Survivorship – Benign Salivary Gland Tumor

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ELIGIBILITY

Benign Salivary Tumor treated with surgery only (no radiation), 1 year post-treatment, no recurrent lesions, and NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

- Transition¹ to HNSVC within 12 months to include:
  - History and physical exam
  - CT head and neck with contrast (or MRI, per baseline imaging study or US) if ≤ 5 years from completion of treatment, then
  - History and physical exam annually with:
    - Ultrasound salivary gland² is preferred (CT or MRI head and neck with contrast for patients who had deep lobe tumors or required mastoidectomy)

MONITORING FOR LATE EFFECTS

- Consider:
  - Lymphedema assessment
  - Xerostomia assessment
  - Dental/trismus assessment
  - Assessing for Frey's Syndrome (gustatory sweating)

RISK REDUCTION/EARLY DETECTION

- Patient education, counseling and screening:
  - Lifestyle risk assessment³
  - Cancer screening⁴
  - Vaccinations⁵ as appropriate
  - HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
  - Screening for Hepatitis B and C as clinically indicated (see Hepatitis B Virus (HBV) Screening and Management algorithm)
  - Consider cardiovascular risk reduction⁶
  - Limit alcohol consumption

PSYCHOSOCIAL FUNCTIONING

- Assess for:
  - Distress management (see Distress Screening and Psychosocial Management algorithm)
  - Anxiety/depression • Body image • Social support • Financial stressors

PSYCHOSOCIAL FUNCTIONING

Consider:

Transition¹ to HNSVC within 12 months to include:

- History and physical exam
- CT head and neck with contrast (or MRI, per baseline imaging study or US) if ≤ 5 years from completion of treatment, then
- History and physical exam annually with:
  - Ultrasound salivary gland² is preferred (CT or MRI head and neck with contrast for patients who had deep lobe tumors or required mastoidectomy)

DISPOSITION

New primary cancer or recurrent tumor?

Yes

Return to primary treating physician

No

Continue survivorship monitoring

Assess for:

- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Anxiety/depression • Body image • Social support • Financial stressors

Department of Clinical Effectiveness V1

Approved by the Executive Committee of the Medical Staff on 05/17/2022

NED = no evidence of disease
HNSVC = Head and Neck Survivorship clinic

¹ Patient may prefer local follow-ups with their primary provider or transition to the HNSVC at MD Anderson
² Imaging is recommended for 5 years as clinically indicated
³ See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
⁴ Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening
⁵ Based on Centers for Disease Control and Prevention (CDC) guidelines
⁶ Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

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DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Head and Neck Survivorship workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

Core Development Team Leads
Steven Frank, MD (Radiation Oncology)
Charles Lu, MD (Thoracic Head & Neck Medicine)
Kristen Pytynia, MD, MPH (Head & Neck Surgery)
Mark Zafereo, MD (Head & Neck Surgery)

Workgroup Members
Moran Amit, MD, PhD (Head & Neck Surgery)
Susana Calle, MD (Neuroradiology)
Richard Cardoso, DDS (Oral Oncology)
Mark Chambers, DMD (Oral Oncology)
Eduardo Diaz Jr., MD (Head & Neck Surgery)
Bita Esmaili, MD (Ophthalmic Plastic Surgery)
Paul Gidley, MD (Head & Neck Surgery)
Ann Gillenwater, MD (Head & Neck Surgery)
Katherine Gilmore, MPH, BA (Cancer Survivorship)
Ryan Goepfert, MD (Head & Neck Surgery)
Dan Gombos, MD (Ophthalmology)
Ehab Hanna, MD (Head & Neck Surgery)
Amy Hessel, MD (Head & Neck Surgery)
Theresa Hofstede, DDS (Oral Oncology)
Katherine Hutcheson, PhD (Head & Neck Surgery)
Thoa Kazantsev, MSN, RN, OCN
Michael Kupferman, MD (Head & Neck Surgery)
Stephen Lai, MD, PhD (Head & Neck Surgery)
Miriam Lango, MD (Head & Neck Surgery)
Carol Lewis, MD, MPH (Head & Neck Surgery)
Guojun Li, MD, PhD (Head & Neck Surgery-Research)
Anastasios Maniakas, MD (Head & Neck Surgery)
Jeffrey Myers, MD, PhD (Head & Neck Surgery)
Marc-Elie Nader, MD (Head & Neck Surgery)
Adegbenga Otun, DDS (Oral Oncology)
Justine Robinson, MPAS (Head & Neck Surgery)
Andrew Sikora, MD, PhD (Head & Neck Surgery)
Shirley Su, MBBS (Head & Neck Surgery)
Rui Jennifer Wang, MD (Head & Neck Surgery)
Randal Weber, MD (Head & Neck Surgery)

* Clinical Effectiveness Development Team

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