Salivary Gland Cancer - Treatment Options

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Treatment Options

ON THIS PAGE: You will learn about the different ways doctors use to treat people with this type of cancer. To see other pages in this guide, use the colored boxes on the right side of your screen, or click ?Next? at the bottom.

This section outlines treatments that are the standard of care (the best proven 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 treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Your doctor can help you review all treatment options. For more information, visit the Clinical Trials [2] and Latest Research [3] 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 [4]. 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; psychiatrists; nurses; dietitians; and social workers.

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 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 [5].

Surgery

Surgery is performed in nearly all cases of salivary gland cancer and is usually the first treatment. During surgery, a doctor performs an operation to remove the cancerous tumor and some of the healthy tissue around it (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 (no trace of cancer in the healthy tissue).

Surgery is typically followed by additional treatment, most often radiation therapy. Sometimes, some people may need more than one operation to remove the cancer and to help restore the appearance and function of the tissues affected.

The type of surgery depends on the location and extent of the tumor:

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 by reconstructive surgery and tissue transplantation.

Endoscopic surgery. Occasionally, it is possible to remove the tumor by endoscopic surgery (see Endoscopy, under Diagnosis [6]), which is less destructive to normal 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 normal tissues and nerves that have to be removed to eliminate

the cancer.

Learn more about cancer surgery [7]. Surgery can have significant risks, because the cancer may be close to the eyes, mouth, brain, and important nerves and blood vessels in the area. Surgical side effects can include swelling of the face, mouth, and throat, making it difficult to breathe and swallow. Frequently, a person may receive a temporary tracheostomy (hole in the windpipe) to make breathing easier. Also, facial nerves may also be affected, either temporarily or permanently. Facial disfigurement may need to be addressed using reconstructive plastic surgery. If the maxilla (upper jaw) is removed, prosthodontists (a dentist who specialize in replacing teeth and parts of the jaw) play a large role in the rehabilitation process. Learn more about cancer rehabilitation [8].

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 kill cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. When radiation is given using implants, it is called internal radiation therapy or brachytherapy. Internal radiation therapy involves tiny pellets or rods containing radioactive materials that are surgically implanted in or near the cancer site. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time.

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 the damage to nearby healthy cells and causing fewer side effects.

For salivary gland tumors, it is most often used in combination with surgery, given either before or after the operation. It may also be given alongwith chemotherapy. Radiation therapy can also be the main treatment for certain types of tumors or if a person cannot have surgery or decides not to have surgery.

Proton therapy (also called proton beam therapy) may be used in instances when a tumor is located close to structures of the central nervous system (brain and spinal cord). It is a type of external-beam radiation therapy that uses protons rather than x-rays. At high energy, protons can destroy cancer cells.

Before beginning radiation treatment for salivary gland cancer, a person should receive a thorough examination from an oncologic dentist (a dentist experienced in treating people with head and neck cancer) since radiation therapy can cause tooth decay. Often, tooth decay can be prevented with proper treatment from a dentist before beginning treatment. In another article on Cancer.Net, learn more about dental health during treatment [9].

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. There may be dental problems, as noted above. Other side effects may include 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 relieved.

Learn more about radiation therapy [10].

Chemotherapy

Chemotherapy is the use of drugs to kill cancer cells, usually by stopping the cancer cells? ability to grow and divide. Systemic chemotherapy is delivered through the bloodstream to reach cancer cells throughout the body. Chemotherapy is given by a medical oncologist, a doctor who specializes in treating cancer with medication. 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. Combined treatments of chemotherapy with radiation therapy are being studies as part of clinical trials to research the combination?s effectiveness. For salivary gland cancer, chemotherapy is most often used in later stage cancer or to treat symptoms to improve a patient?s quality of life. 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. 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. Your health care team can help manage or relieve treatment side effects [11].

Learn more about chemotherapy [12] and preparing for treatment [13]. 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 [14].

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 can help a person at any stage of illness. 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, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, and 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 supportive 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 is addressed as quickly as possible. Learn more about palliative care [15].

Recurrent salivary gland cancer

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

A remission can be temporary or permanent. This uncertainty leads to many survivors feeling worried or anxious 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 the 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 [16].

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, including whether the cancer?s stage has changed. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the therapies described above (such as surgery, radiation therapy, and 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.

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 [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 seeking a second opinion [18] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include clinical trials [2].

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 for investigational drugs. Supportive 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.

If treatment fails

Recovery from cancer is not always possible. If treatment is not successful, the disease may be called advanced or terminal cancer.

This diagnosis is stressful, and it 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 [19].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about grief and bereavement. [20]

Choose ?Next? (below, right) to continue reading to learn more about clinical trials, which are research studies. Or, use the colored boxes located on the right side of your screen to visit any section.

Links:

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