Conclusions

• Childbirth rates among female HL survivors have improved over calendar time (Fig 1).
• Childbirth rates among female HL survivors are comparable to those in the general population after 3 years post-diagnosis, irrespective of stage and treatment (Fig 2, Fig 3).
• Pregnancy does not trigger relapse in young female Hodgkin Lymphoma (HL) survivors (Fig 4).
• The relapse risk is high initially within 2 years of diagnosis, which may delay childbearing. Chemotherapy can also cause early menopause resulting in involuntary childlessness.

Aims

To assess childbearing potential and risks of pregnancy-related relapse in young female Hodgkin Lymphoma (HL) survivors.

We assessed the childbirth rates and risk of relapse after pregnancy in women aged 18-40 years at diagnosis of HL in Sweden.

We used population-based clinical registry data from the Swedish Lymphoma Registry with national coverage and of high quality.

Methods

A cohort of 449 women (aged 18-40 years) diagnosed with HL 1992-2009 and in remission nine months following diagnosis was identified in the Swedish Cancer Registry database.

Clinical information (tumour characteristics and treatments) was linked from the National database for Hodgkin Lymphoma (1992-2000) and the Swedish Lymphoma Registry (2001-2009), and from medical records.

Patients were age- and calendar-year-matched to 2,210 healthy female population controls.

Childbirths were retrieved via the Swedish Medical Birth Registry.

• Rates of first post-diagnosis childbirth (childbirth rates) were calculated as number of childbirths over person-years at risk.
• Number of relapses were counted, as was number of expected relapses in women with same age and stage distribution.
• Standardized incidence ratio (SIR) was calculated as observed divided by expected number of relapses.