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Mayo Stratification for Myeloma And Risk-adapted Therapy

Screening for Monoclonal Gammopathies

Version 1 //last reviewed Feb 2024

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- Screening is not recommended for monoclonal gammopathies in the general population. We await the results of the Icelandic randomized study, iStopMM, which is testing the value of population-based screening.
- We recommend that one-time screening for monoclonal gammopathies be considered in "high-risk" subpopulations (outlined below) with a high (estimated to be up to 25%) prevalence of monoclonal gammopathies as the potential benefits may outweigh the risks:
 - Black people age ≥ 40 years, with one or more relatives affected with multiple myeloma or a related disorder, and
 - People from any other racial/ethnic groups age ≥ 40 years with two or more relatives affected with myeloma or a related disorder.

Rajkumar SV. The screening imperative for myeloma. *Nature* 587, S63 (2020) <https://www.nature.com/articles/d41586-020-03227-y>

Iceland screens, treats, or prevents multiple myeloma (iStopMM): a population-based screening study for monoclonal gammopathy of undetermined significance and randomized controlled trial of follow-up strategies. *Blood Cancer J.* 2021;11:94. [PMID: 34001889]

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- The goal of ‘limited screening’ [with serum monoclonal protein studies (serum protein electrophoresis (SPEP), serum immunofixation (or equivalent), and serum free light chains (sFLCs)] is early identification of the subset of patients with high-risk smoldering myeloma or early myeloma that may benefit from further evaluation, closer monitoring and participation in clinical trials. The potential risks of screening include the inconvenience related to additional investigations, psychological impact of the diagnosis on the quality of life, the cost of follow-up and implications on the individual’s health insurance. As mentioned earlier, in the high risk populations for whom screening is recommended, the potential benefits may outweigh these risks.

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