



Evaluation of Gastroenteropancreatic Neuroendocrine Tumors (GEP-NETs) Guideline

Statements and Strengths of Recommendations

SUMMARY OF RECOMMENDATIONS

Guideline Statement	Strength of Recommendation
1. When scoring GEP-NETs, pathologists must perform Ki67 grading on FNA/FNB or endoscopic biopsy.	Strong Recommendation
2. When surgical resection is available, pathologists must repeat Ki67 grading on the resection.	Strong Recommendation
3. In patients with multiple primaries undergoing resection, pathologists should perform Ki67 grading on all primary tumors if possible. <i>Note:</i> The largest tumors should be tested for Ki67.	Conditional Recommendation
4. Pathologists must perform Ki67 grading on lymph node metastases and/or mesenteric mass (in small intestinal NET) in addition to primary resections, provided that there are sufficient number of tumor cells. <i>Note:</i> In cases with multiple lymph node and/or mesenteric masses, the largest tumor should be tested for Ki67.	Strong Recommendation
5. In patients with metastatic GEP-NETs, pathologists must report tumor grade for both primary and metastatic tumors for clinical management. <i>Note:</i> The final reported grade must be based on the higher grade of the primary or metastatic tumor if resected simultaneously. <i>Note:</i> In multiple metastatic samples, the largest metastasis per site should be tested for Ki67.	Strong Recommendation
6. For scoring of GEP-NETs, pathologists may use mitotic count in addition to the Ki67 grading.	Conditional Recommendation
7. When scoring GEP-NETs, pathologists should calculate Ki67 proliferation index using a manual count. <i>Note:</i> A printed camera captured image is preferred, although if a camera captured image is not available, a manual count may be performed under a microscope. <i>Note:</i> Eyeball estimation is not recommended.	Strong Recommendation
8. When scoring GEP-NETS, pathologists may use digital automated counting of Ki67 as an alternative to manual counting if properly validated.	Conditional Recommendation

Disclaimer

The information, data, and draft recommendations provided by the College of American Pathologists are presented for informational and public feedback purposes only. The draft recommendations and supporting documents will be removed on April 14, 2025.

The draft recommendations along with the public comments received and completed evidence review will be reassessed by the expert panel in order to formulate the final recommendations. These draft materials should not be stored, adapted, or redistributed in any manner.

Please note: comments are not posted automatically. All comments will be posted on a weekly basis beginning March 24, 2025.

<p>9. When scoring GEP-NETs, pathologists must grade Ki67 on hotspots.</p>	<p>Strong Recommendation</p>
<p>10. In MiNENs, pathologists should perform Ki67 grading in the NEN component. <i>Note:</i> The non-neuroendocrine component should be categorized based on the WHO tumor classification.</p>	<p>Strong Recommendation</p>

Abbreviations: Ki67, antigen Kiel 67; FNA, fine needle aspiration; FNB, fine needle biopsy; MiNEN, mixed neuroendocrine-non-neuroendocrine neoplasms; WHO, World Health Organization

Not Valid After April 7, 2025

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