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 Adults



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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.

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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 Hodgkin Lymphoma, Version 2.2026 — July 1, 2026.

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About Hodgkin lymphoma

5 What is Hodgkin lymphoma?

6 What are the types of Hodgkin lymphoma?

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8 How can I get the best care?

Hodgkin lymphoma is a type of blood cancer with a high cure rate. It starts in a blood cell that develops genetic changes that cause the cell to grow abnormally. Certain viruses can cause these changes. But sometimes the reason for the change is unclear. The cancer causes enlargement of the lymph gland and may affect nearby organs.

Most people are diagnosed between the ages of 15 to 30 years, or after age 55 years.

This guide focuses on the latest management of Hodgkin lymphoma for people 18 years of age and above.

What is Hodgkin lymphoma?

Hodgkin lymphoma is a cancer of cells called lymphocytes found in the lymphatic system. The lymphatic system helps the body fight infection and disease. It's part of the immune system.

The lymphatic system has hundreds of small structures, called lymph nodes, located throughout the body. There are groups of lymph nodes:

- Behind the ear
- Around the jaw
- At the base of the head
- Around the sides of the neck

What are lymphocytes?

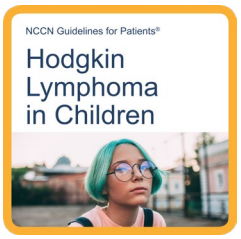
Lymphocytes are a type of white blood cell.

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

- In the armpits
- In the chest
- In the abdomen (belly) and pelvis
- In the groin

Hodgkin lymphoma spreads in lymphatic fluid that travels through vessels from one group of lymph nodes to the next. It can also spread to other parts of the lymphatic system, including the spleen, thymus, and tonsils. If left untreated, it will spread to tissue and organs outside the lymphatic system. It may cause severe inflammation and lead to death.

The focus of this resource is Hodgkin lymphoma in people 18 years of age and above. Information on Hodgkin lymphoma in children and adolescents is available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



What are the types of Hodgkin lymphoma?

Hodgkin lymphoma is grouped into 2 types, called classic Hodgkin lymphoma and nodular lymphocyte-predominant Hodgkin lymphoma. These types can grow and spread differently. They are treated differently. How they are treated is discussed in these guidelines.

Classic Hodgkin lymphoma

Most people diagnosed with Hodgkin lymphoma have classic Hodgkin lymphoma (CHL). Not all CHL looks the same under a microscope, so subtypes are used to group them by certain features. Some subtypes are more:

- Common than others
- Likely to cause symptoms than others
- Likely to be found in certain areas of lymph nodes

Some subtypes of CHL are more common in:

- Children, adolescents, or young adults
- People over age 60 years
- People with HIV
- People with a weakened immune system

The most common subtype is nodular sclerosis CHL.

Good to know:

In general, CHL subtype does not affect treatment planning. But, treatments may be different for:

- Children, adolescents, and young adults
- People over age 60 years (see Chapter 5)
- People who are pregnant (see Chapter 5)

Nodular lymphocyte-predominant Hodgkin lymphoma

Only about 1 in 20 people with Hodgkin lymphoma have nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL). This rare type tends to grow slowly. It may change to a more aggressive type of lymphoma that requires urgent chemotherapy treatment.

How is Hodgkin lymphoma treated?

First steps involve lab tests and imaging. These tests will be discussed in the next chapter. The results are used to develop a treatment plan, which may include a clinical trial.

Treatment plan

Systemic therapy that consists of chemotherapy and possibly immunotherapy is effective and widely used for Hodgkin lymphoma.

With NLPHL, surgery may be done to get a tissue sample and confirm a diagnosis. Surgery is not used to treat the cancer. Systemic therapy is necessary for treatment.

Other treatments include:

- Radiation therapy, after systemic therapy.
- High-dose chemotherapy with hematopoietic (stem) cell transplant (HCT) that may be used to treat cancer that returns after primary treatment. You can read about HCT in *Chapter 8: If classic Hodgkin lymphoma comes back or doesn't respond to treatment*.

After treatment

Hodgkin lymphoma 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.

Swollen lymph nodes

Swollen lymph nodes are common, especially in the neck. This can happen if you have a cold or other mild infection. But, they can be a sign of cancer, especially if there are other symptoms.

Common symptoms of Hodgkin lymphoma are discussed later in this guide.



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.

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 chapter.

Keep reading to find the best care for you.

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.

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Testing for Hodgkin lymphoma

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10 Tests for treatment planning

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In this chapter, you'll learn about the tests used to diagnose and stage Hodgkin lymphoma.

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.

Testing to confirm Hodgkin lymphoma

A lymph node biopsy of enlarged nodes is needed to diagnose Hodgkin lymphoma.

A biopsy is a procedure that removes tissue to test for cancer. To test for Hodgkin lymphoma, one or more lymph nodes are removed and tested. This is called an excisional lymph node biopsy.

Some people have a core needle biopsy, instead of an excisional lymph node biopsy. This method uses a needle to remove a sample of tissue from a lymph node. The lymph node itself is not removed.

Testing the removed lymph node tissue

The removed tissue is examined by a pathologist in a lab. A pathologist is an expert who studies cells, tissues, and organs under a microscope in a lab.

The pathologist looks for proteins on the surface of cells seen in the tissue sample. A diagnosis can be made based on the proteins that can be seen (and not seen) using this technique.

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).

Tests for treatment planning

Most of the tests explained in this section are done before treatment is planned. For an overview, see **Guide 1**.

Health history and physical exam

Your care team will review your health history and examine your body. They will also assess your ability to perform daily activities and care for yourself.

Lymph nodes can't usually be seen or felt, but Hodgkin lymphoma can cause them to get bigger. Your health care professional will feel your spleen, liver, and areas of your body where there are the most lymph nodes. This includes the neck, armpits, and groin.

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's 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. Tests to check how well your liver is working are often done, too.

Additional blood tests are used to check for:

- A protein called lactate dehydrogenase that can be a sign of cell damage caused by cancer or other health problems
- HIV
- Hepatitis B and C, especially if your care team thinks you may be at risk of these diseases
- Other signs of infection

Guide 1
Testing for Hodgkin lymphoma

Needed for treatment planning	• Health history and physical exam • Blood tests, including HIV test • FDG-PET/CT scan • Counseling and discussion of concerns
May be needed for treatment planning	• Additional imaging tests (CT, chest x-ray, MRI, FDG-PET/MRI) • Lung function tests • Pregnancy test (if you can become pregnant and chemotherapy or radiation therapy is planned) • Fertility-preserving procedures • Hepatitis B and C blood test • Bone marrow biopsy

Imaging tests

Imaging takes pictures of areas inside the body. It helps stage cancer and decide risk status. Staging and risk factors will be discussed in Chapter 3. Your team will also use imaging to see where cancer may be in your body.

Anyone who is diagnosed with Hodgkin lymphoma will have one or more PET scans. These scans will be discussed later in this section. To understand PET scans, it's important to know about CT and MRI imaging scans. These are explained next.

CT and MRI

Computed tomography (CT) and magnetic resonance imaging (MRI) are imaging scans used for Hodgkin lymphoma.

- CT takes many images of a body part from different angles using x-rays. A computer combines the x-rays to make detailed pictures.
- MRI uses radio waves and powerful magnets to take pictures of areas inside the body. It doesn't use radiation.
- CT or MRI may be combined with PET imaging (explained below).

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

PET/CT scans

PET scans play a key role in the management of Hodgkin lymphoma. They are used for staging and to see how well treatment is working.

A CT scanner is shown in the photo.



FDG-PET/CT or FDG-PET/MRI

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. PET scans are used to:

- Stage cancer
- See how well primary treatment is working, restage, and plan next steps

How Hodgkin lymphoma is restaged is detailed in *Chapter 3: Staging, symptoms, and risk factors*.

Chest x-ray

In some cases, a chest x-ray can help spot enlarged lymph nodes. The findings of a chest x-ray typically need to be confirmed with further imaging.

Echocardiogram or MUGA scan

If chemotherapy with doxorubicin, a certain type of medicine that could affect your heart, is planned, you'll have an echocardiogram (or echo) or a multigated acquisition (MUGA) scan.

An echo is an ultrasound of the heart. An ultrasound is an imaging test that uses sound waves to see inside the body.

In a MUGA test, a small amount of radioactive tracer is put into one of your veins. This tracer moves through the body as your heart beats while a special camera takes pictures.

What is doxorubicin?

Doxorubicin (Adriamycin) is a medicine used to treat some cancers.

Among its side effects, it can cause heart damage.

Lung function tests

Lung function tests are recommended if treatment includes bleomycin, a chemotherapy medicine that can damage your lungs. You'll 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.

Bone marrow biopsy

If cancer is advanced or you have lower-than-normal blood cell counts, and a PET scan doesn't suggest cancer in the bone marrow, a bone marrow biopsy may be done.

Pregnancy

If you can become pregnant, you'll be tested for pregnancy as part of the workup for Hodgkin lymphoma before starting any chemotherapy treatment or radiation therapy.

Other concerns before starting 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 treatment results and fewer treatment-related side effects. Bleomycin, a medicine that may be used to treat Hodgkin lymphoma, can cause inflammation of the lungs. Smoking and vaping can be dangerous in people being treated with bleomycin.

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.

Fertility-preserving treatments can help save and protect eggs, sperm, or reproductive tissue.

More information on fertility preservation can be found in *NCCN Guidelines for Patients: Adolescents and Young Adults*, available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.

Distress

Distress is common among people with cancer. 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 access how much, and in what ways, distress is affecting you.

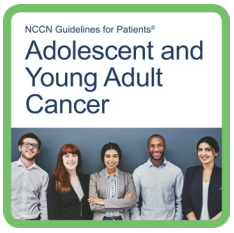
Survivorship needs

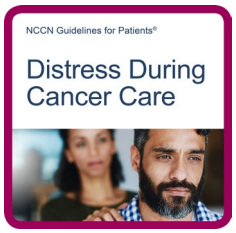
Survivorship starts at the time of cancer diagnosis and continues through life. Hodgkin lymphoma survivors include people who are newly diagnosed, those in treatment, and those who have been treated for Hodgkin lymphoma and are free of cancer. Survivors may have different needs and concerns depending, in part, on their phase of survivorship.

To read more about survivorship concerns, go to *Chapter 7: When primary treatment is over.*

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

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







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

Some health care professionals refer to palliative care as supportive care. They think these types of care are alike or overlap. Others think there are important differences, but both help people with cancer to live as well as they can. Your cancer center may have palliative care specialists, who can give you additional support and help coordinate your supportive care needs.

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.



Key points

- An excisional lymph node biopsy or core needle biopsy is typically used to diagnose Hodgkin lymphoma.
- The lymph node tissue that is removed during a biopsy helps determine if the cancer is classic or nodular lymphocyte-predominant Hodgkin lymphoma.
- Blood tests provide information about inflammation or infection, disease, and the health of tissues and organs in the body.
- PET/CT scans are used to determine the stage of disease and to see how well treatment is working.
- Many people with Hodgkin lymphoma need testing of their heart and lungs to determine if they can have certain chemotherapy medicines. Pregnancy also affects treatment planning.
- Fertility preservation methods are available if treatment could impair your fertility.

Questions to ask

- Do I need heart and lung tests?
- Which imaging tests do I need?
- Will my fertility be affected by treatment?
- Should I be concerned about radiation from imaging tests?
- What are the newest options for help to quit smoking?



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

NCCN.org/patients/comments

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Staging, symptoms, and risk factors

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19 Symptoms of Hodgkin lymphoma

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20 Restaging for next steps in treatment planning

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

In this chapter, you'll learn about some factors care teams consider when planning primary treatment. If possible, experts in different areas of cancer treatment (a multidisciplinary team) will be involved with treatment planning.

In general, for:

- Classic Hodgkin lymphoma (CHL), cancer staging and risk factors determine treatment
- Nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL), staging, symptoms, and other things (but not risk factors) determine treatment

Types of treatments are explained in Chapter 4.

Staging for treatment planning

Before starting treatment, your care team will 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.

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). Staging is determined, in part, by whether cancer is found on one or both sides of the diaphragm.

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

Guide 2
Hodgkin lymphoma: 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

What do the numbers mean?

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 the lymphatic system, such as the lungs, bone, brain, or liver.

Is the cancer early or advanced?

Stages 1 and 2 are considered early Hodgkin lymphoma. Stages 3 and 4 are considered advanced.

What does A or B mean after a stage number?

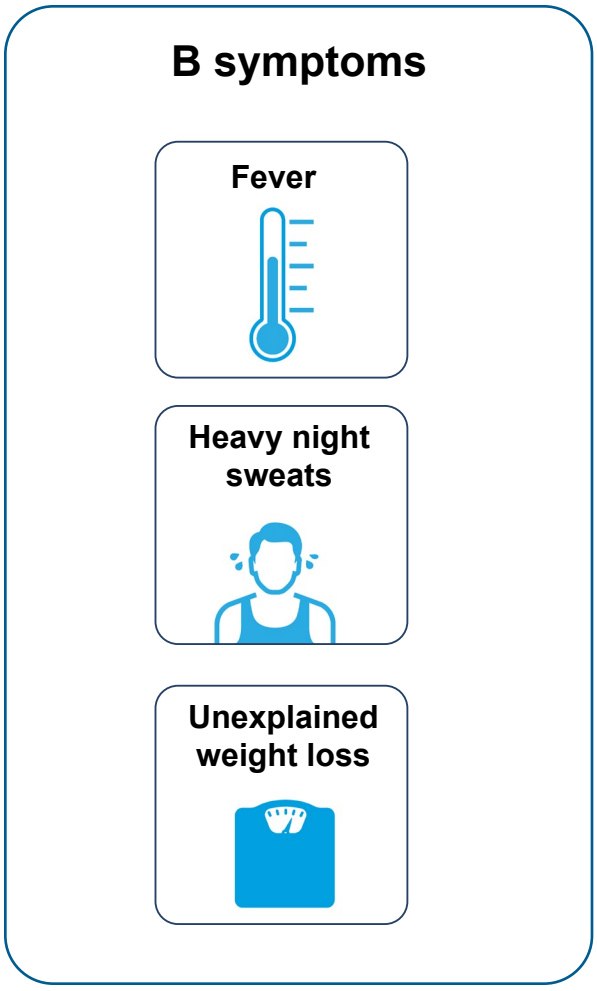
"A" after the stage means the cancer isn't causing symptoms.

"B" after the stage means the cancer is causing B symptoms. B symptoms are explained in the next section.

Symptoms of Hodgkin lymphoma

Hodgkin lymphoma can cause symptoms. Often, the first symptom is one or more swollen lymph nodes in the neck, chest, or armpits. Lymph nodes are small, bean-shaped structures that filter out germs and harmful cells, including cancer cells.

Hodgkin lymphoma can also affect other organs, such as the liver, lungs, bones, or bone marrow.



B symptoms

Three symptoms help diagnose Hodgkin lymphoma 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 Hodgkin lymphoma. It's important to tell your care team if you have any of the following symptoms:

- Itchy skin
- Extreme tiredness
- Chest or lymph node pain with alcohol use

Risk factors of treating early stage (stages 1 and 2) CHL

Recommendations for the first treatments of stages 1 and 2 CHL depend on whether the following risk factors are present:

- Age (less than 50 years or 50 years or more)
- Blood tests signaling inflammation (high erythrocyte sedimentation rate) and B symptoms
- Having a large tumor in the middle of the chest
- Having lymphoma outside the lymph nodes (such as in the lung)
- Having bulky (larger than 10 centimeters) tumors. Ten centimeters is about 4 inches.

Based on these risk factors, cancers are divided into one of two groups—favorable or unfavorable.

What is a risk factor group?

Stage 1 and 2 CHL with no risk factors typically need less intensive treatment to affect the cancer. That's why CHL without risk factors is called favorable.

Stage 1 and 2 CHL with risk factors typically need more intensive treatment to affect the cancer. That's why CHL with risk factors is called unfavorable.

What risk factors apply to the cancer I have?

Discuss this with your care team. There isn't a single scoring system for risk factors that all cancer experts use.

Your team may also consider the number of areas of lymph nodes involved when making decisions about risk factors. And grouping is always changing as new data become available.

Restaging for next steps in treatment planning

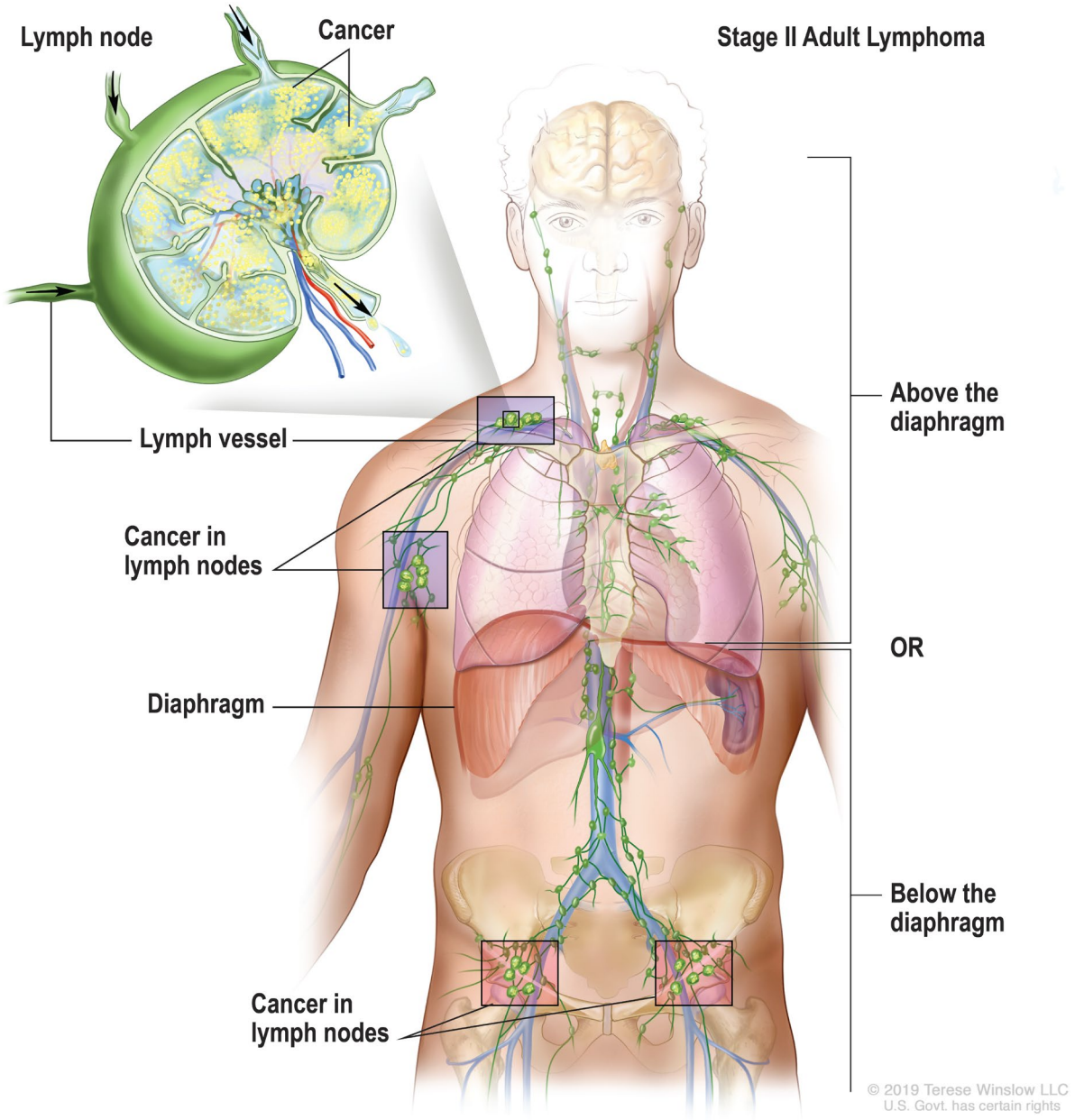
After systemic therapy, an FDG-PET scan will be ordered to see if, and how well, treatment is working—in other words, if the cancer is responding to treatment.

Then the cancer is restaged. This helps your care team make decisions about next steps.

Stage 2 Hodgkin lymphoma

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

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



Your care team

NCCN recommends that a multidisciplinary team manage treatment of Hodgkin lymphoma.

A multidisciplinary team is made up of specialists from different fields of medicine. By working together, the team brings the best knowledge from all sides to make decisions about your treatment.

Your care team may include the following specialists:

- **Hematologist or hematologic oncologist** – Diagnoses and treats blood conditions and cancers
- **Radiation oncologist** – Diagnoses and treats cancer using radiation therapy
- **Medical oncologist** – Diagnoses and treats cancer
- **Nuclear medicine specialist** – A radiologist who uses radioactive materials (like FDG) to diagnose, stage, and treat diseases, including certain cancers
- **Pathologist** – Analyzes the cells, tissues, and organs removed during a biopsy
- **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

- If there's cancer in only 1 group of lymph nodes, it's stage 1.
- If cancer has spread to more lymph node groups on the same side of the diaphragm, it's stage 2.
- If cancer is found in lymph nodes above and below the diaphragm, it's stage 3.
- If cancer has spread to multiple areas outside the lymphatic system, it's stage 4.
- A "B" after the stage means that the cancer is causing B symptoms (unexplained fevers, drenching night sweats, and extreme weight loss).
- Risk factors include age, B symptoms, and size of the lymphoma.
- Restaging helps care teams make decisions about next steps based on if the cancer is responding to treatment.

Questions to ask

- What stage is the cancer?
- Do I have risk factors?
- Has it spread below my diaphragm?
- If the cancer spreads, does the stage change?
- Was my biopsy reviewed with a pathologist with experience in blood cancers?

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About treatment for Hodgkin lymphoma

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In this chapter, you'll read about the types of treatment for Hodgkin lymphoma. You'll also learn about clinical trials, which may be part of your treatment plan if the cancer doesn't respond to treatment or comes back after treatment is over.

Primary treatment is considered standard of care. That means it is the accepted treatment and widely used.

What is primary treatment?

Primary treatment is the first treatment given. It's also called first-line treatment or therapy. Primary treatment can be one type of therapy or a set of therapies.

Primary treatment for Hodgkin lymphoma may include:

- Systemic therapy and radiation therapy.
- FDG-PET scans, biopsies, or both to restage cancer while it's being treated – To see if the therapies used are working. If they are working, it means that the cancer is responding to treatment.
- Additional therapy after restaging.

If Hodgkin lymphoma responds to primary treatment

Next steps may include:

- Maintenance care – Treatment intended to keep the cancer from coming back.
- Follow-up care – Includes physical exams, blood tests, imaging scans, or other tests. The goal of follow-up care is to check your general health, watch for signs that the cancer has come back, and manage any side effects.
- Observation – Sometimes referred to as watch-and-wait. During a period of observation, no treatment is given.

If Hodgkin lymphoma doesn't respond to primary treatment

Sometimes cancer doesn't respond to primary treatment. This type of cancer is called refractory.

FDG-PET scans, biopsies, or both are used to see if treatment is working. If it isn't working, these tests are used to restage the cancer.

Second-line therapies may be given. These may include systemic therapy and radiation therapy.

If Hodgkin lymphoma comes back (relapses) after primary treatment

If cancer comes back after primary treatment or stops responding to primary treatment, it's called a relapse. Your care team may suggest treatment in a clinical trial, if one is available. Clinical trials are explained later in this chapter.

If a clinical trial is not a treatment option:

- You may have high-dose chemotherapy followed by a hematopoietic (stem) cell transplant. This will be discussed in detail in the next section.
- FDG-PET scans, biopsies, or both are used to restage cancer.
- After the cancer has been restaged, additional cycles of systemic therapy or other therapy regimens may be given.

Types of therapies you may have

Systemic therapy

With systemic therapy, medicines travel through the bloodstream to treat cancer.

- **Chemotherapy** is the most common type of systemic therapy used to kill cancer cells. It can harm healthy cells in addition to cancer cells. This is why it can cause harsh side effects.
- **Immunotherapy** is another type of systemic therapy. You'll read more about immunotherapy later in this section.

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.

Hodgkin lymphoma is most often treated with systemic therapy. Systemic therapy may be paired with radiation therapy, which will be discussed later in this chapter. Commonly used regimens are listed in **Guide 3** in the next chapter.

What is a systemic therapy regimen?

A systemic therapy regimen is when one or more medicines are taken at a specific dose, on a schedule, and 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.

Systemic therapy regimens may be given slowly by IV infusion. Sometimes they are given as quick injections or oral pills.

Systemic therapy regimens for Hodgkin lymphoma may include:

- One or several chemotherapy medicines.
- Steroids (for example, prednisone or prednisolone).
- Brentuximab vedotin, a targeted immunotherapy. If this therapy is included, medicine to prevent a fungal infection of the lungs is recommended.
- Granulocyte colony-stimulating factor, a type of medicine commonly used after chemotherapy to help make more white blood cells. This helps your immune system fight germs that can cause infection and illness.
- Immune checkpoint inhibitors (immunotherapy medicines).

If you've never had immunotherapy, a regimen that includes an immune checkpoint inhibitor (a type of immunotherapy) is preferred (unless there's a reason you are unable to have this type of therapy). Recommended regimens are listed in **Guide 3**.

What is immunotherapy?

Immunotherapy increases the activity of your immune system, improving the body's ability to find and destroy cancer cells. It may be used for primary treatment or to treat cancer that comes back (relapses) or stops responding to treatment (refractory).

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

Chemotherapy kills cancer cells.

Immunotherapy helps your immune system fight cancer cells.

Immune checkpoint inhibitors are a type of immunotherapy. These immune checkpoint inhibitors may be used to treat Hodgkin lymphoma:

- Nivolumab (Opdivo)
- Pembrolizumab (Keytruda)
- Tislelizumab-jsgr (Tevimbra)
- Rituximab (Rituxan), for nodular lymphocyte-predominant Hodgkin lymphoma

Like other cancer treatments, immunotherapy with immune checkpoint inhibitors can cause side effects. You can learn about these side effects and how they are managed at *NCCN Guidelines for Patients: Immunotherapy Side Effects: Immune Checkpoint Inhibitors* at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



High-dose therapy with hematopoietic (stem) cell transplant

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

The high amount of therapy given destroys hematopoietic cells, which are found in bone marrow.

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

What is a hematopoietic cell?

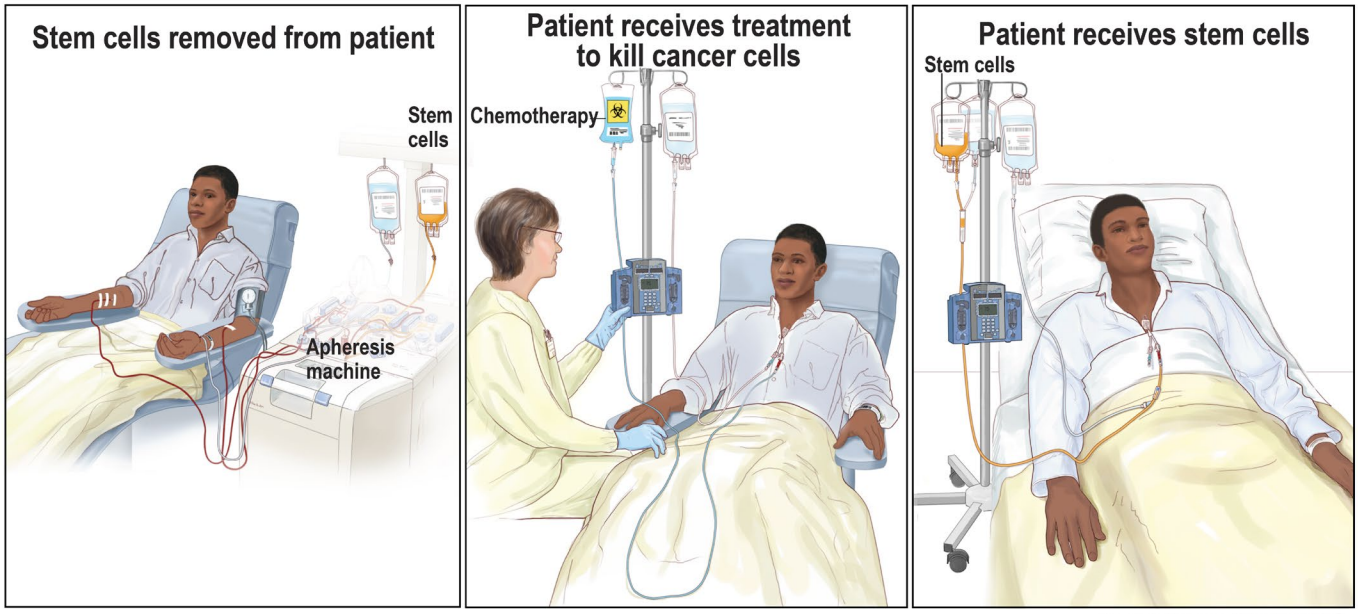
An immature cell that can develop into any type of blood cell.

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

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

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

This procedure can be called:

- High-dose chemotherapy with autologous stem cell rescue (HDT/ASCR)
- Autologous bone marrow transplant
- Autologous stem cell transplant

In certain cases, hematopoietic cells are donated from someone else for transplant. This is called an allogeneic HCT. It may be considered if the cancer doesn't respond to recommended treatment.

Radiation therapy

Radiation therapy is often used in addition to systemic therapy to treat Hodgkin lymphoma. It kills existing cancer cells, stopping new cancer cells from being made. Radiation can also affect the surrounding normal cells.

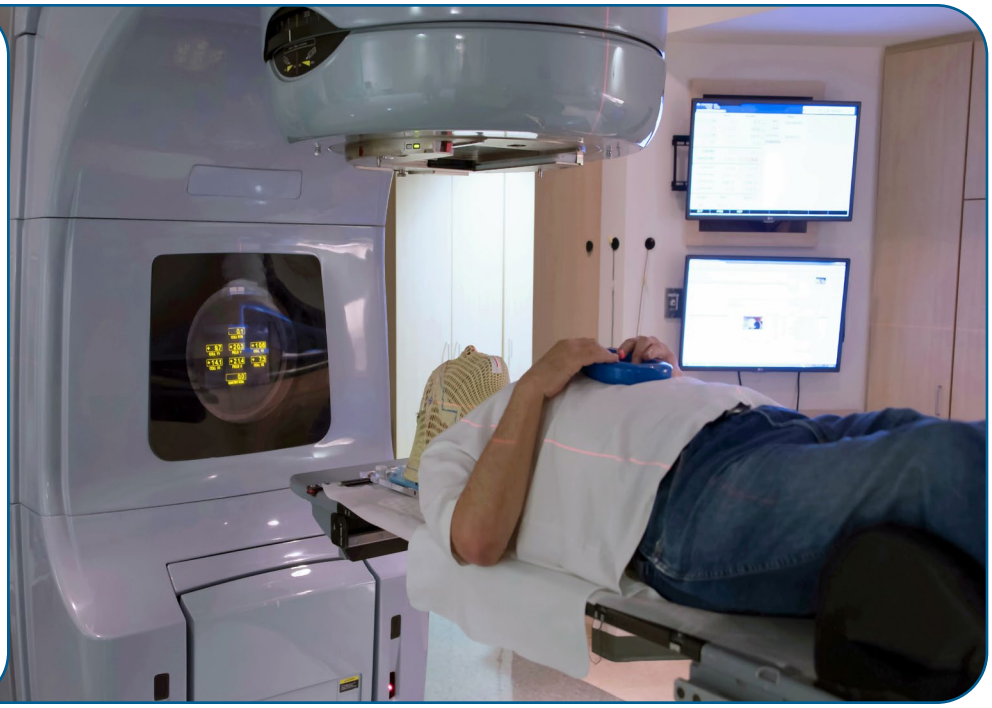
Involved-site radiation therapy (ISRT) is recommended to treat Hodgkin lymphoma. ISRT only targets the lymph nodes in which the cancer first started.

Some people may receive particle-based methods, such as proton therapy. This therapy is especially common for younger people with lymphoma in the chest between the lungs (the mediastinum).

Proton therapy may reduce late side effects caused by treatment with radiation, such as heart disease and second cancers. The type of radiation used is decided based on where the cancer started in the body.

Radiation therapy

Radiation therapy is often used in addition to systemic therapy to treat Hodgkin lymphoma.



Clinical trials

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.

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.



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

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.

Key points

- Primary treatment, or first-line therapy, is the first treatment used for Hodgkin lymphoma.
- Second-line therapies are used if Hodgkin lymphoma isn't responding to primary treatment.
- Restaging helps care teams plan next steps in primary treatment.
- Chemotherapy and immunotherapy are types of systemic therapy used to treat Hodgkin lymphoma.
- Radiation therapy is often used with systemic therapy.
- Cancer that doesn't respond to primary treatment is called refractory. Cancer that returns after primary treatment is over is called relapse.
- Clinical trials are medical research studies that may provide treatment options for people with cancer.

Questions to ask

- Do you know if there are clinical trials that might be a good fit for me?
- Which systemic therapy regimen do you recommend? Will you stop or change regimens if there are serious side effects?
- Will I need radiation therapy after systemic therapy?
- If so, how long will radiation therapy last? Which areas will be treated?
- What are the chances of the cancer coming back?

5

Primary treatment for classic Hodgkin lymphoma

32 About primary treatment

32 For early CHL (stages 1 and 2)

34 For advanced CHL (stages 3 and 4)

36 If you're pregnant

37 If you're over 60 years of age

38 Key points

39 Questions to ask

In this chapter, you'll read about primary treatment for early- and advanced-stage CHL. Treatment recommendations for people who are pregnant and for people over 60 years of age are also discussed.

About primary treatment

Primary treatment for classic Hodgkin lymphoma (CHL) includes systemic therapy. Sometimes radiation therapy is also used.

After treatment, the cancer is restaged with fluorodeoxyglucose (FDG)-PET/CT to learn if it is responding to therapy.

Deauville scoring

For CHL, a Deauville score is assigned to the PET scan. Next steps are based on that score.

What is Deauville scoring?

The Deauville score is based on a 5-point standardized system that radiologists use to figure out how much FDG tracer is absorbed by areas that may be cancer.

In general:

- **Deauville score 1, 2, or 3 means there's no sign of cancer.** The disease responded completely to treatment.
- **Deauville score 4 or 5 means there's concern that cancer remains.** The disease may not have responded completely to treatment.

About Deauville 4 and 5

If the Deauville score is 4 or 5, your care team will make decisions about next steps based on their experience—in addition to the recommendations based on the score.

This is because sometimes PET scans pick up other unusual areas (abnormalities) that are not cancer. These areas may be related to inflammation, infection, or immunotherapy itself.

If a biopsy is needed

When restaging, if a Deauville score of 5—and sometimes 4—is given, a biopsy is often performed. If the biopsy shows:

- **No signs of CHL**, your care team will make decisions about next steps, which may include radiation. Then, follow-up care will begin.
- **Signs of CHL**, treatment for refractory disease with (second-line treatment) is recommended.

For early CHL (stages 1 and 2)

Your cancer care team will recommend a treatment plan based on these risk factors:

- Your age
- Your sex assigned at birth
- Your family history of cancer or heart disease
- Your overall health
- The specific areas with cancer

Stages 1 and 2 without risk factors

Treatment for early CHL with no risk factors begins with ABVD. See **Guide 3** for commonly used systemic therapy regimens discussed in the next sections.

After ABVD

An FDG-PET scan is ordered to see if the cancer is responding to treatment.

For Deauville score 1, 2, or 3, depending on features of the cancer, next steps include:

- An additional cycle or cycles of systemic therapy
- Radiation therapy
- Systemic and radiation therapies

Then follow-up care begins.

For Deauville score 4, additional cycles of ABVD are often the next step. After systemic therapy, you'll have another FDG-PET scan. Next steps may be radiation therapy and follow-up care. Or a biopsy may be done.

For Deauville score 5, a biopsy is needed before you have additional therapy or second-line therapy.

Stages 1 and 2 with risk factors

There are 4 possible systemic therapy regimens recommended:

- ABVD
- Nivolumab and AVD
- Brentuximab vedotin (BV), AVD, and granulocyte colony-stimulating factor (G-CSF) that helps prevent infection and illness
- BrECADD and G-CSF

Guide 3
Commonly used systemic therapy regimens for CHL

ABVD	Doxorubicin, Bleomycin, Vinblastine, and Dacarbazine
BrECADD and G-CSF	Brentuximab vedotin, Etoposide, Cyclophosphamide, Doxorubicin, Dacarbazine, Dexamethasone, and growth factors
BV-AVD and G-CSF	Brentuximab vedotin, AVD (Doxorubicin, Vinblastine, and Dacarbazine), and growth factors
Nivolumab and AVD	Nivolumab (an immunotherapy) and AVD

What does the Deauville score mean?

In general:

Deauville 1, 2, or 3 – There's no sign of cancer. The disease responded completely to treatment.

Deauville 4 or 5 – There's concern that cancer remains. The disease may not have responded completely to treatment.

ABVD regimen

Cycles of this regimen are followed by an FDG-PET/CT.

- For Deauville score 1, 2, or 3, additional cycles of systemic therapy and possibly radiation therapy are given before follow-up care is started.
- For Deauville score 4 or 5, additional cycles of systemic therapy are given. Then an FDG-PET/CT is done for restaging.

If CHL responds to additional treatment, follow-up care will begin. If CHL is not responding to treatment, second-line treatment will begin.

BrECADD regimen and growth factors

Cycles of this regimen are followed by an FDG-PET/CT. Additional cycles are given. The number of cycles depends on the Deauville score. Then the cancer is restaged with another FDG-PET/CT.

- For Deauville score 1, 2, or 3, you can begin follow-up care.
- For Deauville score 4, radiation therapy is recommended before follow-up care begins. Or a biopsy may be done.
- For Deauville score 5, a biopsy is done. Next steps depend on the biopsy results.

BV-AVD regimen and growth factors

Cycles of this regimen are followed by an FDG-PET/CT.

- For Deauville score 1, 2, 3, or 4, radiation therapy is recommended before you begin follow-up care.
- For Deauville score 5, a biopsy is needed. Next steps depend on the biopsy results.

For advanced CHL (stages 3 and 4)

This section explains the treatment options for CHL that has spread below the diaphragm and possibly outside the lymphatic system.

Recommended systemic therapy regimens are listed in **Guide 4**. After systemic therapy is given, an FDG-PET/CT is ordered to restage the cancer.

Your care team will make decisions about your treatment plan based on:

- Your age
- Your sex assigned at birth
- Cancer stage (3 or 4)
- Things they learn from blood tests

Nivolumab and AVD

After treatment, an FDG-PET/CT is ordered to restage the cancer.

- For Deauville score 1, 2, or 3, you can begin follow-up care.
- For Deauville score 4 or 5, another FDG-PET/CT or a biopsy is needed to guide your care.

Regardless of Deauville score, radiation therapy may be used after systemic therapy to treat certain areas.

BrECADD and growth factors

After treatment, an FDG-PET/CT is ordered to restage the cancer.

- For Deauville score 1, 2, or 3, you can begin follow-up care.
- For Deauville score 4 or 5, another FDG-PET/CT or a biopsy is needed to guide your care.

To learn about follow-up care, see *Chapter 7: When primary treatment is over*.

BV-AVD with growth factors

After treatment, an FDG-PET/CT is ordered to restage the cancer.

- For Deauville score 1, 2, or 3, you can begin follow-up care.
- For Deauville score 4 or 5, a biopsy is needed to guide your care.

ABVD regimen

This regimen begins with ABVD, followed by a PET/CT scan.

- For Deauville score 1, 2, or 3, the next step is AVD.
- For Deauville score 4 or 5, BrECADD is recommended. Radiation therapy may follow. A biopsy may be recommended to guide care.

Guide 4
Recommended primary treatment regimens: advanced CHL

Preferred therapies	• Nivolumab and AVD • BrECADD and growth factors
Therapies used in certain cases	• BV-AVD and growth factors • ABVD
After restaging with PET scan	• For Deauville 1, 2, or 3, no further treatment is needed. • For Deauville 4 or 5, additional tests are need to guide care.

If you're pregnant

CHL is the most common blood cancer diagnosed during pregnancy. Treatment recommendations are based on certain factors, including:

- Your symptoms and general health
- How far along you are in your pregnancy

Cancer care during pregnancy requires a multidisciplinary approach to guide your care. Treatment planning will involve a team of experts, including a medical oncologist, as well as:

- An **obstetrician** who's an expert in pregnancies that have an increased risk of health issues for the pregnant person, fetus, or both.
- A **neonatologist**, an expert in caring for newborns with increased risk of health issues.
- A **pharmacist** who manages supportive medicines, like anti-nausea aids, that are safe for pregnant people. Ondansetron and metoclopramide are the preferred anti-nausea medicines.

To stage CHL during pregnancy, imaging includes a chest x-ray. Your abdomen (belly) will be protected from the radiation. You'll also have an ultrasound or MRI of your belly.

Some tests and treatments are avoided during pregnancy.

If you are diagnosed with CHL during pregnancy, treatment may be delayed until later in your pregnancy, or after your baby is born. If treatment is delayed, you will be monitored closely.



First trimester

Chemotherapy is generally avoided in the first trimester (during the first 3 months of pregnancy). If you have few or no symptoms, treatment can be delayed until the second (3 to 6 months) or third (6 months to birth) trimester.

If your symptoms are severe or a major organ problem is suspected, you and your care team will make decisions about:

- Referral to a center with expertise in treating similar issues
- Pregnancy management and urgent treatment
- Systemic therapy with vinblastine, followed by ABVD after the start of the second trimester

Second or third trimester

If you have few or no symptoms, treatment can often be delayed until after your baby is born. If your symptoms are severe or a major organ problem is suspected, ABVD is recommended.

After your baby is born

Breastfeeding should be avoided if you're receiving chemotherapy.

If you're over 60 years of age

Your care team will make treatment decisions based on your general level of fitness and overall health. This is because some treatments are hard for the body to handle.

Seeking treatment as part of a clinical trial is recommended, if one is available to you. See *Chapter 8: If classic Hodgkin lymphoma comes back or doesn't respond to treatment*.

Primary treatment

Treatment for CHL in older adults involves chemotherapy and sometimes radiation therapy. If your cancer care team thinks that systemic therapy may be too hard for your body to handle, radiation therapy alone may be considered.

If therapy with doxorubicin is recommended

Doxorubicin can cause heart damage. If your care team thinks it's safe for you to have treatment with doxorubicin, you'll have one of the recommended regimens listed in **Guide 5**.

If doxorubicin is not recommended

BV is often used, together with either dacarbazine or nivolumab.

If you can't have doxorubicin or BV, nivolumab or pembrolizumab is recommended. All of these regimens can and may be paired with radiation therapy. Other regimens may be suggested by your care team.

Key points

- Treatment for stages 1 and 2 classic Hodgkin lymphoma (CHL) depends on whether the cancer has risk factors like B symptoms, signs of inflammation from blood tests, bulky (large) tumors, or spread to 2 or more groups of lymph nodes.
- Early-stage CHL is treated with systemic therapy and sometimes radiation therapy.
- Advanced (stages 3 and 4) CHL has spread to both sides of the diaphragm or outside the lymphatic system. Preferred regimens include nivolumab with AVD and BrECADD. Radiation therapy may be used with either regimen.
- If you're diagnosed with CHL during pregnancy, experts in medical oncology, high-risk obstetrics, and neonatology will be involved in your care.
- If you're over 60 years of age, your care team will suggest a regimen based on whether you can safely have doxorubicin. Joining a clinical trial is recommended.

Guide 5
Recommended primary treatment with doxorubicin for adults over age 60

Stage 1-2 without risk factors	ABVD* and radiation therapy (RT)
Stage 1-2 with risk factors	• ABVD, possibly followed by AVD • ABVD and RT • Brentuximab vedotin (BV) followed by AVD. Additional cycles of BV may follow. • Nivolumab and AVD and RT
Stage 3-4	If immunotherapy is recommended, nivolumab and AVD is preferred treatment.
	If immunotherapy is not recommended, BV followed by AVD. Additional cycles of BV may follow.

*Bleomycin is the "B" in the ABVD regimen. It can cause a lung problem that makes it hard to breathe. It may be too harsh for older adults.

Questions to ask

- Which systemic therapy regimen do you recommend?
- Will I need radiation therapy?
- If so, how long will radiation therapy last? Which areas will be treated?
- Is it ok for me have doxorubicin?

If you're over 60 years of age, your care team will make treatment decisions based on your general level of fitness and health.



6

Treatment for nodular lymphocyte-predominant Hodgkin lymphoma

41 About primary treatment

42 Restaging

44 Key points

45 Questions to ask

Nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL) is a rare type of Hodgkin lymphoma. You may also hear it referred to as nodular lymphocyte-predominant B-cell lymphoma.

Nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL) is often slow growing. But it may return long after treatment. As a result, long-term follow-up is essential. NLPHL can also transform into a fast-growing type of non-Hodgkin lymphoma. This will be discussed later in this chapter.

About primary treatment

Primary treatment recommendations are based on the cancer stage and other features. Primary treatment may include systemic therapy and radiation therapy. Systemic therapy may include a chemotherapy regimen and rituximab.

Rituximab is a very important treatment for NLPHL. It's an immunotherapy that has improved outcomes for people with NLPHL.

Rituximab may be used alone, or it may be combined with chemotherapy. Sometimes it's used to manage symptoms.

For non-bulky stages 1A and 2A

Radiation therapy is recommended to treat these small, early-stage tumors.

If cancer is found in only 1 lymph node and was completely removed when biopsied, radiation therapy may or may not be recommended.

For bulky stages 1A and 2A

While uncommon, stage 1A and 2A tumors can be bulky. Systemic therapy and radiation therapy are recommended to treat bulky, early-stage tumors. See **Guide 6**.

Guide 6
Primary systemic therapy recommendations for NLPHL

Rituximab alone may be given for stage 3 or 4. For other stages, rituximab is given with the regimens listed below.

ABVD	Doxorubicin, Bleomycin, Vinblastine, and Dacarbazine
CHOP	Cyclophosphamide, Doxorubicin, Vincristine, and Prednisone
CVbP	Cyclophosphamide, Vinblastine, and Prednisolone

If radiation therapy is also used for treatment, systemic therapy is usually only given for 2 to 4 months.

For non-contiguous stage 2A

Treatment with systemic therapy is recommended. In some cases, radiation therapy is given in addition to systemic therapy. See **Guide 6**.

Radiation therapy alone may be an option for some people with non-contiguous stage 2A disease.

Rituximab by itself may be used to relieve symptoms in some people.

For stages 1B and 2B

Treatment with systemic therapy and radiation therapy is recommended. Radiation therapy alone may be an option for some people with stage 1B disease.

For stages 3 and 4

If you don't have symptoms, stages 3 and 4 cancers may be monitored without treatment. Or, your care team may recommend:

- Systemic therapy (**Guide 6**) with or without radiation therapy
- Rituximab alone (in certain cases, for symptom relief)
- Radiation therapy alone (for symptom relief)

Restaging

You can expect to have an FDG-PET/CT to learn if the cancer has responded to treatment. This is called restaging and is based on Deauville scores as explained in *Chapter 3: Staging, symptoms, and risk factors*.

What does non-contiguous mean?

There is cancer in 2 groups of lymph nodes above the diaphragm, but the groups aren't next to each other.

If cancer responded to treatment

If you're still having symptoms, radiation therapy is recommended (if you haven't already had it). If you're not having symptoms, your care team may observe you instead of treating you with radiation.

Follow-up care will begin. See *Chapter 7: When primary treatment is over*.

If cancer didn't respond to treatment or comes back

Cancer that doesn't respond to treatment is called refractory. Cancer that returns after a cancer-free period is called a relapse.

If a relapse is suspected, additional imaging and a biopsy are needed to guide your care.

If the biopsy shows no sign of cancer despite a suspected relapse, a period of observation is recommended, and then follow-up care can begin.

If the biopsy shows that cancer:

- Remains or has returned, treatment recommendations are based on groupings explained in the following sections.
- Has transformed, see sidebar at right. Transformed lymphoma is often treated like diffuse large B-cell lymphoma.

For NLPHL that is non-bulky and not causing symptoms

The cancer may be observed. Or treatment with rituximab or radiation therapy may be given.

Some people may be given rituximab for 2 years. This is called maintenance therapy.

If the cancer responds to treatment and you don't have symptoms, observation is recommended. If you have symptoms, high-dose therapy with stem cell rescue may be done. (See *Chapter 4: About treatment for Hodgkin lymphoma*.)

If the cancer doesn't respond to treatment or grows or spreads, another biopsy may be needed to see if the disease transformed into a more aggressive lymphoma. Treatment with systemic therapy is recommended. See **Guide 7**.

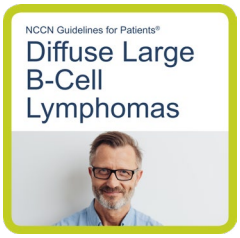
Transformation

While uncommon, NLPHL can change, or transform, into a fast-growing lymphoma over time.

A bone marrow biopsy may be needed to confirm this change.

Transformed lymphoma is often treated like diffuse large B-cell lymphoma.

Learn more about diffuse large B-cell lymphoma at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



For NLPHL that is bulky or causing symptoms

If the cancer is bulky (large) or causing symptoms, systemic therapy is recommended. Your care team will recommend a regimen based on your treatment history. See **Guide 7**.

In addition to systemic therapy, your team may recommend radiation therapy or high-dose chemotherapy with stem cell rescue. After restaging, next steps are based on whether the cancer responded to treatment and if you have symptoms. Additional treatment may be given.

Key points

- Nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL) is a rare type of Hodgkin lymphoma. Over time, it can become a fast-growing non-Hodgkin lymphoma.
- Rituximab is an immunotherapy widely used to treat NLPHL.
- Radiation therapy is the preferred treatment for most non-bulky stage 1A and 2A cancers.
- Treatment with systemic and radiation therapy is recommended for stage 1B and 2B cancers and bulky stage 1A and 2A cancers.
- Treatment with systemic therapy is recommended for most people with non-contiguous stage 2A cancers. Radiation therapy may be added.

Guide 7
Recommended systemic therapy regimens:
NLPHL that comes back or stops responding to treatment

Rituximab alone may be given. Or it may be given with the regimens listed below. One of the regimens listed in **Guide 6** may be used if it hasn't already been given.

Bendamustine	
DHAP	Dexamethasone, Cisplatin, and Cytarabine (high dose)
ICE	Ifosfamide, Carboplatin, and Etoposide
IGEV	Ifosfamide, Gemcitabine, and Vinorelbine

- Treatment for stages 3 and 4 NLPHL may include observation, systemic therapy, or radiation therapy to relieve symptoms.
- If NLPHL returns or stops responding to treatment, it may be observed or treated with systemic therapy, radiation therapy, or both.

Questions to ask

- What should I know about NLPHL that transforms?
- Am I at risk of NLPHL transformation?
- What are the most common side effects of rituximab?
- Is it safe to observe advanced NLPHL without treatment?



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

7

When primary treatment is over

47 Survivorship

47 Follow-up care

49 Screening for secondary cancers

51 Key points

51 Questions to ask

Hodgkin lymphoma and its treatment can cause other cancers and health problems later in life. After treatment, there isn't a one-size-fits-all strategy for follow-up care.

The types of follow-up tests and how often you should have them are based on:

- Your age
- The cancer stage at diagnosis
- Your treatment history, including whether you received radiation therapy

Survivorship

Survivorship starts at the time of cancer diagnosis and continues through life. People who finish treatment and are free of cancer may have different needs and concerns than people who are newly diagnosed.

Treatment summary

Your cancer care team will give you a treatment summary after treatment is over. The summary:

- Includes details of radiation therapy and chemotherapy, including how much of certain medicines and dosages were given
- May also be given to your primary care physician

Other concerns

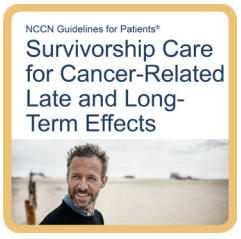
Your care team may discuss fertility concerns you may have. Your team may also suggest you seek follow-up care at a survivorship clinic or program.

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

Read more about cancer survivorship at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.

- *Survivorship Care for Healthy Living*
- *Survivorship Care for Cancer-Related Late and Long-Term Effects*





Follow-up care

Your follow-up care will include an oncologist and primary care physician. Follow-up care is especially important in the first 5 years after treatment.

The first 5 years

During the first 5 years after treatment, it's important to be monitored for the return of Hodgkin lymphoma. The recommended care during this time is explained below.

Physical exams

A physical exam is recommended every 3 to 6 months. Exams are then given every 6 to 12 months until 3 years after treatment. Yearly exams are recommended after that.

Blood tests

Your doctor may order blood tests at the time of your physical exams or only if relapse is suspected. See *Chapter 2: Testing for Hodgkin lymphoma* for things that may be checked.

Your thyroid function will be tested if you had radiation therapy that may have affected your thyroid.

Imaging tests

Generally, imaging is needed only if your primary care team strongly suspects the cancer has come back. If needed:

- Imaging may include a CT scan every 3 to 6 months for up to 2 years, or after 2 years if your team suspects the cancer has come back.
- Another PET/CT scan may be ordered if cancer from the previous scan had a Deauville score of 4 or 5. This is done to make sure it has completely responded to treatment.

If chemotherapy with doxorubicin is planned, you'll have an echocardiogram. Doxorubicin is a type of medicine that could affect your heart.

Vaccines

Annual flu shots are recommended. More information about vaccines can be found at *NCCN Guidelines for Patients: Survivorship Care for Healthy Living*.

After year 5

Some side effects of Hodgkin lymphoma and its treatment can start years after treatment. These are called late effects. The most serious late effects that survivors experience are described next, along with recommendations for managing risk.

The longer you are monitored after finishing treatment, the more likely you are to have some of these side effects. Recommended long-term follow-up care is described next.

Physical exams

Yearly physical exams will continue to be an important part of follow-up care.

Your care team will closely monitor changes in your blood pressure. Any signs of heart damage or disease will be noted and promptly managed.

Blood tests

Once a year, you'll have blood tests. See *Chapter 2: Testing for Hodgkin lymphoma* for things that may be checked.

Your thyroid function will be tested if you had radiation therapy that may have affected your thyroid.

Twice a year, lipids—fats that our bodies use for energy—will be checked.

Heart disease

Survivors of Hodgkin lymphoma are at increased long-term risk of heart or blood vessel problems. Symptoms of heart disease can start at any age, but damage to the heart or blood vessels is usually found more than 5 to 10 years after treatment has finished.

Your blood pressure will be tested at least once a year and closely monitored, even if you don't have symptoms of heart disease.

Your care team may order an:

- Echocardiogram every 10 years
- Ultrasound of your carotid arteries (the vessels that carry blood from the heart to the head) if you had radiation therapy to the neck

Vaccines

Annual flu shots are recommended.

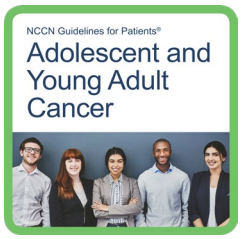
More information about vaccine recommendations can be found at N*CCN Guidelines for Patients: Survivorship Care for Healthy Living*.

You can find the most up-to-date guidance for COVID-19 vaccines on the CDC's website at https://www.cdc.gov/covid/hcp/vaccine-considerations/.

If you are 39 years of age or below

People 15 to 39 years of age at the time of initial cancer diagnosis have unique needs and challenges.

Information for adolescents and young adults who've been affected by cancer can be found at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



Screening for secondary cancers

Hodgkin lymphoma survivors are at risk of other types of cancer.

Secondary cancers often develop more than 10 years after treatment for Hodgkin lymphoma is finished. Lung cancer and breast cancer are the most common.

Breast cancer

If you had radiation to the chest or armpit area, NCCN recommends breast cancer screening for people assigned female at birth who have intact breast tissue. Screening is recommended:

- At age 40 years, or 8 years after treatment ends (whichever comes first).
- With mammograms and breast MRI for people who had radiation therapy to the chest between the ages of 10 and 30.

Other things to consider:

- It's important to be aware of how your breasts look and feel so you'll know if anything changes.
- Seeing a breast specialist may be recommended.

Other cancers

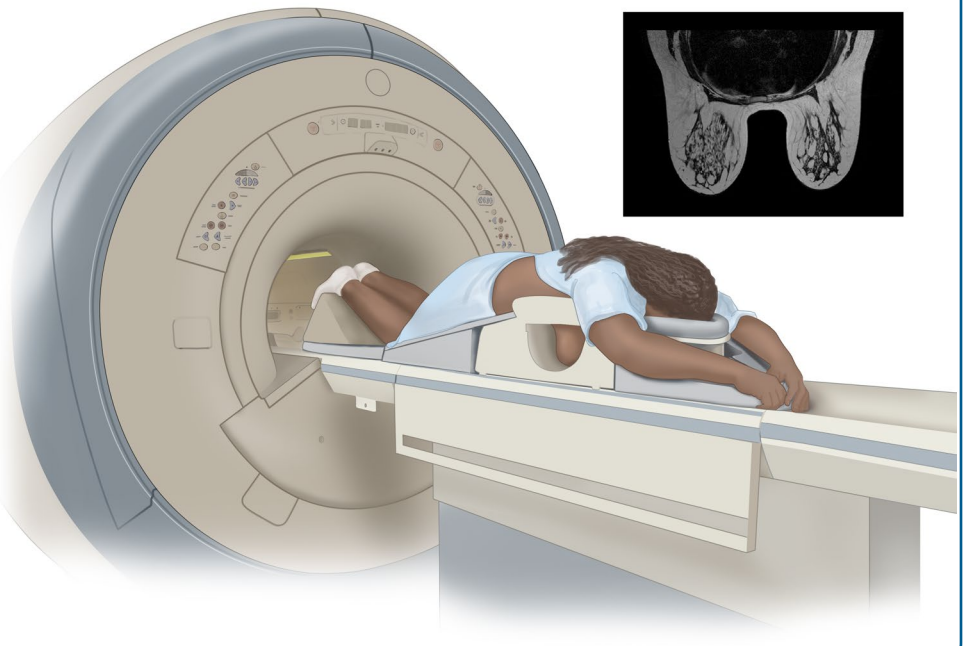
Additional tests may include those for cancers of the:

- Cervix
- Colon and rectum
- Endometrium (lining of the uterus)
- Lung
- Prostate
- Skin

For testing recommendations, go to *NCCN Guidelines for Detection, Prevention, and Risk Reduction* series at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app and The American Cancer Society's Cancer Screening Guidelines.

Screening for breast cancer

Hodgkin lymphoma survivors assigned female at birth are at increased risk of breast cancer. If you had radiation therapy to the chest, screening with both breast MRI (shown here) and mammography may be recommended.



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Key points

- Hodgkin lymphoma survivors are at increased risk of second cancers and heart disease.
- Physical exams are given more often in the first 2 years after treatment.
- Beginning in the fifth year, exams are recommended yearly. To check for signs of heart disease, your blood pressure will be checked at least once a year.
- Generally, imaging is ordered only if your care team strongly suspects the cancer has come back.
- It's recommended that survivors assigned female at birth who had radiation therapy to the chest start getting mammograms 8 years after treatment, or at age 40 (whichever is first).
- If radiation was received between the ages of 10 and 30, breast MRI scans are also recommended.
- Screening for cervical, lung, endometrial, colon, and prostate cancers is recommended for survivors. Screening should follow NCCN recommendations and those of the American Cancer Society.

Questions to ask

- How common are second cancers in Hodgkin lymphoma survivors?
- What symptoms should I look for? How should I contact you if I have symptoms?
- My chemotherapy regimen included doxorubicin. What am I at risk of?
- What else can I do to manage my risk of late side effects?

8

If classic Hodgkin lymphoma comes back or doesn't respond to treatment

53 If high-dose therapy with HCT is recommended

54 If high-dose therapy with HCT is not recommended

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55 Questions to ask

Classic Hodgkin lymphoma (CHL) that comes back is called a relapse or recurrence. CHL that doesn't respond to treatment is called refractory.

If CHL comes back or doesn't respond to treatment, NCCN recommends seeking treatment at a center with expertise in CHL, within a clinical trial if possible.

Refractory or relapsed classic Hodgkin lymphoma (CHL) is confirmed by a biopsy.

Treatment depends on whether your care team recommends high-dose therapy followed by hematopoietic (stem) cell transplant (HCT) or systemic therapy only. That decision is based on many factors. Your care team can tell you why an HCT is or is not recommended for you.

If high-dose therapy with HCT is recommended

If a clinical trial is not an option, treatment begins with systemic therapy. A regimen with an immune checkpoint inhibitor is preferred if not previously used. See **Guide 8**.

After systemic therapy, the cancer will be restaged. Further treatment will be based on the Deauville score. Revisit Chapter 3 for details about restaging.

For Deauville score 1, 2, or 3, an autologous HCT is recommended. Radiation therapy may also be used.

For Deauville score 4, recommended therapies are:

- Autologous HCT. Radiation therapy may also be used.
- Radiation therapy alone, possibly followed by HCT.
- Systemic therapy (see **Guide 8**), possibly paired with radiation therapy, and possibly followed by HCT.

For Deauville score 5, recommended therapies are radiation therapy alone or systemic therapy (see **Guide 8**), possibly with radiation therapy. If one of these approaches works well, an HCT will be considered.

After HCT, maintenance therapy with brentuximab vedotin (BV) may be considered if the cancer has features that make it likely to return for people who haven't received BV before. Follow-up care can begin.

For cancer that comes back 3 months or later after treatment

Systemic therapy with an immune checkpoint inhibitor is preferred. See **Guide 8**. After systemic therapy, the cancer will be restaged. Depending on the cancer stage at diagnosis, the current Deauville score, and your treatment history, you may have:

- Autologous HCT. Radiation therapy may also be used.
- Radiation therapy alone, possibly followed by HCT.

- Systemic therapy (see **Guide 8**), possibly paired with radiation therapy, and possibly followed by HCT.

After HCT, maintenance therapy with BV may be considered if the cancer has features that make it likely to return for people who haven't received BV before. Follow-up care can begin.

Treatment for relapsed CHL is often individualized, especially for people who have been cancer free for some time.

If high-dose therapy with HCT is not recommended

An HCT isn't always recommended. If your health care team doesn't recommend it, they can tell you why. They will recommend treatment in a clinical trial if one is available and refer you to or consult with a center with expertise.

Systemic therapy that includes either an immune checkpoint inhibitor or BV is recommended. Radiation therapy may also be used. The choice depends on your history of treatment.

Guide 8
Recommended second-line systemic therapy regimens: refractory or relapsed CHL

With immune checkpoint inhibitor therapy	• Brentuximab vedotin (Bv) and Nivolumab • GEMOX and Tislelizumab-jsgr • ICE and Pembrolizumab	• GVD and Pembrolizumab • ICE and Nivolumab
Without immune checkpoint inhibitor therapy	• Brentuximab vedotin • Bv and Bendamustine • DHAP • Gemcitabine, Bendamustine, and Vinorelbine	• GVD and ICE • ICE and Bv • IGEV

What's in each regimen?
DHAP Dexamethasone, Cisplatin, high-dose Cytarabine
GEMOX Gemcitabine and Oxaliplatin
GVD Gemcitabine, Vinorelbine, liposomal Doxorubicin
ICE Ifosfamide, Carboplatin, Etoposide
IGEV Ifosfamide, Gemcitabine, Vinorelbine

About immunotherapy and restaging

With immune checkpoint inhibitors, sometimes what looks like cancer growth or spread on FDG-PET/CT scans is actually a sign that the immune system is working. So, if immune checkpoint inhibitor therapy is helping to relieve your symptoms but your scans show there may be cancer, your team may continue with immunotherapy and repeat the FDG-PET/CT scans frequently.

Key points

- After being confirmed by biopsy, treatment for refractory or relapsed classic Hodgkin lymphoma (CHL) depends on whether your care team recommends high-dose therapy followed by hematopoietic (stem) cell transplant (HCT) or systemic therapy only.
- Hematopoietic (stem) cells are immature cells that can develop into any type of blood cell.
- The high doses of chemotherapy that may be used to treat CHL that doesn't respond to other treatments can damage these stem cells.
- With an HCT, stem cells are taken out of the body until after high doses of therapy are given.
- Then the "rescued" stem cells are returned to the blood.
- A stem cell transplant isn't always recommended.
- If an HCT isn't recommended, systemic therapy and possibly radiation therapy may be used.

Questions to ask

- Do you recommend an HCT? Why or why not?
- What's the process for an HCT? How long does it take?
- Does an HCT cause side effects?
- What systemic therapy regimen do you recommend?
- What should I know about the chosen systemic therapy regimen before starting it?

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Other resources

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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:

- Managing fear and anxiety about cancer relapse and second cancers
- How to get the help you need from the people who support you
- Getting financial help
- Finding a cancer care professional who's an expert in treating Hodgkin lymphoma
- Coping with other health issues, including side effects of treatment

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.

AnCan Foundation
ancan.org

Blood & Marrow Transplant Information Network
bmtinfonet.org

Blood Cancer United
bloodcancerunited.org

Cancer*Care*
cancercare.org

Cancer Hope Network
cancerhopenetwork.org

GRACE
cancergrace.org

Imerman Angels
imermanangels.org

Lymphoma Research Foundation
lymphoma.org

National Bone Marrow Transplant Link (nbmtLINK)
nbmtlink.org

NMDP
nmdp.org

Stupid Cancer
stupidcancer.org

Triage Cancer
triagecancer.org

Questions to ask

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



We want your feedback!

Our goal is to provide helpful and easy-to-understand information on cancer.

Take our survey to let us know what we got right and what we could do better.

NCCN.org/patients/feedback



Words to know

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

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

cancer stage
A score of the extent of cancer in the body.

chemotherapy
The most common type of systemic therapy used to kill cancer cells.

classic Hodgkin lymphoma (CHL)
The most common type of Hodgkin lymphoma. Subtypes include nodular sclerosis, mixed cellularity, lymphocyte rich, and lymphocyte depleted.

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

computed tomography (CT)
A test that uses x-rays from many angles to make pictures of areas inside the body.

contiguous lymphoma
Lymphoma in which the lymph nodes with cancer are next to each other.

contrast
A substance put into your body to make clearer pictures during imaging tests.

core needle biopsy
Removal of a tissue sample with a wide needle for examination under a microscope. Also called core biopsy.

Deauville scale
A 5-point scoring system used to stage Hodgkin lymphoma and how it is responding to treatment.

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

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

erythrocyte sedimentation rate (ESR)
A test for inflammation based on how much clear liquid is at the top of a tube of blood after one hour.

excisional lymph node biopsy
The preferred biopsy method for diagnosing Hodgkin lymphoma. Involves removing entire lymph nodes to test them for cancer cells.

fatigue
Severe tiredness despite getting enough sleep that limits one's ability to function.

granulocyte colony-stimulating factor (G-CSF)
A type of growth factor that drives bone marrow to make white blood cells. Included in some chemotherapy regimens to boost the immune system.

hematopoietic cell
Also known as a stem cell, a cell in the blood and bone marrow that can develop into all types of blood cells.

hematopoietic cell transplant (HCT)
Treatment that destroys your bone marrow then rebuilds it with your healthy stem cells. Also called high-dose therapy with autologous stem cell rescue (HDT/ASCR).

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

immunotherapy
Treatment that uses the immune system to fight cancer.

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 groups of 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.

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

non-contiguous lymphoma
Lymphoma in which the lymph nodes containing cancer are on the same side of the diaphragm but are not next to each other.

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

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

radiation therapy
Treatment that uses high-energy rays.

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

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

relapse
When cancer comes back after getting better or going away.

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

steroid
A medicine that can be used to reduce inflammation.

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

NCCN Contributors

This patient guide is based on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Hodgkin Lymphoma, Version 2.2026. It was adapted, reviewed, and published with help from the following people:

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St. Jude Children's Research Hospital/
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Los Angeles, California

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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
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PAT-N-2005-0926