SHOULD MONITORING GUIDELINES FOR "IgM MGUS" AND DECISION TO TREAT BE DIFFERENT WHEN CARING FOR JEHOVAH'S WITNESSES

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Introduction: IgM monoclonal gammopathy of undetermined significance (MGUS) is a pre-malignancy that can progress to Waldenström's Macroglobulinemia, Chronic Lymphocytic Leukemia, AL Amyloidosis and rarely, Multiple Myeloma (1). It carries a higher progression risk compared to other gammopathies and increased risk of hyper viscosity syndrome (HVS) at levels above 6,000 g/dL (1-2). Guidelines suggest yearly visits for gammopathies in those without symptoms of weight loss, night sweats, fever, bleeding, organomegaly, neuropathy, or without labs showing anemia, elevated creatinine, calcium, serum or urine protein levels (3). We propose increased monitoring for these patients with additional studies due to increased risk of malignancy and HVS. This was our conclusion after treating a woman with IgM MGUS studying to become a Jehovah's Witness who was hospitalized within one year of her annual checkup. She had HVS with blurry vision and severe anemia due to progression to Waldenström's Macroglobulinemia.

Methods: We provided fluids, IV-iron, B-12, folate, erythropoietin, and two sessions of plasma exchange therapy.

Results: Patient reported improvement of her blurry vision, serum viscosity decreased from 7.9cP to 2.1cP, Hemoglobin rose from 4.6g/dL to 6.9g/dL. PT decreased from 22.4 to 16.5 seconds and PTT decreased from 53 to 37 seconds.

Conclusion: IgM MGUS has an increased inherent risk of progression to malignancy with increased risk of hyper viscosity syndrome relative to other gammopathies. Consider shortening follow up intervals to 6 months, especially for Jehovah's Witnesses and include iron studies, coagulation labs, and mixing studies to risk stratify patients who would benefit from earlier treatment initiation.

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