

Salivary Gland Cancer

Information for people with cancer

This information should not be used to diagnose yourself or in place of a doctor's care.

Salivary glands make saliva (spit).

Saliva enters your mouth through small openings called ducts. Saliva keeps the mouth and throat moist and helps you swallow and digest food. Saliva also has minerals needed to keep your teeth healthy.

There are three major pairs of salivary glands in and around your mouth:

- Parotid glands are the largest pair of glands. They are located in your cheeks, in front of each ear.
- Submandibular (or submaxillary) glands are just below the angle of the jaw bones, at the back of your mouth.
- Sublingual glands are under your tongue.

There are many other minor salivary glands in the tissues of your mouth and throat.

Salivary gland cancer may also be called parotid tumour, Warthin tumour, mucoepidermoid carcinoma, and adenocarcinoma.

Salivary gland cancer is rare.

Image of salivary glands:

visualsonline.cancer.gov/retrieve.cfm?imageid=9435&dpi=72&fileformat=jpg

Diagnosis and Staging

What are the signs and symptoms of salivary gland cancer?

- A lump in your mouth, cheek, ear or jaw.
- Weakness or numbness in your face.

Salivary Gland Cancer

Information for people with cancer

- Pain in your face or mouth that does not seem to be caused by anything.
- Problems swallowing.
- Swelling of your face or neck.

If you have any of the above symptoms for more than two weeks, see your doctor or nurse practitioner.

If you have any signs or symptoms that you are worried about, please talk to your family doctor or nurse practitioner.

How is salivary gland cancer diagnosed?

Tests that may help diagnose salivary gland cancer include:

- **Exam by a doctor, nurse practitioner or dentist.**
- **Biopsy:** This is when a doctor takes a sample of your tissue. A specialty doctor (pathologist) then examines the tissue for cancer.
- **CT (Computed Tomography) scan:** to see the tumour and if the cancer has spread.

For more information on tests used to diagnose cancer, see our Screening and Diagnosis pathfinder: bccancer.libguides.com/pathfinder-screening

What are the types of salivary gland cancer?

Most salivary gland tumours are benign (not cancer). These are hardly ever life-threatening and not likely to spread. Benign tumours may be present for years with very little change.

Specific types of benign tumours:

- **Pleomorphic adenoma or mixed tumour:** the most common salivary gland tumour. Often comes back (recurrence).

Salivary Gland Cancer

Information for people with cancer

- **Warthin tumour:** the second most common salivary gland tumour. Usually starts in the parotid glands.
- **Basal cell adenomas:** rare and usually do not come back.

Malignant tumours are cancer. The most common type of malignant tumour of the salivary glands is mucoepidermoid carcinoma.

What are the stages of salivary gland cancer?

Staging describes the cancer. Staging is based on how much cancer is in the body, where it was first diagnosed, if the cancer has spread and where it has spread to.

The stage of the cancer can help your health care team plan your treatment. It can also tell them how your cancer might respond to treatment and the chance that your cancer may come back (recur).

Salivary gland cancer staging

- **Stage 1:** The tumour is smaller than 2 cm (0.75 inches)
- **Stage 2:** The tumour is larger than 2 cm but less than 4 cm (1.5 inches).
- **Stage 3:** The tumour is larger than 4 cm and/or is spreading into nearby soft tissues.
- **Stage 4:** The tumour is any size and is growing into nearby structures such as the base of the skull, or other nearby bones, or it is growing around the carotid artery (large blood vessel your neck).

For more information on staging, see our About Cancer page:

bccancer.bc.ca/health-info/types-of-cancer/about-cancer

What are the grades of salivary gland cancer?

The grade of the cancer describes how different the cancer cells look from normal cells and how fast the cancer cells are growing.

Salivary Gland Cancer

Information for people with cancer

A pathologist will give the cancer a grade after looking at the cells under a microscope. Salivary gland cancer is either low grade or high grade. They may also give the grade a number from 1 to 3. The lower the number, the lower the grade.

Malignant tumours are either low grade (low risk) or high grade (high risk). The grade depends on the type of cell that makes up the tumour.

Low grade: cells are abnormal but look a lot like normal cells. Low grade cancers usually grow slowly and are less likely to spread.

High grade: cells are abnormal and do not look like normal cells. High grade cancers usually grow more quickly and are more likely to spread.

High grade tumours include:

- Some mucoepidermoid carcinomas.
- Adenoid cystic carcinomas: the most common cancer of the minor salivary glands.
- Salivary duct carcinoma: one of the most aggressive salivary tumours. This type often comes back or spreads to other parts of the body (metastasis).
- Oncocytic carcinoma: frequently comes back or spreads to other parts of the body.
- Large cell carcinomas: very rare, aggressive tumours
- Malignant mixed tumours: carcinomas that come from a benign pleomorphic adenoma.

Low grade tumours include:

- Most mucoepidermoid carcinomas.
- Acinic cell carcinomas: usually start in the parotid glands.
- Clear cell carcinomas: rarely spread beyond the salivary glands.

The grade of the cancer can help your health care team plan your treatment.

Treatment

What is the treatment for salivary gland cancer?

Cancer treatment may be different for each person. It depends on your particular cancer. Your treatment may be different than what is listed here.

Treatment for salivary gland cancer depends on the type of cancer, the size and stage of the cancer, how old you are, and if you have any other medical conditions.

Surgery

- This is the preferred treatment for benign and malignant tumours.

Radiation therapy (high energy x-rays that kill or shrink cancer cells)

- External beam radiation therapy may be used after surgery for both benign and malignant tumours. This will help lower the risk of recurrence.
- If a tumour cannot be completely removed with surgery or you are unable to have surgery, radiation therapy may be the main treatment.
- For more information about radiation therapy go to:
bccancer.bc.ca/our-services/treatments/radiation-therapy

Systemic therapy (chemotherapy)

- May be used to help with symptoms in people with advanced cancer.
- For more information about systemic therapy go to:
[www.bccancer.bc.ca/our-services/treatments/systemic-therapy-\(chemotherapy\)](http://www.bccancer.bc.ca/our-services/treatments/systemic-therapy-(chemotherapy))

Salivary Gland Cancer

Information for people with cancer

What is the follow-up after treatment?

- Follow-up testing and appointments are based on your type of cancer.
- Guidelines for follow-up after treatment for salivary gland cancer are on our website: www.bccancer.bc.ca/health-professionals/clinical-resources/cancer-management-manual/head-neck/head-neck#follow-up
- These are guidelines written for your doctor, nurse practitioner or specialist. You can look at them to see what appointments and tests you might need after treatment.
- **Follow-up schedule and tests**
 - After treatment, you should be examined by a doctor every 3 months for 2 years.
 - After the first two years, you should be examined by a doctor every 6 months for the next three years.
 - If the doctor cannot examine the area where your tumour was (it may be too deep for them to feel), you may need a CT scan.
- After treatment, you may need to see a dietitian, a physiotherapist and a speech language pathologist. They will help you with side effects from treatment.
- It is important you take care of your mouth and teeth after radiation therapy. Please read our Dry Mouth and Mouth Pain handout for tips on how to care for your mouth and teeth: www.bccancer.bc.ca/health-info/coping-with-cancer/managing-symptoms-side-effects/dry-mouth-mouth-pain
- The BC Cancer Life after Cancer page has information on issues that cancer survivors may face: bccancer.bc.ca/lifeaftercancer

More Information

What causes salivary gland cancer and who gets it?

Salivary gland cancer is rare.

Salivary Gland Cancer

Information for people with cancer

Only 3% (3 out of 100) of head and neck cancers are in the salivary glands.

We do not know the cause of most salivary gland cancers.

These are some risk factors for this cancer. Not all of these risk factors may cause this cancer, but they may help the cancer start growing.

- Being older. Most people diagnosed with salivary gland cancer are over the age of 40.
- Exposure to ionizing radiation, including medical radiation treatments to the head.
- Warthin tumour has been linked to smoking.
- Workplace exposure to hazardous chemicals.
- Weak evidence for these risk factors:
 - Workplace exposure to certain metals or mineral dusts, such as nickel alloys or silica.
 - Diet high in animal fats and low in vegetables.
 - Long-term cell phone use.

Statistics on salivary gland cancer

- B.C. statistics: www.bccancer.bc.ca/health-info/disease-system-statistics/statistics-by-cancer-type
- Canada statistics: www.cancer.ca/en/cancer-information/cancer-type/salivary-gland/statistics/?region=bc

Note: Available statistics do not have information about the inclusion of transgender and gender diverse participants. It is unknown how these statistics apply to transgender and gender diverse people. Patients are advised to speak with their primary care provider or specialists about their individual considerations and recommendations.

Salivary Gland Cancer

Information for people with cancer

Can I help prevent salivary gland cancer?

Using tobacco and drinking too much are the major risk factors for most other head and neck cancers. Although we do not know the causes for most salivary gland cancers, limiting your use of tobacco and alcohol may help prevent these cancers.

Here are some things you can do to lower your risk of salivary gland cancer:

- **Do not smoke or use tobacco:** If you smoke or use tobacco, stop. Also, try to avoid breathing in cigarette smoke. Even if you have been using tobacco for many years, quitting will lower your cancer risk. Support is available to help you successfully quit.
 - Visit the BC Cancer Tobacco and Cancer Prevention page on:
www.bccancer.bc.ca/health-info/prevention/tobacco
- **Do not drink too much alcohol:** Not drinking alcohol at all will lower your cancer risk the most.
 - If you drink alcohol, women should have less than 1 drink each day and men should have less than 2 drinks each day. [see note above, Statistics]
 - Visit the BC Cancer Alcohol and Cancer Prevention page:
www.bccancer.bc.ca/health-info/prevention/alcohol/reduce-your-risk
- **Eat healthy, nutritious foods:**
 - Follow Canada's Food Guide: www.canada.ca/en/health-canada/services/canada-food-guides.html
 - Visit the BC Cancer Food Choices and Cancer Prevention page: www.bccancer.bc.ca/health-info/prevention/food-choices
- **If you work with radioactive material, protect yourself from exposure.**



Provincial Health Services Authority

Salivary Gland Cancer

Information for people with cancer

Is there screening for salivary gland cancer?

There is no screening program for this cancer.

See your dentist and doctor or nurse practitioner regularly. Regular checkups will help find salivary gland cancers early.

Where can I find more information?

- If you have questions about salivary gland cancer, please talk to your health care team.
- Our librarians can help you find the information you need. Visit our Library page: bccancer.bc.ca/our-services/services/library
- BC Cancer Library Recommended Head and Neck Cancer pathfinder: bccancer.libguides.com/pathfinder-head
- Managing Your Symptoms: www.bccancer.bc.ca/health-info/coping-with-cancer/managing-symptoms-side-effects
- Emotional Support: www.bccancer.bc.ca/health-info/coping-with-cancer/emotional-support