Background: ACCHN is a rare entity mainly found in the major and minor salivary glands. Localized disease is frequent and very late recurrences are common. The treatment of choice is surgery, when feasible, followed by radiotherapy (RT). RT alone is used in unresectable patients (pts).

Methods: Retrospective analyses of consecutive pts with ACCHN from Jan 2000 to Dec 2015 at Instituto Português de Oncologia de Lisboa was done. Aims: to characterize clinical, demographic and treatment data, the related prognostic factors and evaluate the 5-years overall survival (OS) and the disease-free survival (DFS) for non-metastatic pts, and the 5-years OS for the entire cohort.

Results: Of the 112 pts with ACCHN, 100 had localized and 12 metastatic disease. The median age at diagnosis was 62 years (range 18-91). Of the 100 pts with localized disease, the most frequent location was in major salivary glands (40%) followed by minor salivary glands in oral cavity (28%). At presentation, T3/T4 tumors was found in 35% of pts and positive lymph nodes in 5%. Curative surgery was performed in 91% of pts and adjuvant RT in 86%. Positive surgical margins were R1 in 52% of pts and R2 in 15%. Perineural invasion was present in 68%. Of the 100 pts, 32 recurred, 16 locally and 13 of these had a second surgery. Palliative cisplatin-based chemotherapy was used 12%. With a median follow-up of 6 years, the disease-free survival at 5 years was 63% (CI 95%, 53-75). The median time to recurrence in relapse pts was 24 months. Positive surgical margin (R1/R2) (p = 0.0045) and T3/T4 tumors (p = 0.000145) significantly reduced DFS and OS. Perineural invasion, positive lymph nodes and radiotherapy treatment did not impact on local control. The 5-years OS for the localized ACCHN was 71% (CI 95%, 62-82) and 68% (CI 95%, 59-78) for the global cohort.

Conclusions: Tumor size and surgical margins were found to be prognostic factors for local control and for survival. The low percentage of positive lymph nodes probably prevents its prognostic value. Our survival data was similar to those found in the literature.

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