

**Masaoka staging is of prognostic relevance in type B3 / C thymomas.**

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**BACKGROUND:** The purpose of this study was to correlate the Ki67 labelling index (LI) with the Masaoka classification and the new WHO-classification in type B3 / C thymomas.

**PATIENTS AND METHODS:** Fourteen patients with type B3 / C thymomas were evaluated, and archived specimens were histologically reclassified according to Masaoka staging, the new WHO classification and the Ki-67 LI in a retrospective analysis.

**RESULTS:** Four patients presented with Masaoka stage II disease (all WHO-type B3), 1 patient had stage III (WHO-type C), 6 stage IVa (3 WHO-type B3 and 3 WHO-type C), and another 3 patients stage IVb (all WHO-type C). The statistical analysis revealed a significant correlation between Masaoka staging and Ki-67 LI (II, III vs. IV;  $p = 0.007$ ). As well, WHO-classification correlated significantly with Ki-67 LI (B3 vs. C;  $p = 0.015$ ). Masaoka staging (II, III vs. IV) correlated significantly with survival status ( $p = 0.0237$ ) in patients with type B3 / C thymoma whereas WHO-classification did not ( $p = 0.3266$ ). Between survivors and non-survivors there was no statistically significant correlation concerning Ki-67 LI ( $p = 0.075$ ).

**CONCLUSION:** Our study indicated that the Masaoka staging system is of prognostic relevance in type B3 / C thymomas.