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Salivary Gland Cancer – T1-2, N0, M0

Clinical trial(s) always considered on pathway.

*Adverse Features* include positive margins, neural invasion, lymphovascular invasion

*b* Resection surgical operations may be staged if needed dependent on pathology of primary tumor

*c* High or Intermediate Grade includes adenoid cystic

*d* Surveillance consider resection if low morbidity

*e* Adenoid Cystic consider long-term surveillance > 5 years

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Resection b

Complete resection?

Yes

Grade?

Low

Surveillance de

High or Intermediate c

Patient preference after shared decision making?

Low

Surveillance de

No

Grade?

High or Intermediate c

Patient preference after shared decision making?

Re-resection

Radiation to the primary and nodal basin

Neck dissection followed by radiation to the primary

Radiation to the primary and nodal basin

Surveillance de

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Choose VA

SHOULDER to SHOULDER
Every Step of the Way
Salivary Gland Cancer – T3-4a, N0

Clinical trial(s) always considered on pathway.

- **Resection** surgical operations may be staged if needed dependent on pathology of primary tumor.
- **Neck Dissection** consider avoiding if subsequent radiation to the primary site includes a large measure of the nodal basin; radiation fields would need to be increased to provide therapeutic coverage of the neck.
- **Adverse Features include** intermediate or high grade, positive margins, neural invasion, multiple lymph nodes, advanced T stage (T3-4), extranodal extension, adenoid cystic, or lymphovascular invasion.

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Salivary Gland T3-4a, N0 → Salivary gland resection +/- neck dissection a b → Complete resection?

- Yes → Neck dissection performed?
  - Yes → Adverse features? c
    - Yes → Radiation to the primary and nodal basin
    - No → Radiation to the primary
  - No → Radiation to the primary and nodal basin

- No → Neck dissection avoided? (Determined by Adverse Features)
  - Yes → Radiation to the primary and nodal basin
  - No → Radiation to the primary

Resection → Does re-resection have acceptable morbidity?
- Yes → Complete resection?
  - Yes → Adverse features?
    - Yes → Radiation to the primary and nodal basin
    - No → Radiation to the primary
  - No → Radiation to the primary
- No → Radiation to the primary
Salivary Gland Cancer – T1-4 Node Positive

Clinical trial(s) always considered on pathway.

Adverse Features include intermediate or high grade, positive margins, neural invasion, multiple lymph nodes, advanced T stage (T3-4), extranodal extension, adenoid cystic, or lymphovascular invasion

Salivary Gland T1-4 Node Positive ➔ Salivary gland resection and neck dissection ➔ Complete resection?

Yes ➔ Adverse features?\(^a\)

Yes ➔ Radiation

No ➔ Surveillance

No ➔ Does re-resection have acceptable morbidity?

Yes ➔ Radiation

No ➔ Resection

Resection

\(^a\) Adverse Features include intermediate or high grade, positive margins, neural invasion, multiple lymph nodes, advanced T stage (T3-4), extranodal extension, adenoid cystic, or lymphovascular invasion
Salivary Gland Gland Cancer – T4b

Clinical trial(s) always considered on pathway.

**Adverse Features include** intermediate or high grade, positive margins, neural invasion, multiple lymph nodes, advanced T stage (T3-4), extranodal extension, adenoid cystic, or lymphovascular invasion

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**Clinical Pathway:**

1. Patient preference after shared decision making?
   - Yes → Complete resection?
   - No → Reoperation

2. Complete resection?
   - Yes → Adverse features? *a*
     - Yes → Radiation
     - No → Surveillance
   - No → Does re-resection have acceptable morbidity?
     - Yes → Radiation
     - No → Surveillance

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*a Adverse Features include intermediate or high grade, positive margins, neural invasion, multiple lymph nodes, advanced T stage (T3-4), extranodal extension, adenoid cystic, or lymphovascular invasion*
**Salivary Gland Cancer – Recurrent or Metastatic Disease**

Salivary Gland Recurrent or Metastatic Disease without Local Therapy Option → Perform molecular testing

Positive?

- **HER2**
- **AR**
- **MSI High**
- **NTRK**
- **Entrectinib**

No → ECOG?

- **ECOG**
- **Cisplatin, doxorubicin, and cyclophosphamide**
- **Carboplatin and paclitaxel**

Clinical trial(s) always considered on pathway.

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**Molecular Testing** to include HER2, NTRK gene fusion, TMB, and Androgen Receptor

**HER2** includes IHC, considered positive if 3+; if 2+ perform FISH testing

**Evidence base** is limited; limited data from phase 2 clinical trials; abiraterone is an acceptable alternative

**Leuprolide** prescribe for both men and women; in women, either pre or post menopause

**Cisplatin, doxorubicin, and cyclophosphamide** evaluate cardiovascular risk factors with baseline LVEF
Questions?

Contact VHAOncologyPathways@va.gov