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ELIGIBILITY

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

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

- Transition to HNSVC within 6-12 months to include:
 - History and physical exam
 - Chest x-ray
 - CT head and neck with contrast (or MRI, per baseline imaging study) 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 with contrast (or MRI, per baseline imaging study) through 5 years from the end of treatment

MONITORING FOR LATE EFFECTS

- Consider:
- Annual audiogram
 - Xerostomia assessment
 - Dental/osteoradionecrosis assessment
 - Neurocognitive dysfunction assessment
 - Annual TSH (thyroid-stimulating hormone) and free T4 if treated with radiation therapy
 - Dysphagia assessment
 - Speech pathology assessment
 - Lymphedema assessment
 - Sexual health/fertility assessment
 - Peripheral neuropathy assessment

RISK REDUCTION/EARLY DETECTION

- Patient education, counseling and screening:
- Lifestyle risk assessment¹
 - Cancer screening²
 - Vaccinations³ 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](#), [Hepatitis C Virus \(HCV\) Screening algorithms](#))
 - Consider cardiovascular risk reduction⁴
 - Limit alcohol consumption

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
No

Return to primary treating physician

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 Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)

⁴ 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 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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