

Staging and Prognosis

Accurate staging of the extent of disease is the basis for treatment protocols and expected prognosis. More than one staging system exists; [Box 25-2](#) shows the Ann Arbor Staging Classification.

Box 25-2

Staging of Hodgkin Disease

Stage I: Lesions are limited to one lymph node area or only one additional extralymphatic site (I-E), such as the liver, lungs, kidney, or intestines.

Stage II: Two or more lymph node regions on the same side of the diaphragm or one additional extralymphatic site or organ (II-E) on the same side of the diaphragm is involved.

Stage III: Lymph node regions on both sides of the diaphragm and has spread to one extralymphatic site (III-E), spleen (III-S), or both (III-SE).

Stage IV: Cancer has metastasized diffusely throughout the body to one or more extralymphatic sites with or without involvement of associated lymph nodes.

Each stage is further subdivided into A, B, E, or S. Stage A denotes absence of associated general symptoms. Stage B indicates presence of symptoms, such as night sweats, fever (100.4° F [38° C]), or weight loss of 10% or more during the preceding 6 months. Stage E represents extra lymphatic disease beyond the contiguous nodal disease. Stage S is used when the disease involves the spleen. Subtype B has a significantly poorer prognosis than others ([Metzger, Krasin, Choi, et al, 2016](#)).

The prognosis for patients with Hodgkin disease has improved dramatically, largely as a result of the systematic staging procedure and improved treatment protocols. The prognosis is excellent in children with localized disease. Overall the survival rate for patients with Hodgkin disease is as high as 95%; however, the survival rate is dependent on histology and staging ([Frew, Lewis,](#)