Learning more about your disease and treatment options can help you make informed decisions about your health care. Be The Match® can help you understand how transplant may be used to treat Hodgkin lymphoma.

READ ON TO LEARN ABOUT:
• Initial treatment of Hodgkin lymphoma
• How transplant can treat Hodgkin lymphoma
• If transplant is right for you
• Questions to ask your doctor
• Transplant outcomes for Hodgkin lymphoma
• Making treatment decisions

ABOUT HODGKIN LYMPHOMA
Hodgkin lymphoma (HL) is a cancer of the white blood cells called lymphocytes. Lymphocytes protect the body from infection and disease. HL is just one of the many types of lymphoma. All the other types are called non-Hodgkin lymphomas. In HL, cancerous lymphocytes first show up in the lymph nodes. Lymph nodes are small organs all around the body. As the disease gets worse, the cancerous cells spread to other parts of the body.

To find out if a person has HL, a doctor removes a lymph node or some lymph node cells, which can then be studied under a microscope.

HL can occur in both adults and children but is more common among young adults. In the United States, about 9,000 people are diagnosed with HL each year. For most people, the cause of HL is unknown.1

INITIAL TREATMENT OF HODGKIN LYMPHOMA
Chemotherapy, with or without radiation therapy, is the first treatment for patients with HL. Chemotherapy is a treatment that uses medicines to destroy cancer cells or stop them from growing. Radiation therapy uses beams of high energy to do the same thing.

For most patients with HL, the initial treatment will bring remission. Remission means that tests cannot find any lymphoma cells and a patient is symptom-free. These patients are watched carefully by doctors, because for some, the disease will relapse (return).

Key points:
• Chemotherapy, with or without radiation therapy, is the first treatment for patients with HL
• Most patients with HL will have no signs or symptoms of the disease after their initial treatment
HOW TRANSPLANT CAN TREAT HODGKIN LYMPHOMA

If a patient with HL needs more treatment, then doctors will consider a blood or marrow transplant. There are 2 types of transplants: autologous and allogeneic.

**Autologous transplant**

In an autologous transplant, blood-forming cells are collected from the patient’s bloodstream, through a process called apheresis, and frozen. Later, the patient gets very high doses of chemotherapy. This chemotherapy is called a conditioning regimen or preparative regimen. The goal of the preparative regimen is to kill as many cancerous cells in the body as possible.

The preparative regimen also destroys most of the normal cells in the patient’s bone marrow. To restore the marrow, the patient’s frozen blood-forming cells are thawed and infused into the bloodstream. From there, the cells find their way into the bone marrow where they start making healthy white blood cells (including lymphocytes), red blood cells and platelets.

**Allogeneic transplant**

An allogeneic transplant also begins with chemotherapy. This type of transplant uses healthy, blood-forming cells from a family member, unrelated donor or umbilical cord blood unit.

Most transplants for HL are autologous. Allogeneic transplant may be used if the disease relapses after an autologous transplant.

The entire transplant process, from the start of chemotherapy or radiation, until hospital discharge, can last weeks to months, followed by recovery at home. For this reason, most transplant centers (hospitals that do transplants) require you to have a dedicated caregiver to help you through the recovery process.

**Key points:**

- Most transplants for HL are autologous
- Allogeneic transplant may be used after one or more prior treatments have not worked

UNDERSTANDING IF TRANSPLANT WOULD HELP YOUR HODGKIN LYMPHOMA

Whether a transplant is right for you depends on many things. The decision is mostly based on whether earlier treatments worked and your overall health.

There are medical guidelines for when patients should see a transplant doctor, whether or not a transplant is needed at that time.

Talking to a transplant doctor is recommended if:

- Your disease is not in remission after your initial treatment
- Your disease has relapsed after a remission

HOW A TRANSPLANT DOCTOR HELPS YOU DECIDE IF TRANSPLANT IS RIGHT FOR YOU

To find out if transplant is right for you, you will need a physical check-up by your transplant doctor. During the check-up, your lungs, heart, liver, kidneys and nervous system will be checked. The transplant doctor will also review your health history and current status of your disease.

You will also meet with other members of the health care team. A social worker or other professional will meet with you to talk about your concerns related to transplant (for example: emotional, financial, travel, lodging, work and/or school). The social worker can help you find resources to support you during your transplant journey.
Key points:
• A transplant doctor will weigh the risks and benefits of transplant before recommending a transplant
• A transplant social worker is available to help you and your family with emotional and practical support

QUESTIONS TO ASK YOUR DOCTOR
It is important to ask questions so you are comfortable with the treatments that your doctors recommend and so you can make decisions about your treatment. Questions you may want to ask your doctor include:
• What are my chances of living disease-free if I get a transplant? If I don’t get a transplant?
• What are the risks of waiting or trying other treatments before a transplant?
• Do I have any risk factors that might affect my transplant result?
• How much does my age influence my risk?
• What are the possible side effects of transplant? How can they be reduced?
• What can you tell me about my quality of life if I get a transplant? If I don’t?
• How might my quality of life change over time, with or without transplant?

Key point:
• Don’t be afraid to ask questions so you understand which treatments are right for you

TRANSPLANT OUTCOMES FOR HODGKIN LYMPHOMA
Outcomes data (information about the results of transplant) are used to estimate transplant outcomes. Outcomes data only show how other patients have done as a group. This information can’t tell how you will do for sure. It can only give you an idea of how other patients have done with a similar disease and treatment.

No two people are exactly the same, and you may respond differently to your transplant than someone else. Talk to your transplant doctor about how outcomes data may apply to your specific situation. Fortunately, transplant outcomes have continued to improve over time.

Key point:
• Transplant outcomes overall are useful, but only your transplant team can tell you what your chances are of doing well

MAKING TREATMENT DECISIONS
It is important to know your treatment options so you can make the best decision for yourself. Soon after your diagnosis, ask your doctor if a consultation with a transplant doctor is right for you. When you meet with a transplant doctor, there are 2 main decisions to make. The first decision is whether to have a transplant. A transplant doctor can help you understand the risks and benefits of transplant for your specific situation.

If a transplant is the best treatment option, the second decision is when to have a transplant. Getting a transplant at the right time in the course of your disease may offer the best chance of a cure. The transplant doctor will work with you to decide what timing for the transplant is best for you.
AT EVERY STEP, WE'RE HERE TO HELP

As you journey through transplant, you’re not alone. Be The Match® is ready to help.

We offer many free programs and resources to support you, your caregivers and family members before, during and after transplant. Connect with us in the way that works best for you.

LEARN: BeTheMatch.org/patient
EMAIL: patientinfo@nmdp.org

ORDER: BeTheMatch.org/request
CALL: 1 (888) 999-6743

Our programs and resources offer support in 11 languages, including Spanish bilingual staff, and translation is available in more than 100 languages.

VISIT: BeTheMatch.org/translations

OTHER RESOURCES

Be The Match has a variety of free resources to help you learn about transplant. Visit BeTheMatch.org/patient-learn and choose the resources that best meet your needs. Here are just a few that you might find helpful:

• Webcast: An Introduction to Marrow and Cord Blood Transplant
• Booklet: Transplant Basics
• Brochure: Discussing Transplant Outcomes

REFERENCES


2. Recommended Timing for Transplant Consultation. Guidelines developed jointly by Be The Match and the American Society for Blood and Marrow Transplantation (ASBMT). Available at: BeTheMatchClinical.org/guidelines

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Every individual’s medical situation, transplant experience and recovery is unique. You should always consult with your own transplant team or family doctor regarding your situation. This information is not intended to replace, and should not replace, a doctor’s medical judgment or advice.