

People with early-stage Hodgkin lymphoma face a higher risk of dying from cardiovascular disease than from cancer

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Treatment advances have improved the survival of individuals with Hodgkin lymphoma (HL)—a type of cancer that affects the lymphatic system—but therapies can increase patients' risk of developing heart problems. A recent study published by Wiley online in *CANCER* reveals that people with early-stage HL are now at higher risk of dying from cardiovascular disease than from cancer.

The multicenter study included 15,889 children and adults in the United States who were diagnosed with HL between 1983 and 2015. "We conducted this study because cardiovascular disease may be the most common non-malignant long-term complication and a prevalent cause for non-malignant [death](#) following treatment in HL survivors," said senior author Caiwen Ou, MD, Ph.D., of Southern Medical University in Guangzhou, China.

Prof. Ou and colleagues found that among patients with stage I and stage II classic HL, the proportion of deaths from cardiovascular disease exceeded the proportion of deaths from classic HL after approximately 60 and 120 months of follow-up, respectively. Also, the cumulative incidence of cardiovascular disease mortality exceeded that of HL and other cancers over time. In recent decades, the risk of mortality from classic HL declined sharply, but the risk of cardiovascular disease mortality among patients with classic HL declined slowly or even remained unchanged among some groups.

The analysis also revealed that patients with stage I or stage II classic HL experienced a higher risk of cardiovascular disease mortality than the

[general population](#) at almost all follow-up intervals.

"Our results indicate that more effective measures are needed to reduce the risk of [cardiovascular disease](#)-related deaths in classic HL survivors," said co-author Weijing Feng, MD, Ph.D.

More information: Zhenxing Lu et al, Long-term risk of cardiovascular disease mortality among classic Hodgkin lymphoma survivors, *CANCER* (2022). [DOI: 10.1002/cncr.34375](https://doi.org/10.1002/cncr.34375)

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