Criteria for Initiation of Treatment of Waldenstrom's Macroglobulinemia (WM)

Robert A. Kyle, MD

A patient must fulfill the diagnostic criteria of Waldenstrom's macroglobulinemia prior to initiation of therapy. This consists of a monoclonal IgM protein in the serum (no size limit) and a lymphoplasmacytic bone marrow infiltration of IgM^+, $CD5^-$, $CD19^+$, CD 20^+, and CD 23^-. A complete history and physical examination is essential. The presence of constitutional symptoms such as weakness, fatigue, fever, night sweats or weight loss as well as symptomatic hepatosplenomegaly or bulky lymphadenopathy are indications for therapy. In addition, a hemoglobin level < 10 g/dL, platelets < 100 x 10^9/L, hyperviscosity, symptomatic peripheral neuropathy, AL amyloidosis, symptomatic cryoglobulinemia or cold agglutinin disease are all indications for therapy. Hyperviscosity is characterized by oral or nasal bleeding, blurred vision or headache. In addition, vertigo, ataxia, or altered consciousness may be present. The serum viscosity level is of limited value and correlates poorly with symptoms. It is advisable to perform a funduscopic examination to look for the features of hyperviscosity in the fundus. Patients with IgM MGUS or smoldering WM should not be treated.