

[Salivary Gland Cancer - Treatment Options](#) [1]

This section has been reviewed and approved by the [Cancer.Net Editorial Board](#) [2], 08/2015

ON THIS PAGE: You will learn about the different ways doctors use to treat people with this type of cancer. To see other pages, use the menu on the side of your screen.

This section outlines treatments that are the standard of care (the best known treatments available) for this specific type of cancer. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study to test a new approach to treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Clinical trials may test such approaches as a new drug, a new combination of standard treatments, or new doses of current therapies. Your doctor can help you review all treatment options. For more information, visit the [About Clinical Trials](#) [3] and [Latest Research](#) [4] sections.

Treatment overview

Cancer of the salivary gland can often be cured, especially if found early. Although curing the cancer is the primary goal of treatment, preserving the function of the nearby nerves, organs, and tissues is also very important. When doctors plan treatment, they consider how treatment might affect a person's quality of life, including how a person feels, looks, talks, eats, and breathes.

In cancer care, different types of doctors often work together to create a patient's overall treatment plan that combines different types of treatments. This is called a [multidisciplinary team](#) [5]. An evaluation should be done by each head and neck specialist before any treatment begins. The team may include medical, surgical, and radiation oncologists; otolaryngologists (ear, nose, and throat doctors); maxillofacial prosthodontists (specialists who perform

restorative surgery in the head and neck areas); dentists; physical therapists; speech pathologists; and psychiatrists. Cancer care teams also include a variety of other health care professionals, including physician assistants, oncology nurses, social workers, pharmacists, counselors, dietitians, and others.

Descriptions of the most common treatment options for salivary gland cancer are listed below. Treatment options and recommendations depend on several factors, including the type, stage, and location of cancer, possible side effects, and the patient's preferences and overall health. Take time to learn about all of your treatment options and be sure to ask questions about things that are unclear. Also, talk about the goals of each treatment with your doctor and what you can expect while receiving the treatment. Learn more about [making treatment decisions](#) [6].

Surgery

Surgery is recommended for nearly everyone diagnosed with salivary gland cancer and is usually the first treatment. During surgery, a doctor performs an operation to remove the cancerous tumor and some surrounding healthy tissue, called a margin. A surgical oncologist is a doctor who specializes in treating cancer using surgery.

The goal of surgery is to remove as much of the tumor as possible and leave negative margins. This means no trace of cancer was found in the healthy tissue that was removed. The type of surgery depends on the location and extent of the tumor.

Types of surgery used to treat salivary gland cancer include:

- **Parotidectomy.** The removal of the parotid gland is called a parotidectomy. This surgery may involve the facial nerve. If cancer has spread to the facial nerve, frequently a nerve graft is necessary for the person to regain use of some facial muscles. Any tissue that is removed can often be restored through reconstructive surgery (see below) and tissue transplantation.
- **Endoscopic surgery.** Occasionally, it is possible to remove the tumor by endoscopic surgery (see Endoscopy, under [Diagnosis](#) [7]), which is less destructive to healthy tissues than conventional surgery. This is used particularly when a salivary gland tumor begins in the paranasal area (around the nose) or in the larynx. However, this is rare. More often, a tumor may be found unexpectedly during endoscopic surgery for what is believed to be chronic sinusitis (inflammation).
- **Neck dissection.** A neck dissection is when the surgeon removes lymph nodes in the neck. This may be performed if the doctor suspects that the cancer has spread. A neck dissection may cause numbness of the ear, weakness when raising the arm above the head, and weakness of the lower lip. These side effects are caused by injury to nerves in

the area. Depending on the type of neck dissection, weakness of the lower lip and arm may go away in a few months. Weakness will be permanent if a nerve is removed as part of the dissection.

- **Reconstructive surgery.** Reconstructive (plastic) surgery may be used to replace tissue and nerves that were removed during surgery to eliminate the cancer.

Learn more about the [basics of cancer surgery](#) [8].

Surgery can have significant risks because the cancer may be close to the eyes, mouth, brain, and important nerves and blood vessels. Surgical side effects can include swelling of the face, mouth, and throat, which makes it difficult to breathe and swallow. Frequently, a person may receive a temporary tracheostomy (hole in the windpipe) to make breathing easier.

Facial nerves may also be affected, either temporarily or permanently. Changes to a person's appearance because of surgery may need to be addressed using reconstructive plastic surgery. If the maxilla (upper jaw) is removed, a prosthodontist will play a large role in the rehabilitation process. A prosthodontist is a dentist who specializes in replacing teeth and parts of the jaw. Learn more about cancer [rehabilitation](#) [9].

Surgery is typically followed by additional treatment, most often radiation therapy. Sometimes, more than one operation may be needed to remove the cancer and to help restore the appearance and function of the tissues affected. Occasionally, it is not possible to remove salivary gland cancer using surgery. This type of tumor is called inoperable. In these cases, doctors will recommend other treatment options (see below).

Radiation therapy

Radiation therapy is the use of high-energy x-rays or other particles to destroy cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time.

There are two main types of radiation therapy used for salivary gland cancer:

- **External-beam radiation therapy.** The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. External-beam radiation therapy may be used when a tumor has grown into the soft tissue, has spread to the lymph nodes, or surrounds a nerve. Doctors also recommend this type of radiation therapy for poorly differentiated tumors. (See the [Stages and Grades](#) [10] section for more information.)

A specific method of external radiation therapy, known as intensity modulated radiation therapy (IMRT), allows for more effective doses of radiation therapy to be delivered while reducing damage to nearby healthy cells. Another type of external-beam radiation therapy used for salivary gland tumors is proton therapy. At high energy, protons can destroy cancer cells. Proton therapy may be used when a tumor is located close to structures of the central nervous system, such as the brain and spinal cord.

- **Internal radiation therapy.** When radiation is given using implants, it is called internal radiation therapy or brachytherapy. Internal radiation therapy involves surgically implanting tiny pellets or rods containing radioactive materials in or near the tumor.

For a salivary gland tumor, radiation therapy is most often used in combination with surgery. Radiation therapy may also be given along with chemotherapy (see below). If a person cannot have surgery or decides not to have surgery, radiation therapy may be used as the main treatment.

Before beginning radiation treatment for salivary gland cancer, a person should receive a thorough examination from an oncologic dentist. An oncologic dentist is experienced in treating people with head and neck cancer. Radiation therapy can cause tooth decay. Often, tooth decay can be prevented with proper treatment from a dentist before beginning treatment. Learn more about [dental and oral health](#) [11].

Other side effects from radiation therapy to the head and neck may include redness or skin irritation in the treated area, dry mouth (xerostomia) or thickened saliva from damage to salivary glands, bone pain, nausea, fatigue, mouth sores, and/or sore throat. People may also experience pain or difficulty swallowing; loss of appetite, often due to a change in sense of taste; hearing loss, due to the buildup of fluid in the middle ear; and buildup of earwax that dries out because of the radiation therapy's effect on the ear canal.

Radiation therapy may also cause a condition called hypothyroidism in which the thyroid gland (located in the neck) slows down and causes the person to feel tired and sluggish. People who receive radiation therapy to the neck area should have their thyroid checked regularly. Talk with your health care team about what side effects of your treatment plan are possible, and how they can be prevented or managed.

Learn more about the [basics of radiation therapy](#) [12].

Chemotherapy

Chemotherapy is the use of drugs to destroy cancer cells, usually by stopping the cancer cells' ability to grow and divide. Chemotherapy is given by a medical oncologist, a doctor who specializes in treating cancer with medication.

Systemic chemotherapy gets into the bloodstream to reach cancer cells throughout the body. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in a pill or capsule that is swallowed (orally).

A chemotherapy regimen (schedule) usually consists of a specific number of cycles given over a set period of time. A patient may receive one drug at a time or a combination of different drugs at the same time.

Chemotherapy is seldom used in the initial treatment of salivary gland cancer. Combining chemotherapy with radiation therapy is being studied as part of clinical trials to determine its effectiveness. For salivary gland cancer, chemotherapy is most often used to treat later stage cancer or to relieve symptoms. Some chemotherapy drugs are available in clinical trials that may treat cancer at an earlier stage.

Each drug or combination of drugs can cause specific side effects, and it is important to talk with your doctor about which side effects to expect and whether any may be permanent. In general, chemotherapy side effects can include fatigue; nausea; vomiting; hair loss; dry mouth; loss of appetite, often due to a change in sense of taste; weakened immune system; diarrhea and/or constipation; and open sores in the mouth. Open sores in the mouth, coupled with a low immunity, can lead to infections. Talk with your health care team about how they can help [manage or relieve treatment side effects](#) [13].

Learn more about the [basics of chemotherapy](#) [14] and [preparing for treatment](#) [15]. The medications used to treat cancer are continually being evaluated. Talking with your doctor is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using [searchable drug databases](#) [16].

Getting care for symptoms and side effects

Cancer and its treatment often cause side effects. In addition to treatment to slow, stop, or eliminate the cancer, an important part of cancer care is relieving a person's symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with his or her physical, emotional, and social needs.

Palliative care is any treatment that focuses on reducing symptoms, improving quality of life, and supporting patients and their families. Any person, regardless of age or type and stage of cancer, may receive palliative care. It works best when palliative care is started as early as needed in the cancer treatment process.

People often receive treatment for the cancer and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation

techniques, emotional support, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, or radiation therapy. Talk with your doctor about the goals of each treatment in your treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and palliative care options. And during and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it can be addressed as quickly as possible. Learn more about [palliative care](#) [17].

Metastatic salivary gland cancer

If cancer has spread to another location in the body, it is called metastatic cancer. Patients with this diagnosis are encouraged to talk with doctors who are experienced in treating this stage of cancer because there can be different opinions about the best treatment plan. Learn more about getting a [second opinion](#) [18] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include [clinical trials](#) [3].

Your health care team may recommend a treatment plan that includes one or more of the treatments listed above. Typically, the main treatment is chemotherapy or taking part in a clinical trial. Palliative care will also be important to help relieve symptoms and side effects.

For most patients, a diagnosis of metastatic cancer is very stressful and, at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a support group.

Remission and the chance of recurrence

A remission is when cancer cannot be detected in the body and there are no symptoms. This may also be called having “no evidence of disease” or NED.

A remission may be temporary or permanent. This uncertainty causes many people to worry that the cancer will come back. While many remissions are permanent, it’s important to talk with your doctor about the possibility of the cancer returning. Understanding your risk of recurrence and the treatment options may help you feel more prepared if the cancer does return. Learn more about [coping with the fear of recurrence](#) [19].

If the cancer does return after the original treatment, it is called recurrent cancer. It may come back in the same place (called a local recurrence), nearby (regional recurrence), or in another place (distant recurrence).

When this occurs, a cycle of testing will begin again to learn as much as possible about the recurrence. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the treatments described above, such as surgery, radiation therapy, or chemotherapy, but they may be used in a different combination or given at a

different pace. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer. Whichever treatment plan you choose, palliative care will be important for relieving symptoms and side effects.

People with recurrent cancer often experience emotions such as disbelief or fear. Patients are encouraged to talk with their health care team about these feelings and ask about support services to help them cope. Learn more about [dealing with cancer recurrence](#) [20].

If treatment fails

Recovery from cancer is not always possible. If the cancer cannot be cured or controlled, the disease may be called advanced or terminal.

This diagnosis is stressful, and advanced cancer may be difficult to discuss. However, it is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Patients who have advanced cancer and who are expected to live less than six months may want to consider a type of palliative care called hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life. You and your family are encouraged to think about where you would be most comfortable: at home, in the hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families. Learn more about [advanced cancer care planning](#) [21].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about [grief and loss](#). [22]

The [next section in this guide is About Clinical Trials](#) [3], and it offers more information about research studies that are focused on finding better ways to care for people with cancer. Or, use the menu on the side of your screen to choose another section to continue reading this guide.

Links

[1] <http://www.cancer.net/cancer-types/salivary-gland-cancer/treatment-options>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/node/19358>

[4] <http://www.cancer.net/node/19361>

[5] <http://www.cancer.net/node/25356>

[6] <http://www.cancer.net/node/24582>

[7] <http://www.cancer.net/node/19355>

[8] <http://www.cancer.net/node/24720>

- [9] <http://www.cancer.net/node/25397>
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