131P- Clinical And Molecular Analysis Of Advanced Salivary Gland Tumors At A Tertiary Care Cancer Center In A Low Middle Income Country

Dr Bipinesh Sansar, Dr Akhil Kapoor, Dr Neha Singh

Department of Medical Oncology and Pathology, Homi Bhabha Cancer Hospital and Mahamana Pandit Madan Mohan Malviya Cancer Center, Varanasi, India

Introduction

Salivary gland carcinomas are a rare group of tumors with diverse histology. This has led to a lack of good quality data on various aspects of the disease. As a result, there were limited treatment options for them. But with the advent of targeted therapies, a gamut of options has opened up for the same. It is important to know the common histology as well as the molecular alterations suitable for therapy.

Methods

This is a retrospective study done at our center over a period of last 3.5 years from November 2018 to April 2022. Data was extracted from the electronic medical records by using key words of “salivary tumors”. All patients aged 18 years and above and presenting with metastatic or unresectable locally advanced salivary gland tumors were included in this analysis.

Conflict of interest – None of the authors including the presenting author have any conflict of interest

Results

A total of 24 patients were identified. A male predominance (75%) was noted. The majority originated from the parotid gland, 21(88%) and the rest 3(12%) from the submandibular gland. 11(46%) of them were salivary duct carcinoma, 7 (29%) were adenoid cystic carcinoma and 6(25%) were mucoepidermoid carcinoma. In 1 patient with SDC, PIK3CA exon 20 mutations with HRAS and TP 53 mutations were detected. Lung was the site of metastasis in 79% of cases followed by bone in 26% of cases.

10(42%) patients received initial chemotherapy out of which 3 (30%) were also added trastuzumab. 4 (17%) of the patients were treated initially with anti-androgen therapy. 7 patients have gone on to second-line therapy of which 2 have received anti–androgen therapy.

TYPE	AR	HER2
SALIVARY DUCT CARCINOMA	89%	55%
MUCOEPIDERMOID CARCINOMA	16%	20%
ADENOID CYSTIC CARCINOMA	0%	0%

Discussion & Conclusion

Salivary duct carcinomas of the parotid gland are the commonest advanced salivary gland tumors with a significantly higher positivity of AR and HER 2. This group thus has the options of being targeted for both, either sequentially or concurrently. But , it also throws open the question of the best strategy and sequence of targeting which needs to be studied. For the other histology , whenever feasible , targeted therapy can be added to chemotherapy.

Further NGS-based testing should be done to bring out the molecular alterations in other subtypes. This is important as various newer targets have become amenable to treatment. And this represents an unmet need in LMIC where affordability for these tests remains low.

In this context, appropriate research is needed to establish the role of various targeted therapies in this diverse milieu of patients

References

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Email id – bipinesh04@yahoo.co.in