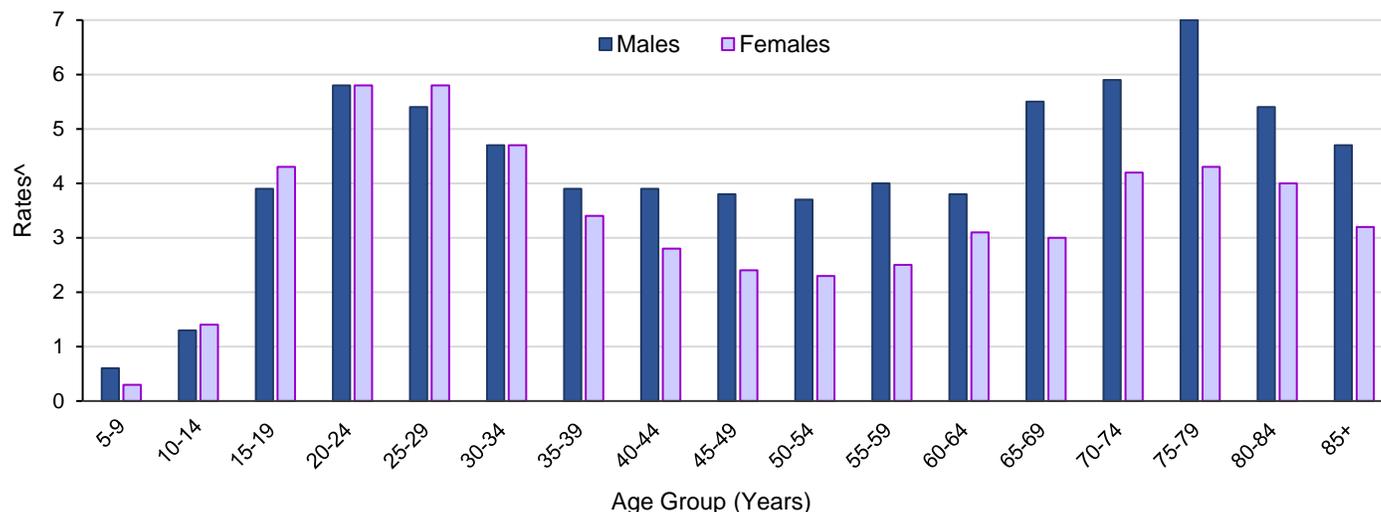


New Jersey State Cancer Registry Data Brief - Hodgkin Lymphoma Incidence Rates by Gender and Age Group



Hodgkin Lymphoma Incidence Rates by Gender and Age Group in NJ (1995-2014)



^Average Annual Rates are per 100,000. *Rates for children under the age of 5 are not shown due to small numbers. Source: New Jersey State Cancer Registry March 2017 analytic file.

- The distribution of *Hodgkin Lymphoma* (HL or “Hodgkin’s Disease”) is age related and bimodal (two-peaks), with the first peak occurring in early adulthood (especially in individuals ages 20-29 years), and again in late adulthood (55 years and older)².
- HL is rare, especially in children. Generally speaking, HL occurs more often in males than in females.
- The most recent 5-year (2010-2014) average annual incidence rates for males ages 20-29 and 55 and older were 4.9 and 5.1 per 100,000 persons, respectively. For females, the rates were 5.2 and 3.3, respectively.
- The overall incidence of HL has remained stable over the past two decades (1995-2014). However, there have been dramatic improvements in survival. Mortality from HL overall has declined by 4.2% annually during this time period. Mortality rates are half what they were two decades ago; dropping from 0.6 per 100,000 in 1995 to 0.3 per 100,000 in 2014.
- When viewed under a microscope, the presence of a specific type of white blood cell called Reed-Sternberg cell is what makes HL different from Non-Hodgkin Lymphoma (NHL).
- The causes of HL remain largely unknown, although mononucleosis (“*mono*”), an infection caused by Epstein-Barr virus (EBV), has been associated with an increased risk of HL, but its role in HL development over a person’s lifetime is unclear, and the risk posed by EBV infection remains small².

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Prepared by: Amanda Crosbie, M.S.

References:

1. *Hodgkin Lymphoma*. Leukemia and Lymphoma Society.
Available at: https://www.lls.org/sites/default/files/file_assets/hodgkinlymphoma.pdf
2. *Hodgkin Lymphoma Risk Factors*. American Cancer Society.
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