

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

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

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

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

New primary or recurrent cancer?

Yes

Return to primary treating physician

No

Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

- 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

RISK REDUCTION/EARLY DETECTION

- Patient education, counseling and screening:
- Lifestyle risk assessment¹
 - Cancer screening²
 - 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 reduction³
 - Limit alcohol consumption

Refer or consult as indicated

PSYCHOSOCIAL FUNCTIONING

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

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](#)

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SUGGESTED READINGS

- American Cancer Society Guidelines for the Early Detection of Cancer. Retrieved from <https://www.cancer.org/healthy/find-cancer-early/cancer-screening-guidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html>.
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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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