ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

ESMO OPEN SCIENCE FOR OPTIMAL CANCER CARE

CORRIGENDUM

Corrigendum to 'Salivary gland cancer: ESMO—European Reference Network on Rare Adult Solid Cancers (EURACAN) Clinical Practice Guideline for diagnosis, treatment and follow-up'

[ESMO Open 7(6):100602, December 2022]

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The authors regret that there were errors in the text and published figures. The authors would like to apologise for any inconvenience caused.

The corrections are as follows:

DIAGNOSIS, PATHOLOGY AND MOLECULAR BIOLOGY

Figure 1

On page 3, in Figure 1, an option is added after "cT1-T2, N0":

- High grade[c]

This option then connects with the box containing "CT of the chest FDG—PET—CT [III, A]".

On page 3, in Figure 1 and the figure footnote, a new footnote 'b' is added to the following boxes:

- cT3-T4, N0 or AdCC any stage[b]
- cT1-T2, N0[b]

[b]FDG—PET—CT is recommended for treatment planning in lymph node-positive or high-grade SGC; otherwise, CT of the chest can suffice.

On page 3, in Figure 1 and the figure footnote, a new footnote 'c' is added to the following box:

- High grade[c]

[c]Definition of high-grade tumours is described in Section 1 of the **Supplementary Material**, available at https://doi.org/10.1016/j.esmoop.2022.100602.

Recommendations

On page 3:

- FDG—PET—CT is recommended in high-grade SGC for the detection of distant metastases [III, A].

is replaced with:

- FDG—PET—CT is recommended in high-grade or lymph-node positive SGC for the detection of distant metastases [III, A].

DOI of original article: https://doi.org/10.1016/j.esmoop.2022.100602
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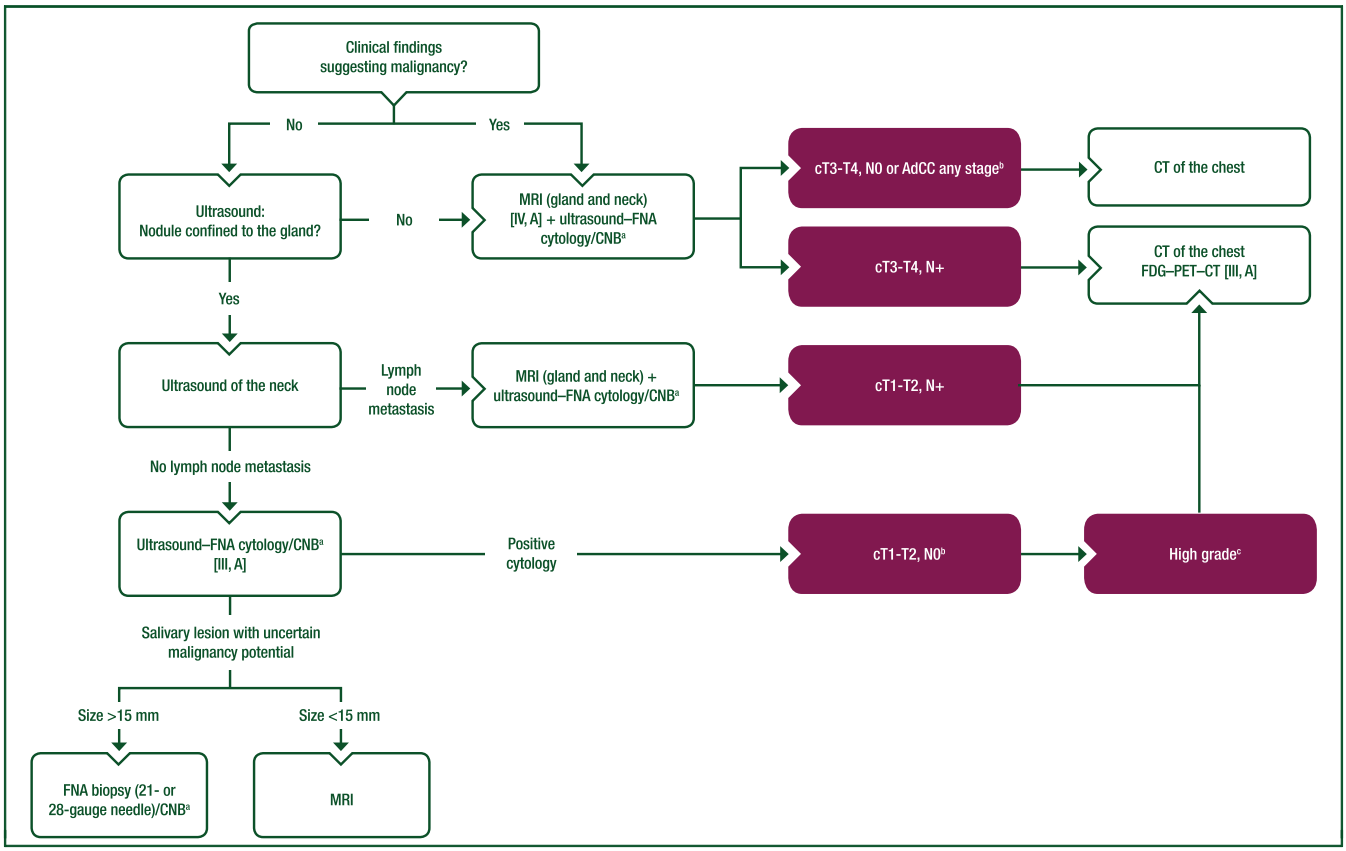

Figure 1. Work-up of major salivary gland nodules.
Purple: general categories or stratification; white: other aspects of management.
AdCC, adenoid cystic carcinoma; CNB, core needle biopsy; CT, computed tomography; FDG—PET—CT, [^{18}F]2-fluoro-2-deoxy-D-glucose—positron emission tomography—computed tomography; FNA, fine-needle aspiration; MRI, magnetic resonance imaging; SGC, salivary gland cancer.
[a]CNB considered when FNA is non-diagnostic or if more histological information is required.
[b]FDG—PET—CT is recommended for treatment planning in lymph node-positive or high-grade SGC; otherwise, CT of the chest can suffice.
[c]Definition of high-grade tumours is described in Section 1 of the **Supplementary Material**, available at https://doi.org/10.1016/j.esmoop.2022.100602.

MANAGEMENT OF LOCAL AND LOCOREGIONAL DISEASE

Figure 2

On page 5, in Figure 2:
- No high-risk factors: RT to primary [IV, A]

is replaced with:
- High-risk factors: RT to primary [IV, A]

On page 5, in Figure 2:
- RT to neck

is replaced with:
- RT to level I-V for pN+ [IV, A]

and an arrow is added between the box containing "END II-IV (I and V on indication) [IV, B] and the box containing "pN0".

On page 5, in Figure 2:
- pN+ and no high-risk factors: RT to level I-V [IV, A]

is replaced with an arrow to the box containing "RT to level I-V for pN+ [IV, A]".

Figure 3

On page 6, in Figure 3, an additional option is added following "Open approach [IV, A]" and "Selected transoral/endoscopic/robotic [V, A]":
- High-risk factors: RT to primary [IV, A]

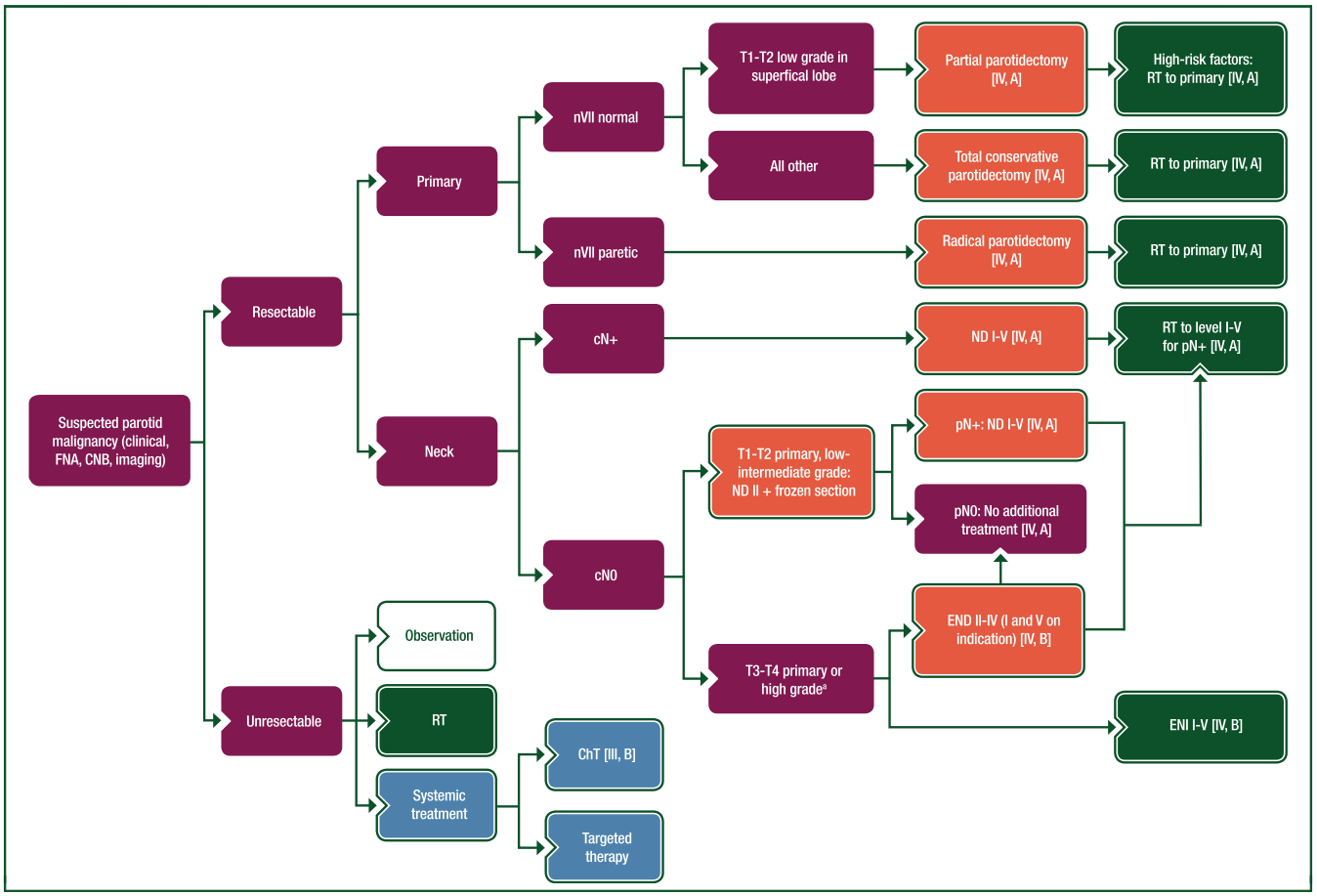

Figure 2. Treatment algorithm for parotid gland cancer.
Purple: general categories or stratification; red: surgery; dark green: radiotherapy; white: other aspects of management; blue: systemic anticancer therapy.
ChT, chemotherapy; CNB, core needle biopsy; END, elective neck dissection; ENI, elective neck irradiation; FNA, fine-needle aspiration; ND, node dissection; nVII, seventh nerve; RT, radiotherapy.
[a]Definition of high-grade tumours is described in Section 1 of the **Supplementary Material**, available at https://doi.org/10.1016/j.esmoop.2022.100602.

Figure 4

On page 8, in Figure 4, an additional option is added following "Resection of submandibular gland and level Ib [IV, B]":
- pN+

with arrows connecting to "Comprehensive ND I-V including the primary [IV, A]" and "RT to level I-V [IV, A]".

On page 8, in Figure 4:
- pN0: No additional treatment

is replaced with:
- pN0

with an arrow connecting to:
- High-risk factors: RT to primary [IV, A]

Recommendations

On page 9, before the recommendations of "Surgical management of the primary: submandibular gland cancer" the following text is added:
- **Surgical management of the primary: minor SGC and cancer of the sublingual gland**
  - o Depending on the anatomical site of origin, a classical open approach [IV, A] or endoscopic, transoral or combined transoral-endoscopic resection [V, A] are recommended in selected patients, with the aim of achieving free margins.

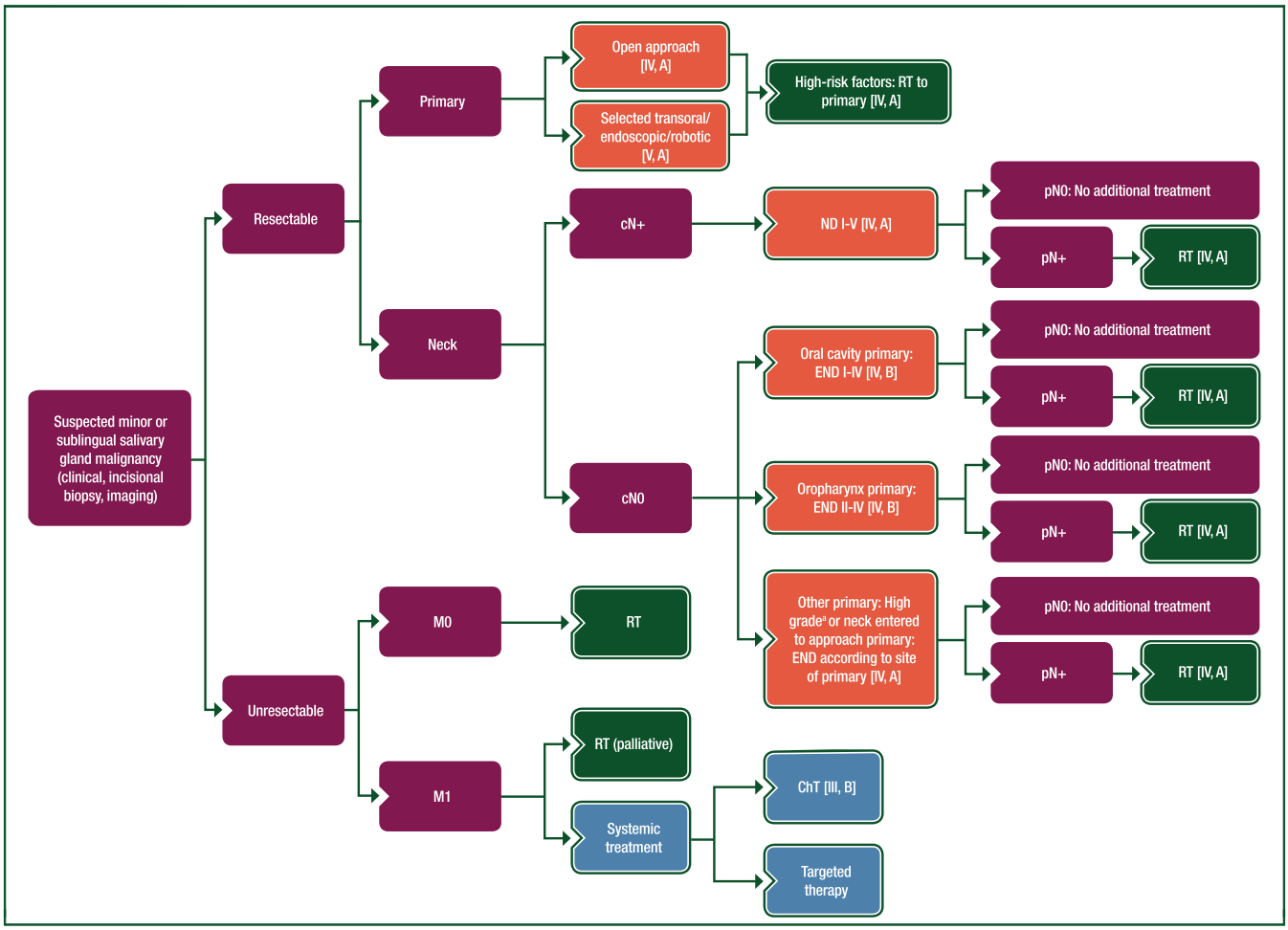

Figure 3. Treatment algorithm for minor or sublingual SGC.
Purple: general categories or stratification; red: surgery; dark green: radiotherapy; white: other aspects of management; blue: systemic anticancer therapy.
ChT, chemotherapy; END, elective neck dissection; ND, node dissection; RT, radiotherapy; SGC, salivary gland cancer.
[a]Definition of high-grade tumours is described in Section 1 of the **Supplementary Material**, available at https://doi.org/10.1016/j.esmoop.2022.100602.

MANAGEMENT OF LOCALLY RECURRENT AND METASTATIC DISEASE

Systemic treatment for recurrent and/or metastatic disease

On page 10:

- In case of R/M disease, systemic treatment is challenging but can be urgent, depending on tumour subtype and behaviour. For all types of SGC with distant metastases (71% of patients will present or develop R/M disease), median OS is 15 months and 1-, 3- and 5-year OS rates are 54.5%, 28.4% and 14.8%, respectively.

is replaced with:

- In case of R/M disease, systemic treatment is challenging but can be urgent, depending on tumour subtype and behaviour. For all types of SGC with distant metastases (up to 60% of patients will present or develop R/M disease), median OS is 15 months and 1-, 3- and 5-year OS rates are 54.5%, 28.4% and 14.8%, respectively.

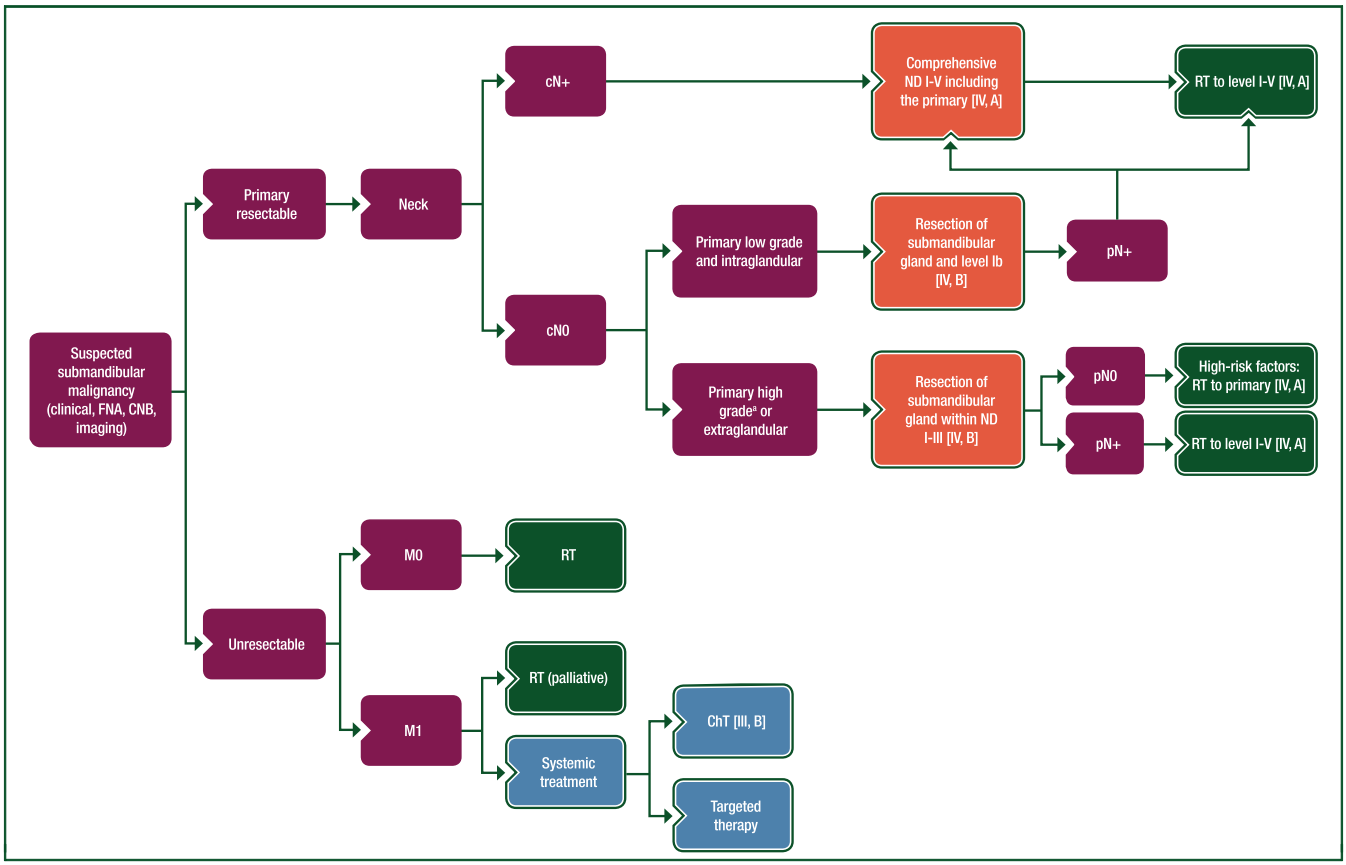

Figure 4. Treatment algorithm for submandibular gland cancer.
Purple: general categories or stratification; red: surgery; dark green: radiotherapy; white: other aspects of management; blue: systemic anticancer therapy.
ChT, chemotherapy; CNB, core needle biopsy; FNA, fine-needle aspiration; ND, node dissection; RT, radiotherapy.
[a]Definition of high-grade tumours is described in Section 1 of the **Supplementary Material**, available at https://doi.org/10.1016/j.esmoop.2022.100602.