Lymphatic vessels carry a clear fluid called lymph. Cancer of the lymphatic system is called lymphomas. The two main types are Hodgkin’s and non-Hodgkin’s lymphomas.

**HODGKIN’S LYMPHOMA**
- Hodgkin’s lymphoma (or Hodgkin’s disease) most often begins in the larger, more central lymph nodes of the body — those along the largest blood vessels of the neck, central chest, abdomen along the spine, and armpit and groin areas where the vessels return from the arms and legs.
- It is named for the British doctor Thomas Hodgkin, who first described the disease in 1832.
- According to the American Cancer Society, more than 8,000 people will be diagnosed with Hodgkin’s in the United States each year.
- Hodgkin’s is very treatable and often curable. More than 8,000 people will be diagnosed with Hodgkin’s in the United States each year.
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- It is named for the British doctor Thomas Hodgkin, who first described the disease in 1832.
- According to the American Cancer Society, more than 8,000 people will be diagnosed with Hodgkin’s in the United States each year.
- Hodgkin’s is very treatable and often curable. More than 75 percent of patients with Hodgkin’s live longer than 10 years after diagnosis.
- Hodgkin’s is usually treated with radiation therapy and/or chemotherapy, either alone or together.

**NON-HODGKIN’S LYMPHOMA (NHL)**
- NHL is a cancerous growth of the cells that make up the lymph nodes.
- NHL is eight times more common than Hodgkin’s lymphoma.
- The American Cancer Society expects that 63,000 people will be diagnosed with the disease annually.
- Since the 1970s, the number of people with NHL has increased significantly. Researchers are studying to see whether a gene makes people more likely to develop NHL.
- There are about 30 types of NHL, and the best treatment depends on the exact type. All types of NHL are treatable, and many are curable.
- NHL is usually treated with chemotherapy, radiation therapy, biologic therapy and/or a stem cell transplant. Depending on your cancer and overall health, you might receive only one of these treatments or several in combination.

**POSSIBLE SIDE EFFECTS**

The side effects you might experience will depend on the part of the body being treated, the dose of radiation given and whether you also receive chemotherapy.

Before treatment begins, ask your doctor about possible side effects and how best to manage them.

- You may experience mild skin irritation like a sunburn, sore throat, upset stomach, loose bowel movements and/or fatigue. Most side effects will go away after treatment ends.
- Radiation to your head or mouth may cause mouth dryness that can lead to tooth decay. Fluoride treatments may help, so your radiation oncologist will ask you to see your dentist before treatment begins.
- You might lose your hair in the areas treated. Your hair will grow back, but it might not have the same texture or thickness.
- Tell your doctor or nurse if you experience any discomfort. They may be able to prescribe medication or change your diet to help.

These side effects are temporary and should go away after treatment ends. Your doctor will discuss any possible longer-term side effects with you before treatment begins.

**CARING FOR YOURSELF DURING TREATMENT**

Receiving treatments can be difficult both physically and mentally. Take care of yourself by:
- Getting plenty of rest.
- Following doctor’s orders.
- Eating a diet high in protein and calories as directed by your radiation oncology team.
- Treating the skin exposed to radiation with extra care as directed by your radiation oncology team.
- Seeking support from friends, family and cancer support groups.

**HELPFUL WEB SITES ON LYMPHOMA**

- American Cancer Society
  - www.cancer.org
- Leukemia and Lymphoma Society
  - www.lls.org
- Lymphoma Information Network
  - www.lymphomainfo.net
- Lymphoma Research Foundation
  - www.lymphoma.org

**ABOUT ASTRO**

The American Society for Therapeutic Radiology and Oncology is the largest radiation oncology organization in the world with more than 8,600 members who specialize in treating cancer with radiation therapies. ASTRO’s mission is to advance the practice of radiation oncology by promoting excellence in patient care, promoting research and disseminating research results.

**ABOUT THE RADIATION ONCOLOGY TEAM**

Radiation oncologists are the doctors who oversee the care of each person receiving radiation treatment. Other members of the radiation oncology treatment team include radiation therapists, radiation oncology nurses, medical physicists, dosimetrists, social workers and nutritionists. To find a radiation oncologist near you, visit www.rtanswers.org.

**RADIATION THERAPY for LYMPHOMA**

Facts to Help Patients Make an Informed Decision
External beam radiation therapy is a series of outpatient treatments to deliver radiation to the diseased cells accurately. Radiation therapy has been proven to be very successful at treating and curing lymphoma.

Radiation oncologists deliver external beam radiation therapy to the lymphoma from a machine called a linear accelerator.

Each treatment is painless and is similar to getting an X-ray. Treatments last less than 30 minutes each, every day but Saturday and Sunday, for several weeks.

**Involved field radiation** is when your doctor delivers radiation only to the parts of your body known to have disease. It is often combined with chemotherapy. Radiation above the diaphragm to the neck, chest and/or underarms is called mantle field radiation. Treatment below the diaphragm to the abdomen, spleen and/or pelvis is called inverted-Y field radiation.

Your radiation oncologist may deliver radiation to all the lymph nodes in the body to destroy cells that may have spread to other lymph nodes. This is called total nodal irradiation.

Your radiation oncologist may deliver radiation to the entire body. This is called total body irradiation. It is often done before chemotherapy and a stem cell or bone marrow transplant to eliminate any remaining diseased cells.

Radiation therapy may be used alone or in combination with chemotherapy or biologic therapy. You will work with your radiation oncologist to agree on a treatment plan that is best for you.