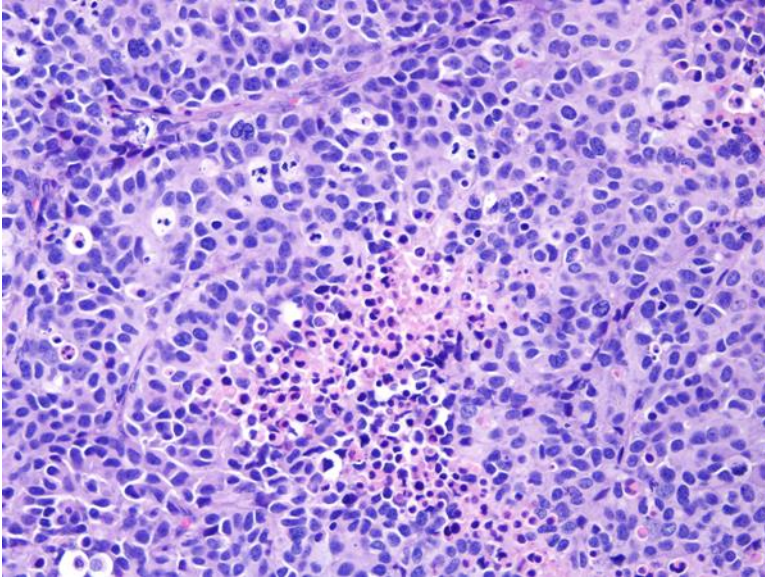
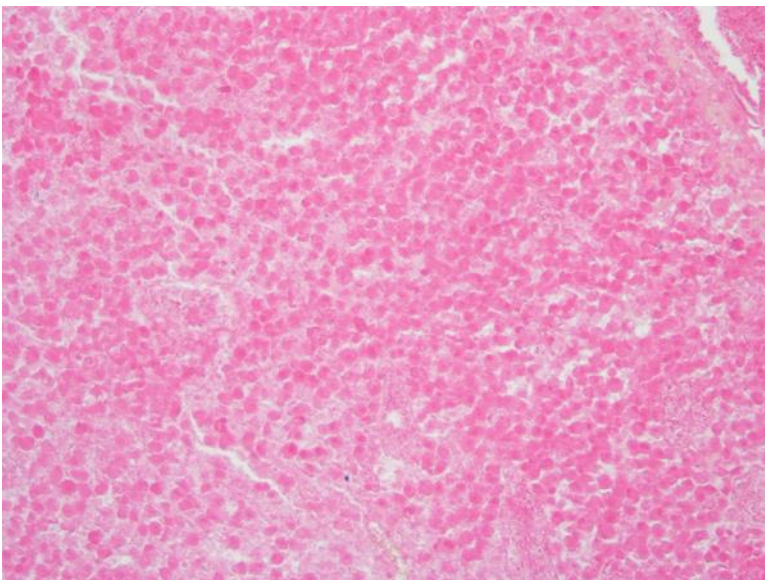


## Necrosis (Core and Non-core)

The presence and degree of bona fide tumour necrosis (i.e., coagulative tumour necrosis) should be documented – refer to Figures 1 and 2. Degenerative type changes with hyalinization, as often seen centrally in adrenal cortical adenomas, should not be considered tumour necrosis. Moreover, areas of haemorrhage or blood extravasation in the absence of necrotic tumour cells, single or in clusters, do not qualify as "necrosis". The presence of tumour necrosis is a component of several multifactorial scoring systems (see **MULTIFACTORIAL SCORING SYSTEMS**).<sup>1</sup> There is no accepted definition of focal versus extensive.



**Figure 1: Focal coagulative tumour necrosis.** *Reproduced with permission courtesy of Dr Thomas Giordano.*



**Figure 2: Extensive coagulative tumour necrosis.** *Reproduced with permission courtesy of Dr Thomas Giordano.*

## References

- 1 Giordano TJ, Chrousos GP, de Krijger RR, Gill AJ, Kawashima A, Koch CA, Medeiros JL, Merino MJ, Papathomas TG, Papotti M, Sasano HR and Weiss LM (2017). Adrenal Cortical Carcinoma. In: *WHO Classification of Tumours of Endocrine Organs, 4th ed*, Lloyd R, Osamura R, Klöppel G and Rosai J (eds), IARC Press, Lyon.