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
- 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

SURVEILLANCE
Consider:
- Annual audiogram
- Xerostomia assessment
- Dental/osteoradionecrosis assessment
- Neurocognitive dysfunction assessment
- Annual TSH (thyroid-stimulating hormone) and free T4 if treated with radiation therapy

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

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 B Virus (HBV) Screening and Management, Hepatitis C Virus (HCV) Screening algorithms)
- Consider cardiovascular risk reduction
- Limit alcohol consumption

MONITORING FOR LATE EFFECTS
- Dysphagia assessment
- Speech pathology assessment
- Lymphedema assessment
- Sexual health/fertility assessment
- Peripheral neuropathy assessment

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

DISPOSITION
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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SUGGESTED READINGS


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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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