

# Hodgkin Disease

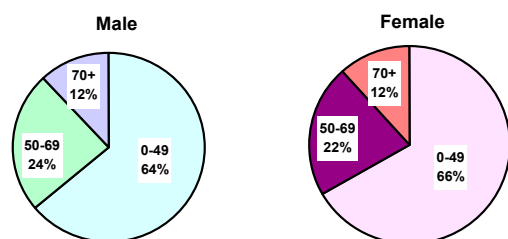
NICER and Swiss Cancer Registries

## Raw Data - Period 2003-2006

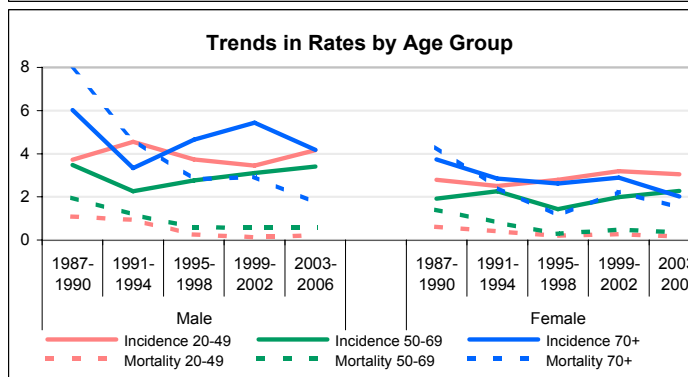
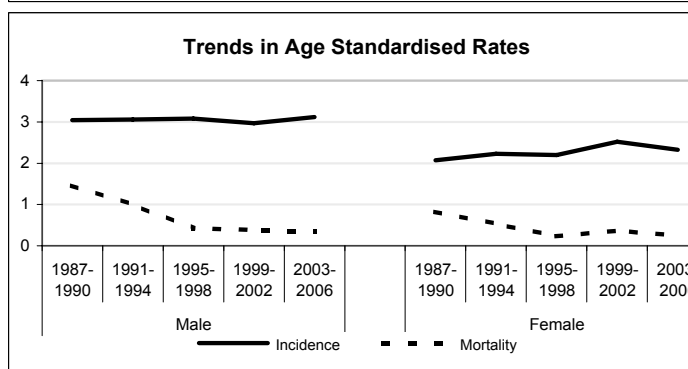
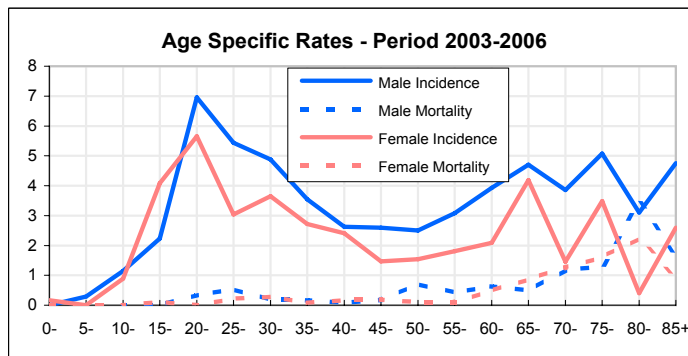
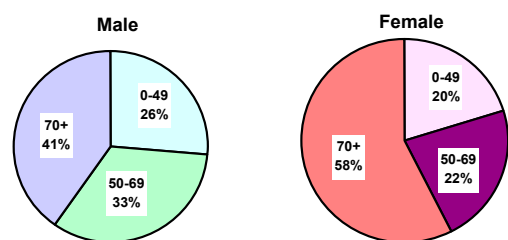
Gender	Yearly averages		5-year Prevalence (3)	Years of life lost (4)
	New cases (1)	Deaths (2)		
Male	118	14	451	243
Female	90	14	336	148
<b>Total</b>	<b>208</b>	<b>28</b>	<b>787</b>	<b>391</b>

- (1) Swiss estimates on basis of nine registries
- (2) Computed from data of Statistical Federal Office
- (3) Estimated from Globocan 2002, IARC - Lyon
- (4) Years lost each year before age 75

## New Cases by Age Group



## Deaths by Age Group



## Hodgkin Disease

A cancer of the immune system that is marked by the presence of a type of cell called the Reed-Sternberg cell. The two major types of Hodgkin lymphoma are classical Hodgkin lymphoma and nodular lymphocyte-predominant Hodgkin lymphoma.

More than 75% of all newly diagnosed patients with adult Hodgkin lymphoma (HL) can be cured with combination chemotherapy and/or radiation therapy. Mortality has fallen more rapidly for adult HL than for any other malignancy over the last 5 decades.

Staging for patients with Hodgkin lymphoma (HL) includes a history, physical examination, laboratory studies (with sedimentation rate), and thoracic and abdominal/pelvic computerized tomographic (CT) scans.

Hodgkin disease is the main cause of death over the first 15 years after treatment. By 15 to 20 years after therapy, the cumulative mortality from a second malignancy will exceed the cumulative mortality from HL. Risk of second tumour after Hodgkin disease has been extensively studied, mainly related with chemo and radiotherapy : acute leukaemias and solid tumours in lung, breast, thyroid, bone/soft tissue, stomach, oesophagus, colon and rectum, uterine cervix, head and neck, and mesothelioma have been described.

Edited by: Jean-Michel Lutz & Pierre Pury, NICER