

Indications for Treatment

Robert Kyle, MD

The diagnosis of WM includes the presence of an IgM monoclonal protein and bone marrow infiltration with IgM⁺, CD5⁻, CD19⁺, CD 20⁺ and CD 23⁻lymphoplasmacytic cells. Smoldering WM, chronic lymphocytic leukemia, mantle cell lymphoma, multiple myeloma and AL amyloidosis must be excluded. Treatment of WM should not be started simply because a diagnosis of WM has been made. Indications for treatment include constitutional symptoms such as weakness, fatigue, weight loss, fever or night sweats. Treatment is necessary if the hemoglobin is < 10 g/dL or the platelets < 100 x 10⁹/L. Symptomatic hepatosplenomegaly or bulky lymphadenopathy are also indications for therapy. Symptomatic hyperviscosity, severe peripheral neuropathy, AL amyloidosis or symptomatic cryoglobulinemia are additional indications for therapy.