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Lymphoma - Hodgkin - Childhood - Frequently Asked Questions [1]

This section has been reviewed and approved by the **Cancer.Net Editorial Board** [2], 08/2014

ON THIS PAGE: You will find general answers to common questions. Be sure to ask your child's health care team any questions that you might have so they can tailor the answer further based on your child's personal needs and medical status. To see other pages, use the menu on the side of your screen.

Is my child/adolescent being treated with a treatment plan (regimen) designed for this age group rather than for adults?

Pediatric treatment regimens are designed to reduce the long-term side effects of treatment. Specifically, current regimens for children do not use doxorubicin for more than four cycles, which equates to four months, or radiation therapy doses higher than 25.5 Gy unless the disease has recurred. Gy is a measurement of how much radiation the child receives. In most instances, less radiation is used. Ideally, the health care of adolescents and children with Hodgkin lymphoma should be managed by a pediatric oncologist to make sure that the treatment given will reduce the chance of long-term side effects as much as possible.

What are the immediate and long-term side effects of the treatment planned? Are there other regimens that might be as effective with different risks?

Unfortunately, all regimens have potential side effects. For some patients or families, one set of risks is more tolerable than others. Many new clinical trials give the drugs at a faster rate, since this may be more effective. There could be more side effects early on, but the child may need less therapy in total, which reduces the long-term effects. Be sure to talk with your child's doctor to understand the balance between early side effects and long-term effects. For example, high-dose radiation therapy without chemotherapy is often easier and faster than chemotherapy, but the long-term side effects for young people are significant. That is why this approach is not recommended for most children or adolescents.

Under what circumstances should sperm banking be considered?

Boys who will receive alkylating agents should try to bank sperm before treatment begins, since

these drugs can cause sterility. Alkylating agents most commonly used in Hodgkin lymphoma are cyclophosphamide, ifosfamide, mechlorethamine and procarbazine. Your child's doctor can advise you whether the planned dose is likely to cause significant risk. For boys who are too young to bank sperm, it is preferred to use a regimen that does not include procarbazine or mechlorethamine when possible. Learn more about [sexual and reproductive health](#) [3].

If a girl receives pelvic radiation therapy, can fertility be preserved?

The ovaries can be moved out of the radiation field to try to preserve fertility. Fertility preservation options are available for older adolescents and young adult women. Researchers are also studying fertility preservation through freezing ovarian tissue or ovum prior to treatment in younger girls. Learn more about [sexual and reproductive health](#) [4].

What is recommended for the long-term care of my child?

At the end of treatment, it is important to talk with your child's doctor about which screening tests should be performed in the months, years, and decades that will follow. As the child matures, this information should be passed to them, so they will understand any health risks as they take care of their own health. The details about the drugs and radiation treatment given should be written down with a recommendation for life-long follow-up care. Learn more about [keeping a personal medical record](#) [5].

The next section offers a list of additional questions you may want to ask. Use the menu on the side of your screen to select Questions to Ask the Doctor, or you can select another section, to continue reading this guide.

Links:

[1] <http://www.cancer.net/cancer-types/lymphoma-hodgkin-childhood/frequently-asked-questions>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/node/25240>

[4] <http://www.cancer.net/coping-and-emotions/sexual-and-reproductive-health>

[5] <http://www.cancer.net/node/24569>