Hodgkin lymphoma
Nodular lymphocyte-predominant
Hodgkin lymphoma (NLPHL)

This NCCN QUICK GUIDE™ sheet summarizes key points from the complete NCCN Guidelines for Patients®: Hodgkin Lymphoma. These guidelines explain which tests and treatments are recommended by experts in cancer. To view and download the guidelines, visit NCCN.org/patients or, to order printed copies, visit Amazon.com

What is Hodgkin lymphoma?

- There are 2 types of Hodgkin lymphoma: classic Hodgkin lymphoma (CHL) and nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL). NLPHL is the focus of this Quick Guide™.
- NLPHL is a very rare type of Hodgkin lymphoma. It develops and responds to treatment differently than CHL. Over time, NLPHL can transform into an aggressive type of non-Hodgkin lymphoma called diffuse large B-cell lymphoma (DLBCL).

What health care is given before treatment?

<table>
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<th>Biopsy and testing</th>
<th>Excisional lymph node biopsy and testing of the removed lymph node(s) using immunohistochemistry (IHC).</th>
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| Medical history and physical exam | - Check for “B symptoms” (unexplained fever, night sweats, extreme weight loss without dieting) and other symptoms (alcohol intolerance, severe itching, fatigue)  
- Examination of neck, armpits, groin, spleen, and liver |
| Blood tests | - Complete blood count (CBC), erythrocyte sedimentation rate (ESR), comprehensive metabolic panel, and measurement of serum lactate dehydrogenase |
| Imaging tests | Positron emission tomography (PET) and computed tomography (CT) with contrast |
| Other testing and care as needed | - Pregnancy testing  
- Fertility preservation  
- Bone marrow biopsy  
- Other imaging tests  
- Heart and lung function tests  
- Vaccines  
- Testing for HIV, hepatitis B and C  
- Help to quit smoking |
**What are the treatment options for NLPHL?**

| Overview | The three main treatments for NLPHL are radiation therapy, chemotherapy, and targeted therapy with Rituximab (Rituxan®). Depending on the cancer stage, they may be used individually or together. Treatment depends in part on the following:
| | Whether the lymph nodes with cancer are large (bulky)
| | Whether the cancer is only above the diaphragm (stage I-II) or whether it has spread below the diaphragm (stage III-IV) |

| Early NLPHL (stage I-II) | Radiation therapy is the preferred treatment for most people with non-bulky stage IA and IIA NLPHL. Chemotherapy that includes Rituxan® (a targeted therapy) is recommended for initial treatment of:
| | Bulky stage IA NLPHL
| | Bulky or non-contiguous stage IIA NLPHL
| | Stage IB and stage IIB NLPHL
| | Radiation therapy alone may be an option for a small number of people with stage IIA non-contiguous NLPHL and stage IB NLPHL. |

| Advanced NLPHL (stage III-IV) | Chemotherapy that includes Rituxan® (a targeted therapy) is recommended for initial treatment of everyone with advanced (stage III-IV) NLPHL. Your doctor may also recommend treatment with radiation therapy in addition to chemotherapy. |

**How do I decide between treatment options?**

- Don’t be scared to ask your doctors questions. They are there to help.
- Get a second opinion, or even a third opinion. Even doctors get second opinions.
- Support groups can be helpful. You can learn a lot from others.
- Compare the pros and cons of each option.