Ki-67 proliferation index (Core)

Significant evidence has accumulated that adrenal cortical carcinoma is a proliferation-driven neoplasm[1-4] and the Ki-67 proliferation index, as determined by immunohistochemistry using the Mib-1 antibody,[5] is an important independent prognostic factor.[6-9] Assessment of the Ki-67 proliferation index should be performed on the area of tumour with the highest mitotic counts (i.e., highest grade component) or 'hot spots'. Determining the Ki-67 proliferation index should be performed by image analysis when available or manual counting if necessary.[10] Although estimating the Ki-67 by simple inspection ('eyeballing') is generally not recommended it has been shown to have some prognostic significance and may be used when image analysis and manual counting is not possible.[11]

Grading individual tumours based on Ki-67 proliferation index is not fully established, but some centres use a 3-class system based on the following cut-offs: ≤15% (low grade), 15-≤30 (intermediate grade), and >30% (high grade).[12] Until there is consensus on Ki-67 cut-offs for individual grades, the absolute Ki-67 proliferative index should be recorded.

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