

Compliance with IMWG Diagnostic & Management Guidelines in Multiple Myeloma: A Clinical Audit at SKMCH



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39

patients audited

11 / 39

treated in-house

23 / 39

outside-hospital care

7 : 4

male : female

BACKGROUND

This audit measured adherence to IMWG recommendations for diagnostic work-up and supportive care in multiple myeloma, using a 90–100% target to identify gaps and guide improvement.

OBJECTIVE

Assess compliance with IMWG guidelines and identify priorities for practice improvement at SKMCH.

METHODS

- Study design: retrospective audit of medical records from, 1 Jan 2023–31 Jan 2026.
- Sample size: all newly diagnosed myeloma patients over three years.
- Demographics: Age, gender, comorbidities,
- Diagnostics: SPEP, immunofixation, free light chains, bone marrow, FISH/cytogenetics and imaging.
- Management: regimen, transplant referral, bisphosphonates, VTE prophylaxis and renal dosing.
- Outcomes: percentage adherence to each IMWG recommendations and documentation gaps.

DIAGNOSTIC WORK-UP

Test	Rate	n
SPEP	100%	11/11
Immunofixation	90.9%	10/11
Serum free light chain	100%	11/11
Bone marrow biopsy	100%	11/11
Cytogenetics	45.5%	5/11
FISH	0%	0/11
Imaging	100%	11/11

FISH was unavailable on site during the audit period.

MANAGEMENT & SUPPORTIVE CARE

Measure	Rate	n
Transplant referral	100%	11/11
Renal-adjusted dosing	100%	11/11
Bisphosphonate given	100%	9/9
VTE prophylaxis documented	100%	9/9
Transplant performed	27.3%	3/9
Lenalidomide maintenance	100%	9/9

TREATMENT PROFILE

Induction regimens (n = 11)

- VRd: 8/11 (72.7%) — bortezomib, lenalidomide and dexamethasone.
- VCd: 3/11 (27.3%) — bortezomib, cyclophosphamide and dexamethasone.

CONCLUSION

- Core diagnostics met the compliance target; immunofixation reached 90.9%.
- The major diagnostic gap was absent FISH testing and low cytogenetic use (45.5%).
- All treated patients received standard bortezomib-based triplets with renal-adjusted dosing.
- Supportive care was appropriate, however documentation can improve.
- Transplant referral were adequate (60%)

RECOMMENDATIONS

- Establish an on-site or referral FISH pathway.
- VTE prophylaxis can be improved – it is recommended that in line with IMWG-enoxaparin /DOACS can be used in high risk patients .
- Audit transplant barriers and repeat the cycle after corrective action.