

'One in a million' cancer took her sense of taste

Fewer than one in 100,000 a year are diagnosed with salivary gland cancer, where early signs may be mistaken for swollen lymph nodes



Akshita Nanda
Correspondent

For over 10 years, Madam Jumidah has been undergoing treatment for a rare cancer of the salivary glands. She is now unable to taste flavours in food.

"At first bite, I get to know whether the dish is salty. After that, I can't taste anything," says the 66-year-old housewife, who asked to use only one name.

"I still like to eat, but I imagine what the taste is like," she adds.

Fewer than one in 100,000 people in Singapore are diagnosed with salivary gland carcinoma each year, doctors say.

Madam Jumidah has a type of cancer that is even rarer and occurs in fewer than one in a million, says the specialist treating her.

She has had three surgical operations since 2014 to remove cancerous tissue on the right side of her neck, in an area below the jaw known as the submandibular area.

When surgery failed to get rid of the cancer, she was enrolled in a medication trial. She now takes a drug that targets the specific pathway that drives the growth of cancer cells in her case.

Her doctor, Professor Goh Boon Cher of the National University Cancer Institute, Singapore (NCIS), says the rarity of salivary gland cancers makes treatment tough if surgery and radiotherapy fail to control them.

"There is not much data on the use of drugs to treat these cancers," adds the senior consultant at NCIS' department of haematology-oncology.

"Some types of cancers are able to spread by the nerves to distant organs like the lungs. They do not respond well to chemotherapy, which is the usual way to treat cancers that have spread."

Even painless or seemingly benign lumps or swellings in the neck or jaw region should not be dismissed, says Dr Chong Wan Qin, a consultant in the same department.

"It is important to stay vigilant and seek early medical attention if you notice new, persistent lumps in the mouth, in front of the ear, or in the jaw and neck region," she adds. "Early detection can significantly improve treatment outcomes."

MORE THAN 600 SALIVARY GLANDS IN THE BODY

Dr Janice Tan Ser Huey of the National Cancer Centre Singapore (NCCS) says there are 600 minor salivary glands throughout the lining of the mouth and throat.

There are also three main pairs of salivary glands: the parotid glands under the earlobes, the sublingual glands under the tongue, and the submandibular glands on each side of the jawbone.

While salivary gland cancers are rare, the risk rises with age and exposure to radiation, says Dr Tan, an associate consultant with NCCS' division of radiation oncology.



At first bite, I get to know whether the dish is salty. After that, I can't taste anything. I still like to eat, but I imagine what the taste is like.

”
MADAM JUMIDAH,
who is being treated for a rare type of salivary gland cancer

Madam Jumidah, a housewife, lost much of her ability to taste because of recurrent salivary gland cancer. ST PHOTO: BRIAN TEO

Radiotherapy to the head and neck for other cancers such as Hodgkin's lymphoma or thyroid cancer is an added risk factor, she adds.

In 2025, NCCS treated around 25 patients with salivary gland cancer, and the number has been stable over the past few years, she says.

"As the population ages, we may see small increases in absolute case numbers, mainly because cancer risk generally increases with age," she adds.

Prof Goh says NCIS treated 15 to 20 individuals with salivary gland cancer in 2025, and the caseload has remained stable over the past few years.

PATIENTS FACE DRY MOUTH, DIFFICULTY EATING

Dr Chong says salivary gland cancers make up 3 to 6 per cent of all head and neck cancers.

She adds that saliva helps with eating and swallowing, keeps the mouth moist and aids in oral hygiene. Cancer treatment reduces production of saliva, which can cause long-term issues.

Patients may have a dry mouth and difficulty talking, chewing food and swallowing. They may be more susceptible to developing dental caries.

"Due to eating and swallowing difficulties, patients may struggle

to obtain adequate nutrition from their food," she adds.

Dr Tan says the physical function of the face may be affected by salivary gland tumours.

Growths in the parotid gland can affect the facial nerve and expression. Patients may have facial weakness, including drooping on one side of the face, difficulty smiling symmetrically or even trouble moving their lips or closing their eyes.

"Tumours that extend to muscles that control jaw movement can cause difficulty opening the mouth or tightness and discomfort when chewing," she says.

She adds that even benign

tumours might cause such symptoms. Patients with any of these issues should see a doctor promptly.

The primary treatment is surgery to remove the cancerous tissue.

"The goal is to remove the tumour completely while preserving important structures such as the facial nerve whenever possible," says Dr Tan. "Radiotherapy is commonly recommended after surgery to eliminate any remaining cancer cells and reduce the risk of the cancer recurring."

Teacher Esther Tan, 38, went through surgery and radiotherapy, among other treatments, to address salivary gland cancer on the left side of her neck.

It manifested as what she thought was a swollen lymph node in May 2024. When it persisted into July, she was referred to a specialist and diagnosed with salivary gland cancer.

The diagnosis came as a shock, she says. "Throughout this period, the only clear symptom was the swollen lymph node. I did feel tired, but I attributed that to work demands and lack of sleep. Cancer was not something I had suspected at all."

She is married to Mr Edwin Tan, 40, also a teacher. They have an eight-year-old son.

Ms Tan had difficulty swallowing during radiation treatment as her neck was stiff. Her family prepared soft and frozen foods that slipped down easier. And she developed a dry cough and throat infection

because of reduced saliva production.

Her cancer is in remission now and the symptoms are better, but she still needs to massage her neck regularly to reduce stiffness.

"This experience has taught me to slow down and take better care of myself and my family," she says. "I now try to appreciate the small things, such as enjoying flowers, watching sunsets and being more present."

DIVERSE CANCERS NEED TARGETED TREATMENT

Dr Chong says there are many distinct types of salivary gland carcinomas, each with distinct characteristics and treatment responses.

Ms Tan had a type called salivary ductal carcinoma, which is sensitive to hormonal and targeted therapy as well as chemotherapy. She received all these, as well as surgery and radiotherapy.

Madam Jumidah was diagnosed in 2014 with a right submandibular gland secretory cancer, also known as a mammary analogue secretory carcinoma.

Prof Goh says this type of cancer can recur repeatedly.

Madam Jumidah had surgery and radiotherapy in 2014. At her five-year follow-up, when she thought she would be declared cancer-free, it recurred. She had to have surgery, including removal of lymph nodes, in 2019.

In 2020, the cancer recurred and she had more extensive surgery, with part of her jawbone needing to be removed, followed by reconstruction surgery.

The cancer came back in 2021, but surgery was not done since it would lead to significant defects in the facial region, Prof Goh says. In 2022, she had radiotherapy to slow down the growth of cancer.

The type of cancer she has arises from cells with a specific gene mutation that drives the growth of cancer. With surgery not an option, she is taking a novel oral drug that disrupts the function of that gene mutation.

"She experienced a very profound response to the drug treatment, resulting in almost complete disappearance of the cancer," says Prof Goh.

He adds that this shows the importance of molecular testing to guide the management of treatment-resistant cancers, and that it is critical to support clinical trial research to evaluate new drugs.

"This gives the opportunity for very meaningful clinical outcomes, as seen in her case," he says.

Since it is a clinical trial, Madam Jumidah does not need to pay for the medication she takes.

She says the medication is a boon as she was tired of surgery. Her husband had to convince her to go for the last operation in 2020, as she was ready to give up.

Now, she is able to go out with him and their two sons, and enjoy simple activities like shopping and eating.

"I still like to eat my favourite foods, even if I can't taste properly," she says. "I just ignore that and enjoy the experience."



The only clear symptom was the swollen lymph node. I did feel tired, but I attributed that to work demands and lack of sleep. Cancer was not something I had suspected at all.

”
MS ESTHER TAN,
who is in remission

Ms Esther Tan relied on her husband Edwin Tan for support during her cancer treatment. ST PHOTO: CHONG JUN LIANG