Hodgkin Lymphoma (HL)

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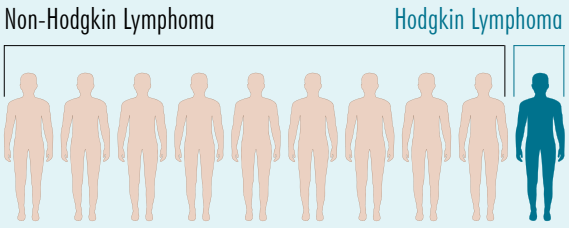
Learning about your lymphoma can be like learning a new language. It takes time and practice. Please keep this document handy so you can refer back to it as often as you need to. **It will become easier to understand the more you read it.**

Introduction

Hodgkin Lymphoma (HL) is a type of fast-growing (aggressive) blood cancer that can affect both adults and children. It is most common in young people aged 15-29 years, or older people aged over 70 years.

Approximately, 1 in 10 people diagnosed with any type of lymphoma, will have a subtype of HL, with many people being cured after treatment.

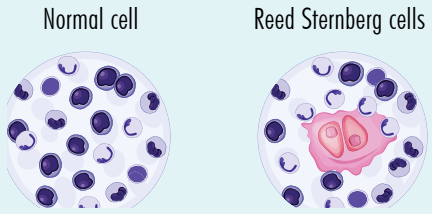
LYMPHOMA DIAGNOSIS



HL affects a type of white blood cell called the B-cell lymphocyte. B lymphocytes are also known as B-cells. B-cells fight infection and diseases.

They also remember infections you had in the past, so if you get the same infection again, your immune system can fight it more effectively. Sometimes these cells become larger than they should, and look different to your healthy B-cells. They will also not work as effectively to fight infections and disease.
This can be a pathway that B-cells become cancerous lymphoma cells named 'Reed-Sternberg' cells.

HODGKIN LYMPHOMA



It's the Reed-Sternberg cells seen in your biopsy that help doctors diagnose Hodgkin lymphoma instead of Non-Hodgkin lymphoma.

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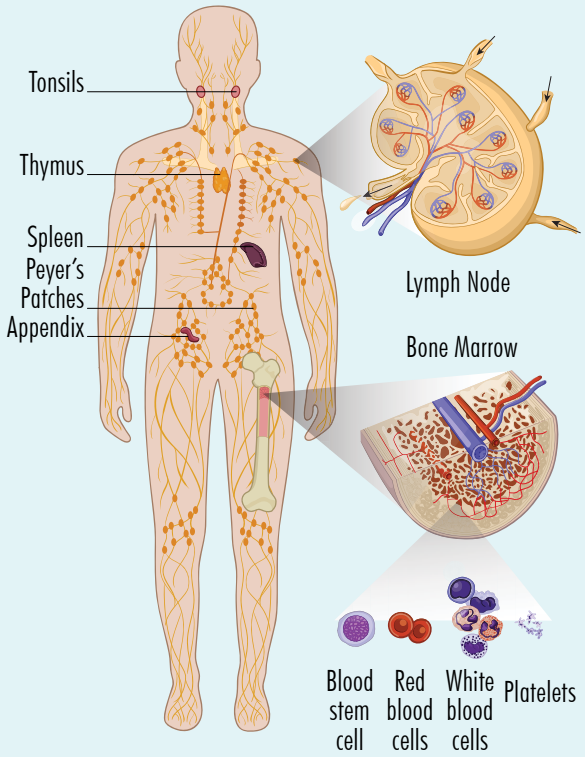
LYMPHATIC SYSTEM



B-cells are made in your bone marrow (the spongy part in the middle of your bones), but live in your spleen and your lymph nodes. They can travel through our lymphatic system to any part of your body to fight infection and disease. Because of this, HL can also develop in any part of your body.

The first symptom you might experience with HL is a swollen lymph node in your neck, armpit, groin or abdomen.

You may also have a swollen spleen. When your spleen gets too big, it can put pressure on your stomach and make you feel full, even if you haven't eaten very much.

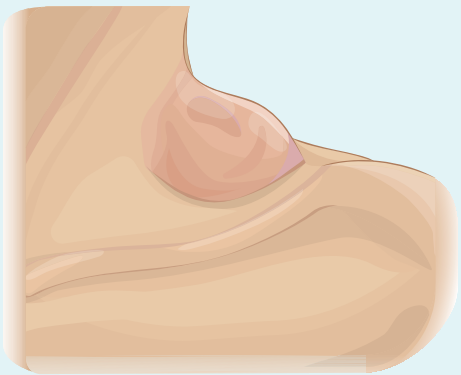
Other symptoms you might get include:

- feeling unusually tired (fatigued)
- feeling out of breath
- bruising or bleeding more easily than usual
- a new lump in your neck, under your arms, your groin, or other areas of your body. These lumps may or may not hurt, depending on where they are.

B-symptoms including:

- drenching night sweats
- losing weight with out trying
- a recurrent fever that keeps coming back with or without infection.

SWOLLEN LYMPH NODE



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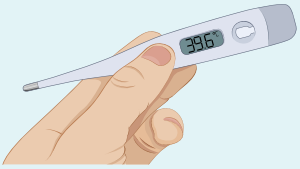
B-SYMPTOMS

B-symptoms are a group of three distinct symptoms that some people with lymphoma can get. They often occur together and may indicate that your lymphoma is more advanced. **Contact your doctor as soon as possible if you get B-symptoms.**

Drenching night sweats – where your clothes and bedding become saturated.

Losing weight without trying, and without other reason.



A high fever of 37.5˚ or more that keeps coming back or does not go away even when you don't have an infection. You may even get chills.

Diagnosis and Staging

To diagnose HL, you will need a biopsy. A biopsy is a procedure to remove part, or all of an affected lymph node or bone marrow. The biopsy is then checked by scientists in a laboratory to see if there are changes that help the doctor diagnose HL. When you have a biopsy, you may have a local or general anaesthetic. This will depend on what part of your body the biopsy is taken from.
Once HL is diagnosed from the biopsy, your doctor will organise further tests. These tests are called "staging" and may include:

- Positron emission tomography (PET) scan
- Computed tomography (CT) scan
- Bone marrow biopsy (Your doctor will use a needle to take a sample of marrow from the middle of your bone -usually hip, but sometimes the sample may be taken from a different bone. This will be done with local anaesthetic.

Subtypes of Hodgkin Lymphoma (HL)

Classical Hodgkin Lymphoma (cHL) is an aggressive B-cell lymphoma. While there are four further subtypes of cHL, they are all treated with the same therapies. The remainder of this fact sheet will refer to treatments for cHL.

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Before you start treatment

Before you start treatment you will also need to have some baseline tests done. These can include blood tests to check how well your liver and kidneys are working, scans on your heart, or lung function tests.

These are to make sure that you are well enough to have treatment without it causing you to become too unwell. Throughout your treatment you will have regular blood tests which will be compared to these baseline tests. You may also have further lung tests and heart scans to make sure that the treatment has not caused any damage to your organs.

Fertility:

Some cancer treatments can make it harder to fall pregnant, or to get somebody pregnant. If you (or your child) are planning to have children at any point in your/their life, talk to your doctor about how to preserve your fertility.

Questions for your doctor before you (or your child) starts treatment:

Starting treatment can feel overwhelming, and even knowing what questions to ask can be difficult. To help get you started, we have put together a fact sheet that contains a range of questions you may like to consider asking your doctor.

Click here to download our "Questions to ask your Doctor" fact sheet or scan the QR code at the end of this document.

Treatments

There are a lot of different treatments available for HL. The best treatment for you will depend on many factors including your age, your overall health, if you have an early or advanced stage HL, if you've had treatment before and how well it worked for you. Your doctor will able to explain why they think a particular type of treatment is the best option of you.

Some of the different types of treatment include:

Radiation/Radiotherapy - Radiation therapy is a cancer treatment that uses high doses of radiation to kill lymphoma cells and shrink tumours.

Before having radiation, you will have a planning session with a radiation therapists to plan how to target the radiation to the lymphoma, and avoid damaging healthy cells. During this session, they will discuss the times and duration of your radiotherapy treatment.

Chemotherapy (chemo)– Chemotherapy are types of medications that kill fast-growing cells. Because they kill fast-growing cells, they can be very effective at treating Hodgkin lymphoma.

Unfortunately, chemotherapy cannot tell the difference between healthy cells and lymphoma cells, so you can get unwanted side-effects from chemo. These can include hair loss, a sore mouth, nausea and vomiting, diarrhea or constipation.

To read more about side effects, please visit our page on 'side effects of treatment'.

Immune checkpoint inhibitors (ICIs) – Given as an infusion at a cancer centre or hospital. ICIs work to improve your own immune system, so that your own body can fight the cancer. They do this by blocking some of the protective barriers lymphoma cells put up, that make them invisible to your immune system. Once the barriers are removed, your immune system can see and fight the cancer.
Examples of ICIs used to treat HL are Pembrolizumab and Nivolumab.

Stem-cell transplant – to learn more about stem cell transplants please see our fact sheets:

- Transplants in Lymphoma
- Allogeneic stem cell transplants
- Autologous stem cell transplants

Starting treatment

First-line treatment

The first time you start treatment it's called first-line treatment. Once you finish your first-line treatment, you may not need treatment again.

If you need to start treatment, you may have a combination of different treatments. When you have these treatments, you will have them in cycles.

First line treatments may include:

Radiation treatment (Radiotherapy) - This may be with or without chemotherapy.

ABVD - a combination of chemotherapy medicines called doxorubicin, bleomycin, vinblastine and dacarbazine.

Escalated BEACOPP– combination of chemotherapy medicines called bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine and prednisolone (a steroid).

Dose Esclated BEACOPDac- this is the same as escalated BEACOPP, however the procarbazine is replaced with for dacarbazine.

CHLVPP - a combination of chemotherapy medicines called chlorambucil, procarbazine, vincristine and prednisolone.

There have been many changes to HL treatments in the past few years. As an alternative to ABVD, you may be offered BV-AVD (if CD30+) or N-AVD depending on your stage of HL. These regimens still contain the chemotherapy medicines doxorubicin, vinblastine and dacarbazine however do not contain bleomycin.

BV-AVD - Bleomycin is replaced with Brentuximab Vedotin (BV), an antibody-drug conjugate that kills HL cells by targeting the CD30 protein expressed on the outside of Reed Sternberg Lymphoma cells.

90-95% of people with cHL have disease that is CD30 positive.

N-AVD - Bleomycin is replaced with Nivolumab, an immune checkpoint inhibitor.

To read further about treatment protocols, please visit **EviQ** or scan the QR code here:

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Second-line treatment

Sometimes, first-line treatment may not work as well as hoped. This is called "refractory" disease. Others may have a good result from the first-line treatment, but after months or years, the HL may come back. This is called a "relapse". If you have refractory or relapsed HL you may need treatment again. This is called second-line treatment.

Second-line treatment can include:

- Different types of chemotherapy
- An antibody conjugate or immune checkpoint inhibitor
- Radiotherapy
- Stem cell transplant
- Or you may be eligible for a clinical trial. Ask your doctor about these.

This factsheet provides an overview of common treatments currently available and funded under the PBS as of March 2026.

Your haematologist may recommend something other than what is listed here. Always ask you haematologist to explain all your options, and any costs of treatments. To learn more about accessing treatments not listed on the PBS, **click here**.

Clinical Trials

Clinical trials are important to find new medicines, or combinations of medicines to improve treatment of HL in the future.

They can offer you a chance to access new medicine or combinations of medicines that would not be accessible on the Australian PBS.

If you are interested in participating in a clinical trial, ask your doctor what clinical trials you are eligible for.

To read further about clinical trials, please read our '**Understanding Clinical Trials' Fact Sheet'**

Follow Up

Finishing treatment can be a time of mixed emotions. You may feel relieved and excited, or you may feel worried and scared.

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You may even alternate between all of these emotions. This is very normal. However, you will not be alone. You will continue to see your specialist team on a regular basis, and be checked for any signs and symptoms of relapse.

Your doctor will let you know how often they want to see you, however the longer time you are in remission the less often they will need to see you.

If you have any concerns or worries please contact your healthcare team or contact our lymphoma care nurses on **1800 953 081.** You can also email us on **nurse@lymphoma.org.au.**

Summary

- Hodgkin Lymphoma is a unique from of lymphoma because of the presence Reed-Sternberg cells.
- HL is a type of blood cancer affecting B-cell lymphocytes. B-cells are specialised immune cells that fight infection and disease and live mostly in your lymphatic system.
- Hodgkin Lymphoma is very treatable and even advanced stage 4 HL can be cured in many people.
- There are different subtypes of HL. If you do not know your subtype - ask your doctor.
- Talk to your doctor about preserving your fertility before you start treatment.
- Report any concerns to your treating team.

Resources and support

Lymphoma Australia offers a wide range of resources and support for people living with lymphoma or CLL, and their carers.

How to access our resources:
Visit our website: www.lymphoma.org.au for more information.

Phone our Lymphoma Care Nurse Support Line on 1800 953 081.

Email our Lymphoma Care Nurses nurse@lymphoma.org.au

Visit our Fact sheets and Booklets page or give us a call if you would like to download more information on a variety topics related to lymphoma.

Join our closed Facebook page Lymphoma Down Under (make sure you complete all the membership questions when you join).

Cancer Council offers a range of services, including free counselling, to support people affected by cancer, including patients, families and friends.

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Services may be different depending on where you live. You can contact them at www.cancer.org.au or by phone on 13 11 20.

myhodgkin myhealth

My Hodgkin My Health (MHMH): is an Australian lead research project designed to collect vital data on lymphoma treatment, remission status and medical issues including fertility for patients living with Hodgkin lymphoma. This research project has been designed as a mobile App to allow Hodgkin survivors to participate in a series of surveys.

To learn more, visit us at: https://myhodgkinmyhealth.com

To register and participate in the study, download the research Apps by scanning the QR codes below:

MHMH App store

MHMH Google play store

Medicare Australia: Check with your GP if you are eligible for a Mental Health Treatment Plan (MHTP). This plan is funded by Medicare and can provide you with up to 10 subsidised sessions with a registered psychologist. More information can be found here.

WeCan is an Australian supportive care website to help find the information, resources and support services you may need following a diagnosis of cancer. You can visit their website at www.wecan.org.au.

Canteen provides support for young people aged 12-25 years who have cancer, or, who have a parent with cancer. Find out more at their website here www.canteen.org.au.

Health Translations: A collection of health related information collected by the Victorian Government with resources in different languages. You can visit their website at www.healthtranslations.vic.gov.au.

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Disclaimer: Lymphoma Australia has taken every precaution to make sure the information in this document is accurate and up-to-date. However, this information is intended for educational purposes only and does not substitute for medical advice. If you have any concerns about your health or wellbeing, please contact your treating team.

This document was last reviewed in June 2026.

Notes

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