

cancer.org | 1.800.227.2345

After Salivary Gland Cancer Treatment

Get information about life as a salivary gland survivor, next steps, and what to do to stay healthy.

Living as a Cancer Survivor

For many people, cancer treatment often raises questions about next steps as a survivor or about the chances of the cancer coming back.

Living as a Salivary Gland Cancer Survivor

Living as a Salivary Gland Cancer Survivor

- Ask your doctor for a survivorship care plan
- Follow-up care
- Doctor visits and tests
- Keeping health insurance and copies of your medical records
- Can I lower my risk of the salivary gland cancer progressing or coming back?
- If the cancer comes back
- Getting emotional support
- Second cancers after salivary gland cancer treatment

For some people with salivary gland cancer, treatment will remove or destroy the cancer. The end of treatment can be both stressful and exciting. You may be relieved to finish treatment, but find it hard not to worry about cancer coming back. These feelings are very common if you've had cancer.

For other people, the cancer might never go away completely. Some people may get regular treatment with chemotherapy or targeted therapy or other treatments to try and help keep the cancer under control. Learning to live with cancer that does not go away can be difficult and very stressful.

Ask your doctor for a survivorship care plan

Talk with your doctor about developing a <u>survivorship care plan</u>¹ for you. This plan might include:

- A suggested schedule for follow-up exams and tests
- A schedule for other tests you might need in the future, such as <u>early detection</u> (<u>screening</u>) tests² for other types of cancer
- A list of possible late- or long-term side effects from your treatment, including what to watch for and when you should contact your doctor
- Suggestions for things you can do that might improve your health, including
 possibly lowering your chances of the cancer coming back, such as <u>diet and</u>
 <u>physical activity suggestions</u>³
- Reminders to keep your appointments with your primary care provider (PCP), who will monitor your general health care.

Follow-up care

People with cancer of the salivary gland are at risk of the cancer coming back and are at risk for developing new cancers in the head and neck area, so they must be watched closely after treatment. Your cancer care team will discuss which tests should be done and how often based on the type and stage of the cancer, the type of treatment you had, and the chance of the cancer coming back.

After you have completed treatment, you will likely have follow-up visits with your doctor for many years. It's very important to go to all of your follow-up appointments. During these visits, your doctors will ask if you are having any problems and may do exams, lab tests, or imaging tests to look for signs of cancer returning, a new cancer, or treatment side effects.

Almost any cancer treatment can have side effects. Some may last for a few weeks to several months, but others can last the rest of your life. Some treatment side effects might last a long time or might not even show up until years after you have finished treatment. Your doctor visits are a good time to ask questions and talk about any changes or problems you notice or concerns you have.

Report any new symptoms to the doctor right away. This might help your doctor find recurrent cancer as early as possible, when the cancer is small and easier to treat.

Doctor visits and tests

If there are no signs of cancer remaining, many doctors will recommend you have a physical exam and some of the tests listed below every few months for the first couple of years after treatment, then every 4 to 6 months or so for the next few years. People who were treated for early-stage cancers may do this less often.

Endoscopy: In some people, endoscopy might be done as a follow-up test. A common schedule is about:

- Every 1 to 3 months during the first year after treatment
- Every 2 to 6 months during the second year after treatment
- Every 4 to 8 months during the 3rd to 5th years after treatment
- Every year after the 5th year of treatment

Quitting smoking: If you had trouble quitting smoking before treatment, your doctor may recommend counseling as well as medication to help you. It is very important to quit smoking because even people with early-stage salivary gland cancer are at risk of developing a new smoking-related cancer if they continue to smoke. See <u>Stay Away from Tobacco</u>⁴ and call 1-800-227-2345 for more information about quitting smoking.

Blood tests: If you were treated with radiation to the neck, it might have affected your thyroid gland. You will most likely need regular blood tests to check your thyroid function.

Imaging: Chest x-rays and <u>other imaging tests</u>⁵ might be used to watch for a recurrence or a new tumor, especially if you have new symptoms.

Dental exams: People treated with surgery and/or radiation might also have problems with <u>dry mouth</u>⁶ and tooth decay, so regular dental exams are often recommended. Artificial (fake) saliva might be recommended for dry mouth.

Help for problems with eating and nutrition: Cancers of the salivary glands and their treatments can sometimes cause problems such as loss or change in taste, dry mouth, or even loss of teeth. This can make it hard to eat, which can lead to weight loss and weakness due to poor nutrition.

Some people might need to adjust what they eat during and after treatment or might need nutritional supplements to help make sure they get the nutrition they need. Some may even need a feeding tube placed into the stomach, at least for a short time during and after treatment.

A team of doctors and nutritionists can work with you to help manage your individual nutritional needs. This can help you maintain your weight and get the nutrients you need. They can also show you swallowing exercises that can help keep these muscles working and give you a better chance of eating normally after treatment. If a dry mouth is making it hard to eat, your doctor may recommend a saliva substitute or give you some medications to help relieve the symptoms.

Speech, hearing, and swallowing rehabilitation: Radiation, surgery, and certain chemo drugs can lead to problems with speech, swallowing, and hearing. These are often checked and treated by a **speech therapist** (a professional who is trained in helping people with speech problems) after treatment. These experts are knowledgeable about speech and swallowing problems. They can help you learn to manage these problems. Some people might need to learn new ways of speaking. The speech therapist can play a major role in helping with this.

You might also need to see an **audiologist** (a specialist in hearing) for devices to improve your hearing if the treatment affected it.

Side effects from surgery: Surgery around the jaw or neck can sometimes lead to ear numbness, weakness in raising your arm above your head, and weakness of the lower lip. If this happens, your doctor can refer you to a **physical therapist**, who can teach you exercises to improve your neck and shoulder strength and movement.

Reconstructive surgery: Surgery or other treatments can affect nerves and other structures in the face and neck. This can affect how you look. Ask your doctor about reconstructive surgery options that might be available for you.

Keeping health insurance and copies of your medical records

Even after treatment, it's very important to keep your health insurance. Tests and doctor visits cost a lot, and even though no one wants to think of their cancer coming back, this

could happen.

At some point after your cancer treatment, you might find yourself seeing a new doctor who doesn't know about your medical history. It's important to <u>keep copies of your medical records</u>⁷ to give your new doctor the details of your diagnosis and treatment.

Can I lower my risk of the salivary gland cancer progressing or coming back?

If you have (or have had) salivary gland cancer, you probably want to know if there are things you can do that might lower your risk of the cancer growing or coming back, such as exercising, eating a certain type of diet, or taking nutritional supplements. Unfortunately, it's not yet clear if there are things you can do that will help.

Quit smoking: Smoking during cancer treatment is known to reduce the benefit of treatment which can raise your risk of the cancer coming back (recurrence). Smoking also increases the risk of getting a new smoking-related cancer (see Second Cancers below). Survivors of salivary gland cancer who continue to smoke are also more likely to die from their cancer. **Quitting smoking for good is the best way to improve your survival.** It is never too late to quit.

Adopting healthy behaviors such as <u>eating well</u>⁸, <u>getting regular physical activity</u>⁹, and <u>staying at a healthy weight</u>¹⁰ might help, but no one knows for sure. However, we do know that these types of changes can have positive effects on your health that can extend beyond your risk of salivary gland cancer or other cancers.

About dietary supplements

So far, no <u>dietary supplements</u>¹¹ (including vitamins, minerals, and herbal products) have been shown to clearly help lower the risk of cancer progressing or coming back. This doesn't mean that no supplements will help, but it's important to know that none have been proven to do so.

Dietary supplements are not regulated like medicines in the United States – they do not have to be proven effective (or even safe) before being sold, although there are limits on what they're allowed to claim they can do. If you're thinking about taking any type of nutritional supplement, talk to your health care team. They can help you decide which ones you can use safely while avoiding those that might be harmful.

If the cancer comes back

If the cancer does recur (come back), your treatment options will depend on where the cancer is located, what treatments you've had before, and your health. For more information on how recurrent cancer is treated, see <u>Treatment Options by Stage</u> of ¹²Salivary Gland Cancer ¹³.

For more you may also want to see <u>Understanding Recurrence</u>¹⁴.

Getting emotional support

Some amount of feeling depressed, anxious, or worried is normal when cancer is a part of your life. Some people are affected more than others. But everyone can benefit from help and support from other people, whether friends and family, religious groups, support groups, professional counselors, or others. Learn more in <u>Life After Cancer</u>¹⁵.

Second cancers after salivary gland cancer treatment

Cancer survivors can be affected by a number of health problems, but often their greatest concern is facing cancer again. If a cancer comes back after treatment it is called a <u>recurrence</u>¹⁶. But some cancer survivors may develop a new, unrelated cancer later. This is called a <u>second cancer</u>¹⁷.

People who've had salivary gland cancer can get a second cancer. And unfortunately, being treated for salivary gland cancer doesn't mean you can't get another cancer. People who have had salivary gland cancer can still get the same types of cancers that other people get. In fact, certain types of cancer and cancer treatments can be linked to a higher risk of specific second cancers.

Survivors of salivary gland cancers can get any second cancer, but they have an increased risk of:

- Another salivary gland cancer (this is different from the first cancer coming back)
- Cancer of the oral cavity (mouth) 18
- Lung cancer¹⁹
- Thyroid cancer²⁰

Cancers of the lung and oral cavity are also linked to smoking.

What you can do to lower the risk of a second cancer

Quit smoking

Lung and oral cavity cancers are linked to tobacco use. While it's not easy to do, quitting tobacco can decrease your risk of many health problems, including another cancer. People who quit smoking have a lower risk of lung, esophagus, larynx, hypopharynx, and oral cavity and oropharynx cancers than those who continue to smoke. See Stay to learn more about quitting tobacco.

Follow-up after treatment

After completing treatment for salivary gland cancer, you should still see your doctor regularly. Your doctor may order tests to look for signs that the cancer has come back or spread. These tests are also useful in finding some second cancers, particularly a new salivary gland cancer or lung cancer. Experts don't recommend any other tests to look for second cancers in patients who don't have symptoms. Let your doctor know about any new symptoms or problems, because they could be caused by the cancer coming back or by a new disease or second cancer.

Survivors of salivary gland cancers should follow the <u>American Cancer Society</u> guidelines for the early detection of cancer²² and stay away from tobacco products²³. Smoking increases the risk of getting certain second cancers as well as other health problems.

To help maintain good health, survivors should also:

- Get to and stay at a <u>healthy weight</u>²⁴
- Keep physically active²⁵ and limit the time you spend sitting or lying down
- Follow a <u>healthy eating pattern</u>²⁶ that includes plenty of fruits, vegetables, and whole grains, and limits or avoids red and processed meats, sugary drinks, and highly processed foods
- Not drink <u>alcohol</u>²⁷. If you do drink, have no more than 1 drink per day for women or 2 per day for men

These steps may also lower the risk of some other health problems.

See <u>Second Cancers</u>²⁸ for more information.

Hyperlinks

- 1. <u>www.cancer.org/cancer/survivorship/long-term-health-concerns/survivorship-care-plans.html</u>
- 2. <u>www.cancer.org/cancer/screening/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html</u>
- 3. <u>www.cancer.org/cancer/survivorship/be-healthy-after-treatment/nutrition-and-physical-activity-during-and-after-cancer-treatment.html</u>
- 4. www.cancer.org/cancer/risk-prevention/tobacco.html
- 5. <u>www.cancer.org/cancer/types/salivary-gland-cancer/detection-diagnosis-staging/how-diagnosed.html</u>
- 6. www.cancer.org/cancer/managing-cancer/side-effects/eating-problems/dry-mouth.html
- 7. <u>www.cancer.org/cancer/survivorship/long-term-health-concerns/keeping-copies-of-important-medical-records.html</u>
- 8. www.cancer.org/cancer/risk-prevention/diet-physical-activity/eat-healthy.html
- 9. www.cancer.org/cancer/risk-prevention/diet-physical-activity/get-active.html
- 10. <u>www.cancer.org/cancer/risk-prevention/diet-physical-activity/take-control-your-weight.html</u>
- 11. <u>www.cancer.org/cancer/managing-cancer/treatment-types/complementary-and-integrative-medicine/dietary-supplements.html</u>
- 12. www.cancer.org/cancer/types/salivary-gland-cancer/treating/by-stage.html
- 13. www.cancer.org/cancer/types/salivary-gland-cancer/treating/by-stage.html
- 14. www.cancer.org/cancer/survivorship/long-term-health-concerns/recurrence.html
- 15. <u>www.cancer.org/cancer/survivorship/be-healthy-after-treatment/life-after-cancer.html</u>
- 16. www.cancer.org/cancer/survivorship/long-term-health-concerns/recurrence.html
- 17. www.cancer.org/cancer/survivorship/long-term-health-concerns/second-cancers-in-adults.html
- 18. www.cancer.org/cancer/types/oral-cavity-and-oropharyngeal-cancer.html
- 19. www.cancer.org/cancer/types/lung-cancer.html
- 20. www.cancer.org/cancer/types/thyroid-cancer.html
- 21. <u>www.cancer.org/cancer/risk-prevention/tobacco.html</u>
- 22. <u>www.cancer.org/cancer/screening/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html</u>

- 23. <u>www.cancer.org/cancer/risk-prevention/tobacco.html</u>
- 24. <u>www.cancer.org/cancer/risk-prevention/diet-physical-activity/take-control-your-weight.html</u>
- 25. www.cancer.org/cancer/risk-prevention/diet-physical-activity/get-active.html
- 26. www.cancer.org/cancer/risk-prevention/diet-physical-activity/eat-healthy.html
- 27. <u>www.cancer.org/cancer/risk-prevention/diet-physical-activity/alcohol-use-and-cancer.html</u>
- 28. <u>www.cancer.org/cancer/survivorship/long-term-health-concerns/second-cancers-in-adults.html</u>

References

Brown LM, McCarron P, Freedman DM. New Malignancies Following Cancer of the Buccal Cavity and Pharynx. In: Curtis RE, Freedman DM, Ron E, Ries LAG, Hacker DG, Edwards BK, Tucker MA, Fraumeni JF Jr. (eds). New Malignancies Among Cancer Survivors: SEER Cancer Registries, 1973-2000. National Cancer Institute. NIH Publ. No. 05-5302. Bethesda, MD, 2006. Accessed on 4/25/2021 at http://seer.cancer.gov/archive/publications/mpmono/MPMonograph_complete.pdf.

Horn-Ross PL, Morrow M, Ljung BM. Diet and the risk of salivary gland cancer. *Am J Epidemiol*. 1997;146(2):171-176. doi:10.1093/oxfordjournals.aje.a009248.

National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Head and Neck Cancers. v.2.2021. Accessed at www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf on April 25, 2021.

Rock CL, Thomson C, Gansler T, et al. American Cancer Society guideline for diet and physical activity for cancer prevention. *CA: A Cancer Journal for Clinicians.* 2020;70(4). doi:10.3322/caac.21591. Accessed at https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21591 on April 25, 2021.

Last Revised: March 18, 2022

Written by

The American Cancer Society medical and editorial content team

(https://www.cancer.org/cancer/acs-medical-content-and-news-staff.html)

Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as journalists, editors, and translators with extensive experience in medical writing.

American Cancer Society medical information is copyrighted material. For reprint requests, please see our Content Usage Policy (www.cancer.org/about-us/policies/content-usage.html).

cancer.org | 1.800.227.2345