Overview

Useful For
Prognosis assessment of multiple myeloma

Evaluation of renal tubular disorders

Testing Algorithm
See Laboratory Screening Tests for Suspected Multiple Myeloma in Special Instructions.

Special Instructions
- Laboratory Screening Tests for Suspected Multiple Myeloma

Method Name
Nephelometry

NY State Available
Yes

Specimen

Specimen Type
Serum

Specimen Required

Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Specimen Volume: 1 mL

Forms
If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:
- General Request (T239)
- Renal Diagnostics Test Request (T830)

Specimen Minimum Volume
0.5 mL

Reject Due To

<table>
<thead>
<tr>
<th>Condition</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Gross hemolysis</td>
<td>OK</td>
</tr>
<tr>
<td>Gross lipemia</td>
<td>OK</td>
</tr>
<tr>
<td>Gross icterus</td>
<td>OK</td>
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</table>
Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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</thead>
<tbody>
<tr>
<td>Serum</td>
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<td>28 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
<td>28 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ambient</td>
<td>14 days</td>
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Clinical and Interpretive

Clinical Information

Beta-2-microglobulin (beta-2-M) is a small membrane protein (11,800 Dalton) associated with the heavy chains of class I major histocompatibility complex proteins and is, therefore, on the surface of all nucleated cells. The small size allows beta-2-M to pass through the glomerular membrane, but it is almost completely reabsorbed in the proximal tubules.

Serum beta-2-M levels are elevated in diseases associated with increased cell turnover. Levels are also elevated in several benign conditions such as chronic inflammation, liver disease, renal dysfunction, some acute viral infections, and a number of malignancies, especially hematologic malignancies associated with the B-lymphocyte lineage.

In multiple myeloma, beta-2-M is a powerful prognostic factor and values <4 mcg/mL are considered a good prognostic factor.

In renal tubular disease, serum levels are low and urine levels are high. Although urine beta-2-M has been used to assess tubular dysfunction, it is not stable in urine below pH 5.5.

See Laboratory Screening Tests for Suspected Multiple Myeloma in Special Instructions.

Reference Values

1.21-2.70 mcg/mL

Interpretation

Serum beta-2-microglobulin (beta-2-M) <4 mcg/mL is a good prognostic factor in patients with multiple myeloma. In a study of pretreatment serum beta-2-M levels in 100 patients with myeloma it was reported that the median survival of patients with values >4 mcg/mL was 12 months, whereas median survival for patients with values <4 mcg/mL was 43 months.

Cautions

No significant cautionary statements

Clinical Reference


### Performance

#### Method Description
Concentrations of beta-2-microglobulin are determined by nephelometry. (Instruction manual: Siemens Nephelometer II Operations. Siemens, Inc., Newark, DE)

#### PDF Report
No

#### Day(s) and Time(s) Test Performed
Monday through Saturday; 3 p.m.

#### Analytic Time
Same day/1 day

#### Maximum Laboratory Time
2 days

#### Specimen Retention Time
14 days

#### Performing Laboratory Location
Rochester

### Fees and Codes

#### Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

#### Test Classification
This test has been cleared or approved by the U.S. Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

#### CPT Code Information
82232
**Test Definition: B2M**
Beta-2-Microglobulin, S

### LOINC® Information

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<td>Beta-2-Microglobulin, S</td>
<td>1952-1</td>
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<table>
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