Ki67-Revised Risk Index to Risk-Stratify Patients with Extranodal Natural Killer/T-cell Lymphoma
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Background
Existing clinical parameter-based prediction indexes for extranodal natural killer/T-cell lymphoma (ENKTL) lack the inclusion of pathological indexes and demonstrate insufficient accuracy.

Factors with inferior OS
1. Ki67 ≥ 70% 2. Stage-III/-IV disease
3. Presence of B symptoms
4. ECOG PS ≥ 2 5. Age > 60 years
6. Detectable EBV-DNA copy number

Ki67-revised Risk Index (KRI)
Low-risk (0-1 point)
Intermediate-risk (2 points)
Intermediate high-risk (3 points)
High-risk (4-6 points)

Methods
Ki67 Proliferative Index
Counted 100 lymphoma cells in two high-power fields

Model construction
Univariable analysis for OS Covariates: P < 0.2
Multivariable analysis for OS Covariates included: P < 0.05
1. Time-dependent AUC
2. Harrell’s C-index

Conclusions
Highlight Ki67
Our data highlight the significant impact of the Ki67 proliferative index on the outcomes of patients with ENKTL receiving non-anthracycline-based therapy.

Ki67-revised index
Development and validation the clinically feasible KRI with superior predictive efficacy

Clinical value
May assist physicians when making decisions

Highlights
Development and validation the clinically feasible KRI with superior predictive efficacy

Clinical value
May assist physicians when making decisions