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Title: The importance of margins for local control in oral salivary gland carcinomas

Body: Background: To evaluate the impact of close, wide, and positive surgical margins in minor oral salivary gland carcinomas on local control and disease-specific survival.

Methods: Retrospective chart review including 49 patients. Clinicopathological data regarding margin status (negative margins were classified within $\geq 0.1\text{mm}$), disease-specific survival (DSS), and disease-free survival (DFS) were statistically analysed.

Results: The most common subsite was the hard palate (40.8%), with mucoepidermoid carcinoma as the most common histology (30.6%). A subsequent second resection was performed in 16 (32.7%) patients due to positive margins, resulting in a final R1/2 rate of 18.4%. During the median (IQR) follow-up of 73 (30-135.5) months, 12 (25%) local, 5 (10.4%) regional, and 10 (20.4%) distant failures were observed. Positive margins were the only prognostic factor for worse DSS (HR 5.21; 95%CI: 1.55 – 17.56), overall DFS (HR 0.20; 95%CI: 0.07–0.56; $p=0.002$), and local DFS (HR 0.15; 95%CI: 0.04–0.56; $p=0.005$). In a subgroup analysis of close ($\geq 0.1\text{mm}$ and $<5\text{mm}$) vs. wide ($\geq 5\text{mm}$) negative resections, no significant differences in DSS, overall, and local, were observed.

Conclusion: Negative margins, irrespective of distance, are paramount for control and survival in oral minor salivary carcinoma. Therefore, a subsequent resection should be strongly considered in case of positive margins.

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