

3.25 Hodgkin's lymphoma

Table 3.25.1
Overview of key epidemiological parameters for Germany, ICD-10 C81

	2011		2012		Prediction for 2016	
	Men	Women	Men	Women	Men	Women
Incident cases	1,260	970	1,240	990	1,300	1,100
Crude incidence rate ¹	3.2	2.4	3.2	2.4	3.2	2.5
Standardised incidence rate ^{1,2}	3.0	2.2	2.9	2.3	2.9	2.4
Median age at diagnosis	45	44	46	41		
Deaths	194	141	219	158		
Crude mortality rate ¹	0.5	0.3	0.6	0.4		
Standardised mortality rate ^{1,2}	0.3	0.2	0.4	0.2		
5-year prevalence	5,200	4,000	5,200	4,100		
	<i>after 5 years</i>		<i>after 10 years</i>			
Absolute survival rate (2011–2012) ³	80 (60–87)	83 (68–93)	73	76		
Relative survival rate (2011–2012) ³	84 (63–91)	86 (72–97)	80	81		

¹ per 100,000 persons ² age-standardised (European standard) ³ in percentages (lowest and highest value of the included German federal states)

Epidemiology

Hodgkin's lymphoma is histologically distinguished from non-Hodgkin lymphomas by the presence of Reed-Sternberg giant cells in the bone marrow. Hodgkin's lymphoma is a rare disease, and in Germany some 1,240 men and 990 women were diagnosed with it in 2012. It can occur at any age, and about one patient in ten was under 20 years of age at diagnosis. The risk of developing Hodgkin's lymphoma at any stage in life is 0.2 % for both men and women.

In recent years the incidence rates, and the absolute number of new cases annually, have shown no discernible trends, while ever fewer people are dying of Hodgkin's lymphoma. The mortality rate in Germany in 2012 was just over 300, almost 200 fewer than ten years previously. The prognosis is correspondingly favourable, with about 83 % of women and 80 % of men still alive 5 years after diagnosis. Due to the chronic relapsing nature of the disease, the long-term prognosis is also determined by side effects of therapy (including secondary tumours).

Risk factors

The risk factors for Hodgkin's lymphoma are not completely understood. It remains unclear whether lifestyle-related risk factors or environmental risks are responsible for the development of Hodgkin's lymphoma. The associations are complex. It is possible that the risk is increased by a long-term cigarette smoking habit.

As with non-Hodgkin lymphomas, congenital and acquired characteristics of the immune system and viral infections are topics of debate, although their influence cannot be quantified and it is not possible to ascribe a definite cause for any individual patient.

It has long been suspected that the Epstein-Barr virus (EBV), the cause of glandular fever (infectious mononucleosis), and retroviruses (e.g. HTLV and HIV) are involved. The results of recent studies confirm that EBV infection plays an important part in the development of Hodgkin's lymphoma. Other viruses, such as the hepatitis B virus, may also be involved in the development of Hodgkin's lymphoma.

The children and siblings of patients with Hodgkin's lymphoma have a much higher risk of developing the disease themselves. Researchers are therefore paying increasing attention to hereditary factors. However, research has not yet identified any risk-enhancing and inheritable gene mutations.

Figure 3.25.1a
Age-standardised incidence and mortality rates,
by sex, ICD-10 C81, Germany 1999–2012
per 100,000 (European standard)

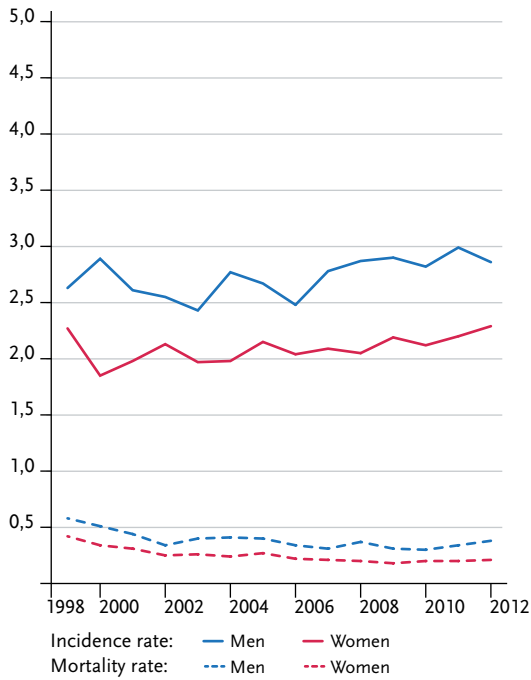


Figure 3.25.1b
Absolute numbers of incident cases and deaths,
by sex, ICD-10 C81, Germany 1999–2012

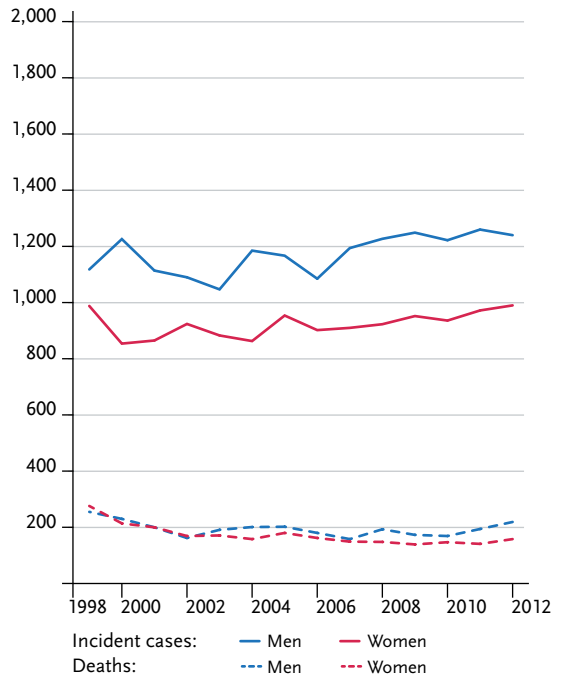


Figure 3.25.2
Age-specific incidence rates by sex, ICD-10 C81, Germany 2011–2012
per 100,000

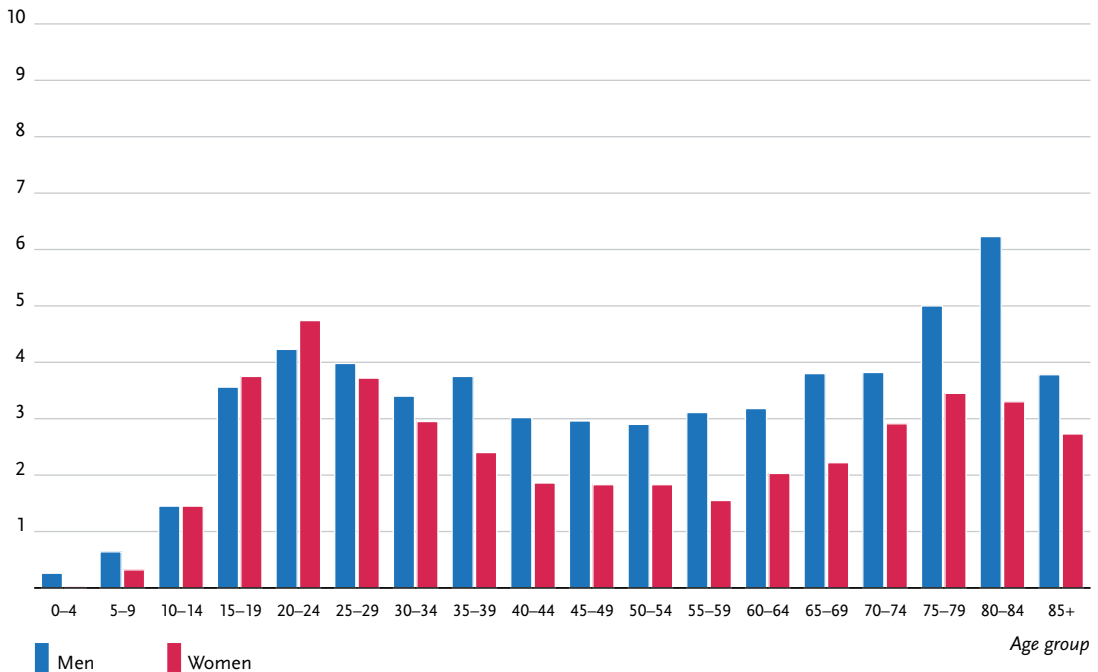


Table 3.25.2
Cancer incidence and mortality risks in Germany by age and sex, ICD-10 C81, database 2012

	Risk of developing cancer				Mortality risk			
	in the next ten years		ever		in the next ten years		ever	
Men aged								
15 years	<0.1%	(1 in 2,700)	0.2%	(1 in 430)	<0.1%	(1 in 330,300)	<0.1%	(1 in 2,200)
25 years	<0.1%	(1 in 2,800)	0.2%	(1 in 520)	<0.1%	(1 in 63,600)	<0.1%	(1 in 2,200)
35 years	<0.1%	(1 in 3,200)	0.2%	(1 in 630)	<0.1%	(1 in 42,100)	<0.1%	(1 in 2,200)
45 years	<0.1%	(1 in 3,500)	0.1%	(1 in 770)	<0.1%	(1 in 40,300)	<0.1%	(1 in 2,300)
55 years	<0.1%	(1 in 3,700)	0.1%	(1 in 940)	<0.1%	(1 in 14,600)	<0.1%	(1 in 2,400)
Lifetime risk			0.2%	(1 in 400)			<0.1%	(1 in 2,200)
Women aged								
15 years	<0.1%	(1 in 2,300)	0.2%	(1 in 530)	<0.1%	(1 in 345,900)	<0.1%	(1 in 3,100)
25 years	<0.1%	(1 in 2,900)	0.1%	(1 in 690)	<0.1%	(1 in 88,200)	<0.1%	(1 in 3,200)
35 years	<0.1%	(1 in 4,300)	0.1%	(1 in 910)	<0.1%	(1 in 127,100)	<0.1%	(1 in 3,300)
45 years	<0.1%	(1 in 5,600)	0.1%	(1 in 1,100)	<0.1%	(1 in 64,200)	<0.1%	(1 in 3,300)
55 years	<0.1%	(1 in 5,800)	0.1%	(1 in 1,400)	<0.1%	(1 in 34,200)	<0.1%	(1 in 3,400)
Lifetime risk			0.2%	(1 in 490)			<0.1%	(1 in 3,200)

Figure 3.25.3
Distribution of T-stages at first diagnosis by sex
T-stages are not defined for Hodgkin's lymphoma.

Figure 3.25.4a
Absolute survival rates up to 10 years after first diagnosis,
by sex, ICD-10 C81, Germany 2011–2012

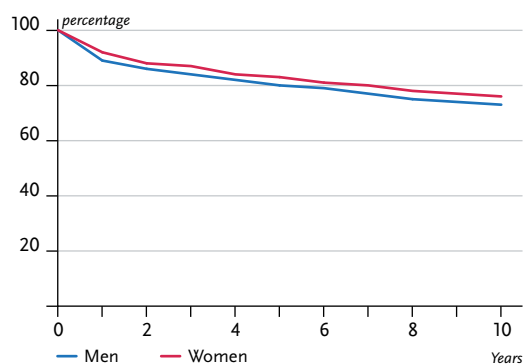


Figure 3.25.4b
Relative survival rates up to 10 years after first diagnosis,
by sex, ICD-10 C81, Germany 2011–2012

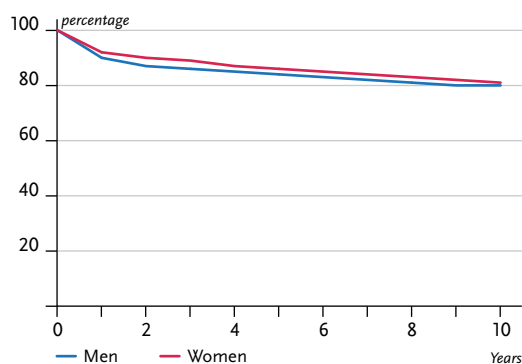


Figure 3.25.5
Registered age-standardised incidence and mortality rates in German federal states, by sex,
ICD-10 C81, 2011–2012
per 100,000 (European standard)

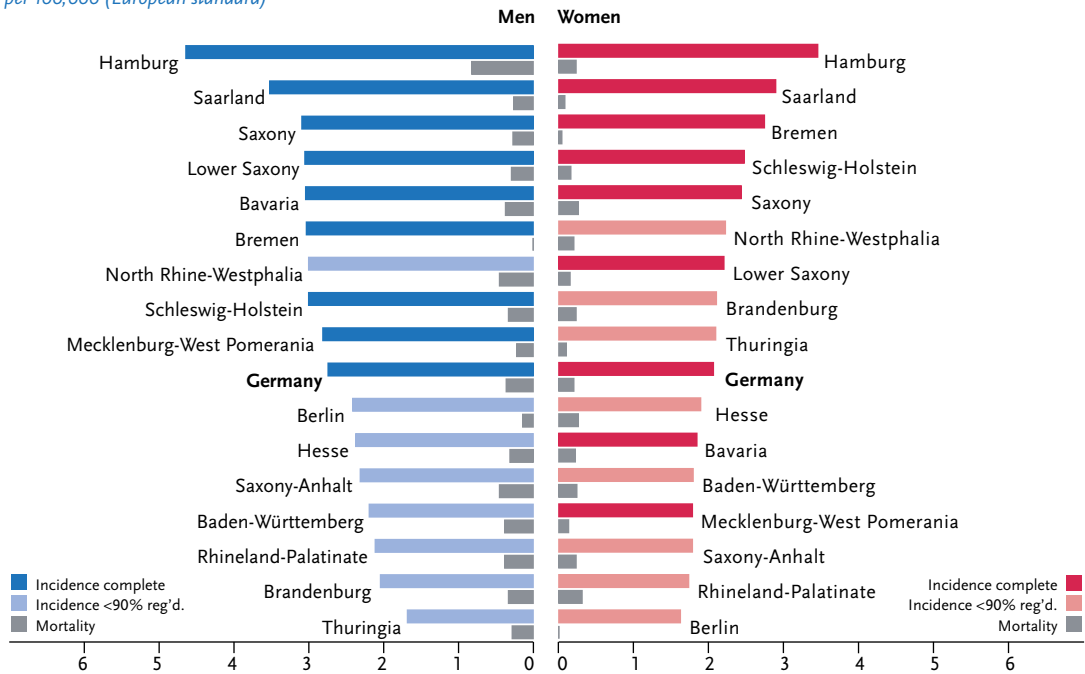
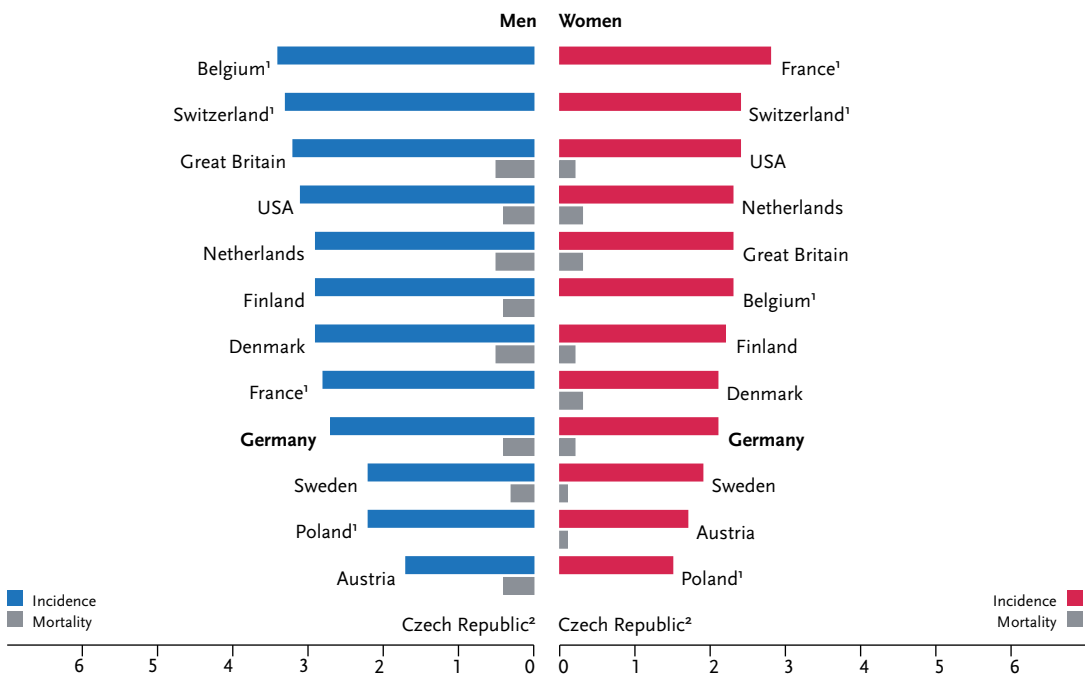


Figure 3.25.6
International comparison of age-standardised incidence and mortality rates, by sex,
ICD-10 C81, 2011–2012 or latest available year (details and sources, see appendix)
per 100,000 (European standard)



¹ no comparable data for mortality

² no comparable data