**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
- Transition to HNSVC within 6-12 months to include:
  - History and physical exam
  - Chest x-ray
  - CT head and neck (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 (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 assessment
  - Cancer screening
  - Vaccinations as appropriate
  - 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

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

### DISPOSITION
- New primary or recurrent cancer?
  - Yes: Return to primary treating physician
  - No: Continue survivorship monitoring

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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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Approved by the Executive Committee of the Medical Staff on 11/17/2020
SUGGESTED READINGS


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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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