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Salivary Gland Cancer Early Detection, Diagnosis, and Staging

- [Questions to Ask About Salivary Gland Cancer](#)

Can Salivary Gland Cancer Be Found Early?

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Is there a screening test for salivary gland cancer?

Salivary gland cancer is not common, so doctors usually do not test for it unless someone has symptoms. There is also no routine screening test or program recommended by any major medical organization for people at average risk.

But, people who might be at higher risk of developing salivary gland cancer because they have had radiation to the head and neck area might be watched more closely.

Is salivary gland cancer ever found early?

In many cases, because of its location, salivary gland cancer can be found early. Often patients, their dentists, or their doctors notice a lump in one of the salivary glands (usually on the sides of the face or in the mouth). Checking the salivary glands for tumors is sometimes done as part of a general medical or dental check-up.

Being alert to possible [signs and symptoms](#) of salivary gland cancers and not ignoring them might help find these cancers early, when treatment is likely to be most successful.

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Signs and Symptoms of Salivary Gland Cancer

The major salivary glands are on each side of the face and below the tongue. Several important nerves and other structures run through or near salivary glands and can be affected by salivary tumors.

Possible signs and symptoms of salivary gland cancer include:

- A lump or swelling in your mouth, cheek, jaw, or neck
- Pain in your mouth, cheek, jaw, ear, or neck that does not go away
- A recent difference between the size and/or shape of the left and right sides of your face or neck
- Numbness in part of your face
- Weakness of the muscles on one side of your face
- Trouble opening your mouth widely
- Trouble swallowing

Many of these signs and symptoms can also be caused by benign (non-cancer) salivary gland tumors or by other conditions. Still, **if you have any of these problems, it's important to see your doctor right away** so the cause can be found and treated, if needed.

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Salivary Gland Cancer Tests

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Salivary gland cancer is most often diagnosed when a person goes to a doctor because of [symptoms](#) they are having.

If you have signs or symptoms that might be caused by a salivary gland tumor, your doctor will examine you and order tests to find out if they're being caused by cancer or some other condition. If cancer is found, more tests may be done.

Medical history and physical exam

Usually the first step is to ask you questions about your medical history. The doctor will ask about your symptoms and when they first appeared. You might also be asked about your possible [risk factors](#)¹ for salivary gland cancer and about your general health.

During the physical exam, your doctor will carefully examine your mouth and the areas on the sides of your face and around your ears and jaw. The doctor will feel for enlarged lymph nodes (lumps under the skin) in your neck.

The doctor will also check for numbness or weakness in your face (which can happen if cancer spreads into nerves).

Complete head and neck exam

If there is a reason to think you might have cancer, your doctor will refer you to a specialist. These specialists are oral and maxillofacial surgeons or head and neck surgeons. They are also known as ear, nose, and throat (ENT) doctors or **otolaryngologists**. The specialist will most likely do a complete head and neck exam, as well as order other exams and tests.

The specialist will pay careful attention to the head and neck area, being sure to look and feel for any abnormal areas. This exam will include the lymph nodes in your neck,

which will be checked carefully for any swelling.

Because salivary glands are throughout the mouth and throat, some are deep inside the neck and some parts that are not easy to see. The doctor may use mirrors or special fiber-optic scopes to look at these areas. These exams can be done in the doctor's office. The doctor may first spray the back of your throat with numbing medicine to help make the exam easier.

- **Indirect pharyngoscopy and laryngoscopy:** Small mirrors on long, thin handles are used to look at your throat, the base of your tongue, and part of the larynx (voice box).
- **Direct (flexible) pharyngoscopy and laryngoscopy:** A flexible fiber-optic scope (called an endoscope) is put in through your mouth or nose to look at areas that can't easily be seen with mirrors. It can get a clearer look at areas of change that were seen with the mirrors and also the part behind the nose (nasopharynx) and the larynx (voice box).

Types of salivary gland biopsies

Symptoms and the results of exams or imaging tests may strongly suggest you have salivary gland cancer, but the actual diagnosis is made on a biopsy sample by a **pathologist** (a doctor who specializes in diagnosing and classifying cancer by testing and looking at cells in the lab). [Different types of biopsies²](#) might be done, depending on the situation.

Fine needle aspiration (FNA) biopsy

An FNA biopsy takes a small amount of cells and fluid from a lump or tumor for testing. This type of biopsy can be done in a doctor's office or clinic. It's done with a thin, hollow needle much like those used for routine blood tests.

Your doctor may first numb the area over the tumor. The doctor then puts the needle right into the tumor and pulls cells and a few drops of fluid into a syringe. The sample is then sent to a lab, where it's checked for cancer cells.

Doctors may use FNA biopsy if they are not sure whether a lump is a salivary gland cancer. The FNA biopsy might show the lump is caused by an infection, a benign (non-cancer) salivary tumor, or a salivary gland cancer. FNA biopsies are sometimes done on a lump in the salivary gland or on a suspicious lymph node in the neck. In some

cases, this type of biopsy can help a person avoid unnecessary surgery.

An FNA biopsy is only helpful if enough cells are taken out to check. But sometimes not enough cells are removed, or the biopsy is read as negative (normal) even when the tumor is cancer. If the doctor is not sure about the FNA biopsy results, a different type of biopsy might be needed to get more cells and tissue.

Core needle biopsy

Sometimes, if the FNA biopsy is not able to get enough cells to test, the doctor might do a core needle biopsy that uses a hollow needle to take out pieces of tissue from a suspicious area. The needle may be attached to a spring-loaded tool that moves the needle in and out of the tissue quickly, or it may be attached to a suction device that helps pull tissue into the needle. Often an ultrasound is used to guide the needle.

A small cylinder (core) of tissue is taken out in the needle. Several cores are often removed and sent to the lab to be tested.

Incisional biopsy

This type of biopsy may sometimes be done if the FNA biopsy didn't get a large enough sample. The biopsy can be done either in the doctor's office or in the operating room, depending on where the tumor is and how easy it is to get a good tissue sample. In this procedure, the surgeon numbs the area over the tumor, makes a small incision (cut) with a scalpel (small knife) and takes out a tiny piece of the tumor. If the tumor is deep inside the mouth or throat, the biopsy might be done in the operating room while you are in a deep sleep under general anesthesia and then sent to the lab to be tested. These types of biopsies are not done often for salivary gland tumors.

Surgery

As mentioned above, FNA biopsy of a suspected salivary gland cancer may not always provide a clear answer. If this is the case but the physical exam and imaging tests suggest that it is cancer, the doctor may advise surgery to remove the tumor completely. This can give enough of a sample for a diagnosis and treat the tumor at the same time (see [Surgery for Salivary Gland Cancer](#)³ for more information).

In some cases, if the exams and tests suggest cancer, the doctor may skip the FNA biopsy altogether and go directly to surgery to remove the tumor. The entire tissue sample that is removed is then sent to the lab to confirm the diagnosis.

Lab tests on salivary gland biopsy samples

All biopsy samples are sent to a lab to be checked by a pathologist, a doctor who is specially trained to diagnose cancer from a biopsy. The doctor can usually tell cancer cells from normal cells, as well as what type of cancer it is, by the way the cells look. In some cases, the doctor may need to test the cells with special stains to help find out what type of salivary gland cancer it is.

For certain types of salivary gland cancers that have spread, molecular tests to look for certain proteins or genes changes might be done to help choose [targeted drugs](#)⁴ or

X-rays

If you have a lump or swelling near your jaw, your doctor might order [x-rays](#)⁶ of your jaws and teeth to look for a tumor.

If you've been diagnosed with cancer, an x-ray of your chest might be done to see if the cancer has spread to your lungs. More often though, a CT scan of the lungs is done since they tend to give more detailed pictures.

Sometimes, panoramic dental x-rays might be done if [radiation](#)⁷ or certain types of surgery, like a [mandibulectomy](#)⁸, are planned.

Computed tomography (CT or CAT) scan

A [CT scan](#)⁹ uses x-rays to make detailed cross-sectional images of your body. A CT scan can show the size, shape, and exact location of a tumor and can help find enlarged lymph nodes that might have cancer. CT scans can also be used to look for tumor spread in other parts of the body, like the lungs.

CT-guided needle biopsy: If a biopsy is needed of a certain area to check for cancer spread, a CT scan can be used to guide the biopsy needle into the mass (lump) to get a tissue sample to check for cancer.

Magnetic resonance imaging (MRI) scan

Like CT scans, [MRI scans](#)¹⁰ make detailed images of soft tissues in the body. But MRI scans use radio waves and strong magnets instead of x-rays. A contrast material called **gadolinium** is often injected into a vein before the scan to make pictures clearer.

MRI scans can help determine the exact location and extent of a tumor (for example, if it is growing into nearby tissues). If you have weakness or numbness of your face, an MRI scan can help see if any of the nearby nerves or muscles are affected by cancer or if the cancer is close to the skull bone. MRI scans are also helpful to look for cancer spread to the brain or spinal cord.

Positron emission tomography (PET) scan

For a [PET scan](#)¹¹, a slightly radioactive form of sugar (known as FDG) is injected into the blood and collects mainly in cancer cells.

PET/CT scan: Often a PET scan is combined with a CT scan using a special machine that can do both scans at the same time. This lets the doctor compare areas of higher radioactivity on the PET scan with the more detailed picture on the CT scan.

PET/CT scans for salivary gland cancer might be done:

- If CT or MRI scans cannot find the main tumor
- To help plan surgery
- To help find the lymph nodes in the neck with cancer if radiation is the main treatment, instead of surgery.
- To look for cancer spread to distant parts of the body

Ultrasound

An ultrasound uses sound waves and their echoes to create images of the inside of the body. A small microphone-like instrument called a transducer gives off sound waves and picks up the echoes as they bounce off organs. The echoes are converted by a computer into an image on a screen. Ultrasounds can often be done of the major salivary glands and might be used to get a biopsy of a suspicious area.

Neck ultrasound and biopsy: For this exam, a technician moves the transducer along the skin over your neck. This type of ultrasound can be used to look for lymph nodes in the neck to see if they are swollen or if they look abnormal inside which could be a sign of cancer spread. The ultrasound can also help guide a needle into the abnormal lymph node for an FNA biopsy. It might also be used after treatment to look for signs of cancer coming back (recurrence).

Quit smoking before treatment

It is **very important** to quit smoking before any treatment for salivary gland cancer. If you quit smoking cigarettes before being diagnosed, it is important to not restart during treatment. Smoking during treatment can cause:

- Poor wound healing, especially after surgery
- More side effects from chemo
- Radiation to not work as well
- A higher chance of getting an infection
- Longer stays in the hospital
- A greater chance of dying

Tests after salivary gland cancer is diagnosed

Other tests might be done as part of a work-up if a patient has been diagnosed with salivary gland cancer. These tests are not used to diagnose the cancer, but they may be done for other reasons, such as to see if a person is healthy enough for treatments such as [surgery](#)¹², [radiation therapy](#)¹³, or [chemotherapy](#)¹⁴.

Blood tests

No blood test can diagnose cancer in the salivary glands. Still, your doctor may order routine blood tests to get an idea of your overall health, especially before treatment. Such tests can help diagnose poor nutrition and low blood cell counts.

- A **complete blood count (CBC)** looks at whether your blood has normal amounts of different types of blood cells. For example, it can show if you are anemic (have a low number of red blood cells).
- **Blood chemistry tests** can help determine how well your liver or kidneys are working.

Heart and lung tests before surgery

If surgery is planned, you might also have an **electrocardiogram (EKG)** to make sure your heart is working well. Some people having surgery also may need breathing tests, called **pulmonary (lung) function tests (PFTs)**.

Dental exam before radiation or surgery treatment

If radiation therapy or certain types of surgery (for example, removal of part of the jawbone) will be part of the treatment, you'll most likely be asked to see a dentist before starting. The dentist will help with routine dental care and dental x-rays, and may remove any bad teeth, if needed, before radiation treatment is started or surgery is done. Radiation can damage the saliva (spit) glands and cause dry mouth. This can increase the chance of cavities, infection, and breakdown of the jawbone.

Hearing tests

Cisplatin, a chemotherapy drug sometimes used to treat salivary gland cancer can

cause hearing loss. You will most likely have your hearing checked (with an audiogram) before starting treatment to compare to later if you happen to have hearing problems from this chemo drug.

Nutrition and speech tests

Often, you will have a nutritionist who will evaluate your nutrition status before, during, and after your treatment to try and keep your weight and protein stores as normal as possible. You might also visit a speech therapist who will test your ability to swallow and speak. They might give you exercises to do during treatment to help strengthen the muscles in the head and neck area so you can eat and talk easily after treatment.

Hyperlinks

1. www.cancer.org/cancer/types/salivary-gland-cancer/causes-risks-prevention/risk-factors.html
2. www.cancer.org/cancer/diagnosis-staging/tests/biopsy-and-cytology-tests/biopsy-types.html
3. www.cancer.org/cancer/types/salivary-gland-cancer/treating/surgery.html
4. www.cancer.org/cancer/types/salivary-gland-cancer/treating/targeted-therapy.html
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14. www.cancer.org/cancer/types/salivary-gland-cancer/treating/chemotherapy.html

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Salivary Gland Cancer Stages

- [How is the stage determined?](#)

After someone is diagnosed with salivary gland cancer, doctors will try to figure out if it has spread, and if so, how far. This process is called **staging**. The stage of a cancer describes how much cancer is in the body. It helps determine how serious the cancer is and how best to treat it. Doctors also use a cancer's stage when talking about survival statistics (prognosis).

The earliest-stage salivary gland cancers are stage 0 (carcinoma in situ), and then stages range from I (1) through IV (4). As a rule, the lower the number, the less the cancer has spread. A higher number, such as stage IV, means cancer has spread more. Although each person's cancer experience is unique, cancers with similar stages tend to have a similar outlook (prognosis) and are often treated in much the same way.

How is the stage determined?

The staging system most often used for salivary gland cancers is the American Joint Committee on Cancer (AJCC) **TNM** system, which is based on 3 key pieces of information:

- The extent of the **tumor (T)**: How large is the cancer? Has it grown into nearby structures?
- The spread to nearby lymph **nodes (N)**: Has the cancer spread to nearby lymph nodes?
- The spread (**metastasis**) to distant sites (**M**): Has the cancer spread to distant organs such as the lungs?

Numbers or letters after T, N, and M provide more details about each of these factors. Higher numbers mean the cancer is more advanced. Once a person's T, N, and M categories have been determined, this information is combined in a process called **stage grouping** to assign an overall stage. For more information see [Cancer Staging](#)¹.

The staging system in the table is the **pathologic stage** (also called the **surgical stage**). It is determined by examining tissue removed during an operation. Sometimes, if surgery is not possible right away or at all, the cancer will be given a **clinical stage** instead. This is based on the results of a physical exam, [biopsy](#)², and [imaging tests](#)³. The clinical stage will be used to help plan treatment. Sometimes, though, the cancer has spread further than the clinical stage estimates, and may not predict the patient's outlook as accurately as a pathologic stage.

The system described here is the most recent AJCC system, effective January 2018.

Salivary gland cancer staging can be complex, so ask your doctor to explain it to you in a way you understand.

AJCC stage	Stage grouping	Stage description*
0	Tis N0 M0	The cancer is confined to the cells lining the salivary duct (Tis). It has not spread to nearby lymph nodes (N0) or distant sites (M0). This stage is also known as carcinoma in situ (Tis).
I	T1	The cancer is 2 cm (about ¾ inch) or smaller. It's not growing into nearby tissues (T1).

	N0 M0	It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
II	T2 N0 M0	The cancer is larger than 2 cm but no larger than 4 cm (about 1½ inch). It's not growing into nearby tissues (T2). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
III	T3 N0 M0	The cancer is larger than 4 cm and/or is growing into nearby soft tissues (T3). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
	OR	
	T0, T1, T2, T3 N1 M0	The cancer is any size and might have grown into nearby soft tissues (T0-T3) AND

		has spread to 1 lymph node on the same side as the primary tumor (N1)
	M0	

		It has not spread to distant organs (M0).
IVC	Any T	The cancer is any size and may have grown into nearby soft tissues or structures (Any T) AND it might or might not have spread to nearby lymph nodes (Any N).
	Any N	
	M1	It has spread to distant sites such as the lungs (M1).

* The following additional categories are not listed on the table above:

- TX: Main tumor cannot be assessed due to lack of information.
- T0: No evidence of a primary tumor. The N categories are described in the table above, except for:
- NX: Regional lymph nodes cannot be assessed due to lack of information.

Hyperlinks

1. www.cancer.org/cancer/diagnosis-staging/staging.html
2. www.cancer.org/cancer/diagnosis-staging/tests/biopsy-and-cytology-tests.html
3. www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests/imaging-radiology-tests-for-cancer.html

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Survival Rates for Salivary Gland Cancer

Survival rates can give you an idea of what percentage of people with the same type and stage of cancer are still alive a certain amount of time (usually 5 years) after they were diagnosed. They can't tell you how long you will live, but they may help give you a better understanding of how likely it is that your treatment will be successful.

Keep in mind that survival rates are estimates and are often based on previous outcomes of large numbers of people who had a specific cancer, but they can't predict what will happen in any particular person's case. These statistics can be confusing and may lead you to have more questions. Talk with your doctor, who is familiar with your situation, about how these numbers may apply to you.

What is a 5-year relative survival rate?

A relative survival rate

SEER Stage	5-year Relative Survival Rate
Localized	94%
Regional	70%
Distant	43%
All SEER stages combined	76%

Understanding the numbers

- **People being diagnosed with salivary gland cancer now may have a better outlook than these numbers show.** Treatments improve over time, and these numbers are based on people who were diagnosed and treated at least 5 years earlier.
- **These numbers apply only to the stage of the cancer when it is first diagnosed.** They do not apply later on if the cancer grows, spreads, or comes back after treatment.
- **These numbers don't take everything into account.** Survival rates are grouped based on how far the cancer has spread, but your age and overall health, how well the cancer responds to treatment, your smoking and alcohol habits, and other factors can also affect your outlook.

References

SEER*Explorer: An interactive website for SEER cancer statistics [Internet]. Surveillance Research Program, National Cancer Institute. Accessed at <https://seer.cancer.gov/explorer/> on February 23, 2023.

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Questions to Ask About Salivary Gland Cancer

- [When you're told you have salivary gland cancer](#)
- [When you're deciding on a treatment for salivary gland cancer](#)
- [During treatment for salivary gland cancer](#)
- [After treatment for salivary gland cancer](#)

It's important to have honest, open discussions with your cancer care team. They want to answer all your questions, so that you can make informed treatment and life decisions.

Other health care professionals, such as dietitians and social workers, can also answer some of your questions. You can find more tips about speaking with your health care team in [The Doctor-Patient Relationship](#)¹.

Not all of these questions may apply to you, but asking the ones that do may be helpful. Along with these examples, be sure to write down some of your own. For instance, you might want more information about your recovery time so you can plan your work schedule. Consider these questions to get you started.

When you're told you have salivary gland cancer

- What [kind of salivary gland cancer](#)² do I have?
- Which salivary gland is affected?
- Is the cancer high grade (likely to grow and spread quickly) or low grade (slower growing)?
- Has the cancer spread beyond where it started?
- What is the stage of the cancer, and what does that mean?
- Will I need other tests before we can decide on treatment?
- Do I need to see any other doctors or health professionals?
- If the cancer is stage 4, has it been tested for [certain proteins or gene changes](#) to help figure out my treatment options?
- If I'm concerned about the costs and insurance coverage for my diagnosis and treatment, who can help me?
- Is there a [clinical trial](#)³ available you think I should get more information on?

When you're deciding on a treatment for salivary gland cancer

- How much experience do you have treating this type of cancer?

- Should I get a second opinion? How do I do that? Can you recommend a doctor or cancer center?
- What are my treatment options? What treatment do you recommend and why?
- What's the goal of the treatment?
- Will this treatment affect the way I look? If so, what are my options for reconstruction?
- What if I have transportation problems getting to and from treatment?
- What are the chances these treatments will cure this cancer ?
- How quickly do I need to decide on treatment?
- What should I do to be ready for treatment?
- Will I need a feeding tube before starting treatment?
- How long will treatment last? What will it be like? Where will it be done?
- What risks or side effects should I expect from the treatments you suggest? Are there things I can do to reduce these side effects?
- Is treatment likely to affect my speech or swallowing? Is there anything I can do to help minimize this?
- How will treatment affect my daily activities? Can I still work full time?
- What are my options if the treatment doesn't work or if the cancer comes back (recurs)?

During treatment for salivary gland cancer

- How will I know if the treatment is working?
- Is there anything I can do to help manage side effects?
- What symptoms or side effects should I tell you about right away?

How can I reach you on nights, holidays, or week672t_unlikely tos BT 1 0 0 1 87.6 480 Tm /F3 Ts

- Will I need a special diet after treatment?
- Are there any limits on what I can do?
- What symptoms should I watch for?
- What kind of exercise should I do now?
- What type of follow-up will I need after treatment?
- How often will I need to have follow-up exams and imaging tests?
- When should I have my next endoscopy?
Will I need any blood tests?

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