

Develop a Monitoring Approach

The primary tumor site of ACC patients often is treated successfully with surgery and/or radiation. Many patients never experience a recurrence of the tumor at the original site, achieving what physicians call “local control”.

However, some patients do have a recurrence at the original site and even more patients develop new tumors in other parts of the body called “distant metastases”. The risk of either local recurrences or distant metastases is very real for ACC patients, even after many years without any evident disease, and therefore it requires a regimen of lifelong monitoring.

Typically, a combination of CT and MRI scans are used to check for and track any residual disease or potential recurrences. CT scans are particularly effective at identifying tumors in the lungs and harder tissues, while MRIs are most helpful for soft tissues and the head and neck region. In the months immediately following a patient’s initial diagnosis or any subsequent treatments, these imaging studies may be ordered by the patient’s physicians every 2-3 months. Patients with evident disease after treatment may have imaging studies every 2-6 months, depending upon the particular circumstances. For patients without any evident disease for multiple years, the scans may be spread out to every 6-12 months.

Younger patients without evident disease may wish to minimize their overall radiation exposure from CT scans by occasionally substituting x-rays in consultation with their physician. PET scans often do not pick up slow-growing ACC tumors, but may be useful for fast-growing tumors. It is important to note that even if a PET scan does not pick-up an active tumor, it does not rule out the presence of ACC because PET may not be sensitive enough to such a slow growing cancer.

Additional information on imaging studies is available at the following links: [CT scans](#), [MRI scans](#) and [PET scans](#).

Whatever your personal ACC status and your ultimate treatment approach, once treatment is complete, you will want to discuss a Monitoring Approach with your doctor(s). Different doctors follow different standards for monitoring. The monitoring framework below describes the experience of most ACC patients. Each case is different and should be determined with your medical team.

Post Treatment and On-Going Monitoring Framework

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| <p>No Evident Disease</p> | <p>Initial 2 or 3 month cycles of MRI if in soft tissue area of head and neck region, CT if elsewhere. You and your doctor may shift to scans every 6 months or every 12 months after 1 to 2 years of clear tests. X-ray or CT of chest/abdomen may be used to screen for metastases to other parts of body every 6 to 12 months.</p> |
| <p>Evident Disease</p> | <p>Imaging every 2 to 6 months to monitor active disease. MRI, CT, X-Ray depending on type of tissue. PET/CT or PET/MRI may be used at this stage. PET is usually only recommended for ACC that is known to be growing. A negative PET scan does not indicate ACC is absent.</p> |