

[Abstract 17]

PROGNOSTIC FACTORS PREDICTING OUTCOME OF IGM MGUS

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Monoclonal gammopathy of undetermined significance (MGUS) of the IgM class was diagnosed in 213 Mayo Clinic patients who resided in the 11 counties of Southeastern Minnesota from 1960 –1994. The median age at diagnosis was 74 years and the median size of the serum M-protein was 1.2 g/dL. The 213 patients were monitored for 1,567 person-years (median 6.3 years) during which 71% died. During follow-up non-Hodgkin's lymphoma (n=17), Waldenström's macroglobulinemia (n=6), primary amyloidosis (n=3) and chronic lymphocytic leukemia (n=3) developed in 29 (14%) patients. The number of patients with progression to lymphoid neoplasms was 15.9 times that expected in the general population. The cumulative probability to progression to one of these disorders was 10% at 5 years, 18% at 10 years and 24% at 15 years. The overall average risk for progression was approximately 1.5% per year. Rates of death due to other diseases (cardiovascular, etc.) were 31% at 5 years, 52% at 10 years, and 65% at 15 years. Multivariate analysis revealed that only the concentration of the serum M-protein at diagnosis and the serum albumin value were independent predictors of progression. The risk of progression to lymphoma or a related malignancy 10 years after recognition of MGUS was 14% for an initial M-protein value of 0.5 g/dL or less and 41% for an IgM value of 2.5 g/dL. We concluded that the patients with IgM MGUS should be followed indefinitely.