## WHITFPAPFR

Meet the Marker: Ki-67



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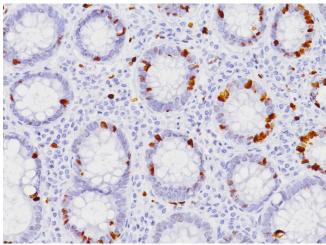
The Ki-67 antigen is associated with cell proliferation, making it a marker of interest in cases of cancer, where it is used to evaluate the proliferation rate of tumor cells in the body.<sup>2,3</sup> This utility has been applied to various types of cancer, including lymphoma, lung, gastrointestinal, and brain tumors.<sup>1,6</sup> In breast cancer, it has become a widely used marker to help determine prognosis, though its application remains a matter of debate.<sup>2,4,5,6</sup>

Ki-67 is a nuclear cortex protein encoded by the MKI67 gene that is expressed in the cell nucleus during the cell-division cycle.<sup>2,6</sup> This cycle consists of the G1 Phase, S Phase, G2 Phase, and M Phase, with Ki-67 expression increasing throughout the progression of the cycle.<sup>1,2</sup> In the resting (G0) phase, when the cell is not actively dividing, Ki-67 expression is absent or only faintly detectable.<sup>2</sup> Due to this, Ki-67 is used as an indicator of cell proliferation since it reflects the proportion of cells actively dividing within a tissue sample.<sup>2</sup> High Ki-67 expression is strongly associated with aggressive tumor behavior and is therefore associated with a poorer prognosis.<sup>3,6</sup>

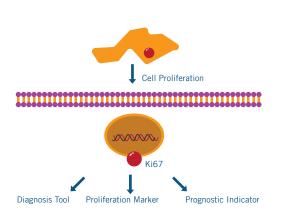
Clinically, Ki-67 has been incorporated into the diagnostic algorithms of neuroendocrine tumors of the gastrointestinal tract.<sup>1</sup> In lung cancer, Ki-67 has been suggested as a potential marker in determining the prognosis of non-small cell lung carcinoma (NSCLC) and a predictor of brain metastases in patients with lung adenocarcinoma, as well as an aid in the diagnosis, classification, and prognosis of pulmonary neuroendocrine tumors.<sup>1</sup> However, due to a lack of standardization in grading, it is currently not established for routine use in clinical practice.<sup>1</sup>

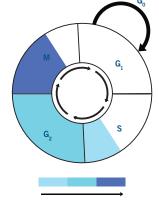
Breast cancer is known to be a heterogeneous disease with an array of subtypes varying in morphology, behavior, and responsiveness to treatment.<sup>2,3,6</sup> To distinguish these subtypes, clinicians will test for the expression of estrogen receptor (ER), progesterone receptor (PR), human epidermal growth factor receptor 2 (HER2), and Ki-67 in adherence to the recommendations of the American Society of Clinical Oncology (ASCO) and the College of American Pathologists (CAP).<sup>3</sup> These staining results may influence treatment decisions.<sup>3</sup>

## Ki-67 Stain and Illustrations



Normal colon adjacent to colon cancer stained with Ki-67 [MIB-1]





Increasing Ki-67 Expression

 $\mathbf{G_0}$  – Resting phase, arrest of cell cycle

**G<sub>1</sub>** – Duplication of all cell contents except chromosomes

**S** – DNA synthesis with dupication of each chromosome

 ${f M}$  – Mitosis: Cell divides into 2 daughter cells

G2 - Repairs are made to erros in duplicated chromosomes

To learn more about Biocare Medical's offerings for Ki-67 staining, please visit our website at biocare.net or call 1-800-799-9499, option #3.

- $1.\ Chirieac\ L.\ R.\ (2016).\ Ki-67\ expression\ in\ pulmonary\ tumors.\ Translational\ lung\ cancer\ research,\ 5(5),\ 547-551.\ https://doi.org/10.21037/tlcr.2016.10.13$
- 2. Choi, S.B., Park, J.M., Ahn, J.H. et al. Ki-67 and breast cancer prognosis: does it matter if Ki-67 level is examined using preoperative biopsy or postoperative specimen?. Breast Cancer Res Treat 192, 343–352 (2022). https://doi.org/10.1007/s10549-022-06519-1
- 3. Davey, M. G., Hynes, S. O., Kerin, M. J., Miller, N., & Lowery, A. J. (2021). Ki-67 as a Prognostic Biomarker in Invasive Breast Cancer. Cancers, 13(17), 4455. https://doi.org/10.3390/cancers13174455
- 4. Nielsen, T. O., Leung, S. C. Y., Rimm, D. L., Dodson, A., Acs, B., Badve, S., Denkert, C., Ellis, M. J., Fineberg, S., Flowers, M., Kreipe, H. H., Laenkholm, A.-V., Pan, H., Penault-Llorca, F. M., Polley, M.-Y., Salgado, R., Smith, I. E., Sugie, T., Bartlett, J. M. S., McShane, L. M., Dowsett, M., & Hayes, D. F. (2021). Assessment of Ki67 in Breast Cancer: Updated Recommendations From the International Ki67 in Breast Cancer Working Group. JNCI: Journal of the National Cancer Institute, 113(7), 808–819. https://doi.org/10.1093/jnci/djaa201.
- 5. Polewski, M. D., Nielsen, G. B., Gu, Y., Weaver, A. T., Gegg, G., Tabuena-Frolli, S., Cajaiba, M., Hanks, D., Method, M., Press, M. F., Gottstein, C., & Gruver, A. M. (2022). A Standardized Investigational Ki-67 Immunohistochemistry Assay Used to Assess High-Risk Early Breast Cancer Patients in the monarchE Phase 3 Clinical Study Identifies a Population With Greater Risk of Disease Recurrence When Treated With Endocrine Therapy Alone. Applied immunohistochemistry & molecular morphology : AIMM, 30(4), 237–245. https://doi.org/10.1097/PAI.0000000000001009
- 6. Soliman, N. A., & Yussif, S. M. (2016). Ki-67 as a prognostic marker according to breast cancer molecular subtype. Cancer biology & medicine, 13(4), 496–504. https://doi.org/10.20892/j.issn.2095-3941.2016.0066
- 7. Sun, X., & Kaufman, P. D. (2018). Ki-67: more than a proliferation marker. Chromosoma, 127(2), 175–186. https://doi.org/10.1007/s00412-018-0659-8
- 8. Uxa, S., Castillo-Binder, P., Kohler, R. et al. Ki-67 gene expression. Cell Death Differ 28, 3357–3370 (2021). https://doi.org/10.1038/s41418-021-00823-x