

Hodgkin Lymphoma vs. Non-Hodgkin Lymphoma: This Is the 1 Key Difference, According to Experts

These blood cancers sound alike but look different under the microscope.



By [Barbara Brody](#)

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It can be tough enough for patients and their families to grapple with a new cancer diagnosis, let alone distinguish between two similar-sounding conditions: Hodgkin and non-Hodgkin lymphoma.

Each is a [blood cancer](#) that impacts a person's lymphocytes, which are special white blood cells that fight bacteria, viruses, and other foreign invaders, says the [National Human Genome Research Institute](#). Lymphocytes are made in the bone marrow and in the lymph nodes, the tiny glands that are in your neck, groin, or armpit, explains [Cleveland Clinic](#).

When your immune system detects an infection, your lymph nodes swell up and recruit more blood cells to help them fight it off, says Felipe Samaniego, MD, professor in the Department of Lymphoma/Myeloma, Division of Cancer Medicine at The University of Texas MD Anderson Cancer Center. That's why when you get a cold or other ailment, your lymph nodes might become larger and feel tender.]

Lymph node swelling can also occur with [blood cancer](#) when abnormal lymphocytes multiply uncontrollably, crowding out healthy cells, says the [American Cancer Society](#) (ACS).

Here's how to distinguish between the two main types of lymphomas.

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A closer look at Hodgkin vs. non-Hodgkin lymphoma

There are more than 70 types of lymphoma, says [Memorial Sloan Kettering Cancer Center](#), but they can be grouped into two broad categories: Hodgkin lymphoma and non-Hodgkin lymphoma. The difference comes down to the presence or absence of a unique type of cell that can be viewed under a microscope.

People who have Hodgkin (aka Hodgkin's) lymphoma have a specific type of cancerous cells called Reed-Sternberg cells, says the [National Cancer Institute](#) (NCI). The name is a nod to the scientists who first correctly illustrated and described these cells, per a [2020 review](#). They're much larger than other lymphocytes and contain more than one nucleus (the spot that contains most of a cell's genetic material).

"These cells are usually set in a bed of immune cells that are trying to kill them but have not been successful," says Gary Schiller, MD, professor of hematology/oncology and director of the UCLA Hematological Malignancies/Stem Cell Transplant Unit. "The nucleus is sort of cleaved in two; it looks like the eyes of an owl."

People with non-Hodgkin (some people call it non-Hodgkin's) lymphoma do not have Reed-Sternberg cells.

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Hodgkin vs. non-Hodgkin lymphoma: Which is more dangerous?

Generally speaking, Hodgkin lymphoma tends to be diagnosed at an earlier stage, so it can be easier to treat than non-Hodgkin lymphoma, says the [National Foundation for Cancer Research](#) (NFCR). More than 90% of people with Hodgkin lymphoma survive more than 5 years from the time of their diagnosis, the foundation says.

It's harder to make generalizations about non-Hodgkin lymphoma because, as NCFR notes, there are more than 60 subtypes. Prognosis varies widely depending on the specific subtype and how aggressive the cancer is, among other factors, says [ACS](#).

Lymphomas are graded as indolent (low grade), intermediate, and high grade, explains the [Leukemia & Lymphoma Society](#). "Indolent' means lazy," Schiller tells *Health*. "Indolent lymphoma slowly progresses, as very few cells are dividing at any one time. There's still a big opportunity over the years for that clone of malignant cells to go all over the place. But someone could live with that for many, many years without treatment."

Who gets Hodgkin and non-Hodgkin lymphoma?

Both types of lymphoma are pretty rare, though, of the two, non-Hodgkin is more common. About 70,000 people in the US are diagnosed with non-Hodgkin lymphoma each year; only about 8,000 per year get Hodgkin lymphoma, says NCFR.

Anyone can get lymphoma, but the biggest risk factor is being chronically immunocompromised. Organ transplant recipients (who take anti-rejection medication) face an elevated risk, as do those who live with an autoimmune rheumatologic disease like [rheumatoid arthritis](#) or lupus, says Schiller.

Viruses also seem to play a role. Certain kinds of lymphomas have been linked to the Epstein-Barr virus, says the [American Society of Clinical Oncology](#).

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Warning signs of Hodgkin and non-Hodgkin lymphoma

Lymphoma doesn't always cause noticeable symptoms, especially if it's not aggressive. But some people develop fevers, chills, night sweats, or loss of appetite. Others might develop swelling of the lymph nodes, but the nodes don't hurt as they would with an infection. Your spleen—which is the major organ of the lymphatic system, per [NCI](#)—might also become enlarged.

Overwhelming fatigue and unexplained [weight loss](#) might also be symptoms, per [Mayo Clinic](#).

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How Is Hodgkin and non-Hodgkin lymphoma treated?

"There's no one-size-fits-all treatment," says Schiller. Some lymphomas are so slow-growing that a patient can simply be monitored closely; others are more aggressive and require immediate treatment.

For patients who need treatment, [ACS](#) says chemotherapy is common, as is radiation. Immunotherapy—drugs that harness the power of your own immune system—may also be used.

Some people require a stem cell transplant, which may involve harvesting and reinfusing your own blood stem cells (autologous transplant) or using donor stem cells (allogeneic transplant)

While ridding your body of the cancer might seem like the point of treatment, that's not necessarily the case because some people can live with lymphoma for a long time.

"The goal is not always a cure," says Schiller. "The goal is survival."

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