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## New Guidelines for Serum Free Light Chain Assays

International Myeloma Working Group, September, 2008

In September of 2008, *Leukemia* published guidelines developed by the International Myeloma Working Group for serum free light chain analysis in multiple myeloma. The International Myeloma Working Group is made up of 90 leading myeloma researchers from around the world who collaborate on a broad range of myeloma research projects. With a goal to improve myeloma treatment options and diagnostic systems, their work focuses on protocols to provide a more durable remission for myeloma patients while improving quality of life, addressing the needs of both myeloma patients and the physicians who treat them. And the serum-free light chain analysis guidelines are the result of this collaboration.

Serum free light chain assays are capable of detecting free light chains at their normal (non-elevated) levels in the blood. Importantly, these assays can detect mildly increased levels of free light chains even when these levels are undetectable by other means of testing. This means that multiple myeloma could be detected earlier and it is particularly useful in instances when only small amounts of light chains are produced by the myeloma.

For those unfamiliar with serum-free light chain assays, please follow this link to the International Myeloma Foundation's ***Understanding Serum Free Light Chain Assays*** booklet: [http://myeloma.org/pdfs/u-freelite-eng\\_d2-web.pdf](http://myeloma.org/pdfs/u-freelite-eng_d2-web.pdf)

The key recommendations from the International Myeloma Working Group's guidelines are:

The serum free light chain (serum FLC) assay in combination with serum PEL (serum electrophoresis) and serum IFE (serum immunofixation) is sufficient to screen for pathological monoclonal plasmaproliferative disorders other than AL (light chain amyloidosis) which requires all the serum tests as well as 24 h urine IFE.

The serum FLC assay should be measured at diagnosis for all patients with MGUS, smoldering or active multiple myeloma, solitary plasmacytoma and AL amyloidosis.

Serial serum FLC ascertainment should be routinely performed in patients with AL amyloidosis and multiple myeloma patients with oligosecretory disease.

It should also be done in all patients who have achieved a CR (complete response) to determine whether they have attained a stringent CR.