgery
- Participation in a clinical trial to be considered where available

c) Consultation for Diagnosis

- Patient attends clinic or is seen on ward/Day unit to discuss diagnosis and treatment plan
- Clinical trial options discussed with patient
- Holistic assessment undertaken at diagnosis, disease progression or change in circumstances
- Breaking Bad News – CNS and family/carer to be present where possible
- Contraception and fertility issues to be discussed and referral to Reproductive Medicine Unit made if appropriate
- GP to be informed of cancer diagnosis within 24 hours of discussion with patient
- Patient to be offered summary of the consultation at which the treatment options were discussed.
- Patients should have access to information in different formats as appropriate i.e. written / video / different languages / for those with visual/hearing impairment etc
- Patients should be offered to receive copies of letters sent to their GP

d) First Definitive Treatment

- Chemotherapy and/or Radiotherapy as indicated
- Supportive care (blood products, hydration and tumour lysis prophylaxis as indicated)
- Palliative Care
- Clinical Trial if available/appropriate

Designated level 3 facilities - Manchester Royal Infirmary and The Christie

e) Survivorship

Provide treatment summaries for people with myeloma (and their GPs). Discuss these with the patient, highlighting personal and general risk factors, including late effects related to their treatment.

Provide information to people with myeloma when they complete treatment about how to recognise possible relapse and late effects of treatment. Provide advice on who to contact through their key worker at any time point.

References

<https://pathways.nice.org.uk/pathways/myeloma>