National Comprehensive Cancer Network®

2026

NCCN Guidelines for Patients®

Cancer care recommendations from leading experts at the National Comprehensive Cancer Network® (NCCN®)

Hodgkin Lymphoma in Children



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Available online at NCCN.org/patientguidelines



NCCN Guidelines for Patients®

The essential guide for people facing cancer.

Based on care recommendations from leading cancer experts.

Explains high-quality cancer care provided at state-of-the-art cancer centers.

Reviewed and revised every year.

Did you know that top cancer centers across the United States work together to improve cancer care? This alliance of leading cancer centers is called the National Comprehensive Cancer Network® (NCCN®).

Because cancer care is always evolving, NCCN develops and frequently updates evidence-based cancer care recommendations used by health care providers worldwide. These recommendations are known as the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®).

The NCCN Guidelines for Patients plainly explain these expert recommendations, so you can talk with your care team about the best care for you.

These NCCN Guidelines for Patients are based on the NCCN Guidelines® for Pediatric Hodgkin Lymphoma, Version 1.2026 — May 13, 2026.

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About Hodgkin lymphoma in children

5 What is Hodgkin lymphoma?

6 What are the types of Hodgkin lymphoma?

7 How is Hodgkin lymphoma in children treated?

7 How can I get the best care?

While Hodgkin lymphoma (HL) is an uncommon cancer, it is the most commonly diagnosed cancer in young people 15 to 19 years of age.

HL is very treatable and can often be cured. This is because the treatments for HL have become safer and more effective. But side effects of treatment can happen years after treatment is over. Long-term follow-up is essential.

What is Hodgkin lymphoma?

Hodgkin lymphoma (HL) is a cancer of cells called lymphocytes that are found in the lymph nodes and the lymphatic system. The lymphatic system helps the body fight infection and disease. It's part of the immune system and has hundreds of small structures, called lymph nodes, located throughout your body.

HL spreads in lymphatic fluid that travels through vessels from one group of lymph nodes to the next. It can also affect other parts of the lymphatic system, including the spleen, thymus, and tonsils. If left untreated, it will spread to tissue and organs of the lymphatic system.

HL in children

Most people with HL are diagnosed between 15 and 39 years of age, or after 55 years of age.

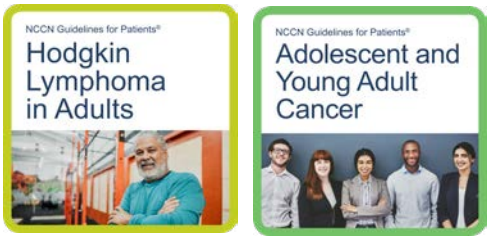
When HL is diagnosed in younger people, it's called pediatric HL. This can be confusing because pediatric HL—and the treatment recommendations in this guide—are used for children, adolescents, and young adults up to 39 years of age who have been diagnosed. Other things to know about HL in younger people include:

- HL is less common in children between 5 and 14 years of age. It's very rare in children under 5 years of age.
- Depending on the treatment center, adolescents and young adults (AYAs) may have their cancer care managed by a pediatric or an adult oncologist. An oncologist is a doctor who is an expert in diagnosing and treating cancer. An AYA with cancer is a person 15 to 39 years of age at the time of initial cancer diagnosis. AYAs have unique needs and challenges.
- Some treatment recommendations in this guideline apply to people over 18 years up to 39 years of age.

More information is available on:

- Treatments for HL in adults
- Concerns that may be unique to AYAs

at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



What are the types of Hodgkin lymphoma?

HL is divided into 2 types called classic Hodgkin lymphoma and nodular lymphocyte-predominant Hodgkin lymphoma.

Classic Hodgkin lymphoma

Most people diagnosed with HL have classic Hodgkin lymphoma (CHL). There are 4 types of CHL:

- Nodular sclerosis (most common)
- Mixed cellularity
- Lymphocyte rich
- Lymphocyte depleted (least common)

While all of these types are considered CHL, they look different under a microscope. They may also behave differently. For example, some types are more likely to cause symptoms than others. The CHL treatment information in this guide applies to all 4 types.

What are lymphocytes?

Lymphocytes are a type of white blood cell.

They are part of the immune system that helps the body fight cancer and other diseases.

Nodular lymphocyte-predominant Hodgkin lymphoma

Only about 1 in 20 people with HL have nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL). This rare type tends to grow slowly. But, over time, NLPHL can become an aggressive type of non-Hodgkin lymphoma called diffuse large B-cell lymphoma.

Peer support

Adolescents and young adults living with cancer may benefit from social and emotional support from their peers.



How is Hodgkin lymphoma in children treated?

First steps involve lab tests and imaging. The results will be used to develop a treatment plan, which may include a clinical trial.

Treatment plan

Systemic therapy with chemotherapy and possibly immunotherapy is effective and widely used for Hodgkin lymphoma. Surgery is often done before systemic therapy to remove cancer in people with NLPHL.

Other treatments include:

- Radiation therapy
- High-dose chemotherapy with hematopoietic cell transplant (HCT) that may be used to treat cancer that returns after primary treatment. You can read about HCT in *Chapter 4: Types of treatment*.

After treatment

HL and its treatment can cause serious health issues many years later. Long-term follow-up care is essential. This is discussed in *Chapter 7: When primary treatment is over*. In Chapter 8, you can read about what happens if HL comes back after primary treatment.

How can I get the best care?

Advocate for yourself. You have an important role to play in your care. Many people feel more satisfied when they actively take part in planning their cancer care.

How this guide can help you

Making decisions about cancer care is stressful. There's a lot to learn, and you don't know what the future holds.

Use this guide to get the information and support you need.

Patients, doctors, and other health care professionals trust the NCCN Guidelines for Patients. This guide uses clear, everyday language to explain current cancer care recommendations made by respected experts in the field. Their recommendations are based on the latest research and practices at leading cancer centers.

Your health is unique to you, so your cancer care should be, too. As you read this guide, you'll learn which treatments are likely to provide the best results for you. And you'll be better prepared to talk with your care team.

The NCCN Guidelines for Patients will help you play a larger role in your care. Discuss the recommendations in this guide with your care team. Ask questions about your options and share your goals and concerns.

Don't know what to ask? You're not alone. That's why we include suggested questions to ask at the end of chapters.

Keep reading to find the best care for you.

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Testing for Hodgkin lymphoma

9 Symptoms suggestive of Hodkgin lymphoma

10 Testing to confirm Hodgkin lymphoma

10 Essential testing and care

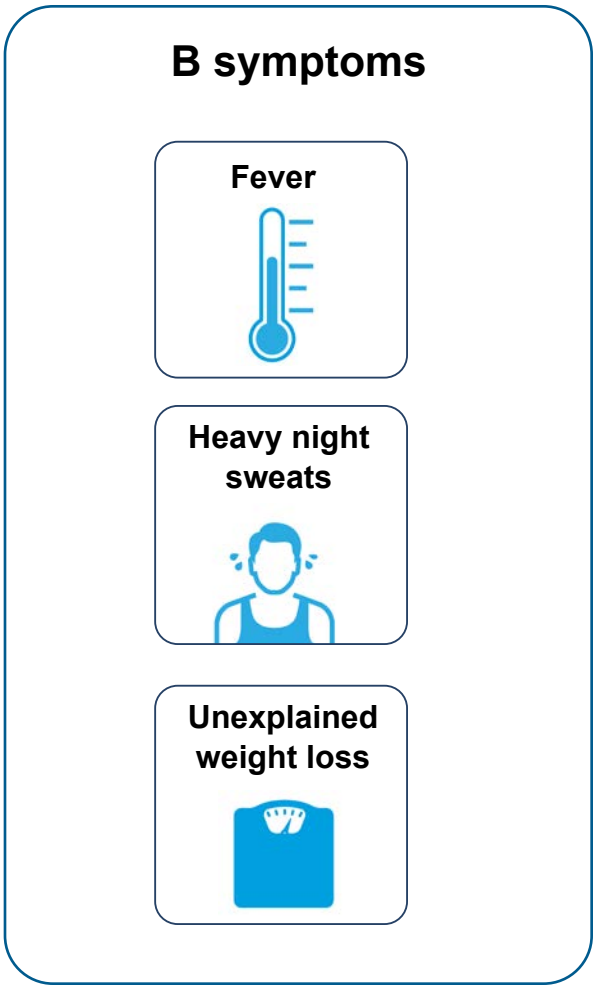
14 Tests that are sometimes useful

15 Key points

15 Questions to ask

Hodgkin lymphoma (HL) can cause symptoms, but not always. Having symptoms can affect how HL is treated. In this chapter, you can learn about these symptoms.

You can also learn about the tests used to diagnose and stage HL in people up to 39 years of age. The tests help your care team learn if you have classic Hodgkin lymphoma (CHL) or nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL) and decide how to treat it.



Symptoms suggestive of Hodkgin lymphoma

Hodgkin lymphoma (HL) can cause symptoms. Often, the first symptom is one or more swollen lymph nodes.

Lymph nodes are small, bean-shaped structures that filter out foreign particles; germs; and harmful cells, including cancer cells.

HL can also affect other parts of the body.

B symptoms

Three symptoms help diagnose HL and decide treatment. These are called B symptoms. They are:

- Unexplained high fever (above 100.4 degrees Fahrenheit)
- Heavy, drenching night sweats
- Noticeable weight loss without trying

Other symptoms

Other symptoms may be related to HL. It's important to tell your care team if you have any of the following symptoms:

- Itchy skin
- Extreme tiredness
- A bad reaction to alcohol use

Testing to confirm Hodgkin lymphoma

Lymph node biopsy

A lymph node biopsy of enlarged nodes is needed to diagnose HL. An excisional or incisional biopsy is preferred.

- In an excisional biopsy, one or more whole lymph nodes are removed and tested.
- In an incisional, or open, biopsy, a small amount of lymph node tissue is removed through a cut in the skin.
- A core needle biopsy may be done. This type of biopsy uses a wide needle to remove a sample of tissue from a lymph node. The lymph node itself is not removed.

Testing the lymph node tissue

The removed tissue is examined under a microscope to look for proteins on the surface of cells. Classic Hodgkin lymphoma (CHL) and nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL) can be diagnosed based on the proteins that can be seen (and not seen).

Essential testing and care

Most of the tests explained in the next 2 sections are done before primary treatment is planned. Primary treatment is the main cancer treatment and will be discussed in the next chapters. Essential tests, as well as tests you may have, are listed in **Guide 1**.

Guide 1
Testing for Hodgkin lymphoma for treatment planning

Tests you will have	Tests you may have
Health history and physical exam	Lung function tests
Blood tests	Electrocardiogram
Echocardiogram	HIV and hepatitis B and C tests
Chest X-ray	Immunodeficiency tests
CT or CT and MRI	Bone marrow biopsy
FDG-PET/CT or FDG-PET/MRI	
Pregnancy test	
Counseling on fertility concerns	
Psychosocial assessment	
Other counseling	

Keep in mind that some of the following tests may be repeated at other times, including:

- After a biopsy
- During or after systemic therapy (explained in Chapter 4)

Health history and physical exam

Expect your health care team to review your health history, including B symptoms, and perform a physical exam.

Lymph nodes can't usually be seen or felt, but HL can cause them to get bigger. Using their hands, your health care professional will feel the areas of the body where there are the most lymph nodes. This includes the neck, armpits, and groin. In addition to these areas, your care team member will feel your spleen, the largest organ of the lymphatic system, and your liver.

Blood tests

Blood tests provide your care team with important information about your health.



Overactive immune system

You will be screened for overactive immune system issues, or autoimmune diseases. These include lupus, Crohn disease, and multiple sclerosis. There are many autoimmune diseases that affect different body systems.

Be sure to tell your care team if you have been previously diagnosed with an autoimmune disease. This may affect treatment decisions.

Blood tests

Blood tests provide your care team with the following information:

- Counts of your red blood cells, white blood cells, and platelets, called a complete blood count. This includes counts of each type of white blood cell and immature blood cells.
- Inflammation, infection, or disease in the body, with one or both of the following tests:
  - Erythrocyte sedimentation rate (ESR), which measures how quickly your red blood cells settle at the bottom of a test tube. A faster-than-normal ESR may be the sign of an issue.
  - C-reactive protein, which is made in the liver when there is inflammation in the body.
- The health of your kidneys, bones, and other organs and tissues. This is called a comprehensive metabolic panel. It also gives information on your blood sugar, calcium, and electrolytes.

Imaging tests

Imaging helps your care team stage cancer and decide risk status. Staging and risk factors will be discussed in Chapter 3.

Echocardiogram

If chemotherapy with a certain type of medicine that could affect your heart is planned, you will have an echocardiogram (or echo). An echo is an ultrasound of the heart. An ultrasound is an imaging test that uses sound waves to see inside of the body.

Chest x-ray

A chest x-ray may be done to learn about the cancer.

CT and MRI

It's common to have a computed tomography (CT) scan of the area from the neck to the groin. A CT scan uses x-rays from many angles to make pictures of areas inside of the body.

You may have a chest CT scan and magnetic resonance imaging (MRI) of the neck, abdomen (belly), and pelvis. MRI uses radio waves and powerful magnets to take pictures of the inside of the body.

Contrast

Contrast may be used for CT scans. This is a substance put into the body that makes imaging pictures clearer. The contrast is put into the bloodstream through a vein and may also be given as a drink.

FDG-PET/CT or FDG-PET/MRI

Positron emission tomography (PET) scans are used to determine the stage of cancer. Staging will be discussed later in this chapter.

PET scans use a small amount of a radiotracer called fluorodeoxyglucose (FDG). The tracer gives off a small amount of energy that is detected by the scanner.

CT scan

CT takes many pictures of a body part from different angles using x-rays. A computer combines x-rays to make detailed pictures.



Pregnancy test

If you can become pregnant, you will be tested for pregnancy as part of the workup for Hodgkin lymphoma before starting any chemotherapy treatment.

Other things that may be discussed

Fertility

Fertility is a person's ability to have children. If you think you may want to have children in the future and you're not sure if treatment will affect your fertility, discuss your concerns with your care team. They may suggest you see a fertility specialist before you start treatment.

Smoking, vaping, and substance use

Your care team will ask if you smoke or vape. If you do, they can provide resources to help you quit. There are many health benefits to quitting.

For people with cancer, there are additional benefits to quitting smoking. This includes better cancer treatment results and fewer treatment-related side effects.

Your care team will also ask about alcohol and illegal substance use. Using alcohol and illegal substances puts people who have quit smoking at higher risk to start smoking again.

Survivorship

Survivorship starts at the time of cancer diagnosis and continues through life.

HL survivors include people newly diagnosed with HL, those in treatment, and those who have been treated for HL and are free of cancer. Survivors may have different needs and concerns depending, in part, on their phase of survivorship.

People facing cancer treatment may have concerns about:

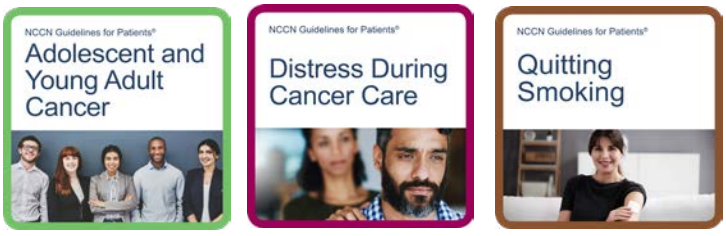
- Housing, food, and transportation
- Anxiety, depression, and coping with a diagnosis
- Family, social, and cultural issues

Your care team may discuss these things with you, but let them know if you have specific concerns.

To read more about survivorship concerns, go to Chapter 7.

Learn more about fertility concerns, coping with distress, and quitting smoking at:

NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



Tests that are sometimes useful

Lung function tests

If treatment includes a chemotherapy medicine that can damage your lungs, lung function tests are recommended before treatment. You will have a gas diffusion test that involves breathing in a harmless gas and measuring how much of it you breathe out. It tells how much oxygen from your lungs is entering your blood.

Children who are unable to be tested will be checked for certain symptoms have a simple pulse oximeter test instead.

Electrocardiogram

An electrocardiogram (ECG or EKG) may be helpful in some cases. It shows electrical changes in the heart and reveals information about heart rate and rhythm. For this test, small patches are placed on the chest to track the heartbeat.

Bone marrow biopsy

If you have a lower-than-normal blood cell count and an FDG-PET scan doesn't suggest cancer in the bone marrow, a bone marrow biopsy of both hips may be needed.

Bone marrow is the soft, spongy tissue in the center of most bones. It makes new blood cells, including a type of white blood cell called B lymphocytes (B cells).

Hepatitis B and C

You may be tested for the viral infections hepatitis B and C.

Underactive immune system

People with underactive immune systems, called immunodeficiency, have trouble fighting infections. You may be tested for HIV, which is an immunodeficiency virus.

Additional testing for other immunodeficiency conditions may be ordered for people who:

- Are under 5 years of age
- Have repeat infections
- Have signs or symptoms that are not typical
- Have a personal or family history of immunodeficiency

Vaccines

If you need vaccines and radiation therapy is planned, you should be vaccinated before or after, not during, treatment. Specific vaccines that are recommended are discussed in Chapter 4.

NCCN Distress Thermometer and Problem List

The NCCN Distress Thermometer and Problem List is a well-known screening tool among cancer care professionals. It has been shown to help screen for distress and assess how much, and in what ways, distress is affecting you.

The Problem List assesses the causes of your distress, such as concerns about basic needs, cancer treatment, and relationships. Your care team can help you manage symptoms of distress, provide other resources you may find helpful, or both.

To learn more about NCCN's Distress Thermometer and Problem List, see *NCCN's Guidelines for Patients: Distress During Cancer Care*.

Key points

- B symptoms include high fever, heavy night sweats, and weight loss.
- Because your neck, armpits, and groin have the most lymph nodes, your doctor will examine these areas for big lymph nodes.
- A lymph node biopsy is needed to diagnose Hodgkin lymphoma (HL).
- Blood tests and imaging are part of an HL workup.
- An electrocardiogram (ECG or EKG) can be helpful in some cases.
- If you can become pregnant, you will be tested for pregnancy.
- Your care team can answer your questions about fertility, how to quit smoking, and other things you have concerns about.

Questions to ask

- What type of HL do I have?
- Will my insurance cover testing?
- What kind of biopsy will I have?
- Do I need to fast for any of these tests?
- Where can I find help to quit smoking?

What's next?

In the next chapter, you'll learn how HL in children is staged and how risk groups are determined. These things help your care team decide how to treat HL.

3
Staging and risk groups

17 Hodgkin lymphoma staging

19 CHL risk groups

21 Key points

21 Questions to ask

Every cancer is different. Features seen in Hodgkin lymphoma (HL) in one person may not be seen in another person with the same diagnosis.

Treatment planning is based on these features. In this chapter, you'll learn about these features, which include stages and risk groups.

In general, for:

- **Classic Hodgkin lymphoma (CHL)**, staging and risk groups determine treatment
- **Nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL)**, staging and other things (not risk groups) determine treatment. NLPHL, a less common type of HL, is explained in Chapter 6.

Types of treatments are explained in Chapter 4.

Hodgkin lymphoma staging

Before starting treatment, it's important to determine if, and how far, the cancer has spread. This process is called staging. The results of the physical exam and imaging tests are used to assign the stage.

HL usually starts in the upper body, in the lymph nodes in the neck, chest, or armpits.

The role of the diaphragm in staging

The diaphragm is a thin muscle below the lungs and heart. It can be thought of as a dividing line between the chest and the abdomen (belly).

Stages

HL stages are listed in **Guide 2**.

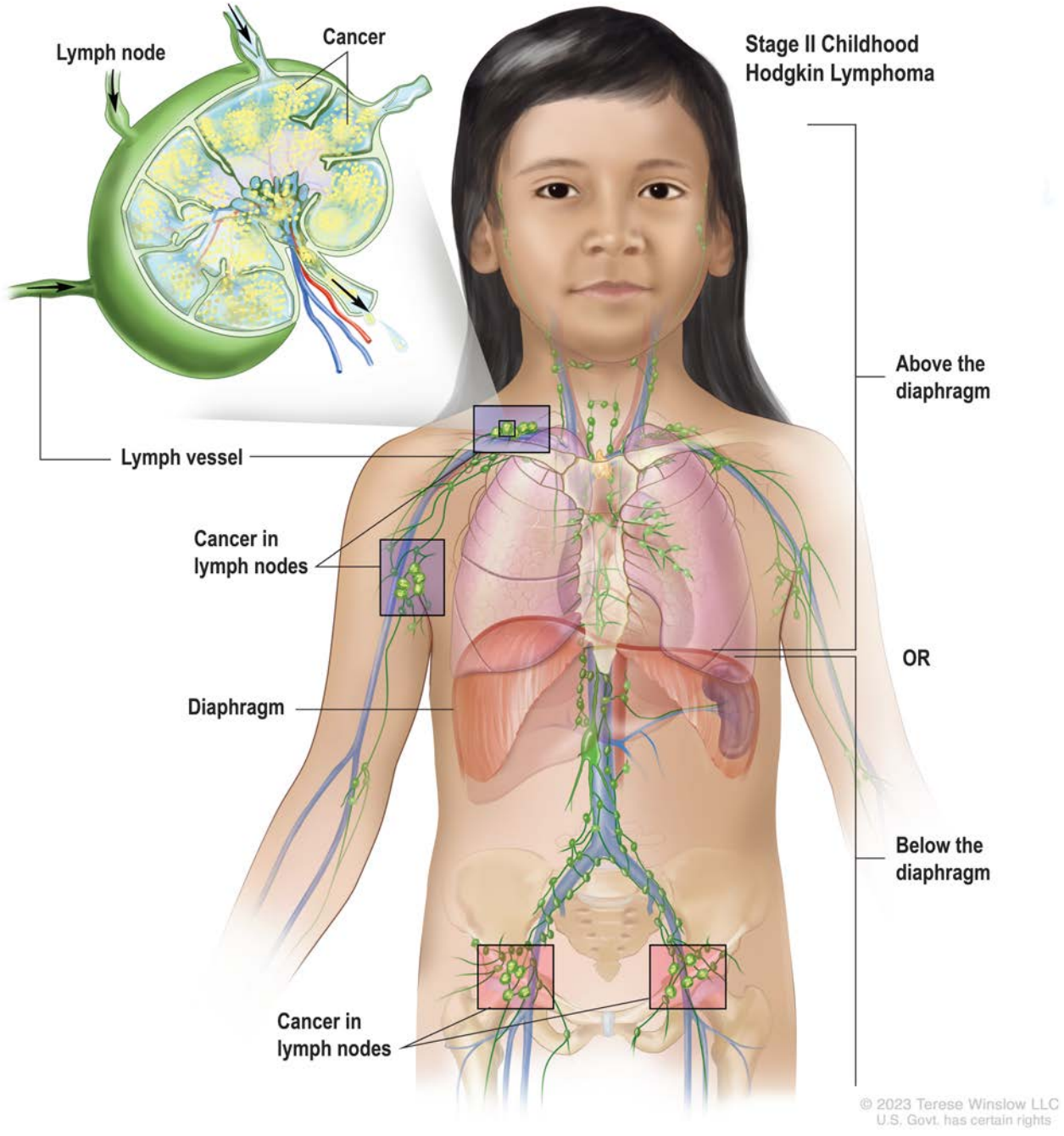
Guide 2
Hodgkin lymphoma in children: Cancer stages

Stage		Cancer is found in
Early	1	1 group of lymph nodes or 1 lymphatic organ
	2	2 or more groups of lymph nodes on same side of the diaphragm
Advanced	3	Lymph nodes on both sides of the diaphragm
	4	Organs outside of the lymphatic system

Stage 2 Hodgkin lymphoma

Hodgkin lymphoma (HL) is staged, in part, depending on whether cancer has spread to lymph nodes or other areas on the opposite side of the diaphragm.

The image below shows stage 2 HL. There is cancer in 2 or more groups of lymph nodes on the same side of the diaphragm.



Staging uses numbers 1 through 4 according to where cancer is found in the body.

- **Stage 1** – Cancer in 1 group of lymph nodes or in 1 lymphatic organ, such as the spleen or thymus.
- **Stage 2** – Cancer in 2 or more groups of lymph nodes on the same side of the diaphragm (either above or below).
- **Stage 3** – Cancer in lymph nodes on both sides of the diaphragm.
- **Stage 4** – Cancer has spread to organs outside of the lymphatic system, such as the lungs, bone, brain, or liver.

Sub-stages

One or more of the letters below may be used with the stage. These are sub-stages. They provide further information about the cancer. See **Guide 3**.

Guide 3
Hodgkin lymphoma in children: Sub-stages

Sub-stage	Features
A	No symptoms
B	B symptoms
X	Lymph nodes with cancer are large
E	Cancer is found outside of the lymph nodes

A means the cancer is not causing symptoms.

B refers to having B symptoms:

- Fever
- Night sweats
- Weight loss

X means the lymph nodes with cancer are bulky (large).

E means extralymphatic, and extra means outside. So, an extralymphatic lesion means cancer cells have been found outside of lymphatic tissue next to or surrounding the lymph nodes.

CHL risk groups

In addition to cancer stage and sub-stage, treatment of CHL is based on cancer risk factor groups. Risk groups for CHL are defined by stages and risk factors.

It's important to know that treatment of NLPHL is not based on risk factor groups.

Risk factors for stage 1 and 2

Some young people with CHL, the most common type of HL, have cancer with risk factors. These risk factors have been shown to affect how cancer responds to treatment. Risk factors are used for stages 1 and 2 and sometimes for stage 3.

The risk factors are:

- B symptoms (fever, night sweats, weight loss)
- Bulky (large) lymph nodes with cancer
- Cancer outside of the lymph nodes
- Large mass in the middle of the chest
- Blood tests signaling inflammation

Stage 1 and 2 CHL with no risk factors typically need less intensive treatment to affect the cancer.

Stage 1 and 2 CHL with risk factors typically need more intensive treatment to affect the cancer.

What risk group applies to the cancer I have?

Discuss this with your care team. There isn't a single system that all cancer experts use to assign a risk group to the cancer. Your team may also consider the number of areas of lymph nodes involved when making decisions about risk groups. And grouping is always changing as new data become available.



Your care team

Your cancer care team may include the following specialists (among others):

Hematologist or hematologic oncologist – An expert in blood diseases and blood cancers.

Pediatric or adult oncologist – Diagnoses and treats cancer. Types of oncologists include medical, radiation, and surgical oncologists.

Pathologist – Analyzes the cells, tissues, and organs removed during a biopsy or surgery.

Radiologist – Interprets the results of CT scans, MRIs, and other imaging tests and does image-guided biopsies as needed.

Social worker or mental health provider – Provides emotional support, information on financial resources, and counseling.

Endocrinologist and fertility/ reproductive specialist – Explains fertility preservation options, including how it's done, success rates, timing, and cost.

Key points

- The physical exam and imaging results are used to determine the cancer stage.
- The cancer stage describes the extent of cancer in the body.
- Stages 1 and 2 are early-stage cancer.
- Stages 3 and 4 are advanced-stage cancer.
- The cancer is staged based in part on whether it has spread to both sides of the diaphragm or outside of the lymphatic system.
- There are other risk factors that affect CHL treatment, including cancer size and site, as well as having B symptoms and signs of inflammation.

Questions to ask

- What stage is the cancer?
- What are my additional risk factors other than stage?
- What other tests will I have?
- Should I see a pediatric or an adult oncologist?

What's next?

Read on to learn about clinical trials and what types of treatments are used for HL.

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Types of treatment

23 Clinical trials

25 Standard treatments

29 Key points

29 Questions to ask

Participating in a clinical trial is strongly encouraged for children with Hodgkin lymphoma (HL).

In this chapter, you'll read about clinical trials. Types of treatment for HL, if a clinical trial is not available, are also explained.

Clinical trials

Treatment of Hodgkin lymphoma (HL) in children has greatly improved over the past few decades. Continued research, which includes clinical trials, can lead to additional advances.

What is a clinical trial?

A clinical trial is a type of medical research study. After being developed and tested in a lab, potential new ways of fighting cancer need to be studied in people.

If found to be safe and effective in a clinical trial, a drug, device, or treatment approach may be approved by the U.S. FDA.

Everyone with cancer should carefully consider all of the treatment options available for their cancer type, including standard treatments and clinical trials. Talk to your doctor about whether a clinical trial may make sense for you.



Finding a clinical trial

In the United States

NCCN Cancer Centers
NCCN.org/cancercenters

The National Cancer Institute (NCI)
cancer.gov/about-cancer/treatment/clinical-trials/search

Worldwide

The U.S. National Library of Medicine (NLM)
clinicaltrials.gov

Need help finding a clinical trial?

NCI's Cancer Information Service (CIS)
1.800.4.CANCER (1.800.422.6237)
cancer.gov/contact

Phases

Most cancer clinical trials focus on treatment and are done in phases.

- **Phase 1** trials study the safety and side effects of an investigational drug or treatment approach.
- **Phase 2** trials study how well the drug or approach works against a specific type of cancer.
- **Phase 3** trials test the drug or approach against a standard treatment. If the results are good, it may be approved by the FDA.
- **Phase 4** trials study the safety and benefit of an FDA-approved treatment.

Who can enroll?

It depends on the clinical trial's rules, called eligibility criteria. The rules may be about age, cancer type and stage, treatment history, or general health. They ensure that participants are alike in specific ways and that the trial is as safe as possible for the participants.

Informed consent

Clinical trials are managed by a research team. This group of experts will review the study with you in detail, including its purpose and the risks and benefits of joining. All of this information is also provided in an informed consent form. Read the form carefully and ask questions before signing it. Take time to discuss it with people you trust. Keep in mind that you can leave and seek treatment outside of the clinical trial at any time.

Will I get a placebo?

Placebos (inactive versions of real medicines) are almost never used alone in cancer clinical trials. It's common to receive either a placebo with a standard treatment, or a new drug with a standard treatment. You will be informed, verbally and in writing, if a placebo is part of a clinical trial before you enroll.

Are clinical trials free?

There is no fee to enroll in a clinical trial. The study sponsor pays for research-related costs, including the study drug. But you may need to pay for other services, like transportation or childcare, due to extra appointments. During the trial, you will continue to receive standard cancer care. This care is often covered by insurance.



Let us know what you think!

Please take a moment to complete an online survey about the NCCN Guidelines for Patients.
NCCN.org/patients/response

Standard treatments

After HL is diagnosed and staged and if a clinical trial is not an option, your cancer care team will decide on a primary treatment.

There are also treatments for cancer that comes back after it's been treated or that doesn't respond to treatment. For more information about recommended treatments for HL that returns or doesn't respond to primary treatment, go to *Chapter 8: If Hodgkin lymphoma comes back or doesn't respond to treatment*.

Systemic therapy

With systemic therapy, medicines travel through the bloodstream to destroy cancer cells all over the body. Chemotherapy and immunotherapy are types of systemic treatments.

All systemic treatments listed in this guide are recommended and appropriate. When helpful, NCCN experts also assign a level of preference to their recommendations for systemic therapies:

Preferred therapies have the most evidence they may work better and be safer than other therapies.

Other recommended therapies can provide effective results but may have less evidence, more side effects, or may not work quite as well as preferred therapies.

Therapies used in certain cases work best for individuals with specific cancer features or health circumstances.

Chemotherapy and **immunotherapy** are 2 types of systemic therapy.

Chemotherapy kills cancer cells.

Immunotherapy helps your immune system fight cancer cells.

Chemoimmunotherapy

When chemotherapy and immunotherapy are used together, it's called chemoimmunotherapy. It is given as a regimen.

What is a therapy regimen?

A therapy regimen is when one or more drugs are taken at a specific dose, on a schedule, for a given length of time. This is called a cycle. It includes days of treatment followed by days of recovery. Cycles vary in length, depending on which medicines are used.

Other things to know about chemoimmunotherapy include:

- It can be given slowly by IV infusion. Sometimes it can be given as quick injections or oral pills.
- It can harm healthy cells in addition to cancer cells. This is why it can cause harsh side effects.
- Steroids may be included in a chemoimmunotherapy regimen.
- Brentuximab vedotin is a targeted therapy that may be included in a chemotherapy regimen. If this therapy is included, medicine to prevent a fungal infection of the lungs is recommended.

Supportive Care

Supportive care is an important part of cancer care. The goal is to improve your quality of life during and after cancer treatment. Supportive care is for everyone with cancer and their families, not just for those at the end of life.

Supportive care includes a wide range of services. Supportive care prevents or manages the symptoms of cancer and the side effects of cancer treatment, like pain and cancer-related fatigue. It also addresses the mental, social, emotional, and spiritual concerns faced by people with cancer

Supportive care provides help with additional needs, such as:

- Making treatment decisions
- Coordinating your care
- Paying for care
- Planning for advance care and end of life

Read more about the types of support you may receive in *NCCN Guidelines for Patients: Palliative Care*, available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



Immunotherapy

Immunotherapy can be used by itself as part of primary treatment for HL. It can also be used if cancer comes back or stops responding to treatment.

For example, if the cancer returns after treatment with chemotherapy and immunotherapy has not yet been used, you may be treated with immunotherapy.

Immune checkpoint inhibitor therapy

One type of immunotherapy often used for HL treatment is called immune checkpoint inhibitor therapy. Immune checkpoint inhibitors work by increasing the activity of the immune system. This improves the body's ability to find and destroy cancer cells.

If you have a history of autoimmune disease, you take immunosuppressing medicine, or both, your care team will need to carefully consider whether an immune checkpoint inhibitor is right for you.

Like other cancer treatments, immunotherapy with immune checkpoint inhibitors can cause side effects. You can learn about these side effects and how they're managed at *NCCN Guidelines for Patients: Immunotherapy side effects: Immune checkpoint inhibitors*.

Understanding abbreviations

Abbreviations can make names of medicines easier to read and say.

In **Guide 4**, medicines that may be part of an HL systemic therapy regimen are listed. Keep in mind the following:

The letters in **boldface** show how the abbreviation is made from the names of the medicines used. For example, the **OEPA** regimen is made of the following drugs:

- Vincristine (**O**ncovin)
- **E**toposide
- **P**rednisolone
- Doxorubicin (**A**driamycin)

Guide 4
Medicines that may be part of your HL therapy regimen

Medicine name (brand name)
Vincristine (**O**ncovin)
Etoposide
Doxorubicin (**A**driamycin)
Bleomycin
Vinblastine
Dacarbazine
Cyclophosphamide
Brentuximab vedotin (Adcetris)
Prednisone*
Dexamethasone*

*Steroid.

What is a hematopoietic cell?

An immature cell that can develop into any type of blood cell.

When damaged, these cells may not form the blood cells needed by the body.

High-dose therapy with hematopoietic cell transplant

High-dose systemic therapy may be used to treat HL that has come back after being treated or that doesn't respond to treatment.

The amount of drug involved in high-dose systemic therapy can damage or destroy hematopoietic cells, which are found in bone marrow.

To protect hematopoietic cells from high-dose systemic therapy, some cells are removed from the blood before treatment begins. They are stored in a lab.

After the high-dose therapy has been given, your healthy hematopoietic cells are transplanted back into your bone marrow.

This is called an autologous hematopoietic cell transplant (HCT), or stem cell transplant. HCTs are done in specialized centers.

In certain cases, hematopoietic cells are donated from someone else for transplant. This is called an allogeneic HCT.

Radiation therapy

Radiation therapy may be given after systemic therapy for HL. Using high-energy x-rays (photons), electrons, or protons, radiation therapy kills existing cancer cells or stops new cancer cells from being made.

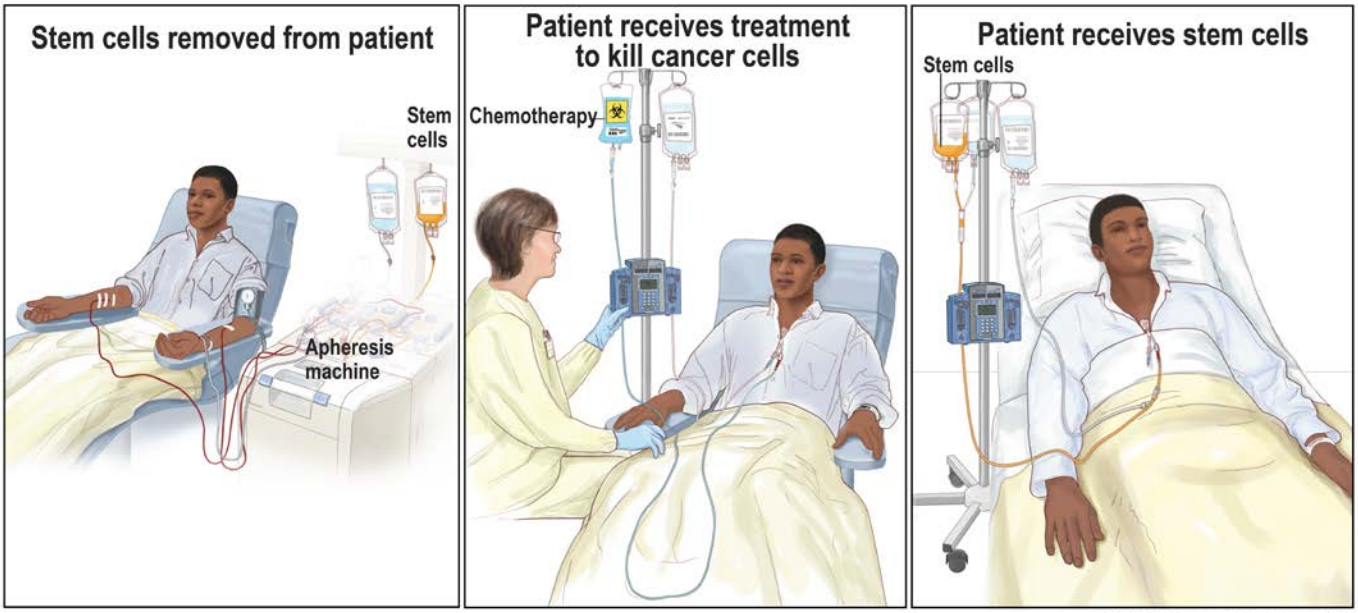
Involved-site radiation therapy is often recommended. This type of radiation therapy targets the lymph nodes in which the cancer started and nearby areas of cancer. Other types of radiation therapy may be used after systemic therapy to treat any cancer that remains.

If treating the spleen

Certain vaccines are recommended before or after radiation therapy to the spleen. These vaccines include those for pneumococcal and meningococcal disease and *Haemophilus influenzae* type b.

Hematopoietic cell transplant

Hematopoietic cells, also called stem cells, can become damaged because of high-dose systemic therapy. To protect these cells, they may be removed before systemic therapy and stored until they can be transplanted back into the bone marrow when systemic therapy is over.



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Surgery

Surgery is an operation or procedure to remove a tumor from the body.

- It's the first part of the primary treatment for nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL), the rare type of HL.
- Surgery isn't a standard treatment for classic HL (CHL) because it can include cancer present throughout the body. This is why systemic therapy is needed.

Surgery is sometimes called resection or excision. If you're having surgery, your cancer care team will tell you what to expect.

The goal of surgery or tumor resection is to remove all of the cancer. What happens after surgery depends, in part, on the cancer stage and whether all of the cancer has been removed or if some remains. To learn about treatment for NLPHL, go to *Chapter 6: Primary treatment for nodular lymphocyte-predominant Hodgkin lymphoma*.

Key points

- Participating in a clinical trial, a type of medical research study, is strongly encouraged for treating Hodkin lymphoma (HL) in children.
- With systemic therapy, medicines travel through the bloodstream to treat cancer cells all over the body.
- Primary treatment for classic HL (CHL) starts with systemic therapy.
- For nodular lymphocyte-predominant HL (NLPHL), surgery is done to remove the cancer. Systemic therapy may also be part of treatment.
- Chemotherapy is a systemic therapy.
- Treatment for HL can also include immunotherapy combined with chemotherapy.
- Treatment for HL can also include radiation therapy and hematopoietic cell transplant.

Questions to ask

- What are my treatment options? Do they include clinical trials?
- How can I find available clinical trials?
- What are the risks and benefits of joining a clinical trial?
- What side effects of treatment can I expect?
- Are there things I can do to help prevent or minimize side effects?

What's next

In the next chapter, you will read about how CHL is treated, including the specific systemic therapy regimens that may be used.

Chapter 6 explains treatments for NLPHL.

5

Primary treatment for classic Hodgkin lymphoma

31 Treatment overview

31 For stages 1 and 2 CHL

33 For stages 3 and 4 CHL

34 Key points

35 Questions to ask

For young people with classic Hodgkin lymphoma (CHL), seeking treatment in a clinical trial is strongly encouraged. Otherwise, treatment for CHL starts with systemic therapy.

In this chapter, abbreviations are used for systemic therapy regimens. To learn what medicines the abbreviations stand for, see **Guide 4** in *Chapter 4: Types of treatment*.

NCCN's levels of preference for treatment are:

Preferred therapies
Other recommended therapies
Therapies used in certain cases

Return to Chapter 4 for more information about levels of preference.

Clinical trial is a preferred therapy for CHL.

Treatment overview

The first systemic therapy regimen given is based on the stage and risk level of cancer. Additional treatment may include more cycles of that regimen. Treatment may also include other systemic therapy regimens, radiation therapy, or both.

When the first cycle or cycles of systemic therapy are complete, you will have 1 or more imaging tests to see if the cancer is fast or slow to respond. These imaging tests are:

- FDG-PET/CT or FDG-PET/MRI
- CT or MRI with contrast of original sites of cancer (if not included with PET scan)

If the cancer was slow to respond, depending on the cancer's risk group, you may have one or more of the following:

- Radiation (See *Chapter 4: Types of treatment* to learn more)
- Another cycle or cycles of the previous therapy regimen
- Another therapy regimen

If the cancer quickly stopped growing, sometimes no further treatment is needed. Follow-up care will begin. (See *Chapter 7: When primary treatment is over*.)

For stages 1 and 2 CHL

In this section, you'll read about treatments for stages 1 and 2 with and without risk factors. For early-stage CHL with no risk factors, there is 1 therapy regimen recommended for preferred therapies. For early-stage CHL with risk factors, there is more than 1 option.

CHL with no risk factors

Classic treatments for CHL with no risk factors stop cancer growth. Current treatments also work but are slightly modified to prevent side effects, such as impaired fertility. Preferred and other therapies are listed in **Guide 5**.

Preferred therapies

The OEPA regimen is preferred. After 2 cycles of OEPA:

- If the cancer was slow to respond, involved-site radiation therapy (ISRT) is recommended.
- If the cancer was fast to respond, no further treatment is needed. Follow-up care will begin.

Other recommended therapies

For some young people with CHL, the ABVD regimen may be used. This regimen is also used for adults with CHL.

Additional treatment may include systemic therapy, ISRT, or both.

Useful for mixed cellularity CHL

For CHL that has certain large cells with other abnormal cells, the AVPC regimen is recommended.

After 3 cycles of AVPC:

- If the cancer was slow to respond, ISRT is recommended.
- If the cancer was fast to respond, no further treatment is needed. Follow-up care will begin.

CHL with risk factors

Treatment of CHL with risk factors differs from CHL with no risk factors to achieve the best results. Treatment of CHL with risk factors has been adapted over the years to minimize side effects. Preferred and other therapies are listed in **Guide 6**.

Guide 5
Primary CHL treatment regimens: Stages 1 and 2 with no risk factors*

Preferred therapy	OEPA
Other recommended therapy	ABVD
Therapies used for mixed-cellularity CHL	AVPC

*See Guide 4, Chapter 4, for abbreviations.

Guide 6
Primary CHL treatment regimens: Stages 1 and 2 with risk factors*

Preferred therapies	ABVE-PC BV-AVE-PC
Other recommended therapies	OEPA AEPA ABVD Other adult regimen (if over 18 years of age)

*See Guide 4, Chapter 4, for abbreviations.

Preferred therapies

Two cycles are given of either:

- ABVE-PC (not for stage 2BX)
- BV-AVE-PC (stage 2BX only)

Then, additional treatment is based on how the cancer responds. Additional treatment may include:

- Further cycles of previously given treatment
- Other systemic therapy regimens
- ISRT

Other recommended therapies

Two cycles of OEPA are given.

Then, additional treatment is based on how the cancer responds. Additional treatment:

- Will include COPDAC (the number of cycles will depend on cancer stage and response)
- May include ISRT, depending on cancer's response to systemic therapy

For stage 2B and 2BX only, 2 cycles of AEPA are given followed by an additional regimen (CAPDAC) and possible radiation to sites that didn't respond well to systemic therapy.

For some young people with CHL, the ABVD regimen may be used. This regimen is also used for adults with CHL. Other adult regimens may be used for people over 18 years of age.

For stages 3 and 4 CHL

Stage 3 and stage 4 CHL has spread further than earlier stages and needs a different approach to achieve the best outcomes. All therapies that may be used are listed in **Guide 7**.

Preferred therapy

After 6 rounds of nivolumab-AVD:

- If the cancer doesn't completely respond, you may be given radiation therapy to sites of slow response.
- If the cancer completely responds, follow-up care will begin.

Guide 7
Primary CHL treatment regimens: Stages 3 and 4

Preferred therapy	Nivolumab-AVD
Other recommended therapies	Bv-AVE-PC OEPA AEPA
Therapies used in certain cases	OEPA AEPA ABVD Other adult regimen (if over 18 years of age)

*See Guide 4, Chapter 4, for abbreviations.

Other recommended therapies

Two cycles of 1 of these regimens are given:

- Bv-AVE-PC (not for stage 3A)
- OEPA (not for stage 3A other than stage 3AE)
- AEPA (not for stage 3A)

After the 2 cycles, additional treatment may include:

- Additional cycles of previously given systemic therapy
- Other systemic therapy regimens
- Radiation therapy

Useful in certain cases

The following chemotherapy regimens are used less often. They may be helpful in certain cases:

- Bv-AVD (6 cycles)
- ABVE-PC (stage 3A only, 2 cycles)
- BrECADD or other adult regimen (if over 18 years of age)

After the recommended number of cycles, additional care may include:

- Additional cycles of previously given systemic therapy
- Radiation therapy

Key points

- Treatment for classic Hodgkin lymphoma (CHL) starts with systemic therapy.
- Treatment may also include other systemic therapy regimens, radiation therapy, or both.
- You may have FDG-PET/CT or FDG-PET/MRI during or after systemic therapy to see if the cancer is fast or slow to respond to the treatment.
- If not included with a PET scan, you may also have a CT or MRI with contrast of the original sites of cancer.
- The preferred therapy for stage 1 CHL with no risk factors is 2 cycles of OEPA.
- The preferred therapies for stage 1 and 2 CHL with risk factors are 2 cycles of ABVE-PC, or Bv-AVE-PC. Additional treatment may be needed, depending on how the cancer responds.
- The preferred therapy for stages 3 and 4 CHL is 6 cycles of nivolumab-AVD.

Questions to ask

- Can you help me find a clinical trial?
- When will treatment begin?
- What should I know about the side effects of systemic therapy?
- How long do I have to decide about treatment?
- How do I get a second opinion?

What's next?

In the next chapter, a rare form of HL called nodular lymphocyte-predominant HL will be discussed. You'll learn about this form of HL, how it's staged, and how it's treated.

6

Primary treatment for nodular lymphocyte-predominant Hodgkin lymphoma

37 About NLPHL

38 Treatment overview

38 For early-stage NLPHL

40 For advanced-stage NLPHL

40 Key points

41 Questions to ask

Nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL) is a rare type of Hodgkin lymphoma. Like for classic Hodgkin lymphoma (CHL), seeking treatment in a clinical trial is strongly encouraged for young people with NLPHL.

NCCN's levels of preference for treatment are:

Preferred therapies
Other recommended therapies
Therapies used in certain cases

Return to Chapter 4 for more information about levels of preference.

Clinical trial is a preferred therapy for CHL.

About NLPHL

Nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL) is usually contained to one area of the body and is very treatable when found. But treatment can cause late side effects, including other cancers. Because of this, long-term follow-up is essential. NLPHL can also transform into a fast-growing type of non-Hodgkin lymphoma.

Unlike classic Hodgkin lymphoma (CHL), NLPHL does not usually cause symptoms when the cancer is diagnosed. In young people, NLPHL also tends to be found at an earlier age than CHL.

How NLPHL treatment decisions are made

NLPHL is staged in the same way as CHL. For staging details, see *Chapter 3: Staging and risk groups*. The cancer stage helps cancer care teams decide how NLPHL is treated.

Other things that help cancer care teams make treatment decisions include:

- If all the cancer is removed after surgery, or if some remains
- Having low hemoglobin (a protein in red blood cells)
- Having cancer in the spleen
- If cancer is in 1 or more than 1 lymph node
- If the cancer is bulky (large)
- Age (under or over 18 years of age)

Treatment for NLPHL is discussed in the rest of this chapter. When systemic therapy regimens are mentioned, abbreviations are used for the regimens and medicines involved. To learn what medicines the abbreviations stand for, see **Guide 4** in *Chapter 4: Types of treatment*.

Treatment overview

NLPHL is usually removed by a surgeon. What comes next is based on whether the surgery removed all of the cancer or if some cancer remains. Surgery may be followed by observation or systemic therapy.

Stages 1A and 2A

Early-stage NLPHL includes stages 1A and 2A. Most of these tumors are usually contained in a single area of the body (not bulky). The letter A after the stage means the cancer is not causing symptoms.

The information in the next section applies to non-bulky-stage 1A or 2A NLPHL.

For early-stage NLPHL

Surgery to remove the cancer is recommended.

An FDG-PET/CT scan (an imaging test explained in Chapter 2) is done afterward to see if all of the cancer was removed. Further treatment, if needed, depends on the results of that scan.

If all of the cancer is removed

If the results of surgery are very good, it means all of the cancer has been removed. This is called complete resection.

For preferred and other recommended therapies when all of the cancer has been removed and there is only 1 lymph node affected, see **Guide 8**.

Guide 8
Primary treatment if all cancer is removed: Stage 1A, affecting 1 node

Preferred therapies	Observe	→	Clinical exam, possibly with ultrasound	→	**If concern for relapse:** Additional imaging, Biopsy
Other recommended therapies	CVbP				
	See *NCCN Guidelines for Hodgkin lymphoma (adult)* for possible treatment if over 18 years of age, including ISRT.				

Preferred therapies

Preferred therapy involves observation; possible imaging; and biopsy, if there is concern that cancer has come back.

Observation involves monitoring the original cancer site every 3 to 4 months for 2 years. This may include an ultrasound of the original site of cancer. An ultrasound uses high-energy sound waves to form pictures of the inside of the body.

If your care team is concerned that the cancer has come back, you may have additional imaging and a biopsy. If the biopsy:

- Shows signs of NLPHL, the cancer will be re-staged and treatment will be based on those results.
- Shows no signs of NLPHL, your team will continue to observe for cancer.

Other recommended therapies

Another recommended therapy after complete resection is 3 cycles of the CVbP regimen (cyclophosphamide, vinblastine, and prednisolone).

For people over 18 years of age, regimens normally used for adults with HL may be considered instead of CVbP. This includes involved-site radiation therapy (ISRT).

If some cancer remains after surgery

Sometimes the cancer can't be fully removed during surgery. This is called incomplete resection. If this has happened, the cancer is small, and it is in more than 1 lymph node, see **Guide 9** for treatment recommendations. See *Chapter 4: Clinical trials and types of treatment* to learn the medicines in this regimen.

Preferred therapies

If a clinical trial is not available or otherwise not an option, systemic therapy is recommended. Three cycles of one of these regimens is preferred:

- AV (vincristine) PC
- CVbP (rituximab may be added)

If the cancer responds:

- Quickly, no further treatment is needed. Follow-up care will begin.
- Slowly, radiation therapy is recommended. Or you may be referred to a specialty center for further treatment.

Guide 9
Primary treatment if not all cancer is removed: Stage 1A or 2A, affecting more than 1 lymph node and non-bulky

Preferred therapies	A**V** (**v**incristine) PC CVbP, possibly with rituximab (Rituxan)
Other recommended therapies	OEPA Other adult regimens (if over 18 years of age)

*See Guide 4, Chapter 4, for abbreviations.

Other recommended therapies

Another recommendation is 2 cycles of OEPA. If the cancer is slow to respond after 2 cycles, radiation therapy is recommended. Or you may be referred to a specialty center for further treatment.

For patients over 18 years of age, regimens normally used for adults with Hodgkin lymphoma may also be considered.

For advanced-stage NLPHL

The stages listed below are considered advanced:

- Bulky-stage 1A and 2A
- Stage 1B and 2B
- Stage 3
- Stage 4

Advanced-stage NLPHL is very rare in young people. If advanced disease is suspected, a double check of the diagnosis is recommended. A pathologist should review the original tissue samples to confirm that the cancer is NLPHL.

If confirmed, treatment at a specialty cancer center is recommended when possible. Due to a lack of data, advanced NLPHL is often treated similarly to CHL.

Key points

- Nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL) is a rare, very treatable type of Hodgkin lymphoma.
- Because it's so rare, treatment at a specialty cancer center is recommended for advanced NLPHL when possible.
- Surgery is usually recommended for NLPHL.
- For early-stage NLPHL, you may be observed or encouraged to join a clinical trial.
- Systemic therapy may be recommended after surgery.
- If cancer remains after systemic therapy, radiation therapy may be recommended.
- Long-term follow-up is essential after NLPHL treatment.

Questions to ask

- Can you help me find a clinical trial?
- What do I need to know about surgery to remove the cancer?
- When should I have surgery?
- Is it common to have an incomplete resection?
- How likely is it that the cancer will return?

What's next?

In the next chapter, you'll read about what you can expect after HL treatment is over. This includes information about survivorship, follow-up care, and late side effects.

In Chapter 8, what happens if cancer comes back is explained.



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NCCN.org/patients/feedback

7

When primary treatment is over

43 Survivorship

44 Follow-up care

46 Monitoring for late side effects

47 Key points

47 Questions to ask

Hodgkin lymphoma (HL) and its treatment can cause health problems many years later. These are called late effects and will be discussed in this chapter. You'll learn about what to expect after treatment, follow-up care, and tests you may have if your care team thinks the HL has come back.

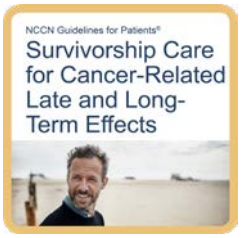
Survivorship

Survivorship starts at the time of cancer diagnosis and continues through life.

Hodgkin lymphoma (HL) survivors include people newly diagnosed with HL, those in treatment, and those who have been treated for HL and are free of cancer.

Survivors may have different needs and concerns depending, in part, on what phase of survivorship they're in.

For more information on cancer survivorship, the following are available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.





Note: These resources address things that may be of interest to anyone at any age living with cancer, but they are written for people who are diagnosed with cancer in adulthood.

Survivorship counseling

As a Hodgkin lymphoma survivor, you may want to have survivorship counseling to discuss any concerns you have, including late effects, preventing new cancers, and how to find support resources.



Topics include:

- Anxiety, depression, and distress
- Issues with thinking, memory, and problem solving
- Fatigue
- Pain
- Sexual concerns
- Sleep issues
- Work, insurance, and disability

Follow-up care

Follow-up care is the same for classic Hodgkin lymphoma (CHL) and nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL). It includes physical exams, as-needed tests and imaging, checking for the return of cancer, vaccine recommendations, and other concerns.

Physical exams

Physical exams are an important part of follow-up care. They are recommended:

- **First 1 to 2 years**: Every 3 to 4 months
- **Until year 3**: Every 6 to 12 months
- **Years 4 and 5**: Once per year

Tests, as needed

Follow-up care may include:

- **Blood tests**
- **Cardiac monitoring**
- **Thyroid-stimulating hormone tests**, if you had radiation therapy to the neck, at least once a year
- **Lung function tests**, if:
  - Treatment included bleomycin
  - Your lungs were treated with radiation
  - There are other concerns about how your lungs are working
- **Screening for immunotherapy-related late side effects**, such as problems with thyroid function if your treatment included an immune checkpoint inhibitor, for at least 2 years after that treatment ended

Imaging tests, as needed

When treatment is over, you may have imaging tests, shown in **Guide 10**, including:

- Echocardiogram
- FDG-PET/CT or FDG-PET/MRI scan, if your most recent scan showed cancer.

Guide 10
Imaging tests you may have after primary treatment

Echocardiogram
Chest x-ray
CT with contrast
MRI
FDG-PET/CT or FDG-PET/MRI

- Another PET scan is also recommended when all treatment, including radiation therapy, is complete. This is done:
  - At least 8 to 12 weeks after radiation ends
  - To make sure that no cancer can be detected

If you have NLPHL, you may have an ultrasound after surgery. See *Chapter 6: Primary treatment for nodular lymphocyte-predominant Hodgkin lymphoma* to learn more.

For more information about the imaging tests mentioned in this chapter, revisit *Chapter 2: Testing for Hodgkin lymphoma*.

If relapse is suspected

If HL comes back, it's called a relapse. It may or more not cause symptoms. Either way, if your care team is concerned about or suspects relapse, they will order tests, including a biopsy. You may also have one of these:

- Chest x-ray
- CT with contrast
- MRI of all original areas of cancer

If done, the same imaging test may be repeated every 3 to 6 months for up to 2 years after treatment.

More about what to expect if HL relapses is explained in the next chapter.

Vaccines

NCCN recommends that people who are in treatment or who have had HL get the influenza vaccine (flu shot) every year.

Other CDC-recommended vaccines are usually started 6 months after treatment ends.

Other concerns

You can expect your team to discuss:

- Fertility and reproductive health
- Leading a healthy lifestyle after treatment
- Taking care of your mental and emotional health

If you want to talk about anything that isn't discussed during follow-up visits, it's important to bring up your concerns.

Treatment summary

Your cancer care team will give you a treatment summary after treatment is over. This summary will include details of radiation therapy and chemotherapy, including how much of certain medicines and dosages were given.

Monitoring for late side effects

Side effects that happen 2 or more years after systemic treatment are called late side effects, or just late effects.

Your cancer care team will monitor you for late effects. Late effects that HL survivors experience are described next.

Late side effects include second cancers and thyroid issues. These will be discussed in the next sections. Late effects can also affect:

- Heart
- Lungs
- Bones
- Fertility and reproductive health

For more information about treatment-related late effects, see NCI's Children's Oncology Group Survivorship Guidelines.

Thyroid cancer and **breast cancer** are the most common secondary cancers diagnosed in Hodgkin lymphoma survivors.

Second cancers

Anyone who has had Hodgkin lymphoma is at risk of getting other types of cancer. These are called secondary cancers.

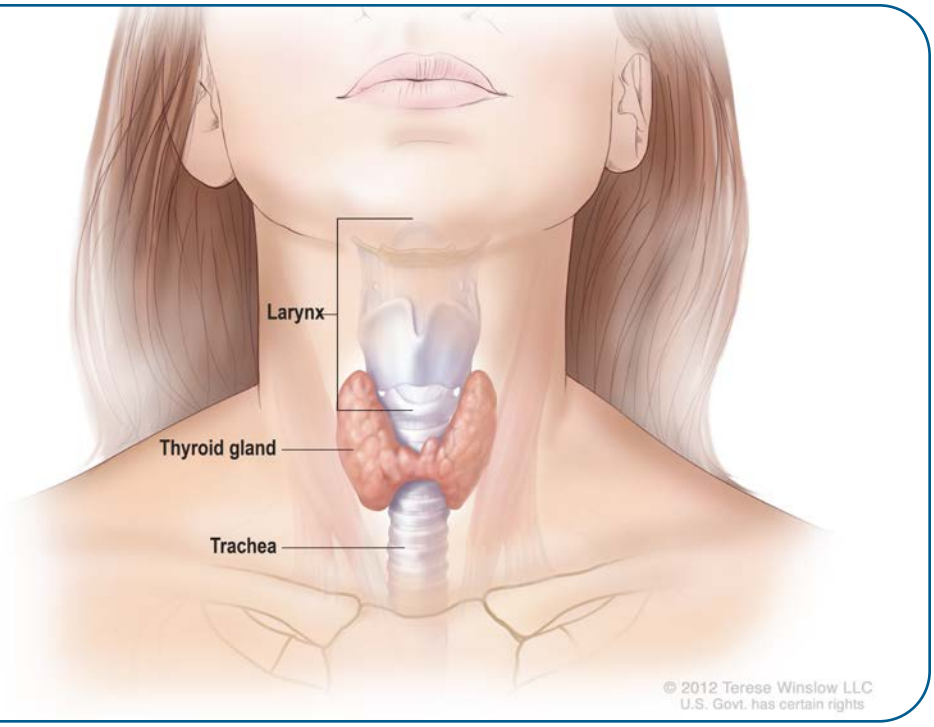
Thyroid problems

The thyroid is a small gland in the front of the neck. It makes hormones that the body needs to work properly.

If you had radiation therapy to the neck, your care team will do a thyroid function blood test at least once a year to make sure your thyroid is working properly.

Thyroid gland

The thyroid gland makes hormones that control blood pressure, how the body turns food into energy, and other body functions.



Key points

- Survivorship starts at the time of cancer diagnosis and continues through life.
- Late side effects are those that can start years after Hodgkin lymphoma (HL) treatment.
- Frequent physical exams are recommended for the first 3 years after HL treatment.
- The exams may include tests of the thyroid, lungs, and heart.
- Imaging may be part of follow-up care.
- Getting a flu shot every year is recommended for people with HL.
- Anyone who has had HL is at risk of getting other types of cancer, including thyroid and breast cancer.

Questions to ask

- Are there symptoms I should know about for thyroid or heart issues?
- For second cancers?
- Should I be screened for any cancers?
- What vaccines do you recommend?
- How can I get help finding a mental health expert?

What's next

In the next chapter, you can learn about treatment for HL that has come back after treatment. This is called a relapse.

8

If Hodgkin lymphoma comes back or doesn’t respond to treatment

49 If relapse is suspected

49 Re-induction therapy

53 Key points

53 Questions to ask

While most young people with Hodgkin lymphoma (HL) stay cancer free after treatment, it can come back. It can also be unresponsive to treatment or stop responding to treatment that had previously helped. In these cases, there are several options.

If Hodgkin lymphoma (HL) comes back, it's called a relapse or recurrence.

If HL doesn't respond to treatment, it's called refractory. This can happen at the beginning of or during treatment.

In this chapter, you can read about what steps are taken if a relapse of HL is suspected. Treatment options for relapsed or refractory cancer are also explained.

My advice is to allow patience and time to recuperate from Hodgkin lymphoma, for both patients and their parents/caregivers.

If relapse is suspected

Biopsy

If your care team suspects your cancer has come back, you will have a biopsy.

If biopsy doesn't find cancer
Your care team will either:

- Observe you and follow up soon after the biopsy
- Order imaging studies or do another biopsy if they highly suspect a relapse. They may consult with a radiation oncologist when making these decisions.

If biopsy confirms relapse
The cancer will be re-staged. *See Chapter 3: Staging and risk groups*.

If possible, enrollment in a clinical trial is strongly encouraged. Otherwise, your cancer care team will refer you to a care center with expertise in treating pediatric HL.

Re-induction therapy

Treatment for relapsed or refractory cancer is called re-induction therapy. It will likely include systemic therapy, which will be discussed in detail later in this chapter.

Making decisions about re-induction therapy

Your cancer care team will consider many things when deciding on a re-induction treatment for you. This includes:

- The primary therapy used to treat the cancer
- If you had radiation as part of primary therapy
- If they think you will have side effects, based on certain things (like if radiation was used in your initial therapy and how much radiation you were exposed to)
- Whether to include radiation in your treatment, with guidance from a center of expertise
- Whether to include immunotherapy in your systemic therapy regimen
- Timing of removing hematopoietic cells for a transplant, as explained in Chapter 4
- Fertility concerns
- Other things like your mental health, lifestyle, and access to social support

Re-induction therapy is typically followed by 1 or both of the following:

- Hematopoietic cell transplant (HCT) and high doses of systemic therapy
- Radiation

To learn more about HCT and radiation therapy, return to *Chapter 4: Types of treatment*.

About systemic therapy for re-induction

Re-induction therapy will likely include systemic therapy. These regimens are listed in **Guide 11**.

A key for abbreviations included in the Guide are listed at the top of page 51. Exceptions are noted in the Guide.

Systemic therapy regimens may include immune checkpoint inhibitor medicines, especially if they haven't been used previously. If systemic therapy with an immune checkpoint inhibitor medicine has been used within the past 3 months, your regimen may include:

- An immune checkpoint inhibitor different from the one used previously
- Therapy without an immune checkpoint inhibitor

To learn about possible treatments that may be used in certain cases in people over 18 years of age, go to *NCCN Guidelines for Hodgkin lymphoma (Adult)*.

Systemic therapy and imaging and HCT

Your care team will begin systemic therapy, and then you'll have an FDG-PET/CT or FDG-PET/MRI.

Depending on the findings, your care team will decide what therapy or therapies will come next.

Your care team may treat the cancer with more than 1 regimen before you have an HCT to reduce the amount of cancer as much as possible.

Medicine abbreviations for Guide 11

Bv Brentuximab vedotin
G gemcitabine
C carboplatin
D dexamethasone
P cisplatin
V vinorelbine
I ifosfamide
HA high-dose cytarabine
E etoposide

Guide 11
Recommended systemic therapy: Relapsed or refractory HL

Preferred therapy (immune checkpoint inhibitor-based regimen)	Bv and nivolumab and bendamustine, possibly
Other recommended therapies (non-immune checkpoint inhibitor-based)	Bortezomib, I, V Bv and G GDP GV EPIC (P is prednisolone)
Therapies used in certain cases	**Immune checkpoint inhibitor-based regimens:** GVD and pembrolizumab (D is doxorubicin liposome*) ICE and nivolumab ICE and pembrolizumab Nivolumab Pembrolizumab **Non-immune checkpoint inhibitor-based regimens:** Bv and bendamustine ICE DHAP Other adult regimen (if over 18 years of age) Bv (for maintenance after HCT)

*Dexrazoxane, a heart-protecting medicine, will likely be given with doxorubicin liposome.

Then you'll have another FDG-PET/CT or FDG-PET/MRI to see how the cancer responded. Imaging may be repeated.

Depending on the radiologist's findings after the PET study, you will have 1 of the following:

- Additional systemic therapy and possibly radiation therapy
- High-dose systemic therapy and:
  - HCT
  - Possibly radiation therapy
- High-dose systemic therapy and:
  - HCT
  - Possibly radiation therapy
  - Possibly maintenance therapy

You will then have another FDG-PET/CT or FDG-PET/MRI to see how the cancer responded.

- If no cancer is detected, you will be observed with follow-up. Follow-up care is outlined in *Chapter 7: When primary treatment is over*.
- If cancer is detected, treatment with systemic therapy will be started.

After HCT

For people who have had an HCT, BV may be given to those with high-risk HL. High risk HL means cancer has:

- Gotten worse
- Not responded to treatment
- Recurred less than a year after the initial diagnosis

Additional treatment may include radiation therapy. In certain cases, radiation therapy is given before HCT.

Systemic therapy, radiation, and imaging without HCT

Your team may begin systemic therapy followed by radiation therapy before ordering an FDG-PET/CT or FDG-PET/MRI if:

- The cancer stage at diagnosis was not 3B or 4B
- You have not received any radiation therapy before this time
- You were cancer free for more than a year after primary treatment
- Cancer has not spread outside of any lymph nodes
- You do not have B symptoms (fever, night sweats, weight loss).
- Cancer responded well to fewer than 4 cycles of systemic therapy if HL relapsed 3 months to 1 year after treatment

Then you will have another FDG-PET/CT or FDG-PET/MRI to see how the cancer responded.

- If no cancer is detected, you will be observed with follow-up. Follow-up care is outlined in *Chapter 7: When primary treatment is over*.
- If cancer is detected, treatment with systemic therapy will be started.

In the next section, you can read about how your care team will decide how to treat classic Hodgkin lymphoma (CHL) if the cancer relapses or doesn't respond to treatment.

Immunotherapy

Nivolumab and pembrolizumab are immune checkpoint inhibitor medicines that may be part of a systemic therapy regimen. Immune checkpoint inhibitors are a kind of immunotherapy. You can read more about immunotherapy and immune checkpoint inhibitors in *Chapter 4: Types of treatment*.

Pembrolizumab is also used to treat CHL that has:

- Not responded to other treatment
- Come back after 2 or more cycles of therapy

Key points

- A relapse (or recurrence) is when cancer comes back.
- If cancer doesn't respond to treatment or stops responding to treatment, it's called refractory.
- A biopsy is needed if a relapse is suspected.
- Re-induction therapy is treatment for relapsed or refractory cancer.
- Your cancer care team will refer you to a care center with expertise in pediatric Hodgkin lymphoma (HL) or enrollment in a clinical trial.
- Re-induction therapy for classic HL (CHL) includes systemic therapy.
- It can also include radiation, hematopoietic cell transplant (HCT), or both.

Questions to ask

- What should I know about side effects of immune checkpoint inhibitors?
- Who should I contact with questions or concerns if your office is closed?
- Are there side effects of HCT?
- Why is one systemic therapy being chosen over others?
- How will radiation be used as part of re-induction treatment?

What's next?

In the next chapter, you can find resources that may be helpful to you and your caregivers.



Take our survey and help make the NCCN Guidelines for Patients better for everyone!

NCCN.org/patients/comments

9
Other resources

55 What else to know

55 What else to do

55 Where to get help

55 Questions to ask

Want to learn more? Here's how you can get additional help.

What else to know

This guide helps you know your options so you can make informed decisions and improve your cancer care. But it's not the only resource that you have.

Ask for as much information and help as you need. Many people are interested in learning more about:

- Ways to manage mild symptoms of treatments
- Managing fear and anxiety about cancer relapse and second cancers
- How to talk to the people who support you about the kind of help you need
- Possible late effects you may have
- Family planning

What else to do

Your health care center can help you with next steps. It often has on-site resources to help meet your needs and find answers to your questions. Health care centers can also inform you of resources in your community.

In addition to help from your providers, the resources listed in the next section provide support for many people like yourself.

Where to get help

Look through the list below and visit the provided websites to learn more about these organizations.

Blood Cancer United
bloodcancerunited.org

Cancer*Care*
cancercare.org

Cancer Hope Network
cancerhopenetwork.org

Imerman Angels
imermanangels.org

Lymphoma Research Foundation
lymphoma.org

NMDP
nmdp.org

Triage Cancer
triagecancer.org

Questions to ask

- Who can I talk to about housing, food, and other basic needs?
- What help is available for childcare and home care?
- How can I connect with others and build a support system?
- Who can I talk to if I don't feel safe at home, at work, or in my neighborhood?



Words to know

adolescents and young adults (AYA)
People who are 15 to 39 years of age.

bone marrow
Soft, sponge-like tissue in the center of most bones where blood cells are made.

B symptoms
High fever, heavy night sweats, and fast weight loss without dieting caused by Hodgkin lymphoma.

cancer stage
Rating of the extent of cancer in the body.

chemotherapy
Use of anti-cancer medicines. A type of systemic therapy.

classic Hodgkin lymphoma (CHL)
The most common type of Hodgkin lymphoma.

clinical trial
A type of research that studies how well investigational treatments work in people.

computed tomography (CT)
Test that used x-rays from many angles to make a picture of the inside of the body.

diaphragm
The thin muscle below the lungs and heart that helps a person to breathe.

echocardiogram
Ultrasound of the heart. Recommended if chemotherapy containing an anthracycline is planned.

excisional biopsy
A preferred type of biopsy for diagnosing childhood Hodgkin lymphoma. Involves removing entire lymph nodes to test for cancer cells.

hematopoietic stem cell
A cell in the blood and bone marrow that can develop into all types of blood cells.

hematopoietic cell transplant (HCT)
A treatment that replaces damaged cells in the bone marrow with healthy, blood-forming cells. Also called a stem cell transplant or bone marrow transplant.

immune system
The body's natural defense against infection and disease.

immunotherapy
A treatment with medicine that use the immune system to fight cancer.

incisional biopsy
A preferred type of biopsy for diagnosing childhood Hodgkin lymphoma. Involves removing a small amount of lymph node tissue through a cut in the skin.

involved-site radiation therapy (ISRT)
A type of external radiation therapy often used to treat Hodgkin lymphoma. Radiation is delivered to the lymph nodes in which the cancer started and nearby areas of cancer.

lung function test
A test used to measure how well the lungs work. Also called pulmonary function test.

lymph
A clear fluid containing white blood cells called lymphocytes.

lymphatic system
The tissues and organs that produce, store, and carry white blood cells that fight infections and other diseases. Part of the immune system.

lymph node
Small structures containing disease-fighting cells located throughout the body.

lymphocyte
A type of immune cell made in the bone marrow and found in the blood and lymph tissue.

magnetic resonance imaging (MRI)
An imaging test that used radio waves and magnets to view the inside of the body.

nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL)
A rare form of Hodgkin lymphoma that can transform into a fast-growing type of non-Hodgkin lymphoma.

positron emission tomography (PET) scan
A test that uses a small amount of radioactive glucose (sugar) and a scanner to see where cancer may still exist in the body.

primary therapy
The main treatment used to rid the body of cancer.

radiation therapy
A treatment that uses high-energy rays.

re-induction therapy
Treatment used for cancer than comes back or is refractory.

refractory cancer
When cancer doesn't get better after treatment or stops responding to treatment.

regimen
A treatment plan that includes specific information about drug dose, when medicine is taken, and how long treatment will last.

relapse
When cancer comes back after it had gotten better or gone away.

spleen
An organ in the lymphatic system that helps protect the body from disease. It is located on the left side of the abdomen near the stomach.

steroid
A drug that can be used to reduce inflammation.

systemic therapy
Treatment that works throughout the body, such as chemotherapy.

NCCN Contributors

This patient guide is based on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Pediatric Hodgkin Lymphoma, Version 1.2026. It was adapted, reviewed, and published with help from the following people:

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Mayo Clinic Comprehensive Cancer Center
Phoenix/Scottsdale, Arizona
Jacksonville, Florida
Rochester, Minnesota

Memorial Sloan Kettering Cancer Center
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Moffitt Cancer Center
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Robert H. Lurie Comprehensive Cancer Center
of Northwestern University
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Buffalo, New York

Siteman Cancer Center at Barnes-Jewish Hospital
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St. Louis, Missouri

St. Jude Children's Research Hospital/
The University of Tennessee Health Science Center
Memphis, Tennessee

Stanford Cancer Institute
Stanford, California

The Ohio State University Comprehensive Cancer Center -
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The UChicago Medicine Comprehensive Cancer Center
Chicago, Illinois

The University of Texas MD Anderson Cancer Center
Houston, Texas

UC Davis Comprehensive Cancer Center
Sacramento, California

UC San Diego Moores Cancer Center
La Jolla, California

UCLA Jonsson Comprehensive Cancer Center
Los Angeles, California

UCSF Helen Diller Family Comprehensive Cancer Center
San Francisco, California

University of Colorado Cancer Center
Aurora, Colorado

University of Michigan Rogel Cancer Center
Ann Arbor, Michigan

University of Wisconsin Carbone Cancer Center
Madison, Wisconsin

UT Southwestern Simmons
Comprehensive Cancer Center
Dallas, Texas

Vanderbilt-Ingram Cancer Center
Nashville, Tennessee

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