Lymphoma - Hodgkin - Stages [1]

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ON THIS PAGE: You will learn about how doctors describe a cancer?s growth or spread. This is called the stage. You will also discover what prognostic factors help doctors predict how well treatment will work. To see other pages, use the menu on the side of your screen.

Staging helps to describe where the Hodgkin lymphoma is located, if or where it has spread, and whether it is affecting other parts of the body. Doctors use diagnostic tests to find out the cancer?s stage, so staging may not be complete until all tests are finished. Knowing the stage helps the doctor to decide what kind of treatment is best and can help predict a patient?s prognosis. There are different stage descriptions for different types of cancer.

When staging Hodgkin lymphoma, doctors evaluate the following:

- The number of cancerous lymph node areas
- Whether the cancerous lymph nodes are localized, meaning they are located only in one area of the body, or generalized, meaning they are located in many areas of the body
- Whether the cancerous lymph nodes are on one or both sides of the diaphragm, the thin muscle under the lungs and heart that separates the chest from the abdomen
- Whether the disease has spread to the bone marrow, spleen, or extralymphatic organs (organs outside the lymphatic system; noted using an ?E? below), such as the liver, lungs, or bone

The stage of lymphoma describes the extent of the spread of the tumor, using the terms stage I through IV (one through four). As explained in the Symptoms [3] section, each stage may also be subdivided into ?A? and ?B? categories, based on the presence or absence of specific symptoms.

Stage I. The cancer is found in one lymph node region.

Stage II. Either one of these conditions:

- The cancer is in two or more lymph node regions on the same side of the diaphragm (stage II).
- The cancer involves a single organ and its regional lymph nodes (lymph nodes located near the site of the lymphoma), with or without cancer in other lymph node regions on the same side of the diaphragm (stage IIE).

Stage III. There is cancer in lymph node areas on both sides of the diaphragm (stage III). In addition, there may be involvement of an extralymphatic organ (stage IIIE), involvement of the spleen (using the letter ?S,? stage

IIIS), or both (stage IIIES).

Stage IV. There is disseminated (multifocal) involvement, meaning that the lymphoma has spread throughout more than one area of the body. Common sites for disseminated disease include the liver, bone marrow, or lungs.

Recurrent. Recurrent lymphoma is lymphoma that has come back after treatment. Lymphoma may return in the area where it first started or in another part of the body. Recurrence may occur shortly after the first treatment or years later. If there is a recurrence, the cancer may need to be staged again (called re-staging) using the system above.

Prognostic factors

In addition to stage, doctors use other prognostic factors to help plan the best treatment and predict how well this treatment will work. For patients with Hodgkin lymphoma, several factors can predict whether the disease will return and which treatments will be successful. A patient may be described as having high-risk disease or low-risk disease based on how many of the following prognostic factors there are.

Factors that are considered less favorable and lead to a poorer prognosis include:

- Having low blood albumin (a type of protein) levels, defined as less than 4 g/L
- Having low hemoglobin (red blood cell count), defined as less than 10.5 g/dL
- Being a male
- Being age 45 and older
- Having stage IV disease
- Having a white blood cell count greater than 15,000 per cubic millimeter (mm^3)
- Having a lymphocyte count less than 600 per mm^3, less than 8% of the total white blood cell count, or both

Other prognostic factors that are considered, especially for early-stage Hodgkin lymphoma, include:

- A higher ESR (described in the Diagnosis [4] section) is associated with a poorer prognosis.
- People with lymphocyte-predominant Hodgkin lymphoma, nodular sclerosis Hodgkin lymphoma, and lymphocyte-rich classical Hodgkin lymphoma have a better prognosis, compared with other subtypes of Hodgkin lymphoma.
- A large mediastinal mass, a large lymph node mass in the center of the chest that is larger than 10 centimeters (cm), is associated with a poorer prognosis. Small mediastinal masses are not associated with a poorer prognosis.
- Having a high number of lymph node sites involved is associated with a poorer prognosis.

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Information about the cancer?s stage and prognostic factors will help the doctor recommend a treatment plan. The next section helps explain the treatment options for this type of cancer. Use the menu on the side of your screen to select Treatment Options, or you can select another section, to continue reading this guide.

Links:
[1] http://www.cancer.net/cancer-types/lymphoma-hodgkin/stages
[2] http://www.cancer.net/about-us
[3] http://www.cancer.net/node/19182
[4] http://www.cancer.net/node/19183

[5] http://www.cancerstaging.net/