3.28 Hodgkin lymphoma

Table 3.28.1
Overview of key epidemiological parameters for Germany, ICD-10 C81

Incidence		2019		2020		
	Women	Men	Women	Men		
Incident cases	1,120	1,460	990	1,460		
Crude incidence rate [1]	2.7	3.6	2.3	3.6		
Age-standardised incidence rate [1, 2]	2.6	3.2	2.3	3.3		
Median age at diagnosis	43	50	43	48		
Mortality		**2019**		**2020**		**2021**
	Women	Men	Women	Men	Women	Men
Deaths	127	207	132	185	131	185
Crude mortality rate [1]	0.3	0.5	0.3	0.5	0.3	0.5
Age-standardised mortality rate [1, 2]	0.1	0.3	0.1	0.3	0.1	0.3
Median age at death	79	73	78	75	80	73
Prevalence and survival rates		**5 years**		**10 years**		**25 years**
	Women	Men	Women	Men	Women	Men
Prevalence	4,400	6,100	8,200	11,000	17,200	21,200
Absolute survival rate (2019 – 2020) [3]	83 (81 – 86)	82 (80 – 86)	78 (70 – 82)	73 (70 – 77)		
Relative survival rate (2019 – 2020) [3]	87 (84 – 88)	87 (85 – 92)	84 (77 – 87)	82 (79 – 88)		

[1] per 100,000 persons [2] age-standardised (old European Standard) [3] in percent (lowest and highest value of the included German federal states)

Epidemiology

Hodgkin's disease (Hodgkin lymphoma), formerly known as lymphogranulomatosis, has microscopically recognisable so-called Sternberg-Reed giant cells in the bone marrow and thus differs from non-Hodgkin lymphomas.

Hodgkin lymphoma is a rare disease that affected about 990 women and 1,460 men in Germany in 2020, relatively many of them in young and middle adulthood. Between the ages of 15 and 35, this disease is therefore one of the five most common cancer diagnoses. The risk of ever developing Hodgkin's disease is 0.2% for women and 0.3% for men.

The incidence rates or absolute number of new cases of Hodgkin's disease have risen slightly since the mid-2000s, while recently, with just over 300 deaths per year, significantly fewer people are dying from Hodgkin's disease than at the end of the 1990s. The prognosis is correspondingly favourable, with a relative survival of around 87% five years after diagnosis and 83% after ten years. Due to the often chronic recurrence of the disease, the long-term prognosis is also influenced by the side effects of the therapy (including secondary tumours).

Risk factors

The risk factors for Hodgkin lymphoma have only been partially clarified to date. Congenital diseases of the immune system or acquired immunodeficiencies, for example due to HIV infection, can increase the risk of Hodgkin lymphoma.

Epstein-Barr viruses (EBV), the pathogens that cause Pfeiffer's glandular fever (infectious mononucleosis), can play a causal role in the development of individual Hodgkin lymphomas – although the overall risk is low. Lifestyle-related risk factors or environmental risks are probably also involved, but the associations here are complex and therefore not clearly understood. Long-term cigarette consumption may increase the risk.

Children and siblings of those affected have a slightly increased risk of developing Hodgkin's disease themselves. However, the exact correlations are not yet fully understood.

Overall, for many patients, no clear cause can be found for the development of Hodgkin lymphoma. It is likely that several factors must interact before Hodgkin lymphoma develops.

▶ *Additional information: www.krebsdaten.de/hodgkin_lymphoma*

Figure 3.28.1a
Age-standardised incidence and mortality rates by sex, ICD-10 C81, Germany 1999 – 2020/2021
per 100,000 (old European Standard)

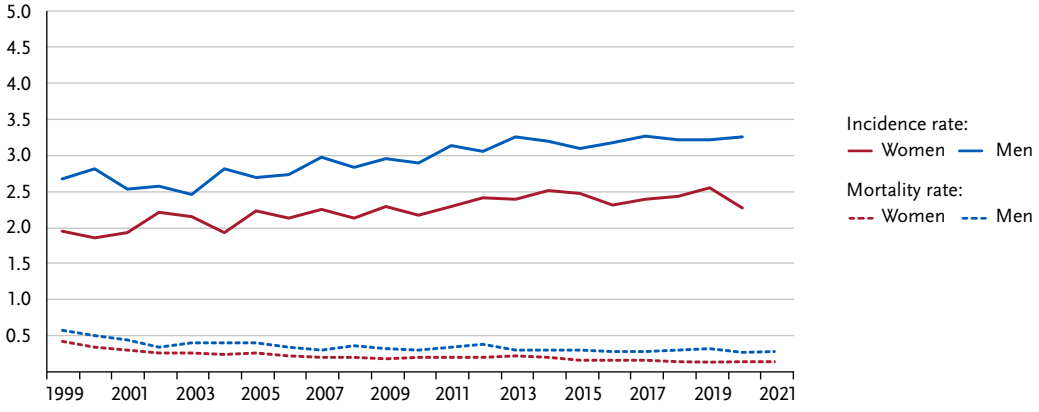


Figure 3.28.1b
Absolute numbers of incident cases and deaths by sex, ICD-10 C81, Germany 1999 – 2020/2021

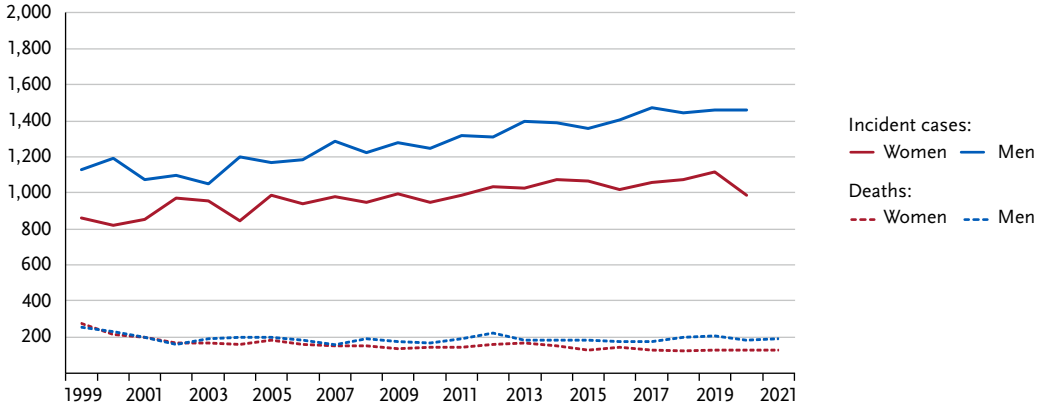


Figure 3.28.2
Age-specific incidence rates by sex, ICD-10 C81, Germany 2019 – 2020
per 100,000

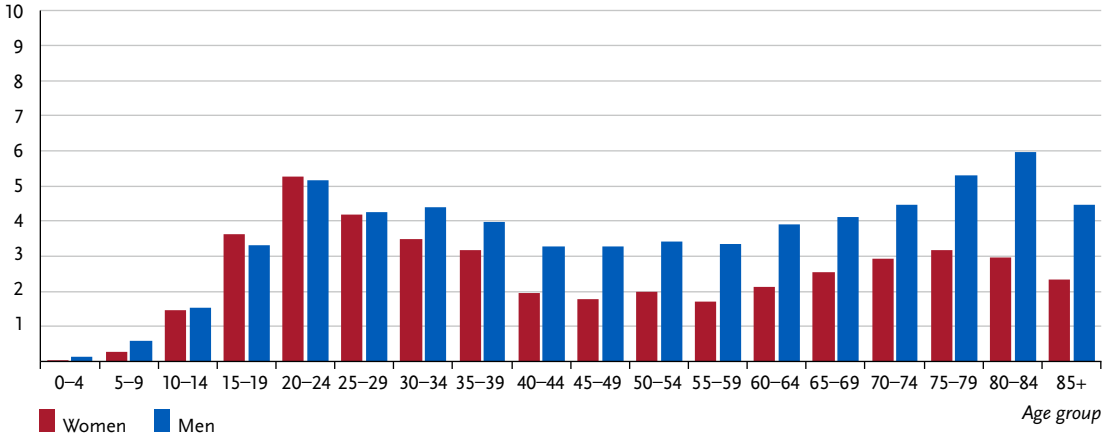


Table 3.28.2
Cancer incidence and mortality risks in Germany by age and sex, ICD-10 C81, database 2019

	Risk of developing cancer				Mortality risk			
Women aged	**in the next 10 years**		**ever**		**in the next 10 years**		**ever**	
15 years	< 0.1 %	(1 in 2,400)	0.2 %	(1 in 480)	< 0.1 %	(1 in 434,200)	< 0.1 %	(1 in 4,200)
25 years	< 0.1 %	(1 in 2,400)	0.2 %	(1 in 600)	< 0.1 %	(1 in 435,400)	< 0.1 %	(1 in 4,200)
35 years	< 0.1 %	(1 in 3,400)	0.1 %	(1 in 800)	< 0.1 %	(1 in 466,500)	< 0.1 %	(1 in 4,300)
45 years	< 0.1 %	(1 in 4,900)	0.1 %	(1 in 1,000)	< 0.1 %	(1 in 98,000)	< 0.1 %	(1 in 4,300)
55 years	< 0.1 %	(1 in 5,000)	0.1 %	(1 in 1,300)	< 0.1 %	(1 in 56,600)	< 0.1 %	(1 in 4,400)
Lifetime risk			0.2 %	(1 in 440)			< 0.1 %	(1 in 4,200)
Men aged	**in the next 10 years**		**ever**		**in the next 10 years**		**ever**	
15 years	< 0.1 %	(1 in 2,600)	0.3 %	(1 in 380)	< 0.1 %	(1 in 128,100)	< 0.1 %	(1 in 2,400)
25 years	< 0.1 %	(1 in 2,300)	0.2 %	(1 in 450)	< 0.1 %	(1 in 101,100)	< 0.1 %	(1 in 2,500)
35 years	< 0.1 %	(1 in 2,900)	0.2 %	(1 in 560)	< 0.1 %	(1 in 84,500)	< 0.1 %	(1 in 2,500)
45 years	< 0.1 %	(1 in 2,800)	0.1 %	(1 in 680)	< 0.1 %	(1 in 43,700)	< 0.1 %	(1 in 2,600)
55 years	< 0.1 %	(1 in 2,800)	0.1 %	(1 in 870)	< 0.1 %	(1 in 18,800)	< 0.1 %	(1 in 2,600)
Lifetime risk			0.3 %	(1 in 360)			< 0.1 %	(1 in 2,400)

Figure 3.28.3
Distribution of UICC stages at diagnosis by sex
Not included because UICC stages are not defined for Hodgkin lymphoma.

Figure 3.28.4
Absolute and relative survival rates up to 10 years after diagnosis, by sex, ICD-10 C81, Germany 2019 – 2020

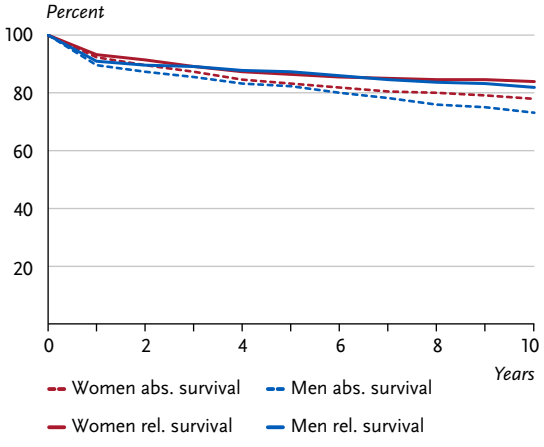


Figure 3.28.5
Relative 5-year survival by age at diagnosis and sex, ICD-10 C81, Germany 2019 – 2020

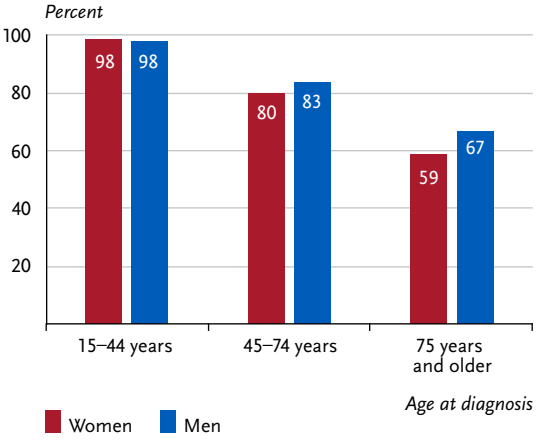


Figure 3.28.6
Age-standardised incidence and mortality rates in German federal states by sex, ICD-10 C81, 2019 – 2020
per 100,000 (old European Standard)

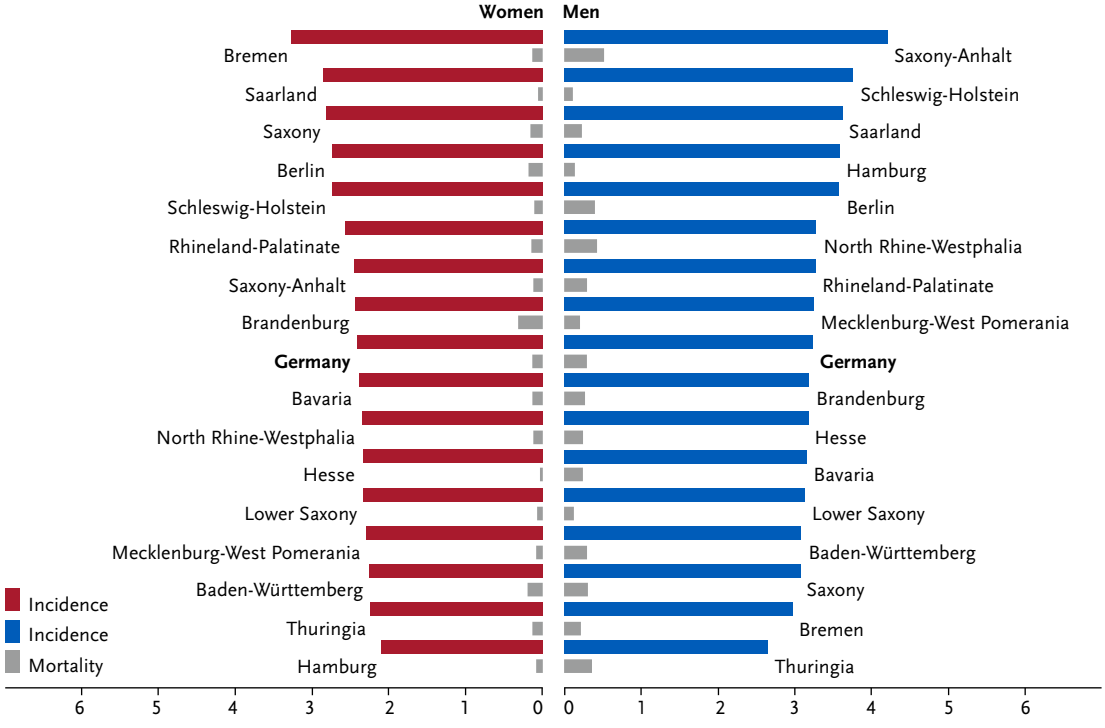
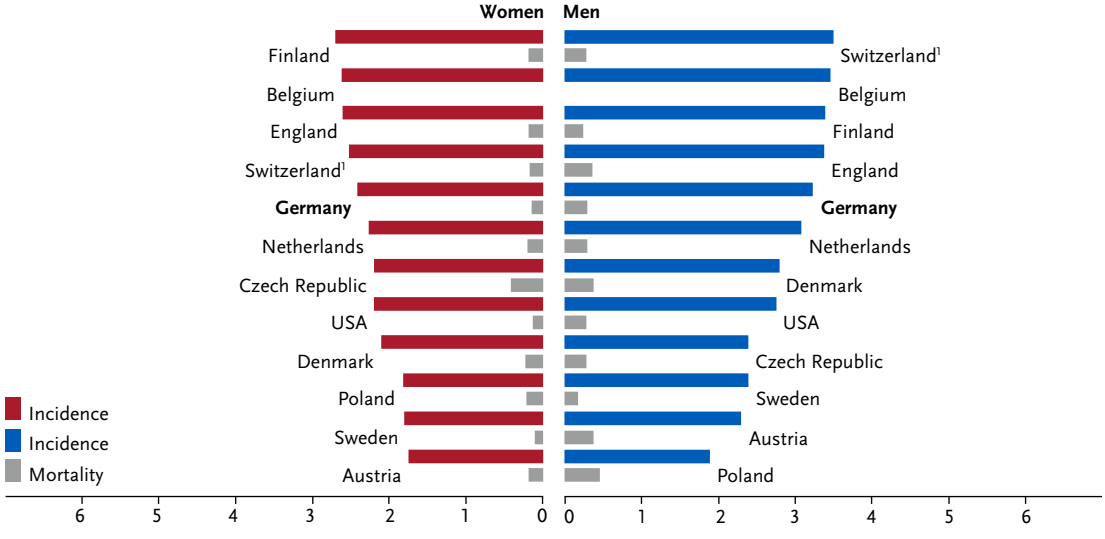


Figure 3.28.7
International comparison of age-standardised incidence and mortality rates by sex, ICD-10 C81, 2019 – 2020 or latest available year (details and sources, see appendix)
per 100,000 (old European Standard)



[1] Switzerland: incidence data for 2015 – 2019