

In our recent study (Kuhn et al.), we compared the Ki-67 index of STIC and ovarian high-grade serous carcinoma to normal fallopian tube epithelium (FTE) in the same patient and to a group of normal fallopian tubes in control patients without carcinoma, matched for age. A total of 33 STICs were analyzed, of which 29 were associated with a concurrent high-grade serous carcinoma. Immunoreactivity for Ki-67 in fallopian tube epithelium was restricted to a few scattered cells and no statistically significant difference was found between patients with and without HGSC ($p > 0.05$). On the other hand, both STICs and HGSCs had significantly higher Ki-67 indices than normal FTE ($p < 0.0001$). STICs were uniformly positive for Ki-67, with an index ranging from 11.7%-71.1%. There was no correlation of the Ki-67 labeling index in the STICs and the associated high-grade serous carcinomas, as the labeling was higher in STIC compared to the high-grade serous carcinoma in 12/29 (41.4%) while it was lower in 17/29 (58.6%) ($p = 0.55$). In conclusion, the findings in this study indicate that compared to FTE, STICs have a significantly higher Ki-67 index similar to high-grade serous carcinoma. We propose that a Ki-67 index of 10% is a useful diagnostic tool to distinguish STICs from normal FTE.