Hodgkin's Lymphoma	**Non-Hodgkin's Lymphoma (NHL)**
Proliferation of abnormal giant, multinucleated cells (Reed-Sternberg cells) Proliferate in the lymph nodes	Broad group of cancers of immune system; Classified by cell-origin Most pts have widely disseminated disease at time of dx
15 to 3o years of age >55 years of age Long-term survival exceeds 80% for all stages	Affects all ages Prognosis not as good as Hodgkin's Spread can be unpredictable
Unknown Cause Key factors: Epstein-Barr virus, Genetic predisposition, Exposure to occupational toxins, HIV	Unknown cause Most common in ppl with: Inherited immunodeficiency syndromes, used immunosuppressive agents, Received chemo or radiation; May also result from: Infections, Environmental factors
Arises in a single location & spreads to adjacent lymphatics Eventually infiltrates other organs Usually gradual onset	No hallmark features Widely disease usually present at time of diagnosis
Non-tender, moveable, enlargement of lymph nodes usually 1st s/s Painless unless press on adjacent nerves Weight loss, Fatigue and weakness Fever and chills, ↑HR, Night sweats ETOH-induced pain, Generalized pruritis *Called B symptoms: (present in poor prognosis)* • Fever > 100.4 F • Night sweats • Weight loss (> 10% in 6 mos)	Painless lymph node enlargement Other symptoms depending on tumor location (Hepatomegaly, neuro involvement w/ CNS disease, isolated mass) Patients with high-grade lymphomas: *B symptoms (severe disease)* • Fever <100.4 • Night sweats • Weight loss (>10% in 6 mos)
↑ESR, ↑Ca and ↑ albumin levels Excisional Lymph node biopsy- definitive dx- presence of Reed Sternberg cells Bone Marrow bx CT and MRI to stage in beginning of diagnosis	BC NHL is more often seen in extranodal sites, additional dx studies may be done: MRI to rule out CNS or bone marrow infiltration Barium enema or Upper endoscopy- to visualize suspected GI involvement. LP or Bone Marrow Biopsy, CT
Chemotherapy, >1 drug Radiation-Supplement to chemo, as needed for extensive disease or resistance Stem Cell Transplant	Chemotherapy, Biotherapy Radiation therapy, Phototherapy/topical therapy Stem cell transplant
High risk of secondary cancers (Occur within the 1st 10 yrs after tx) Remission possible	More aggressive lymphomas are more responsive to treatment Most pts have improvement with their symptoms Complete Remission uncommon
Nursing care based on managing problems related to disease: Pancytopenia, pain, physical and spiritual consequences, fertility issues, long-term effects of therapy	As in Hodgkin's lymphoma, evaluation of patients with NHL for long-term effects of therapy is important bc the delayed consequences of disease and tx may not become apparent for many years