Survivorship - Salivary Cancer

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

ELIGIBILITY

Salivary cancer treated with surgery with or without radiation therapy and 4 years post-treatment and NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

- History and physical exam within 6-12 months of transition to HNSVC with:
  - Chest x-ray
  - CT head and neck (or MRI if previous imaging was MRI) if less than or equal to 5 years from completion of treatment, then
- History and physical exam annually with:
  - Chest x-ray
  - CT head and neck (or MRI, per baseline imaging study) through 5 years from the end of treatment

Consider:
- Annual audiogram
- Xerostomia assessment
- Dental/osteoradionecrosis assessment
- T4 and TSH annually if treated with radiation therapy
- Dysphagia assessment
- Speech pathology assessment
- Lymphedema assessment
- Neurocognitive dysfunction assessment

MONITORING FOR LATE EFFECTS

- Consider:
  - Consider cardiovascular risk reduction
  - Limit alcohol consumption

Patient education, counseling and screening:
- Lifestyle risk assessment
- Cancer screening
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV algorithm)
- Consider cardiovascular risk reduction
- Limit alcohol consumption

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

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

DISPOSITION

New primary or recurrent cancer?

Yes → Return to primary treating physician

No → Continue survivorship monitoring

Refer or consult as indicated

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

1 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
2 Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate and skin cancer screening
3 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
SUGGESTED READINGS


mobipreview.htm?21/10/21665?source=related_link


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DEVELOPMENT CREDITS

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

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