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Treating Salivary Gland Cancer

If you've been diagnosed with salivary gland cancer, your cancer care team will discuss your treatment options with you. It's important to weigh the benefits of each treatment option against the possible risks and side effects.

How is salivary gland cancer treated?

Common treatment options for salivary gland cancer include:

- [Surgery for Salivary Gland Cancer](#)
- [Radiation Therapy for Salivary Gland Cancer](#)
- [Chemotherapy for Salivary Gland Cancer](#)

Common treatment approaches

Sometimes more than one type of treatment is used. Which treatment option(s) might be best for you depends on many factors, including the type, grade, and stage of the cancer; your overall health; the chances of curing the disease; the impact of the treatment on functions like speech, chewing, and swallowing; and your own personal preferences.

- [Treatment Options by Stage of Salivary Gland Cancer](#)
- [Treatment of Recurrent Salivary Gland Cancer](#)

Who treats salivary gland cancer?

Depending on your situation, you may have different types of doctors on your treatment team:

- An **otolaryngologist** (also known as an *ear, nose, and throat*, or ENT doctor): a surgeon who treats certain diseases of the head and neck
- A **radiation oncologist**: a doctor who treats cancer with radiation therapy
- A **medical oncologist**: a doctor who treats cancer with medicines such as chemotherapy

Many other specialists may be involved in your care as well, including physician assistants, nurse practitioners, nurses, nutrition specialists, speech therapists, occupational therapists, social workers, and other health professionals.

- [Health Professionals Associated With Cancer Care](#)

Making treatment decisions

It's important to discuss all of your treatment options as well as their possible side effects with your family and your treatment team to make the choice that best fits your needs. If there's anything you don't understand, ask to have it explained.

If time permits, it is often a good idea to seek a second opinion. A second opinion can give you more information and help you feel more confident about the treatment plan you choose.

- [What Should You Ask Your Doctor About Salivary Gland Cancer?](#)
- [Seeking a Second Opinion](#)

Thinking about taking part in a clinical trial

Clinical trials are carefully controlled research studies that are done to get a closer look at promising new treatments or procedures. Clinical trials are one way to get state-of-the-art cancer treatment. In some cases they may be the only way to get access to newer treatments. They are also the best way for doctors to learn better methods to treat cancer. Still, they're not right for everyone.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials.

- [Clinical Trials](#)

Considering complementary and alternative methods

You may hear about alternative or complementary methods that your doctor hasn't mentioned to treat your cancer or relieve symptoms. These methods can include vitamins, herbs, and special diets, or other methods such as acupuncture or massage, to name a few.

Complementary methods refer to treatments that are used along with your regular medical care. Alternative treatments are used instead of a doctor's medical treatment. Although some of these methods might be helpful in relieving symptoms or helping you feel better, many have not been proven to work. Some might even be harmful.

Be sure to talk to your cancer care team about any method you are thinking about using. They can help you learn what is known (or not known) about the method, which can help you make an informed decision.

- [Complementary and Alternative Medicine](#)

Help getting through cancer treatment

People with cancer need support and information, no matter what stage of illness they may be in. Knowing all of your options and finding the resources you need will help you make informed decisions about your care.

Whether you are thinking about treatment, getting treatment, or not being treated at all, you can still get supportive care to help with pain or other symptoms. Communicating with your cancer care team is important so you understand your diagnosis, what treatment is recommended, and ways to maintain or improve your quality of life.

Different types of programs and support services may be helpful, and can be an important part of your care. These might include nursing or social work services, financial aid, nutritional advice, rehab, or spiritual help.

The American Cancer Society also has programs and services – including rides to treatment, lodging, and more – to help you get through treatment. Call our National Cancer Information Center at 1-800-227-2345 and speak with one of our trained specialists.

- [Palliative Care](#)
- [Find Support Programs and Services in Your Area](#)

Choosing to stop treatment or choosing no treatment at all

For some people, when treatments have been tried and are no longer controlling the cancer, it could be time to weigh the benefits and risks of continuing to try new treatments. Whether or not you continue treatment, there are still things you can do to help maintain or improve your quality of life.

Some people, especially if the cancer is advanced, might not want to be treated at all. There are many reasons you might decide not to get cancer treatment, but it's important to talk to your doctors and you make that decision. Remember that even if you choose not to treat the cancer, you can still get supportive care to help with pain or other symptoms.

- [If Cancer Treatments Stop Working](#)

The treatment information given here is not official policy of the American Cancer Society and is not intended as medical advice to replace the expertise and judgment of your cancer care team. It is intended to help you and your family make informed decisions, together with your doctor. Your doctor may have reasons for suggesting a treatment plan different from these general treatment options. Don't hesitate to ask him or her questions about your treatment options.

Surgery for Salivary Gland Cancer

Surgery is often the main treatment for salivary gland cancers. Your cancer will probably be treated with surgery if the doctor believes that he or she can remove it completely. (That is, if the cancer is *resectable*.) Whether or not a cancer is resectable depends largely on how far it has grown into nearby structures, but it also depends on the skill and experience of the surgeon. Being treated by a surgeon who has treated many patients with salivary gland cancer gives you the best chance of having your cancer removed completely. This, in turn, gives you the best chance of being cured.

In most cases, the cancer and some or all of the surrounding salivary gland will be removed. Nearby soft tissue may be taken out too. The goal is to have no cancer cells in the outside edges (margin) of the removed tumor. If the cancer is high grade (more likely to grow and spread quickly) or if it has already spread to lymph nodes, lymph nodes from the same side of the neck may be removed in an operation called a *neck dissection* (described below).

Before surgery, ask your surgeon exactly what will be done during the operation, what the goals of the surgery are, whether there are other options, whether surgery will change the way you look or the way your body works, and what side effects you can expect.

Types of surgery for salivary gland cancer

The type of surgery will depend on which salivary gland is affected.

Parotid gland surgery

Most salivary gland tumors occur in the parotid gland. Surgery here is complicated by the fact that the *facial nerve*, which controls movement on the same side of the face, passes through the gland. For these operations, an incision (cut) is made in the skin in front of the ear and may extend down to the neck.

Most parotid gland cancers start in the outside part of the gland, called the *superficial lobe*. These can be treated by removing only this lobe, which is called a *superficial parotidectomy*. This usually leaves the facial nerve intact and does not affect facial movement.

If your cancer has spread into deeper tissues, the surgeon will remove the entire gland. This operation is called a *total parotidectomy*. If the cancer has grown into the facial nerve, it will have to be removed as well. If your surgeon has mentioned this surgery as a possibility, ask what can be done to repair the nerve and ways to treat side effects caused by removing the nerve. If the cancer has grown into other tissues near your parotid gland, these tissues might also need to be removed.

Submandibular or sublingual gland surgery

If your cancer is in the submandibular or sublingual glands, the surgeon will make a cut in the skin to remove the entire gland and perhaps some of the surrounding tissue or bone. Nerves that pass through or near these glands control movement of the tongue and the lower half of the face, as well as sensation and taste. Depending on the size and location of the cancer, the surgeon may need to remove some of these nerves.

Minor salivary gland surgery

Minor salivary gland cancers can occur in your lips, tongue, palate (roof of the mouth), mouth, throat, voice box (larynx), nose, and sinuses. The surgeon usually removes

some surrounding tissue along with the cancer. The exact details of surgery depend on the size and location of the cancer.

Possible risks and side effects of salivary gland surgery

All surgery has some risks, including complications from anesthesia, bleeding, blood clots, and infections. These risks are generally low but are higher with more complicated operations.

For any salivary gland cancer surgery, the surgeon may need to cut through your skin or cut inside your mouth. Most people will have some pain afterwards, but this can usually be controlled with medicines.

If your facial nerve is damaged during surgery, you might lose control of your facial muscles on the side where the surgery was done. That side of your face may droop. If the injury to the facial nerve is related to retraction (pulling) of the nerve during surgery and/or swelling from the operation, the damage might heal over time.

Sometimes, nerves cut during surgery grow back abnormally and become connected to the sweat glands of the face. This condition, called *Frey syndrome* or *gustatory sweating*, results in flushing or sweating over areas of your face when you chew. Frey syndrome can be treated with medicines or with additional surgery.

Damage to other nerves in the face or mouth might cause problems with tongue movement, speech, or swallowing.

Depending on the extent of the operation, your appearance may be changed as a result of surgery. This can range from a simple scar on the side of the face or neck to more extensive changes if nerves, parts of bones, or other structures need to be removed.

It's important to talk with your doctor before the surgery about what changes in appearance or other side effects you might expect. This can help you prepare for them. Your doctor can also give you an idea about what corrective options might be available afterward, such as skin grafts, nerve grafts, and reconstructive surgery.

Lymph node removal (neck dissection)

Surgery to remove lymph nodes is called a *lymph node dissection* or *lymphadenectomy*. Salivary gland cancers sometimes spread to lymph nodes in the neck (cervical lymph nodes), and these may need to be removed as a part of treating the cancer. This is called a *neck dissection*.

A neck dissection may be done if:

- Lymph nodes in the neck are enlarged (which may be felt or seen on a CT or MRI scan)
- A PET (positron emission tomography) scan suggests the lymph nodes may contain cancer
- The cancer is high grade (looks very abnormal under the microscope) or has other features that mean it has a high risk of spreading

The removed lymph nodes are looked at under the microscope to see if they contain cancer cells. Taking out the lymph nodes can help ensure all of the cancer is removed. It can also be important for staging and deciding if more treatment is needed.

There are many types of neck dissections, but their major purpose is to remove lymph nodes that might contain cancer. In doing this, the surgeon may need to remove nearby connective tissue, muscles, nerves, and blood vessels from one side of your neck. This type of surgery is usually done through an incision (cut) across the side of the neck, but sometimes a longer incision going down the neck might be needed.

Possible risks and side effects of lymph node removal

The general risks of a neck dissection are much like those with any other type of surgery, including problems with anesthesia, bleeding, blood clots, infections, and poor wound healing. Most people will have some pain afterwards, but this can usually be controlled with pain medicines.

Because this surgery can affect nerves that run through the neck, it can sometimes lead to ear numbness, weakness in raising your arm above your head, and weakness of the lower lip. These may get better with time. You can be helped by physical therapists who can teach you exercises to improve your neck and shoulder movement.

Sentinel lymph node biopsy

[Sentinel lymph node mapping](#)¹ and biopsy has become a common way to find out whether a cancer has spread to the lymph nodes. It may be used in certain types of salivary gland cancer, and can help keep you from needing neck dissection. This procedure can find the lymph nodes that drain lymph fluid from the salivary gland where the cancer started. These lymph nodes are usually the first place cancer will go. The surgery involves taking out these lymph nodes and checking them for cancer during the surgery. If no cancer cells are found, the other lymph nodes can be left alone. If these

nodes do have cancer cells in them, neck dissection is usually needed.

For more general information on surgery, see [Cancer Surgery](#)².

Hyperlinks

1. www.cancer.org/treatment/understanding-your-diagnosis/tests/testing-biopsy-and-cytology-specimens-for-cancer/biopsy-types.html
2. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/surgery.html

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Mifsud MJ, Burton JN, Trotti AM, Padhya TA. Multidisciplinary Management of Salivary Gland Cancers. *Cancer Control*. 2016;23(3):242-248.

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National Comprehensive Cancer Network. Head and Neck Cancers. NCCN Clinical Practice Guidelines in Oncology. Version 2.2017--May 8, 2017.

Wang X, Luo Y, Li M, et al. Management of salivary gland carcinomas - a review. *Oncotarget*. 2017;8(3):3946-3956.

See all references for Salivary Gland Cancer (www.cancer.org/cancer/salivary-gland-cancer/references.html)

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Radiation Therapy for Salivary Gland Cancer

Radiation therapy uses high-energy x-rays or particles to destroy cancer cells or slow

their growth.

Radiation therapy may be used:

- As the main treatment (alone or with [chemotherapy](#)) for some salivary gland cancers that can't be removed by surgery because of the size or location of the tumor, or if a person can't have (or doesn't want) surgery
- After [surgery](#) (alone or with chemotherapy) to try to kill any cancer cells that might have been left behind to help reduce the risk of cancer coming back
- In people with advanced salivary gland cancer to help with symptoms such as pain, bleeding, or trouble swallowing

External beam radiation therapy, which focuses radiation from outside the body on the cancer, is the type of radiation therapy used most often to treat salivary gland cancer.

Before your treatments start, the radiation team will take careful measurements to figure out the exact angles for aiming the radiation beams and the proper dose of radiation. This may take a couple of hours or more on the first visit.

Most often, radiation treatments are given 5 days a week for 6 or 7 weeks. The length of treatment might be shorter if the radiation is being used to relieve symptoms from cancer spread.

Getting radiation treatment is much like getting an x-ray, but the radiation dose is stronger and aimed more precisely at the cancer. The procedure itself is painless. Each treatment lasts only a few minutes, but the setup time – getting you into place for treatment – takes longer.

In recent years, doctors have found that newer forms of radiation therapy may work better than the standard treatment.

Accelerated hyperfractionated radiation therapy: In this approach, radiation is given twice a day over a shorter total length of time.

Three-dimensional conformal radiation therapy (3D-CRT): 3D-CRT uses the results of imaging tests, such as MRI, and special computers to precisely map the location of the tumor. Several radiation beams are then shaped and aimed at the tumor from different directions. Each beam alone is fairly weak, which makes it less likely to damage the normal tissues it passes through, but the beams converge at the tumor to give a higher dose of radiation there.

Intensity modulated radiation therapy (IMRT): IMRT is an advanced form of 3D therapy. It uses a computer-driven machine that actually moves around the patient as it delivers radiation. In addition to shaping the beams and aiming them at the tumor from several angles, the intensity (strength) of the beams can be adjusted to limit the dose reaching the most sensitive nearby normal tissues. This may let the doctor give a higher dose to the tumor. Many major hospitals and cancer centers now use IMRT as the standard way to deliver external beam radiation.

Fast neutron beam radiation: Instead of using x-rays, neutron radiation therapy uses a beam of high-energy neutrons. Neutrons are neutral particles in atoms. Some studies have suggested that this type of radiation may be more effective, but it may also lead to more side effects. Neutron therapy machines are available in only a handful of cancer centers in the United States at this time.

Possible side effects

Radiation therapy may cause sunburn-like skin changes, mouth problems, swallowing trouble, nausea, vomiting, and fatigue. Often these go away over time after treatment ends.

Radiation therapy of the salivary glands can cause specific problems, because important structures in the head and neck might also get some radiation during treatment. The most common side effect is reduced saliva, which can lead to a dry mouth. Radiation can also cause a sore throat, sores in the mouth and throat, hoarseness, trouble swallowing, temporary loss of taste, bone pain, and bone damage. Radiation can make tooth problems worse, too. Most doctors advise that you have your teeth checked by a dentist before starting radiation therapy to the head or neck area. In some cases, the dentist may even recommend removing some teeth before treatment to lessen the chance you will have problems later.

For most major salivary gland cancers, radiation is only given to the side of the face and neck with the cancer. This reduces the risk of serious long-term side effects. But in rare instances, both sides of your face and neck might need to be treated with radiation. This may damage other salivary glands, resulting in permanently dry mouth. This often causes problems with eating and swallowing and can lead to tooth decay.

Some of the damage to the salivary glands may be lessened if a drug called amifostine (Ethyol[®]) is given before each radiation treatment. This drug can be hard to tolerate, so it's not helpful for everyone.

Radiation therapy might also damage your thyroid gland, which might not show up until

months or even years later. Blood tests to check thyroid function will be done during follow up (after treatment is complete). Some patients might need to take pills to replace thyroid hormone at some point.

It's important to discuss the possible side effects of radiation therapy with your doctor before starting treatment, and to make sure everything is being done to try to limit these side effects as much as possible. If you do have side effects, there are ways to relieve many of them, so be sure to discuss any problems with your cancer care team.

More information about radiation therapy

To learn more about how radiation is used to treat cancer, see [Radiation Therapy](#)¹.

To learn about some of the side effects listed here and how to manage them, see [Managing Cancer-related Side Effects](#)².

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/radiation.html
2. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects.html

References

Cho JK, Lim BW, Kim EH, et al. Low-Grade Salivary Gland Cancers: Treatment Outcomes, Extent of Surgery and Indications for Postoperative Adjuvant Radiation Therapy. *Ann Surg Oncol*. 2016;23(13):4368-4375.

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See all references for Salivary Gland Cancer (www.cancer.org/cancer/salivary-gland-cancer/references.html)

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Chemotherapy for Salivary Gland Cancer

Chemotherapy (chemo) is treatment with anti-cancer drugs that are given into a vein or by mouth. These drugs enter the bloodstream and reach all areas of the body, making this treatment useful for cancers that have spread beyond the head and neck. Chemo is not often used to treat salivary gland cancers.

For people with salivary gland cancers, chemo is most often used when the cancer has spread (metastasized) to distant organs or if it could not be controlled by surgery and radiation therapy. Chemo sometimes shrinks the tumors, but it's not likely to cure this type of cancer.

Some chemo drugs help make cancer cells more easily killed by radiation. These drugs may be given along with [radiation therapy](#) (called chemoradiation) to treat salivary cancers that are at high risk for coming back after surgery.

Doctors give chemo in cycles, with each period of treatment followed by a rest period to give the body time to recover. Chemo cycles generally last about 3 to 4 weeks. Chemo may not be recommended for patients in poor health, but advanced age by itself should not keep you from getting chemo.

Some of the chemo drugs used to treat salivary gland cancers include:

- Cisplatin
- Carboplatin
- Doxorubicin (Adriamycin®)
- 5-fluorouracil (5-FU)
- Cyclophosphamide (Cytosan®)
- Paclitaxel (Taxol®)

- Docetaxel (Taxotere®)
- Vinorelbine (Navelbine®)
- Methotrexate

These drugs may be used alone, but are more often given in combinations of 2 or more drugs. Because salivary gland cancers are not common, no large studies have been done to prove one chemo plan is better than the others. The situation is also complicated by the fact that there are different types of salivary gland cancers. The best way to use chemotherapy to treat salivary gland cancer is not clear. New chemo drugs and combinations of drugs are being studied in [clinical trials](#)¹.

Possible side effects of chemotherapy

Chemo drugs attack cells that are dividing quickly, which is why they work against cancer cells. But other cells in the body, like those in the bone marrow (where new blood cells are made), the lining of the mouth and intestines, and the hair follicles, also divide quickly. These cells are also likely to be affected by chemo, which can lead to side effects.

The side effects of chemo depend on the type and dose of drugs given and the length of time they are used. Common side effects include:

- Hair loss
- Mouth sores
- Loss of appetite
- Nausea and vomiting
- Diarrhea or constipation
- Increased chance of infections (from having too few white blood cells)
- Easy bruising or bleeding (from having too few blood platelets)
- Fatigue (from having too few red blood cells)

There are often ways to lessen these side effects, and they usually go away over time after treatment ends. Be sure to ask your doctor or nurse what can be done to help reduce side effects, and let them know when you do have side effects so they can be managed. For example, drugs can be given to help prevent or reduce nausea and vomiting.

Some drugs can have other side effects. For example, cisplatin, carboplatin, and paclitaxel can damage nerves (called *neuropathy*). This can sometimes lead to hearing loss or problems in the hands and feet such as pain, burning or tingling sensations,

sensitivity to cold or heat, or weakness. In most cases this gets better or goes away once treatment stops, but it can last a long time in some people. You should report this to your medical team, as well as any other problems you have while getting chemo, so that they can be treated right away. In some cases, the doses of the chemo drugs may need to be reduced or treatment may need to be delayed or stopped to keep the effects from getting worse.

More information about chemotherapy

To learn more about how chemotherapy is used to treat cancer, see [Chemotherapy](#)².

To learn about some of the side effects listed here and how to manage them, see [Managing Cancer-related Side Effects](#)³.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/clinical-trials.html
2. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/chemotherapy.html
3. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects.html

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Mifsud MJ, Burton JN, Trotti AM, Padhya TA. Multidisciplinary Management of Salivary Gland Cancers. *Cancer Control*. 2016;23(3):242-248.

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See all references for Salivary Gland Cancer www.cancer.org/cancer/salivary-gland-

[cancer/references.html](#))

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Treatment Options by Stage of Salivary Gland Cancer

The treatment options for salivary gland cancer depend largely on the [stage \(extent\) of the cancer](#)¹. But other factors, such as the grade of the cancer (how likely it is to grow and spread quickly); and a person's overall health, can also be important.

Stage I

These cancers are small and still within the salivary gland. If you have stage I salivary gland cancer, your doctors will probably recommend [surgery](#) to remove the cancer and part or all of the salivary gland.

[Radiation therapy](#) may be advised after surgery if you have an intermediate- or high-grade cancer or an adenoid cystic carcinoma, if the cancer could not be removed completely, or if the edges of the removed area contain cancer cells (a sign that some cancer may have been left behind).

Stage II

Stage II salivary gland cancers are larger but are still confined within the salivary gland. They are also treated mainly with [surgery](#), but it may be more extensive (covering a wider area) than for stage I cancers. The surgeon may also remove lymph nodes in your neck on the same side to see if they contain cancer.

[Radiation therapy](#) may be given after surgery if your cancer is intermediate- or high-grade or an adenoid cystic carcinoma, if the cancer could not be removed completely, or if the edges of the removed specimen contain cancer cells. There is a greater chance that some cancer may have been left behind than with stage I cancers.

Radiation therapy might be an option as the main treatment if surgery would result in serious problems with eating, speech, or appearance, or for people who refuse surgery.

But it's not clear if this offers the same chance to cure the cancer as surgery, so not all doctors agree that this is a good approach for stage II cancers.

Stage III

These cancers are even larger and/or have started to grow outside the salivary gland. They might have also reached lymph nodes in the neck.

Doctors generally recommend extensive [surgery](#) (removing the salivary gland containing the tumor, nearby tissues, and all lymph nodes in your neck on the same side) if it's possible. For low-grade tumors with no concerning features, this might be the only treatment needed if all of the cancer is removed. But in many cases, especially for high-grade tumors, surgery is followed by [radiation therapy](#). [Chemotherapy](#) (chemo) may be added as well, but it's not clear how helpful this is. This is still being studied.

Radiation therapy (with or without chemo) may be used as the main treatment if surgery is not a good option (for example, if surgical removal of the cancer would cause serious problems with eating, speech, or appearance).

Stage IV

Stage IV salivary gland cancers are very hard to cure, particularly if the cancer has spread to distant organs.

Some of these cancers might be treated with [surgery](#) if the doctor feels all of the cancer can be removed. (This would be followed by [radiation therapy](#) and maybe [chemo](#).)

But most often, radiation therapy is used as the main treatment. It's used to try to shrink the tumor(s) and relieve pain, bleeding, or other symptoms. Radiation may be combined with chemo. If the cancer has spread to other parts of the body, chemo may shrink or slow the growth of the cancer for a time and may help relieve symptoms.

Because these cancers can be hard to treat, taking part in a [clinical trial](#)² of newer treatments is a good option.

Hyperlinks

1. www.cancer.org/cancer/salivary-gland-cancer/detection-diagnosis-staging/staging.html
2. www.cancer.org/treatment/treatments-and-side-effects/clinical-trials.html

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American Cancer Institute. Salivary Gland Cancer Treatment (PDQ)-Health Professional Version. December 21, 2016.

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Treatment of Recurrent Salivary Gland Cancer

Cancer is called *recurrent* if it comes back after treatment. Recurrence can be local (in or near the same place it started) or distant (spread to organs such as the lungs or liver).

If cancer returns after treatment, the choices available depend on the location and the extent of the cancer as well as what treatment was used the first time. It's important to understand the goal of further treatment – whether it's to try to cure the cancer or to help relieve symptoms – as well as the likelihood of benefits and risks.

If the cancer is thought to be resectable (able to be removed completely), [surgery](#) is usually the treatment of choice. This is often followed by [radiation therapy](#) if it wasn't given before.

If the cancer returns in the area where it started but is not resectable, radiation therapy may be an option. [Chemotherapy](#) (chemo) may be used along with the radiation or by itself (especially if radiation therapy was already used the first time).

Cancers that come back in distant parts of the body are usually treated with chemo. In some cases, other treatments such as surgery or radiation may be used to help relieve symptoms from the spread of the cancer. If the cancer is very slow growing, it may be watched and treated only if it starts to cause problems.

Because these cancers can be hard to treat, [clinical trials](#)¹ of new and maybe better treatments are a good option.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/clinical-trials.html

References

National Cancer Institute. Salivary Gland Cancer Treatment (PDQ)-Health Professional Version. December 21, 2016.

National Comprehensive Cancer Network. Head and Neck Cancers. NCCN Clinical Practice Guidelines in Oncology. Version 2.2017--May 8, 2017.

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