SURVIVAL IN ORAL CAVITY MINOR SALIVARY GLAND CARCINOMA

Kiran Kasarala, MD1,2 and Neel Bhattacharyya, MD, FACS2

1Department of Otolaryngology – Head and Neck Surgery, Massachusetts Eye and Ear Infirmary, Boston, MA; 2Department of Otolaryngology and Otorhinolaryngology, Harvard Medical School, Boston, MA; 3Division of Otolaryngology – Head and Neck Surgery, Brigham and Women’s Hospital, Boston, MA

ABSTRACT

Objective: Describe the epidemiology and comparative survival for minor salivary gland cancer of the oral cavity.

Methods: Cases of minor salivary gland cancer of the oral cavity were identified from the Surveillance, Epidemiology, and End Results (SEER) database (1988-2005) and staged. Kaplan-Meier survival analyses were compared according to histology as well as T-stage and N-stage. A Cox proportional hazards model incorporating histology, T-stage, N-stage, age, and sex was analyzed.

Results: 734 cases of minor salivary gland cancer were identified. Mean age at diagnosis was 57 years. Table 1: Distribution of Histology and T-stage and N-stage Overall for Minor Salivary Gland Carcinomas of the Oral Cavity

<table>
<thead>
<tr>
<th>Histology Type</th>
<th>T1 N0</th>
<th>T1 N1</th>
<th>T2 N0</th>
<th>T2 N1</th>
<th>T3 N0</th>
<th>T3 N1</th>
<th>T4 N0</th>
<th>T4 N1</th>
<th>N0</th>
<th>N1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acinic Cell Carcinoma</td>
<td>51.4377</td>
<td>2.216</td>
<td>56.50</td>
<td>151.00</td>
<td>1.0014</td>
<td>145.05</td>
<td>156.78</td>
<td>142.24</td>
<td>92.4678</td>
<td>174.85</td>
</tr>
<tr>
<td>Adenoid Cystic Carcinoma</td>
<td>40.7299</td>
<td>1.43</td>
<td>43.12</td>
<td>14.00</td>
<td>1.0014</td>
<td>151.00</td>
<td>156.78</td>
<td>142.24</td>
<td>92.4678</td>
<td>174.85</td>
</tr>
<tr>
<td>Mucoepidermoid Carcinoma</td>
<td>56.50</td>
<td>151.00</td>
<td>156.78</td>
<td>142.24</td>
<td>92.4678</td>
<td>174.85</td>
<td>1.0014</td>
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<td>2.216</td>
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<tr>
<td>Adenocarcinoma</td>
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</tbody>
</table>

Figure 3: Overall Survival for Minor Salivary Gland Carcinoma based on Histology

Results (continued): Cox proportional hazards analysis showed N-stage (p<0.001) to be the most powerful predictor of survival, along with T-stage (p=0.008), age (p<0.001), and sex (p<0.001). In multivariate analysis, tumor histology was not a significant predictor of survival outcome (all p>.227). Conclusions: T-stage and N-stage are the most powerful predictors of survival in minor salivary gland cancer of the oral cavity. With the exception of high grade MEC, overall survival for these lesions is generally favorable.

RESULTS (continued)

DISCUSSION

Tumor Histology: multivariate Cox regression analysis confirmed that, when adjusted for T-stage and N-stage, histologic subtype does not predict survival in minor salivary gland cancer of the oral cavity.

Tumor Stage: AJCC T-stage and N-stage were validated as significant predictors of overall survival in minor salivary gland carcinoma.

Tumor Grade: Patients with high grade tumors had improved survival compared to those with low grade tumors.

CONCLUSION

Similar to squamous cell carcinoma of the oral cavity, T-stage and N-stage are the most powerful predictors of survival in minor salivary gland carcinoma of the oral cavity; tumor histologic subtype does not influence survival.

REFERENCES