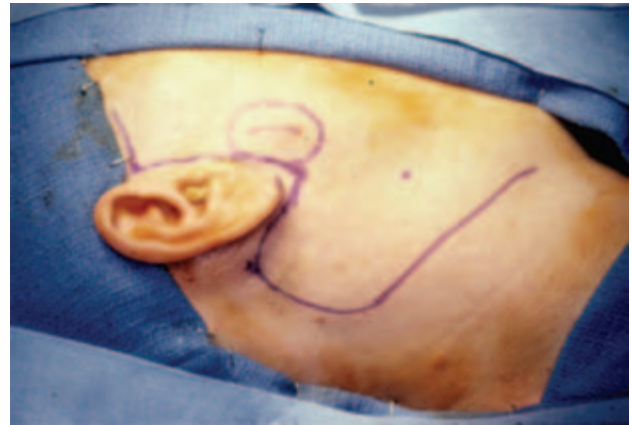


5-year survival Stage I–IV 78%, 25%, 21%, and 23%, while Lima et al. (2005) found 10-year disease-specific survival Stage I–IV 97%, 81%, 56%, and 20%.

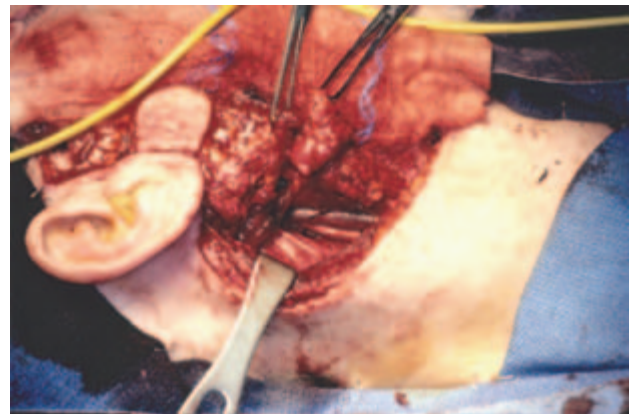
In considering management, Kaplan and Johns (1986) divide parotid cancers into 4 groups to recommend treatment. Group I T1–2 low-grade tumors are treated by parotidectomy with preservation of the facial nerve (Figures 8.11 and 8.12). Group II T1–2 high-grade are treated with parotidectomy plus first echelon node removal and post-operative radiation therapy (RT) (Figure 8.13). Group III T3 tumors, any positive nodes and recurrent tumor not in Group IV, are treated with radical parotidectomy with sacrifice of the facial nerve if necessary and radical neck dissection plus RT. Group IV includes T4 and tumors with significant local extension; they are treated by radical paroti-



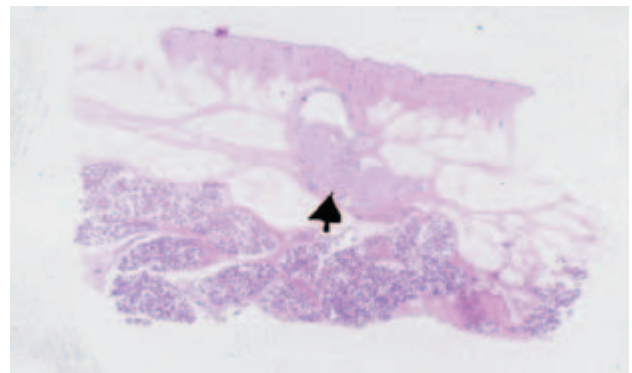
**Figure 8.12a.** Patient who had a “skin cyst” biopsied; it was histologically a low-grade mucoepidermoid carcinoma of the parotid. Note preauricular biopsy scar.



**Figure 8.12b.** Operative image shows Blair incision incorporating 1 cm skin margin surrounding the biopsy.



**Figure 8.12c.** The level II nodes (first echelon nodes) will be taken in continuity in this case.



**Figure 8.12d.** Histology shows a focus of mucoepidermoid carcinoma (arrow) in the biopsy scar between the skin and parotid, demonstrating the importance of excising “seeded” skin.