

### 3. Menguji Doktor

#### KODE K09

DESKRIPSI	: Penguji Tertutup a.n Imelda Theodora, dr., SpPA	Halaman
BUKTI	: Undangan Wadek I .....	02
	ST WD I FK No 1094/UN3.1.1/DI/2022, tanggal 27 Januari 2022 .....	03
	Bukti kinerja yaitu hal sampul, hal pengesahan dll .....	04



Nomor : I093/UN3.1.1/DL/2022

27 Januari 2022

Lamp : 1 Berkas

Hal : Mohon Kesediaan untuk menjadi Panitia Penguji Disertasi

Yth

1. Dr. Desak Gede A. Suprabawati, dr., Sp.B(K)Onk (Ketua)
2. Prof. Dr. I Ketut Sudiana, Drs., M.Si
3. Dr. Vicky Sumarki Budipramana, dr., Sp.B-KBD
4. Prof. Dr. Abdurrachman, dr., M.Kes., PA(K)
5. Dr. Karyono Mintaroem, dr., Sp.PA
6. Dr. Windhu Purnomo, dr., M.S
7. Dr. Gondo Mastutik, drh., M.Kes
8. Dr. Bambang Purwanto, dr., M.Kes

Dengan hormat,

Sehubungan dengan selesainya penulisan disertasi peserta Program Doktor angkatan tahun 2014/2015,

Nama : Imelda Theodora, dr., Sp.PA

ELPT : 587

NIM : 011417017340

Judul : PERBEDAAN DAN MEKANISME PERKEMBANGAN KARSINOMA KOLOREKTAL MELALUI ANALISIS EKSPRESI *ESTROGEN RECEPTOR  $\beta$* , INTERLEUKIN-6, STAT3, DAN Ki67

Promotor : Prof. Dr. I Ketut Sudiana, Drs., M.Si

Ko-Promotor I : Dr. Vicky Sumarki Budipramana, dr., Sp.B-KBD

Ujian Disertasi rencananya diselenggarakan :

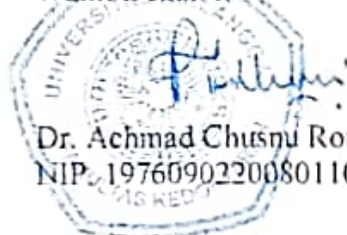
Hari, Tanggal : Kamis, 3 Pebruari 2022

Pukul : 09.00 - 12.00 WIB

Tempat : Menguji secara online menggunakan aplikasi Zoom

Maka dengan ini mohon kesediaan Saudara untuk menjadi Ketua / Anggota panitia Penguji Disertasi tersebut, terlampir kami sampaikan pernyataan kesediaan untuk diisi dan dilampirkan pada kami dalam waktu yang tidak terlalu lama guna diproses lebih lanjut.

Demikian atas perhatian Saudara, kami ucapkan terima kasih.

An. Dekan  
Wakil Dekan I.Dr. Achmad Chusnu Romdhoni, dr., Sp.THT-KL(K), FICS  
NIP. 197609022008011009

Tindakan :

- Kepala Sub. Bagian Keuangan



**SURAT TUGAS**

Nomor : 1094/UN3.1.1/DL/2022

Wakil Dekan I Fakultas Kedokteran Universitas Airlangga dengan ini menugaskan :

- |   |         |
|---|---------|
| 1. Dr. Desak Gede A. Suprabawati, dr., Sp.B(K)Onk | Ketua   |
| 2. Prof. Dr. I Ketut Suidana, Drs., M.Si          | Anggota |
| 3. Dr. Vicky Sumarki Budipramana, dr., Sp B-KBD   | Anggota |
| 4. Prof. Dr. Abdurrachman, dr., M.Kes., PA(K)     | Anggota |
| 5. Dr. Karyono Mintaroem, dr., Sp.PA              | Anggota |
| 6. Dr. Windhu Purnomo, dr., M.S                   | Anggota |
| 7. Dr. Gondo Mastutik, drh., M.Kes                | Anggota |
| 8. Dr. Bambang Purwanto, dr., M.Kes               | Anggota |

Sebagai Ketua / Anggota Panitia Ujian Tahap Pertama (Tertutup) Program Doktor Fakultas Kedokteran Universitas Airlangga atas nama Imelda Theodora, dr., Sp.PA peserta Program Doktor Program studi Ilmu Kedokteran angkatan tahun 2014/2015 yang diselenggarakan pada tanggal 3 Pebruari 2022.

Surat tugas ini diterbitkan sementara untuk menunggu keluarnya Surat Keputusan dari Dekan Fakultas Kedokteran Universitas Airlangga.

Surabaya, 27 Januari 2022

An: Dekan  
Wakil Dekan I,



Dr. Achmad Chusnu Romdhoni, dr., Sp.THT-KL(K), FICS  
NIP. 197609022008011009

**DISERTASI**

**PERBEDAAN DAN MEKANISME  
PERKEMBANGAN KARSINOMA KOLOREKTAL  
MELALUI ANALISIS EKSPRESI *ESTROGEN RECEPTOR  $\beta$* ,  
INTERLEUKIN-6, STAT3, DAN Ki67**



**IMELDA THEODORA**

**PROGRAM STUDI ILMU KEDOKTERAN JENJANG DOKTOR  
FAKULTAS KEDOKTERAN UNIVERSITAS AIRLANGGA  
SURABAYA  
2022**

**PERBEDAAN DAN MEKANISME  
PERKEMBANGAN KARSINOMA KOLOREKTAL  
MELALUI ANALISIS EKSPRESI *ESTROGEN RECEPTOR  $\beta$* ,  
INTERLEUKIN-6, STAT3, DAN Ki67**

**DISERTASI**

**Untuk memperoleh Gelar Doktor**

**Dalam Program Studi Ilmu Kedokteran Jenjang Doktor**

**pada Fakultas Kedokteran Universitas Airlangga**

**dan dipertahankan di hadapan Panitia Ujian Akhir Tahap 1 (Tertutup)**

**Oleh :**

**IMELDA THEODORA**

**011417017340**

**PROGRAM STUDI ILMU KEDOKTERAN JENJANG DOKTOR**

**FAKULTAS KEDOKTERAN UNIVERSITAS AIRLANGGA**

**SURABAYA**

**2022**

**LEMBAR PENGESAHAN**

**DISERTASI**

**PERBEDAAN DAN MEKANISME  
PERKEMBANGAN KARSINOMA KOLOREKTAL  
MELALUI ANALISIS EKSPRESI *ESTROGEN RECEPTOR  $\beta$* ,  
INTERLEUKIN-6, STAT3, DAN Ki67**

**YANG TELAH DISETUJUI  
PADA TANGGAL 26 JANUARI 2022**

**Oleh  
Promotor**



**Prof. Dr. I Ketut Suidiana, Drs., MSi.  
NIP. 195507051980031005**

**Ko-Promotor**



**Dr. Vicky Sumarki Bulpurajana, dr., SpB-KBD  
NIP.195509112016016101**

**Mengetahui,**

**Koordinator Program Studi Ilmu Kedokteran Jenjang Doktor  
Fakultas Kedokteran Universitas Airlangga**



**Prof. Dr. Hendy Hendarto, dr., SpOG(K)  
NIP. 196198172016016101**

**Disertasi ini telah disetujui untuk diuji dan dinilai  
oleh panitia penguji Ujian Tahap 1 (Tertutup)  
pada tanggal 3 Februari 2022**

**Panitia penguji:**

- Ketua** : 1. Prof. Dr. I Ketut Sudiana, Drs., M.Si
- Anggota** : 2. Dr. Vicky Sumarki Budipramana, dr., Sp.B-KBD  
3. Prof. Dr. Abdurrachman, dr., M.Kes., PA(K)  
4. Dr. Windhu Purnomo, dr., MS  
5. Dr. Desak Gede A. Suprabawati, dr, Sp.B(K)Onk  
6. Dr. Bambang Purwanto, dr., M.Kes  
7. Dr. Gondo Mastutik, drh., M.Kes  
8. Dr. Karyono Mintaroem, dr., SpPA

## SUMMARY

Colorectal carcinoma is the third most common malignancy worldwide, and second most leading cause of death in the United States. In Indonesia, it is one of the five malignancy with the most incidence. Therapy for colorectal carcinoma's keep involving and tend to be more personalized, using new regiments those are more specific for each individu.

Previous studies suggest that sex steroids influence colorectal cancer (CRC) carcinogenesis. Estrogen receptor  $\beta$  is the most predominant ER expressed in CRC. A number of studies show decline in ER $\beta$  expression and increase in IL-6 expression in colorectal carcinoma. Estrogen receptor  $\beta$  is known to have genomic and non genomic effect on cells proliferation, but which effect is more dominant in colorectal carcinoma needs further investigation.

This is an cross sectional, analitic observational study designed to investigate the difference and mechanism of ER $\beta$  and IL-6 in colorectal carcinoma development. Forty paraffin blocks of colorectal carcinoma cancer were obtained from Anatomical Pathology Installation RSU Dr. Soetomo Surabaya, and were subjected to immunohistochemistry staining using antibody to ER $\beta$ , IL-6, *Signal Transducer and Activator of Transcription 3* (STAT3), and Ki-67 to analyse the cell proliferation. Percentage of immunoreactive tumor cell per 1000 cells was recorded. Tumor differentiation was graded according to the WHO 2010 criteria, into well (>95% glandular formation), moderate (50-95% glandular formation), and poor differentiation (<50% glandular formation). Tumor infiltration was grouped based on AJCC TNM Staging 8<sup>th</sup> edition.



Our result shows the average age for CRC is 54.13 years with no gender difference. There is a significant difference and correlation in ER $\beta$  and IL-6 expression to the tumor differentiation, without significant difference in tumor infiltration. No difference found in Ki67 expression in each tumor differentiation, but there is significant difference in tumor infiltration. From the path analysis, our study sees that ER $\beta$  and IL-6 effect on tumor differentiation is not related to cell proliferation.

We observe a negative correlation of ER $\beta$  expression with tumor differentiation ( $p = 0,018$   $r = -0,371$ ), but not to tumor infiltration. Interleukin-6 is correlated the tumor differentiation, higher expression of Interleukin-6 is associated with worse tumor differentiation ( $p = 0,035$ ). IL-6 is correlated with STAT-3 expression, but not related to cell proliferation. The novelty of this study is ER $\beta$  and IL-6 is related to the tumor differentiation, but not to tumor infiltration, but there is no significant correlation between ER $\beta$  and IL-6 in human colorectal cancer specimens. IL-6 expression has a significant correlation with STAT-3 expression in colorectal carcinoma. Our results suggest that low expression of ER $\beta$  and high expression of IL-6 was a negative risk factor in colon cancer

## ABSTRACT

**Background:** Colorectal carcinoma (CRC) is the third most common malignant disease worldwide, and second most leading cause of death in the United States. In Indonesia, it is one of five malignancy with the most incidence. Colorectal carcinoma's therapy become more personalized, with new regiments which becoming more specific for each individu. As it grows, colorectal carcinoma is known to have correlation with Estrogen Receptor  $\beta$  (ER $\beta$ ) and Interleukin 6. A number of studies show decline in ER $\beta$  expression and increase in IL-6 ekspresion in colorectal carcinoma correlated with worse prognosis in CRC. Estrogen receptor  $\beta$  is known to have genomic and non genomic effect on cells proliferation, but which effect is more dominant in colorectal carcinoma is no yet known.

**Objective:** to analyze the difference and mechanism of ER $\beta$  and IL-6 in colorectal carcinoma.

**Method:** This is an analitic observational study with cross sectional design using forty paraffin blocks of colorectal carcinoma cancer obtained from Anatomical Pathology Installation RSUD Dr. Soetomo Surabaya. Estrogen Receptor  $\beta$ , Interleukin-6, Signal Transducer and Activator of Transcription 3 (STAT3), and Ki-67 were investigated by immunohistochemical staining of formalin fixed, paraffin-embeded tissue sections from 40 CRCs. Percentage of immunoreactive tumor cell per 1000 cells was recorded. Tumor differentiation was graded according to the WHO 2010 criteria, and tumor infiltration was defined based on AJCC 8<sup>th</sup> edition TNM staging. In this study we grouped the tumor into T1-T2 group and T3-T4 group.

**Result:** The average age for the sample is 54.13 years with no gender difference. We observe a negative correlation of ER $\beta$  expression with tumor differentiation ( $p = 0,018$   $r = -0,371$ ), but not to tumor infiltration. Interleukin-6 is correlated with the tumor differentiation, higher expression of Interleukin-6 is associated with worse tumor differentiation ( $p = 0,035$ ). IL-6 is correlated with STAT-3 expression ( $p = 0,001$   $\beta = 0,511$ ), but not related to cell proliferation. From the path analysis, our study sees that ER $\beta$  and IL-6 effect on tumor differentiation is not related to cell proliferation.

**Conclusion:** The higher IL-6 expression and the lower ER $\beta$  expression, the worse the tumor differentiation. High expression of IL-6 is correlated with STAT-3 expression, but not to cell proliferation. The novelty of this study is ER $\beta$  and IL-6 is related to the tumor differentiation, but not to tumor infiltration, but there is no significant correlation between ER $\beta$  and IL-6 in human colorectal cancer specimens. IL-6 expression has a significant correlation with STAT-3 expression in colorectal carcinoma *in vivo*.

**Keywords:** Colorectal carcinoma, ER $\beta$ , IL-6, STAT3, Ki67, differentiation, tumor infiltration.