<u>λ</u> <u>κ/λ</u>	Interpretation	• Serum free light chains (sFLC), serum marker; equivalent to BJP (NG35)	
orth West London F	FLC levels and ratio NORMAL – <u>No</u> <u>monoclonal FLCs</u> detected	<ul> <li>sFLC ratio ≤0.01 or ≥100: Myeloma related event (MRE), requiring urgent referral</li> </ul>	
rth W <b>N</b> st Lond <b>N</b> h F		Abnormal sFLC ratio in MGUS indicates higher progression risk	
orth West London F orth West London F orth West Lond 🛧 F	FLC ratio <u>HIGH</u> - Monoclonal <u>Kappa</u> FLCs (? Possible Myeloma, MGUS, NHL, AL amyloidosis, CLL)	<ul> <li>sFLC ratio ≤0.125 or ≥8 in smouldering/asymptomatic myeloma: ↑ progression risk</li> </ul>	
orth West London F		sFLC Ratio	Action
	FLC ratio <u>LOW</u> - Monoclonal <u>Lambda</u> FLCs (? Possible Myeloma, MGUS, NHL, AL amyloidosis, CLL)	a ≥100 or ≤0.01	Meets criteria for symptomatic myeloma <u>Urgent referral to Haematology</u>
rth W <mark>1</mark> st Lond		a >10 or <0.1	Abnormal serum free light chain ratio. Suggest referral and/or discussion w Haematology
rth West London F rth West London F rth W <b>1</b> st Lond <b>N</b> ⊧F	FLC Ratio NORMAL – <u>No</u> <u>monoclonal FLCs</u> detected (Potential causes of ↑sFLC: Infection, Inflammation, Autoimmune, Renal Impairment)	0.1 – 0.2 or 5 – 10	Mildly abnormal serum free light chain ratio. ?Possible Light Chain only MGUS, amyloidosis or other light chain disorder. Suggest discuss with Haematology
rth West London F rth West London F		a 0.2 – 0.25 or 1.66 – 5	Likely minor abnormality of sFLC. If normal serum electrophoresis, likely causes may include inflammation or impaired renal function. Suggest repear analysis in 3 – 6 months and consider 24hr urine Bence Jones protein

Chelsea and Westminster Hospital

Imperial College Healthcare

The Hillingdon Hospitals

