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Editorial Open access

# Hodgkin's Disease: Past to Present

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## Editorial

Hodgkin's disease (HD) is an uncommon malignancy accounting for an incidence of 0.6% of all cancers. In 2015, an estimated 9,050 people will be diagnosed with HD in the United States and 1,150 people will die from the disease [1]. From 2007 to 2011, the incidence rates for HD have been stable but death rates have been steadily decreasing by 2.2% per year for men and 2.7% for women per year for women. The latter have been attributed to better therapeutic interventions.

Once considered, the "inexorably fatal condition", HD had long been a subject of controversy with respect to its nature, etiology and therapy. Initially thought to be an infectious disease due to its association with tuberculosis, definitive evidence of its neoplastic nature came in the 1960's when cytogenetic studies confirmed its clonal derivation and aneuploidy.

The contiguous nature of its spread via lymphatic channels which was demonstrated when laparotomy was used as a staging tool at the Stanford University Medical Center for the first time in 1969, changed prevailing ideas of its treatment from essentially symptomatic to curative [2]. Treatment of HD has been fraught with controversy, ranging from surgical approaches which are no longer used, radiotherapy (extended field radiation versus involved field radiation) and chemotherapy (single versus multidrug regimens).

This disease has served as a model for the development of combined modality therapy with a multidisciplinary approach involving radiation oncologists, medical oncologists and radiologists. It has also served as the basis for interim PET/CT scans in the prognostication of other lymphomas and its treatment started the era of multi-agent chemotherapy for other hematologic malignancies.

HD has also been instrumental in the designing of long term studies which enables the assessment of the long-term effects of a treatment and helps us seek a balance between treatment effectiveness and the avoidance of long term gonadal, cardiac and secondary neoplastic complications.

Currently, the standard of care for previously untreated HD in the United States is combined modality therapy for Stage I and Stage II disease and combination chemotherapy (ABVD, Stanford V and BEACOPP) for advanced stages [3]. The 5 year survival rates for HD range from 90.8% for localized disease to 76.2% for distant disease [4]. Thus, we have come a long way from a potentially fatal disease to an imminently curable one.

In this issue, Salvatore et al. present a case of a 44 year old woman who presented with a bulky Stage II Hodgkin's lymphoma with mediastinal syndrome. The patient had been aware of the tumor for about three years prior to her admission. This case report showcases a few important details- namely the natural history of Hodgkin's disease which is rare with current medical advances, the effectiveness of current treatments and the social stigma of cancer which prevented her from seeking medical treatment leading to the fatal outcome.

## References

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