

**Table 4** Prognostic classification of thyroid tumors based on Ki67 labeling index proposed by Kakudo et al. (Reference 17) and Ki67 labeling rate described in WHO classification (left)

WHO Classification [reference 1]		Prognostic classification using growth rate [reference 17]		
Tumors	Ki-67	Tumors		Ki-67
Normal thyroid follicular cells	< 3%	• Benign		
			Follicular adenoma	< 3%
		• Borderline tumors (T1, N0, EX0, M0)		
		• Encapsulated tumors		
Well-differentiated thyroid carcinoma (papillary carcinoma and follicular carcinoma)	< 10%		WDT-UMP, FT-UMP, NIFTP, NEPRA, Non-invasive encapsulated PTC, Capsular invasion only FTC	< 3%
		• Non-capsulated (infiltrative) tumor		
			Papillary microcarcinoma	< 3%
		• Malignant tumors (invasive carcinoma, > 1 cm)		
			Low risk	< 5%
			Moderate risk	5–10%
Poorly differentiated carcinoma	10–30%		High risk	10–30%
Anaplastic thyroid carcinoma	> 30%		Anaplastic thyroid carcinoma	> 30%

\*NEPRAS : non-invasive encapsulated papillary RAS-like thyroid tumor

WDT-UMP: well-differentiated tumor of uncertain malignant potential

FT-UMP: follicular tumor of uncertain malignant potential

NIFTP: noninvasive encapsulated follicular neoplasm with papillary-like nuclear features

PTC: papillary carcinoma

FTC: follicular carcinoma