

Two week wait referral to Haematology:

Service comments

1) Immediate admission for specialist assessment:-

- Acute leukaemia suspected by blood film
- Symptoms of metastatic spinal cord compression
- Others such as suspected ITP with platelets <10 or bleeding

2) 2 WW referrals

A) Myeloma:-

- Please ensure that a FBC, U+E, bone profile, Liver function, immunoglobulins and serum protein electrophoresis are checked.
- Polyclonal elevation of gammaglobulins are not associated with haematological malignancies and generally reflects inflammation or infection. This does not warrant haematological investigation.
- MGUS (monoclonal gammopathy of undetermined significance) is diagnosed if a low level paraprotein is detected (IgG usually <15g/L or IgA <10g/L) in the absence of lytic bone disease, renal impairment, anaemia, hypercalcaemia or other features of myeloma. MGUS occurs in 3% of the population over 50 years old and does **not** warrant a 2WW referral.

Please see guidance on what to do when a paraprotein is found.

If the results suggest myeloma in association with persistent bone pain, unexplained fracture, hypercalcaemia, anaemia or other presentation consistent with myeloma refer as 2WW.

B) Lymphoma:-

- Refer as 2WW if persistent for 6 weeks of >1cm LN or more, lymph nodes increasing in size, lymph nodes >2cm, widespread lymphadenopathy, associated splenomegaly / night sweats / itching / weight loss / alcohol induced lymph node pain.

Sweats alone with no other signs or symptoms have a very wide differential diagnosis and should not be referred as a 2WW ([please see sweats guidance](#)).

Investigation (to be performed in primary care at the time of referral):

Full history including travel, pets and employment. Full examination noting spleen size.

Bloods: FBC, CRP, U+E, LFT, bone profile, protein electrophoresis. HIV, hepatitis B and C, CMV, EBV, toxoplasma. **Please see Lymphadenopathy guidance.**

Referrer alert

Initial investigations

We ask that the initial investigations are performed before or at the time of referral in primary care to ensure the patient can be appropriately triaged and managed.

Conditions seen by other teams

- 1) Iron deficiency anaemia: please refer to gastroenterology for investigation and management of iron deficiency. If menorrhagia is the suspected cause please refer to the O+G team.
- 2) Haemochromatosis: please refer to gastroenterology
- 3) Haemostasis and thrombosis and anticoagulation advice: please refer to the haemophilia and thrombosis team.
- 4) Low B12 and folate.

Suspicion of chronic haematological malignancy please refer but not as a 2WW.

Where chronic bone marrow cancers are suspected these do not need to be referred as a two week wait. For example **chronic lymphocytic leukaemia, chronic myeloid leukaemia, myelodysplasia, myelofibrosis and the myeloproliferative neoplasms, chronic cytopenias.**