Burden of Hodgkins Lymphoma and Its Trend in 27 European Union Countries from 1990-2021: A Benchmarking and Comparative Analysis for the Global Burden of Disease Study 2021

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Background

Hodgkin lymphoma (HL) poses a notable burden on public health in Europe Union (EU), necessitating a focused understanding of its impact. Despite advancements in treatment, the disease's prevalence continues to challenge healthcare systems. This study, the first of its kind, examines HL burden in the EU over three decades, encompassing the initial two years of the COVID-19 pandemic.

Methodology

Using global burden of disease 2021, standardized methodology, we estimated incidence, prevalence, disability-adjusted life years (DALYs), years lived with disability (YLDs) due to HL in EU countries by age, sex, year and location from 1990-2021.

Conclusion

Deaths attributed to HL accounted for 0.18% of all cancer fatalities in 2021. From a public health and clinical perspective, these findings underscore the ongoing need for targeted interventions and healthcare strategies to mitigate HL's impact and improve patient outcomes in the EU.

Results

The prevalence of Hodgkin lymphoma (HL) increased by 6% from 73,229 (95% Uncertainty Interval: 69,399-77,373) in 1990 to 77,743 (71,815-84,660) in 2021, while deaths decreased by 46%. Cyprus exhibited the highest annual percentage change (APC) in age-standardized incidence rate (0.87%), followed by Malta (0.34%). Cyprus also had the highest years lived with disability (YLDs) rate (1.59%), followed by Malta (0.68%), Estonia (0.65%), and Portugal (0.55%). In 2021, Greece recorded the highest age-standardized incidence rate (5.44 cases), mortality rate (0.73 cases), and DALYs rate (28.13 per 100,000). The highest incidence count occurred in the 25-29 age group (969 cases), followed by deaths in the 80-84 age group (312 cases), and DALYs in the 65-69 age group (6252 cases). Males experienced a higher burden of HL compared to females in 2021, with age-standardized incidence rates (ASIR) of 2.57 vs. 1.78, age-standardized mortality rates (ASMR) of 0.37 vs. 0.22, and age-standardized DALY rates (ASDALR) of 13.61 vs. 8.47 cases per 100,000 population.





