

## HODGKIN LYMPHOMA

### *Epidemiology*

The incidence of Hodgkin lymphoma (HL) in the European Union is 2.3 cases/100 000/year. Young adults aged 20–40 years are most often affected.

### *Signs and Symptoms*

Signs and symptoms of Hodgkin's lymphoma may include painless swelling of lymph nodes in the neck, armpits, or groin; persistent fatigue; fever, night sweats, unexplained weight loss and severe itching.

### *Diagnosis and risk stratification*

The diagnosis relies on lymph node/other organs biopsy. Radiological examinations such as PET-scan are required to assess the stage of the disease. A correct staging is essential to establish the best treatment option. Prognostic factors include age, gender, stage, white blood cells and lymphocytes count, hemoglobin and albumin.

### *Treatment*

Advances in diagnosis and treatment of Hodgkin's lymphoma have improved the chance to obtain complete responses. Our treatment approach relies on national and international guidelines, i.e. ESMO guidelines (<https://www.annalsofoncology.org>), SIE/SIES/GITMO guidelines (<https://www.siesonline.it>), NCCN (<https://jncn.org/view/journals/jncn>).

Chemotherapy is the most widely used and most effective treatment in HL and is always used as front line treatment. Patients with relapsed or refractory (R/R) disease may benefit from novel drugs, like monoclonal antibodies (brentuximab vedotin) that are very effective in this subset of patients. Young patients with R/R Hodgkin lymphoma can undergo high dose chemotherapy followed by autologous stem cells transplantation.

Radiation therapy may be used alone or in combination with chemotherapy to treat HL.

As chemotherapy can cause permanent infertility, reproductive counselling and consideration of sperm banking, oocyte collection or ovarian tissue cryopreservation should be offered to patients of reproductive age before treatment.