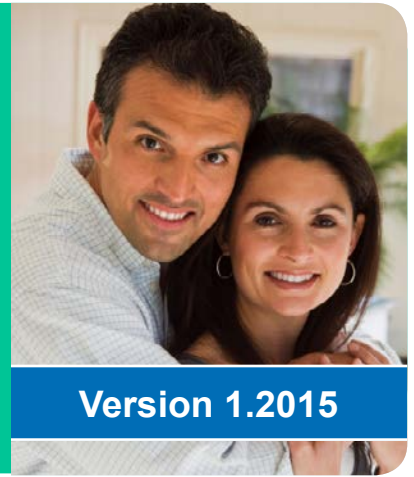




Hodgkin Lymphoma



Version 1.2015

Classical HL Treatment

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.

*NCCN Guidelines
for Patients*®
Page Number

What is classical Hodgkin lymphoma?



It includes the more common types of Hodgkin lymphoma. These types are nodular sclerosis, mixed cellularity, lymphocyte-depleted, and lymphocyte-rich disease.	37
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What are options for first-time treatment?

Stages I and II	<ul style="list-style-type: none"> ■ Stage I or II cancer has grown either above or below your diaphragm. 	36
	<ul style="list-style-type: none"> ■ These cancers are treated based on how well treatment usually works. It is harder to treat cancers that are larger, causing symptoms or inflammation, or have spread to 4 or more sites. 	39
	<ul style="list-style-type: none"> ■ For easier-to-treat cancers, chemotherapy followed by radiation therapy is preferred. Chemotherapy may include 2 or 4 cycles of ABVD or 8 weeks of Stanford V. Some people may be able to have just chemotherapy although more cycles are often received 	39
	<ul style="list-style-type: none"> ■ Small harder-to-treat cancers may be treated with 4 to 6 ABVD cycles, which are often followed by radiation therapy. A second option is 12 weeks of Stanford V followed by radiation therapy. If younger than 60 years, 2 BEACOPP and 2 ABVD cycles followed by radiation therapy is an option. 	40
	<ul style="list-style-type: none"> ■ Large harder-to-treat cancers may be treated with 4 to 6 ABVD cycles, which are always followed by radiation therapy. A second option is 12 weeks of Stanford V followed by radiation therapy. If younger than 60 years, 2 BEACOPP and 2 ABVD cycles followed by radiation therapy is an option for symptom-free cancer that's only in lymph nodes. Cancer outside of lymph nodes or causing symptoms can be treated with 6 BEACOPP cycles, which are sometimes followed by radiation therapy. 	42

What are options for first-time treatment?



Stages III and IV	<ul style="list-style-type: none"> Stage III and IV cancers are on both sides of your diaphragm or have widely spread outside the lymphatic system. 	36
	<ul style="list-style-type: none"> One option is 2 ABVD cycles then either 4 ABVD or BEACOPP cycles, which are often followed by radiation therapy. A second option is 12 weeks of Stanford V followed by radiation therapy. If younger than 60 years with a good cancer outlook, a third option is 6 cycles of BEACOPP, which may be followed by radiation therapy. 	44

What if first-time treatment doesn't work?

<p>Cancer that grows during or soon after first-time treatment is called refractory disease. Chemotherapy or brentuximab vedotin is first used to shrink the cancer. If treatment is or may be working, you may have a stem cell transplant with or without radiation therapy. If treatment doesn't work, you may receive other drug treatments with or without radiation therapy. Radiation therapy alone is also an option to treat refractory disease following chemotherapy or brentuximab vedotin.</p>	46
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What are options if the cancer returns?

<p>Cancer that re-appears on tests after a cancer-free period is called a relapse. Treatment options for stage IA or IIA depend on whether you had radiation therapy before. If not, chemotherapy or brentuximab vedotin with or without stem cell transplant, radiation therapy, or both is first used to treat relapse. For some people, radiation therapy alone may be first used. Treatment for all other relapsed cancers is like treatment for refractory disease.</p>	48
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What care should I receive after treatment?

<p>Follow-up care starts when there are no signs of cancer after treatment. It should consist of health tests that check for cancer and any problems caused by cancer treatment. It's also important to get care that will help to prevent other illnesses.</p>	50
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How do I decide between options?

<p>Ask your doctors many questions. Also, you could get a second opinion, attend support groups, and compare pros and cons.</p>	72
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