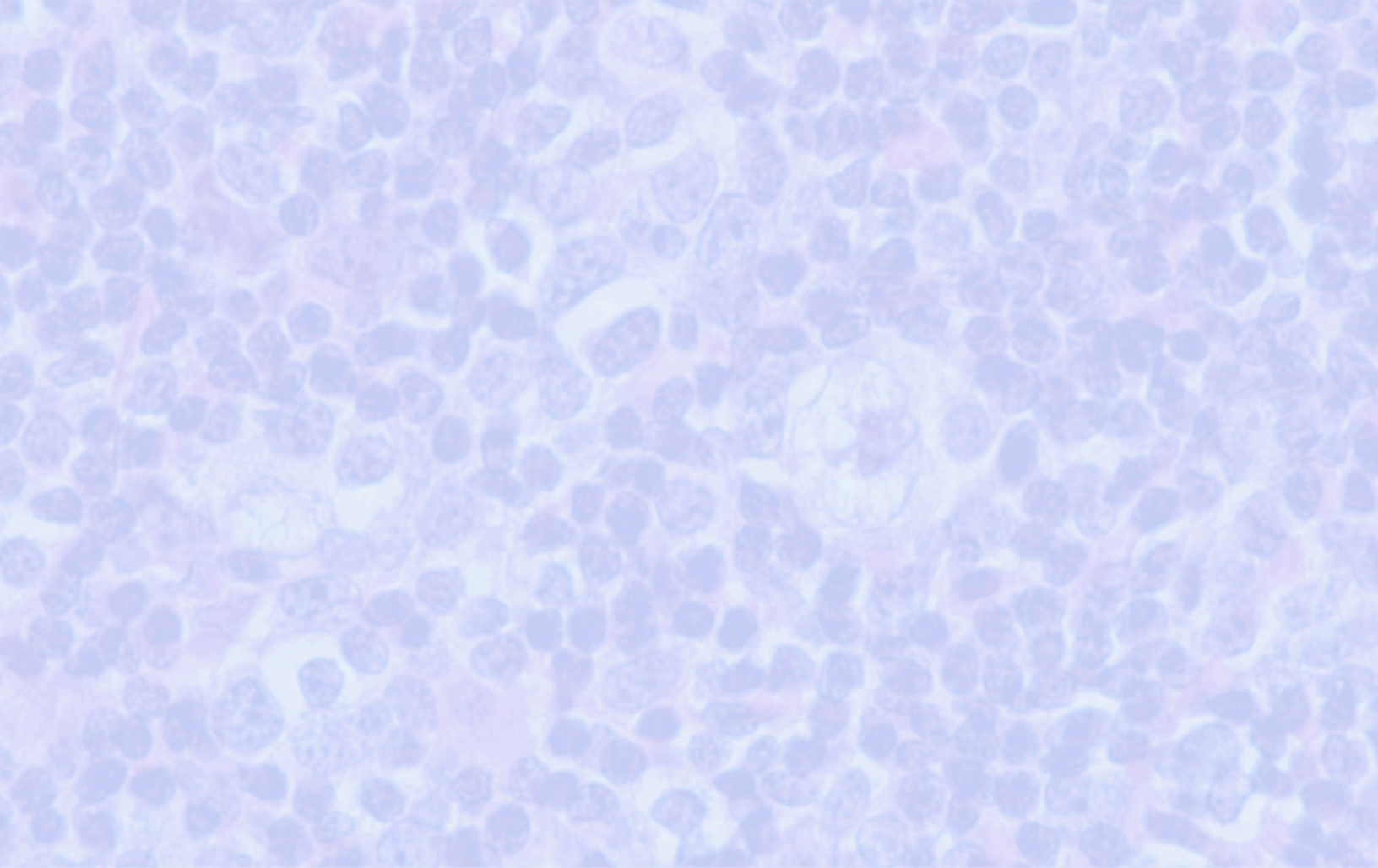




Care options for patients with **fully removed** nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL): *A Decision Aid*

Last reviewed: August 26, 2026



GLOW
The Global nLPHL One
Working Group

This decision aid is for you if...

You have **nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL)** and the NLPHL was fully removed with no other areas of disease in your body. Your health care team may call this cancer “nodular lymphocyte- predominant B-cell lymphoma” (NLPBL). **NLPHL and NLPBL are names for the same cancer.**^{1,2}

What is NLPHL?

NLPHL is a lymphoma, a type of cancer of the lymph nodes that:^{3,4}

- Occurs in patients of all ages, from children to older adults.
- Is slow growing and usually diagnosed at early stages.
- Is more common in males.
- Is rare. Of 100 people diagnosed with Hodgkin lymphoma, only 5 to 10 have NLPHL.
- Has a unique cell surface that makes NLPHL cells different from classic Hodgkin lymphoma.
- May come back at any point. This happens to about 25% of patients with NLPHL, often within 5 years.
 - It may present as a large lymph node(s) or lump(s) at the original site or at a new site.
 - If these symptoms appear at any time after the first diagnosis, the patient should contact the cancer care team.
 - Some patients may have the cancer come back more than once.
 - There is a risk that the cancer may come back as a more aggressive lymphoma and/or it may have symptoms such as night sweats, weight loss, itching, and/or an unexplained fever.

What are your options?

Once the NLPHL is fully removed and there are no other areas of disease in your body, **there is currently no standard practice for the next step.**^{3,5} Two accepted options are:

Option Monitor (no radiation therapy)

The care team will monitor the patient and assess for any new symptoms regularly (e.g. every 6-12 months). This includes a physical exam and sometimes imaging (e.g. ultrasound).

Option Radiation therapy

Radiation therapy uses high-energy X-rays or particles to destroy any NLPHL cells left at the site where the cancerous lymph node was removed. Radiation therapy is split into smaller doses given for a few minutes daily on weekdays for about 2-3 weeks. You are expected to be in and out of the appointment in 1 hour. Some side effects peak about 1-2 weeks after radiation therapy and then get better, while others may be lifelong. After radiation therapy, the care team will monitor the patient and assess for any new symptoms regularly (e.g. every 6-12 months). This includes a physical exam and sometimes imaging (e.g. ultrasound). If you choose radiation therapy, it should be started within 16 weeks of the diagnosis.

What might affect your choice?

Check all boxes below that may apply and discuss your concerns with your cancer care team.

- ☐ Previous treatment for NPLHL or other cancer
- ☐ Communication challenges (eg, language, hearing, vision)
- ☐ Disability (physical, learning, or mental health condition)
- ☐ Distance from a treatment center
- ☐ Other medical condition(s): _____
- ☐ Other factors that might affect your choice (eg access, affordability): _____
- ☐ I have no concerns

How to decide which option is best for you

The next pages will guide you through 4 steps to help you choose which option might be best for you. These steps include:

1. What are the benefits and side effects of each option?
2. Which reasons to choose each option matter most to you?
3. What else do you need to prepare for decision making?
4. What are the next steps?

Please take notes on this document and list any questions you have for your cancer care team.

Step 1: What are the benefits and side effects of each option?

The next three pages explain ‘best estimates’ of what happens to 100 people with fully removed NPLHL who choose either to monitor (no radiation therapy) or to have radiation therapy.

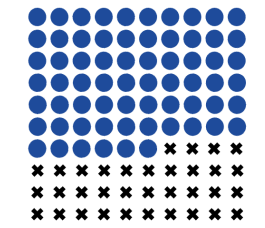
- Each shape represents one person. Circles show the number of people affected. Xs show the number of people *not* affected. Unless stated otherwise, yellow circles indicate the number of patients who have milder (rather than “moderate”) symptom severity. There is no way of knowing in advance if you will be affected.
- Radiation therapy side effects depend on your age and on the part of your body that is treated.
- Please talk to your cancer care team about the general side effects and the side effects that are specific to you and the part of your body that would be treated.
- The data sources we cite have the best available data for patients with fully removed NPLHL.
 - In some cases, shown with an asterisk (*), we use data from patients diagnosed with other lymphomas.
 - In some cases, shown with a caret (^), we use data from patients diagnosed with Hodgkin lymphoma.
 - When new NPLHL data are available and/or these estimates are updated, we will update this resource.

Benefits

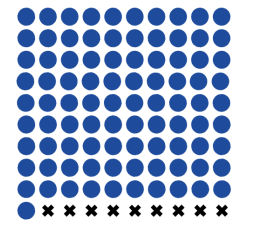
No NPLHL 6 years after full removal of the NPLHL⁶⁻⁸

- For 100 patients, **66** who chose monitoring and **91** who chose radiation therapy have no NPLHL 6 years after full removal of the NPLHL.

Monitor

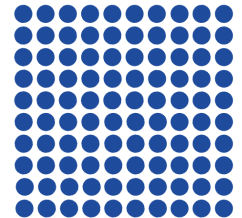
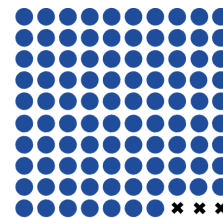


Radiation Therapy



Alive 6 years after full removal of the NPLHL⁶⁻⁸

- For 100 patients, **97** who chose monitoring and **100** who chose radiation therapy are alive 6 years after full removal of the NPLHL. (Deaths from lymphoma or other causes.)



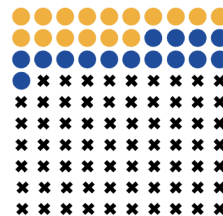
Short-Term Side Effects up to 1-6 months

General

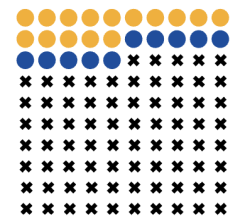
Anxiety^{9*}

- For 100 patients, **31** who chose monitoring and **25** who chose treatment have anxiety.

Monitor

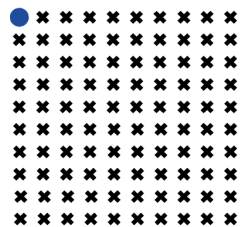
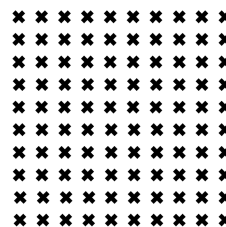


Radiation Therapy



Severe fatigue that interferes with daily activities^{10,11*}

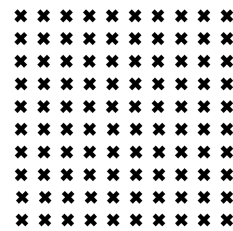
- For 100 patients, **0** who chose monitoring and **1** who chose radiation therapy have severe fatigue that interferes with daily activities.



Skin changes within the radiation-treated area^{11,12*}

- For 100 patients, **0** who chose monitoring and **20** who chose radiation therapy have skin changes within the radiation-treated area.
- 5** who chose radiation therapy have more than mild skin redness within the radiation-treated area.

Monitor



0 have skin changes
100 do not

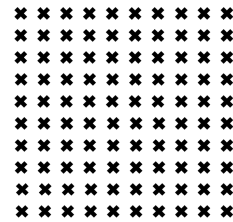
Radiation Therapy



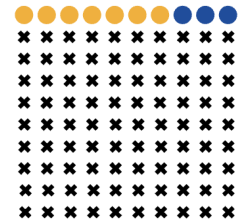
20 have skin changes
80 do not

Hair thinning or loss within the radiation-treated area^{11,12*}

- For 100 patients, **0** who chose monitoring and **10** who chose radiation therapy have hair thinning or loss within the radiation-treated area.
- 3** who chose radiation therapy have more than 50% hair thinning in the radiation-treated area.



0 have thinning or loss
100 do not



10 have thinning or loss
90 do not

Site-Specific

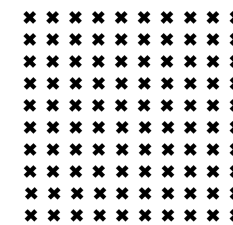
please discuss which of these apply to you with your cancer care team

Radiation to the neck

Sore throat or discomfort with swallowing^{12*}

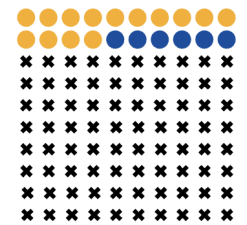
- For 100 patients, **0** who chose monitoring and **20** who chose radiation therapy have sore throat or discomfort with swallowing.
- 6** who chose radiation therapy have more than “mild” discomfort with swallowing.

Monitor



0 have sore throat or
discomfort swallowing
100 do not

Radiation Therapy

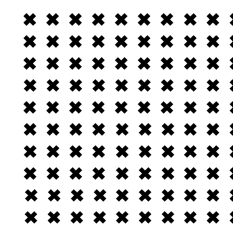


20 have sore throat or
discomfort swallowing
80 do not

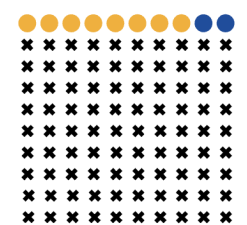
Radiation to the digestive tract

Nausea^{11,12*}

- For 100 patients, **0** who chose monitoring and **10** who chose radiation therapy get nausea.
- 2** who chose radiation therapy have nausea for more than 24 hours.



0 get nausea
100 do not



10 get nausea
90 do not

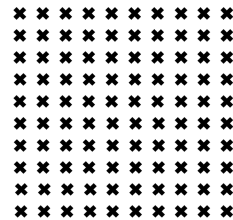
Long-Term Side Effects more than 6 months, potentially ongoing for life

General

Internal scar tissue (**fibrosis**) in the treated area^{11,12*}

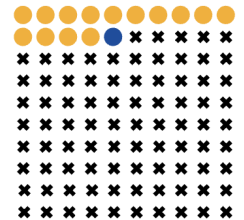
- For 100 patients, **0** who chose monitoring and **15** who chose radiation therapy have internal scar tissue (fibrosis) in the treated area, which tends to be mild firmness.
- 1** who chose radiation therapy has moderate fibrosis.

Monitor



0 get fibrosis
100 do not

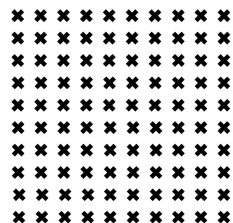
Radiation Therapy



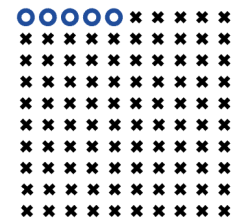
15 get fibrosis
85 do not

Diagnosis of new cancer^{13,14^}

- For 100 patients, **0** who chose monitoring and between **0** to **5** who chose radiation therapy get a new cancer in the radiation-treated area (for example, thyroid cancer after neck radiation).
- The risk of another cancer developing after radiation therapy depends on many factors, including the age of the patient at the time of radiation and the area of the body that is treated with radiation.



0 get a new cancer
100 do not



0-5 get a new cancer
95-100 do not

Site-Specific

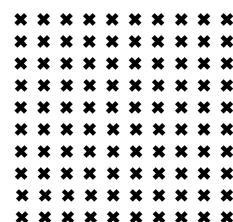
please discuss which of these apply to you with your cancer care team

Radiation to the neck that overlaps the thyroid

Impact on thyroid hormones (**hypothyroidism**)^{11,15,16^}

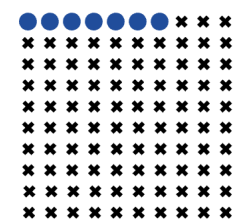
- For 100 patients, **0** who chose monitoring and **7** who chose radiation therapy will have an impact on their thyroid hormones (hypothyroidism).

Monitor



0 get hypothyroidism
100 do not

Radiation Therapy



7 get hypothyroidism
93 do not

Pre-pubertal children

Impact on **growth of bones and muscles** in the radiation-treated area^{17^}

- The impact depends on the age of the patient and the site of the NPLHL.
- Growth impact from current radiation therapy methods is expected to be small. The impact is unlikely to affect the functioning of the child.
- Radiation that overlaps the spine could affect skeletal growth but would be rare using current radiation techniques.

Step 2: Which reasons to choose each option matter most to you?

Below are common reasons to choose each option.

Circle the number that shows how much each matters to you.

Reasons to choose monitoring

Rating

0

1

2

3

4

5

Not Important

Very Important

Avoid side effects of radiation therapy

☐
☐
☐
☐
☐
☐

Avoid second cancers from radiation therapy

☐
☐
☐
☐
☐
☐

Miss less school or work for treatment unless necessary

☐
☐
☐
☐
☐
☐

Costs of radiation therapy (including time spent traveling to therapy)

☐
☐
☐
☐
☐
☐

List other reasons to choose monitoring (no radiation therapy):

☐
☐
☐
☐
☐
☐

Reasons to choose radiation therapy

Rating

0

1

2

3

4

5

Not Important

Very Important

Lower the risk for the cancer to return

☐
☐
☐
☐
☐
☐

Less worry about cancer returning

☐
☐
☐
☐
☐
☐

Less worry about needing more aggressive treatment in the future

☐
☐
☐
☐
☐
☐

List other reasons to choose radiation therapy:

☐
☐
☐
☐
☐
☐

Step 3: What else do you need to prepare for decision making?

Find out how comfortable you feel about deciding.¹⁸

Select the best answer for each item below.

Do you know enough about the benefits and side effects of each option?

Yes

No

☐
☐

Are you clear about which benefits and side effects *matter most* to you?

☐
☐

Do you have enough support and advice from others to make a choice?

☐
☐

Do you feel sure about the best choice for you?

☐
☐

If you answer 'No' to any of these, please discuss with your cancer care team.
This information is not intended to replace the advice of a health care practitioner.

Step 4: What are your next steps?

Indicate your next steps below to guide discussions with your cancer care team:

- ☐ I have decided to monitor (no radiation therapy).
- ☐ I have decided to do radiation therapy.
- ☐ I need to discuss these options with my doctor.
- ☐ I need to discuss these options with my family.
- ☐ I need to read more about my options.
- ☐ Other, please specify: _____

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This decision aid meets patient decision aid qualifying criteria as outlined by the [International Patient Decision Aids Standards \(IPDAS\)](#).

For more information

Visit www.glowconsortium.org

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For more information about the data used to inform this decision aid, please see the supplementary evidence review tables document.