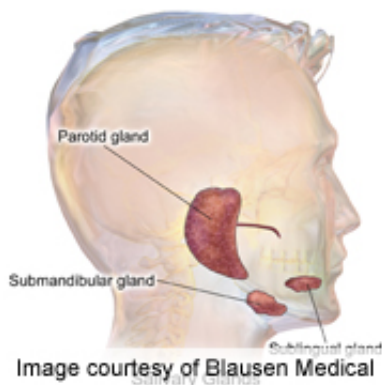


# Prognostic factors identified in mucoepidermoid carcinoma

August 10 2012

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Diagnosis of low- or intermediate-grade tumors is associated with significantly better overall survival and disease-free survival in patients with mucoepidermoid carcinoma of the salivary glands, while advanced disease stage and perineural invasion are the most significant indicators of poor prognosis, according to a study published in the Aug. 15 issue of *Cancer*.

(HealthDay) -- Diagnosis of low- or intermediate-grade tumors is associated with significantly better overall survival and disease-free survival in patients with mucoepidermoid carcinoma (MEC) of the salivary glands, while advanced disease stage and perineural invasion are the most significant indicators of poor prognosis, according to a study published in the Aug. 15 issue of *Cancer*.

Catherine H. McHugh, M.D., from the University of Texas MD Anderson Cancer Center in Houston, and colleagues retrospectively

reviewed clinical data from 125 patients with [salivary gland](#) MEC from 1990 to 2007.

The researchers found that, for all patients, the five-year overall survival was 79.3 percent and the disease-free survival was 76.5 percent. Low- and intermediate-grade disease correlated with significantly better overall and disease-free survival than high-grade disease, with no difference noted in [survival rates](#) between low- and intermediate-grade disease. Indicators of [poor prognosis](#) included pathologic results of positive lymph nodes, extracapsular lymph node spread, and perineural invasion. Advanced disease stage and perineural invasion were found to be the most significant [prognostic factors](#) on multivariate analysis.

"High histological grade, advanced stage, perineural invasion, positive surgical margins, and submandibular location all portend for unfavorable outcomes among patients with MEC," the authors write. "These factors should therefore be taken into consideration when establishing the aggressiveness of a treatment strategy."

**More information:** [Abstract](#)  
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Citation: Prognostic factors identified in mucoepidermoid carcinoma (2012, August 10)  
retrieved 4 May 2024 from  
<https://medicalxpress.com/news/2012-08-prognostic-factors-mucoepidermoid-carcinoma.html>

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