

Top Tips Urgent Suspected Haematology Referrals

LEUKAEMIA / ABNORMAL FULL BLOOD COUNT

1. An unexplained **abnormal full blood count (FBC)** is not, in itself, usually a good reason to send an Urgent Suspected Cancer (USC) referral to Haematology. Only refer USC if:
 - Parameters meet criteria for a [highly abnormal FBC result](#) e.g. WBC>50, neutrophils <0.5 on two tests 1 week apart, isolated platelet count <50 or >1000, etc – see link.
 - Abnormal / out of range results for >1 cell line (red cell, white cell, platelets).
 - Abnormal results associated with [specifically defined red flag symptoms](#).
2. In all other patients with an unexplained abnormal FBC:
 - Consult [local haematology guidelines](#) to consider if there is an existing explanation.
 - If still unexplained, refer routinely or seek advice from a haematologist - they can recommend if the patient needs to be seen urgently.

MYELOMA

3. Multiple myeloma is more common in individuals who are over the age of 65. It occurs 2-3 times more frequently in black people compared to white and Asian populations.
4. Consider myeloma in people at risk in the following situations:
 - Those with “CRAB” clinical signs:
Raised Calcium / Abnormal Renal function / Anaemia / Back pain
 - Unexplained pain, especially severe or persistent back pain or vertebral fracture/s
 - Concerning, non-specific symptoms, especially if unexplained abnormal blood results e.g. raised ESR or immunoglobulins.
5. To investigate for possible myeloma, obtain the following tests:
 - FBC, ESR or plasma viscosity, creatinine, adjusted/corrected serum calcium, immunoglobulins (IgG/A/M), serum protein electrophoresis (for paraprotein), Serum Free Light Chains assay (Bence Jones urine protein if SFLC unavailable).
6. Refer USC if:
 - Monoclonal band on electrophoresis at level meeting [USC referral criteria](#)
 - Elevated serum free light chains with abnormal ratio meeting [USC referral criteria](#)
 - Bence Jones protein present
 - Paraprotein at any level in the presence of one or more of the following:
 - unexplained hypercalcaemia or renal impairment
 - unexplained anaemia, hypercalcaemia or raised globulins
 - cytopaenia
 - bone pain or radiological findings suggestive of myeloma.

LYMPHOMA

7. Most solitary or small lymph nodes can be observed with review. If more reassurance is needed, an ultrasound can be obtained to exclude concerning features on imaging.
8. Refer USC if there is lymphadenopathy which persists for more than 6 weeks or where lymph nodes are larger than 2cm or are increasing in size.
9. Ask about symptoms associated with lymphoma, particularly:
Fever • Shortness of breath • Night sweats • Pruritus • Weight loss • Alcohol induced lymph node pain