

DAFTAR PUSTAKA

- Abu el Maaty, M. A., Terzic, J., Keime, C., Rovito, D., Lutzing, R., Yanushko, D., Parisotto, M., Grelet, E., Namer, I. J., Lindner, V., Laverny, G., & Metzger, D. (2022). Hypoxia-mediated stabilization of HIF1A in prostatic intraepithelial neoplasia promotes cell plasticity and malignant progression. *Science Advances*, 8(29), 1–15. <https://doi.org/10.1126/sciadv.abo2295>
- Amin, M. B., & Tickoo, S. K. (2016). Diagnostic Pathology: Genitourinary. In *Diagnostic Pathology: Genitourinary*. <https://doi.org/10.1016/B978-0-323-37714-0.50202-9>
- Baig, F. A., Hamid, A., Mirza, T., & Syed, S. (2015). Ductal and acinar adenocarcinoma of Prostatic: Morphological and immunohistochemical characterization. *Oman Medical Journal*, 30(3), 162–166. <https://doi.org/10.5001/omj.2015.36>
- Bott Simon RJ, & Ng Keng Lim. (2021). Prostatic Cancer. In *Exon Publications*.
- Chen, Y., Xu, H., Shi, Q., Gu, M., Wan, X., Chen, Q., & Wang, Z. (2019). Hypoxia-inducible factor 1α (HIF-1α) mediates the epithelial-mesenchymal transition in benign prostatic hyperplasia. In *International journal of clinical and experimental pathology* (Vol. 12, Issue 1, pp. 295–304). <http://www.ncbi.nlm.nih.gov/pubmed/31933745%0Ahttp://www.ncbi.nlm.nih.gov/articlerender.fcgi?artid=PMC6944022>
- Cheng, L., MacLennan, G. T., & Bostwick, D. G. (2020). Urologic Surgical Pathology. In *Urologic Surgical Pathology*. <https://doi.org/10.1016/C2016-0-03492-7>

- Collin, L. J., Maliniak, M. L., Cronin-Fenton, D. P., Ahern, T. P., Christensen, K. B., Ulrichsen, S. P., Damkier, P., Hamilton-Dutoit, S., Yacoub, R., Christiansen, P. M., Sørensen, H. T., & Lash, T. L. (2021). Hypoxia-inducible factor-1 α expression and breast cancer recurrence in a Danish population-based case control study. *Breast Cancer Research*, 23(1). <https://doi.org/10.1186/s13058-021-01480-1>
- Curtis, K. K., Wong, W. W., & Ross, H. J. (2016). Past approaches and future directions for targeting tumor hypoxia in squamous cell carcinomas of the head and neck. *Critical Reviews in Oncology/Hematology*, 103, 86–98. <https://doi.org/10.1016/j.critrevonc.2016.05.005>
- DeVita et all. (2018). *Cancer: Principles & Practice of Oncology*, (11th ed.). Wolters Kluwer Health. <https://www.ptonline.com/articles/how-to-get-better-mfi-results>
- Du, Z., Fujiyama, C., Chen, Y., & Masaki, Z. (2003). Expression of hypoxia-inducible factor 1 α in human normal, benign, and malignant Prostatic tissue. In *Chinese Medical Journal* (Vol. 116, Issue 12, pp. 1936–1939).
- Egevad, L., Delahunt, B., Furusato, B., Tsuzuki, T., Yaxley, J., & Samaratunga, H. (2021). Benign mimics of Prostatic cancer. *Pathology*, 53(1), 26–35. <https://doi.org/10.1016/j.pathol.2020.08.006>
- Epstein, J. I. (2012). Diagnosis of limited adenocarcinoma of the Prostatic. *Histopathology*, 60(1), 28–40. <https://doi.org/10.1111/j.1365-2559.2011.03990.x>
- Epstein, J. I. (2018). Prostatic cancer grading: a decade after the 2005 modified system. *Modern Pathology*, 31(S1), 47–63. <https://doi.org/10.1038/modpathol.2017.133>
- Erosschenko, V. & D. F. (2013). *DiFiore's atlas of histology with functional correlations*.

- Frost, J., Frost, M., Batie, M., Jiang, H., & Rocha, S. (2021). Roles of hif and 2-oxoglutarate-dependent dioxygenases in controlling gene expression in hypoxia. In *Cancers* (Vol. 13, Issue 2). <https://doi.org/10.3390/cancers13020350>
- Garg, M., Kaur, G., Malhotra, V., & Garg, R. (2013). Histopathological spectrum of 364 prostatic specimens including immunohistochemistry with special reference to grey zone lesions. *Prostatic International*, 1(4), 146–151. <https://doi.org/10.12954/pi.13026>
- Globocan. (2020). International Agency for Research on Cancer. *Globocan*, 23(7), 323–326.
- Hammerich, K. H., Ayala, G. E., & Wheeler, T. M. (2008). Anatomy of the Prostatic gland and surgical pathology of Prostatic cancer. *Prostatic Cancer*, November, 1–14. <https://doi.org/10.1017/CBO9780511551994.003>
- Humphrey et all. (2016). WHO Classification of Tumours of the Urinary System and Male Genital Organs. In *Clinical Equine Oncology* (4th ed.). Lyon. <https://doi.org/10.1016/B978-0-7020-4266-9.00036-2>
- Humphrey, P. A. (2017). *Histopathology of Prostatic Cancer*. 1–22.
- Ikeda, H., & Kakeya, H. (2021). Targeting hypoxia-inducible factor 1 (HIF-1) signaling with natural products toward cancer chemotherapy. *Journal of Antibiotics*, 74(10), 687–695. <https://doi.org/10.1038/s41429-021-00451-0>
- Jinna, N., Rida, P., Smart, M., LaBarge, M., Jovanovic-Talisman, T., Natarajan, R., & Seewaldt, V. (2022). Adaptation to Hypoxia May Promote Therapeutic Resistance to Androgen Receptor Inhibition in Triple-Negative Breast Cancer. *International Journal of Molecular Sciences*, 23(16). <https://doi.org/10.3390/ijms23168844>
- Kementrian Kesehatan Republik, I. (2018). PEDOMAN NASIONAL PELAYANAN KEDOKTERAN TATA LAKSANA KANKER PROSTAT.

- Kementrian Kesehatan Republik Indonesia, 63(2), 1–3.
http://forschungsunion.de/pdf/industrie_4_0_umsetzungsempfehlungen.pdf
https://www.dfg.de/fileadmin/user_upload/import/9744_171012-KI-Gipfelpapier-online.pdf
[https://www.bitkom.org/sites/default/files/pdf/Presse/Anhaenge-an-PIs/2018/180607-BitkomKimbro,%20K.%20S.,%20&%20Simons,%20J.%20W.%20\(2006\).%20Hypoxia-inducible%20factor-1%20in%20human%20breast%20and%20Prostatic%20cancer.%20Endocrine-Related%20Cancer,%2013\(3\),%20739-749.%20https://doi.org/10.1677/erc.1.00728](https://www.bitkom.org/sites/default/files/pdf/Presse/Anhaenge-an-PIs/2018/180607-BitkomKimbro,%20K.%20S.,%20&%20Simons,%20J.%20W.%20(2006).%20Hypoxia-inducible%20factor-1%20in%20human%20breast%20and%20Prostatic%20cancer.%20Endocrine-Related%20Cancer,%2013(3),%20739-749.%20https://doi.org/10.1677/erc.1.00728)
- Kozal, K., & Krześlak, A. (2022). The Role of Hypoxia-Inducible Factor Isoforms in Breast Cancer and Perspectives on Their Inhibition in Therapy. *Cancers*, 14(18). <https://doi.org/10.3390/cancers14184518>
- Kryvenko, O. N., & Epstein, J. I. (2016). Prostatic cancer grading: A decade after the 2005 modified gleason grading system. *Archives of Pathology and Laboratory Medicine*, 140(10), 1153–1156. <https://doi.org/10.5858/arpa.2015-0487-SA>
- Kumar, V., Abbas, A., Aster, J., & Turner, J. (2021). Robbins & Cotran Pathologic Basis of Disease Tenth Edition. In *Elsevier*.
- Lee, S. H., Golinska, M., & Griffiths, J. R. (2021). Hif-1-independent mechanisms regulating metabolic adaptation in hypoxic cancer cells. *Cells*, 10(9). <https://doi.org/10.3390/cells10092371>
- Magers, M., Kunju, L. P., & Wu, A. (2015). Intraductal carcinoma of the Prostatic morphologic features, differential diagnoses, significance, and reporting practices. *Archives of Pathology and Laboratory Medicine*, 139(10), 1234–1241. <https://doi.org/10.5858/arpa.2015-0206-RA>
- Marignol, L., Coffey, M., Lawler, M., & Hollywood, D. (2008). Hypoxia in Prostatic cancer: A powerful shield against tumour destruction? *Cancer Treatment Reviews*, 34(4), 313–327. <https://doi.org/10.1016/j.ctrv.2008.01.006>

- Masoud, G. N., & Li, W. (2015). HIF-1 α pathway: Role, regulation and intervention for cancer therapy. *Acta Pharmaceutica Sinica B*, 5(5), 378–389. <https://doi.org/10.1016/j.apsb.2015.05.007>
- Masoud, G. N., & Lin, W. (2015). *Jalur HIF-1 α : peran , regulasi , dan intervensi untuk terapi kanker*. 5(5), 378–389.
- Murgod, P. S., Doshi, P. R., Nisal, A. R., & Nimbargi, R. C. (2021). Histomorphological Mimickers of benign prostatic lesions with prostatic adenocarcinoma. *Journal of Pathology of Nepal*, 11(1), 1859–1863. <https://doi.org/10.3126/jpn.v10i2.29009>
- Putriyuni, A., & Hilbertina, N. (2015). Adenokarsinoma Prostat: Penilaian Prognostik Dan Derajat Histopatologi. *Majalah Kedokteran Andalas*, 37(2), 93. <https://doi.org/10.22338/mka.v37.i2.p93-100.2014>
- Rahman, T. (2016). Benign Prostatic Hyperplasia: Review and Update on Etiopathogenesis and Treatment Modalities. *J Urol Res*, 3(5), 1063. <https://www.jscimedcentral.com/Urology/urology-3-1063.pdf>
- Rosai, J. (2018). Rosai and Ackerman's surgical pathology. In G. Tallini & T. J. Giordano (Eds.), *Rosai and Ackerman's surgical pathology* (8th ed., pp. 289–366). Elsevier Health Sciences.
- Sehn, J. K. (2018). Prostatic Cancer Pathology: Recent Updates and Controversies. *Missouri Medicine*, 115(2), 151–155.
- Semenza, G. L. (2001). HIF-1, O₂, and the 3 PHDs: How animal cells signal hypoxia to the nucleus. *Cell*, 107(1), 1–3. [https://doi.org/10.1016/S0092-8674\(01\)00518-9](https://doi.org/10.1016/S0092-8674(01)00518-9)
- Semenza, G. L. (2007). Hypoxia-inducible factor 1 (HIF-1) pathway. *Science's STKE: Signal Transduction Knowledge Environment*, 2007(407), 9–12. <https://doi.org/10.1126/stke.4072007cm8>
- Sun, X., Huang, Q., Peng, F., Wang, J., Zhao, W., & Guo, G. (2021). Expression and Clinical Significance of HKII and HIF-1 α in Grade Groups of Prostatic Cancer. *Frontiers in Genetics*, 12(June), 1–8. <https://doi.org/10.3389/fgene.2021.680928>

- Tran, M. G. B., Bibby, B. A. S., Yang, L., Lo, F., Warren, A. Y., Shukla, D., Osborne, M., Hadfield, J., Carroll, T., Stark, R., Scott, H., Ramos-Montoya, A., Massie, C., Maxwell, P., West, C. M. L., Mills, I. G., & Neal, D. E. (2020). Independence of HIF1a and androgen signaling pathways in Prostatic cancer. *BMC Cancer*, 20(1), 1–12. <https://doi.org/10.1186/s12885-020-06890-6>
- Udensi, U. K., & Tchounwou, P. B. (2016). Oxidative stress in Prostatic hyperplasia and carcinogenesis. *Journal of Experimental and Clinical Cancer Research*, 35(1), 1–19. <https://doi.org/10.1186/s13046-016-0418-8>
- Weidemann, A., & Johnson, R. S. (2008). Biology of HIF-1 α . *Cell Death and Differentiation*, 15(4), 621–627. <https://doi.org/10.1038/cdd.2008.12>
- Zhang, Q., Han, Z., Zhu, Y., Chen, J., & Li, W. (2021). Role of hypoxia inducible factor-1 in cancer stem cells (Review). *Molecular Medicine Reports*, 23(1), 1–14. <https://doi.org/10.3892/mmr.2020.11655>
- Zhang, Z., Yao, L., Yang, J., Wang, Z., & Du, G. (2018). PI3K/Akt and HIF-1 signaling pathway in hypoxia-ischemia (Review). *Molecular Medicine Reports*, 18(4), 3547–3554. <https://doi.org/10.3892/mmr.2018.9375>
- Zhong, H., De Marzo, A. M., Laughner, E., Lim, M., Hilton, D. A., Zagzag, D., Buechler, P., Isaacs, W. B., Semenza, G. L., & Simons, J. W. (1999). Overexpression of hypoxia-inducible factor 1 α in common human cancers and their metastases. In *Cancer Research* (Vol. 59, Issue 22, pp. 5830–5835).
- Zhong, H., Hanrahan, C., Van der Poel, H., & Simons, J. W. (2001). Hypoxia-inducible factor 1 α and 1 β proteins share common signaling pathways in human Prostatic cancer cells. *Biochemical and Biophysical Research Communications*, 284(2), 352–356. <https://doi.org/10.1006/bbrc.2001.4981>

Zhong, H., Semenza, G. L., Simons, J. W., & De Marzo, A. M. (2004). Up-regulation of hypoxia-inducible factor 1 α is an early event in Prostatic carcinogenesis. In *Cancer Detection and Prevention* (Vol. 28, Issue 2, pp. 88–93). <https://doi.org/10.1016/j.cdp.2003.12.009>



REKOMENDASI PERSETUJUAN ETIK

Nomor : 619/UN4.6.4.5.31/ PP36/ 2023

Tanggal: 4 September 2023

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No Protokol	UH23080542	No Sponsor	
Peneliti Utama	dr. Asmirani Sudin	Sponsor	
Judul Peneliti	Ekspresi Hypoxia Inducible Factor-1 Alpha (HIF-1a) Pada Neoplasma Prostat		
No Versi Protokol	1	Tanggal Versi	31 Juli 2023
No Versi PSP		Tanggal Versi	
Tempat Penelitian	RS Universitas Hasanuddin Makassar		
Jenis Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal	Masa Berlaku 4 September 2023 sampai 4 September 2024	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	Nama Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)	Tanda tangan	
Sekretaris KEP Universitas Hasanuddin	Nama dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)	Tanda tangan	

Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Lapor SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
- Menyerahkan laporan akhir setelah Penelitian berakhir
- Melaporkan penyimpangan dari protokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan

Ekspresi HIF 1 Alpha pada BPH, PIN, LGAP, HGAP

No	Usia (thn)	Usia	Kelompok	Intensitas	% Proporsi	Proporsi	Hasil IR	IR	Ket IR	Keterangan
1	70	2	1	0	0	0	0	0	Negatif	
2	54	1	1	1	30	2	2	1	Lemah	Usia:
3	59	1	1	1	30	2	2	1	Lemah	1 = <70 tahun
4	64	1	1	0	0	0	0	0	Negatif	2 = ≥ 70 tahun
5	73	2	1	1	20	1	1	1	Lemah	
6	63	1	1	1	30	2	2	1	Lemah	
7	75	2	1	0	0	0	0	0	Negatif	Kelompok:
8	83	2	1	1	10	1	1	1	Lemah	1 = BPH
9	82	2	1	1	20	1	1	1	Lemah	2 = PIN
10	60	1	1	0	0	0	0	0	Negatif	3 = Low Grade Adenocarcinoma Prostat
11	66	1	1	1	10	1	1	1	Lemah	4 = High Grade Adenocarcinoma Prostat
12	74	2	1	0	0	0	0	0	Negatif	
13	75	2	1	1	15	1	1	1	Lemah	Intensitas:
14	98	2	1	1	10	1	1	1	Lemah	0 = Tidak ada sel tumor yang terwarnai
15	69	1	1	1	10	1	1	1	Lemah	1 = Lemah
16	63	1	1	1	15	1	1	1	Lemah	2 = Sedang
17	69	1	1	1	65	3	3	1	Lemah	3 = Kuat
18	61	1	1	1	30	2	2	1	Lemah	
19	61	1	1	2	55	3	6	2	Kuat	
20	63	1	1	1	10	1	1	1	Lemah	Proporsi Area Terwarnai:
21	66	1	1	1	15	1	1	1	Lemah	0 = tidak ada sel tumor yang terwarnai sampai <5%
22	52	1	1	1	10	1	1	1	Lemah	1 = area terwarnai 5% sampai 25%
23	69	1	1	1	30	2	2	1	Lemah	2 = area terwarnai >25% sampai 50%
24	98	2	1	1	15	1	1	1	Lemah	3 = area terwarnai >50%
25	63	1	1	1	15	1	1	1	Lemah	

26	70	2	2	2	55	3	6	2	Kuat	
27	54	1	2	3	35	2	6	2	Kuat	IR Score : Intensitas x Proporsi area terwarnai
28	59	1	2	3	60	3	9	2	Kuat	Negatif (0) = 0
29	64	1	2	2	60	3	6	2	Kuat	Lemah (+1) = 1-3
30	73	2	2	3	55	3	9	2	Kuat	Kuat (+2) = 4-9
31	63	1	2	2	60	3	6	2	Kuat	
32	75	2	2	2	30	2	4	2	Kuat	
33	83	2	2	2	30	2	4	2	Kuat	
34	82	2	2	2	35	2	4	2	Kuat	
35	60	1	2	3	30	2	6	2	Kuat	
36	66	1	2	3	30	2	6	2	Kuat	
37	74	2	2	3	70	3	9	2	Kuat	
38	75	2	2	2	35	2	4	2	Kuat	
39	98	2	2	3	30	2	6	2	Kuat	
40	69	1	2	2	15	1	2	1	Lemah	
41	63	1	2	2	30	2	4	2	Kuat	
42	69	1	2	2	35	2	4	2	Kuat	
43	61	1	2	2	30	2	4	2	Kuat	
44	61	1	2	2	35	2	4	2	Kuat	
45	63	1	2	2	60	2	4	2	Kuat	
46	66	1	2	2	20	1	2	2	Kuat	
47	52	1	2	2	15	1	2	1	Lemah	
48	69	1	2	2	35	2	4	2	Kuat	
49	98	2	2	2	35	2	4	2	Kuat	
50	63	1	2	3	40	2	6	2	Kuat	
51	68	1	3	3	60	3	9	2	Kuat	
52	81	2	3	3	65	3	9	2	Kuat	
53	75	2	3	3	60	3	9	2	Kuat	
54	72	2	3	2	30	2	4	2	Kuat	
55	71	2	3	2	30	2	4	2	Kuat	

56	67	1	3	3	55	3	9	2	Kuat
57	48	1	3	3	60	3	9	2	Kuat
58	69	1	3	3	70	3	9	2	Kuat
59	77	2	3	1	35	2	2	1	Lemah
60	61	1	3	2	35	2	4	2	Kuat
61	81	2	3	3	30	2	6	2	Kuat
62	52	1	3	3	60	3	9	2	Kuat
63	65	1	3	3	70	3	9	2	Kuat
64	74	2	3	3	60	3	9	2	Kuat
65	73	2	3	3	65	3	9	2	Kuat
66	66	1	3	3	60	3	9	2	Kuat
67	60	1	3	3	60	3	9	2	Kuat
68	77	2	3	3	55	3	9	2	Kuat
69	82	2	3	2	30	2	4	2	Kuat
70	86	2	3	3	70	3	9	2	Kuat
71	62	1	3	2	55	3	6	2	Kuat
72	54	1	3	3	30	2	6	2	Kuat
73	79	2	3	3	60	3	9	2	Kuat
74	55	1	3	2	55	3	6	2	Kuat
75	63	1	3	3	70	3	9	2	Kuat
76	68	1	4	3	80	3	9	2	Kuat
77	68	1	4	3	40	2	6	2	Kuat
78	71	2	4	3	70	3	9	2	Kuat
79	69	1	4	3	75	3	9	2	Kuat
80	62	1	4	3	80	3	9	2	Kuat
81	52	1	4	3	75	3	9	2	Kuat
82	73	2	4	3	75	3	9	2	Kuat
83	60	1	4	3	80	3	9	2	Kuat
84	65	1	4	3	80	3	9	2	Kuat
85	65	1	4	2	75	3	6	2	Kuat

86	67	1	4	2	75	3	6	2	Kuat
87	56	1	4	3	40	2	6	2	Kuat
88	78	2	4	3	70	3	9	2	Kuat
89	66	1	4	3	80	3	9	2	Kuat
90	67	1	4	3	80	3	9	2	Kuat
91	60	1	4	2	70	3	6	2	Kuat
92	73	2	4	3	40	2	6	2	Kuat
93	72	2	4	2	75	3	6	2	Kuat
94	63	1	4	2	80	3	6	2	Kuat
95	62	1	4	3	45	2	6	2	Kuat
96	70	2	4	2	70	3	6	2	Kuat
97	84	2	4	2	75	3	6	2	Kuat
98	54	1	4	3	70	3	9	2	Kuat
99	65	1	4	3	80	3	9	2	Kuat
100	59	1	4	3	40	2	6	2	Kuat

Frequencies

Notes

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Statistics

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Frequency Table

Kat_Usia

	Frequency	Percent	Valid Percent	Cumulative
				Percent
Valid	< 70 tahun	63	63.0	63.0
	≥ 70 tahun	37	37.0	100.0
	Total	100	100.0	100.0

Kelompok

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	BPH	25	25.0	25.0	25.0
	PIN	25	25.0	25.0	50.0
	Low Grade Adenocarcinoma	25	25.0	25.0	75.0
	Prostat				
	High Grade Adenocarcinoma	25	25.0	25.0	100.0
	Prostat				
	Total	100	100.0	100.0	

Intensitas

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak ada sel tumor yang terwarnai	5	5.0	5.0	5.0
	Lemah	20	20.0	20.0	25.0
	Sedang	31	31.0	31.0	56.0
	Kuat	44	44.0	44.0	100.0
	Total	100	100.0	100.0	

Kat_Proporsi

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	tidak ada sel tumor yang terwarnai sampai <5%	5	5.0	5.0	5.0
	area terwarnai 5% sampai 25%	16	16.0	16.0	21.0
	area terwarnai >25% sampai 50%	33	33.0	33.0	54.0
	area terwarnai >50%	46	46.0	46.0	100.0
	Total	100	100.0	100.0	

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Negatif	5	5.0	5.0	5.0
	Lemah	22	22.0	22.0	27.0
	Kuat	73	73.0	73.0	100.0
	Total	100	100.0	100.0	

MEANS TABLES=Usia Proporsi Hasil_IR
/CELLS=MEAN STDDEV MEDIAN MIN MAX.

Means

Notes

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Syntax	Split File
	<none>
Resources	N of Rows in Working Data File
	100
Definition of Missing	For each dependent variable in a table, user-defined missing values for the dependent and all grouping variables are treated as missing.
	Cases Used
Cases used for each table have no missing values in any independent variable, and not all dependent variables have missing values.	
Syntax	MEANS TABLES=Usia Proporsi Hasil_IR /CELLS=MEAN STDDEV MEDIAN MIN MAX.
Processor Time	00:00:00.00
	Elapsed Time
00:00:00.02	

Case Processing Summary

	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
Usia	100	100.0%	0	0.0%	100	100.0%
Proporsi	100	100.0%	0	0.0%	100	100.0%
Hasil_IR	100	100.0%	0	0.0%	100	100.0%

Report

	Usia	Proporsi	Hasil_IR
Mean	68.2700	44.6000	5.3200
Std. Deviation	10.18104	24.08612	3.11361
Median	67.0000	40.0000	6.0000
Minimum	48.00	.00	.00
Maximum	98.00	80.00	9.00

CROSSTABS

```
/TABLES=Kat_Usia Intensitas Kat_Proporsi IR IR_2 BY Kelompok
/FORMAT=AVALUE TABLES
/STATISTICS=CHISQ
/CELLS=COUNT COLUMN
/COUNT ROUND CELL.
```

Crosstabs

Notes

Output Created	27-OCT-2023 20:52:53	
Comments		
Input	Data	D:\Office\Statistics\Data dr Mimi.sav
	Active Dataset	DataSet42
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	100
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each table are based on all the cases with valid data in the specified range(s) for all variables in each table.

Syntax	CROSSTABS /TABLES=Kat_Usia Intensitas Kat_Proporti IR IR_2 BY Kelompok /FORMAT=AVALUE TABLES /STATISTICS=CHISQ /CELLS=COUNT COLUMN /COUNT ROUND CELL.								
Resources	<table border="1"> <tr> <td>Processor Time</td> <td>00:00:00.02</td> </tr> <tr> <td>Elapsed Time</td> <td>00:00:00.03</td> </tr> <tr> <td>Dimensions Requested</td> <td>2</td> </tr> <tr> <td>Cells Available</td> <td>524245</td> </tr> </table>	Processor Time	00:00:00.02	Elapsed Time	00:00:00.03	Dimensions Requested	2	Cells Available	524245
Processor Time	00:00:00.02								
Elapsed Time	00:00:00.03								
Dimensions Requested	2								
Cells Available	524245								

Intensitas * Kelompok

			Crosstab					
			Kelompok					
			Low Grade		High Grade			
			Adenocarcinoma	Prostat	Adenocarcinoma	Prostat	Total	
Intensitas	Tidak ada sel tumor yang terwarnai	Count	5	0	0	0	5	
	Lemah	Count	19	0	1	0	20	
		% within Kelompok	20.0%	0.0%	0.0%	0.0%	5.0%	
	Sedang	Count	1	17	6	7	31	
		% within Kelompok	76.0%	0.0%	4.0%	0.0%	20.0%	
	Kuat	Count	0	8	18	18	44	
		% within Kelompok	0.0%	32.0%	72.0%	72.0%	44.0%	
Total		Count	25	25	25	25	100	
		% within Kelompok	100.0%	100.0%	100.0%	100.0%	100.0%	

Chi-Square Tests

		Asymptotic Significance (2-sided)	
	Value	df	sided)
Pearson Chi-Square	105.514 ^a	9	.000
Likelihood Ratio	109.853	9	.000
Linear-by-Linear Association	54.303	1	.000
N of Valid Cases	100		

a. 4 cells (25.0%) have expected count less than 5. The minimum expected count is 1.25.

Kat_Proporsi * Kelompok

		Crosstab					
				Kelompok			
				Low Grade		High Grade	
		BPH	PIN	Adenocarcinoma	Prostat	Adenocarcinoma	Prostat
Kat_Proporsi	tidak ada sel tumor	Count	5	0	0	0	5
	yang terwarnai sampai <5%	% within Kelompok	20.0%	0.0%	0.0%	0.0%	5.0%
	area terwarnai 5%	Count	13	3	0	0	16
	sampai 25%	% within Kelompok	52.0%	12.0	0.0%	0.0%	16.0%
	area terwarnai >25%	Count	5	16	7	5	33
	sampai 50%	% within Kelompok	20.0%	64.0	28.0%	20.0%	33.0%
	area terwarnai >50%	Count	2	6	18	20	46
		% within Kelompok	8.0%	24.0	72.0%	80.0%	46.0%
Total		Count	25	25	25	25	100
		% within Kelompok	100.0	100.	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	73.965 ^a	9	.000
Likelihood Ratio	75.123	9	.000
Linear-by-Linear Association	48.342	1	.000
N of Valid Cases	100		

a. 8 cells (50.0%) have expected count less than 5. The minimum expected count is 1.25.

IR * Kelompok

		Crosstab				Total	
		Kelompok					
		Low Grade		High Grade			
		Adenocarcinoma	Prostat	Adenocarcinoma	Prostat		
BPH	PIN						
IR	Negatif	Count	5	0	0	0	
		% within Kelompok	20.0%	0.0%	0.0%	5.0%	
	Lemah	Count	19	2	1	0	
		% within Kelompok	76.0%	8.0%	4.0%	22.0%	
	Kuat	Count	1	23	24	25	
		% within Kelompok	4.0%	92.0%	96.0%	100.0%	
Total		Count	25	25	25	25	
		% within Kelompok	100.0%	100.0	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	81.395 ^a	6	.000
Likelihood Ratio	87.230	6	.000
Linear-by-Linear Association	48.278	1	.000
N of Valid Cases	100		

a. 4 cells (33.3%) have expected count less than 5. The minimum expected count is 1.25.

Means

Notes	
Output Created	27-OCT-2023 20:53:06
Comments	
Input	<p>Data D:\Office\Statistics\Data dr Mimi.sav</p> <p>Active Dataset DataSet42</p> <p>Filter <none></p> <p>Weight <none></p> <p>Split File <none></p>
	N of Rows in Working Data File 100
Missing Value Handling	<p>Definition of Missing For each dependent variable in a table, user-defined missing values for the dependent and all grouping variables are treated as missing.</p> <p>Cases Used Cases used for each table have no missing values in any independent variable, and not all dependent variables have missing values.</p>
Syntax	MEANS TABLES=Usia Proporsi Hasil_IR BY Kelompok /CELLS=MEAN STDDEV MEDIAN MIN MAX.
Resources	<p>Processor Time 00:00:00.02</p> <p>Elapsed Time 00:00:00.02</p>

Case Processing Summary

	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
Usia * Kelompok	100	100.0%	0	0.0%	100	100.0%
Proporsi * Kelompok	100	100.0%	0	0.0%	100	100.0%
Hasil_IR * Kelompok	100	100.0%	0	0.0%	100	100.0%

Report

Kelompok		Usia	Proporsi	Hasil_IR
BPH	Mean	69.2000	17.8000	1.2800
	Std. Deviation	11.49275	16.27114	1.24231
	Median	66.0000	15.0000	1.0000
	Minimum	52.00	.00	.00
	Maximum	98.00	65.00	6.00
PIN	Mean	69.2000	38.6000	5.0000
	Std. Deviation	11.49275	15.03607	1.97906
	Median	66.0000	35.0000	4.0000
	Minimum	52.00	15.00	2.00
	Maximum	98.00	70.00	9.00
Low Grade Adenocarcinoma	Mean	68.7200	53.2000	7.4400
Prostat	Std. Deviation	10.15103	14.64013	2.27450
	Median	69.0000	60.0000	9.0000
	Minimum	48.00	30.00	2.00
	Maximum	86.00	70.00	9.00
High Grade Adenocarcinoma	Mean	65.9600	68.8000	7.5600
Prostat	Std. Deviation	7.26567	14.66856	1.52971
	Median	66.0000	75.0000	9.0000
	Minimum	52.00	40.00	6.00
	Maximum	84.00	80.00	9.00
Total	Mean	68.2700	44.6000	5.3200
	Std. Deviation	10.18104	24.08612	3.11361
	Median	67.0000	40.0000	6.0000
	Minimum	48.00	.00	.00
	Maximum	98.00	80.00	9.00

EXAMINE VARIABLES=Usia Proporsi Hasil_IR
 /PLOT BOXPLOT STEMLEAF NPLOT
 /COMPARE GROUPS
 /STATISTICS DESCRIPTIVES
 /CINTERVAL 95
 /MISSING LISTWISE
 /NOTOTAL.

Explore

Notes

Output Created	27-OCT-2023 20:53:21	
Comments		
Input	Data Mimi.sav	D:\Office\Statistics\Data dr
	Active Dataset	DataSet42
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	100
Missing Value Handling	Definition of Missing	User-defined missing values for dependent variables are treated as missing.
	Cases Used	Statistics are based on cases with no missing values for any dependent variable or factor used.
Syntax	EXAMINE VARIABLES=Usia Proporsi Hasil_IR /PLOT BOXPLOT STEMLEAF NPLOT /COMPARE GROUPS /STATISTICS DESCRIPTIVES /CINTERVAL 95 /MISSING LISTWISE /NOTOTAL.	
Resources	Processor Time	00:00:00.72
	Elapsed Time	00:00:00.91

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Usia	100	100.0%	0	0.0%	100	100.0%
Proporsi	100	100.0%	0	0.0%	100	100.0%
Hasil_IR	100	100.0%	0	0.0%	100	100.0%

Descriptives

		Statistic	Std. Error
Usia	Mean	68.2700	1.01810
	95% Confidence Interval for	<u>Lower Bound</u>	66.2499
	Mean	<u>Upper Bound</u>	70.2901
	5% Trimmed Mean	67.7000	
	Median	67.0000	
	Variance	103.654	
	Std. Deviation	10.18104	
	Minimum	48.00	
	Maximum	98.00	
	Range	50.00	
	Interquartile Range	11.75	
	Skewness	.860	.241
	Kurtosis	1.233	.478
Proporsi	Mean	44.6000	2.40861
	95% Confidence Interval for	<u>Lower Bound</u>	39.8208
	Mean	<u>Upper Bound</u>	49.3792
	5% Trimmed Mean	45.1111	
	Median	40.0000	
	Variance	580.141	
	Std. Deviation	24.08612	
	Minimum	.00	
	Maximum	80.00	
	Range	80.00	
	Interquartile Range	38.75	
	Skewness	-.138	.241
	Kurtosis	-1.190	.478
Hasil_IR	Mean	5.3200	.31136
	95% Confidence Interval for	<u>Lower Bound</u>	4.7022
	Mean	<u>Upper Bound</u>	5.9378
	5% Trimmed Mean	5.4111	
	Median	6.0000	
	Variance	9.695	
	Std. Deviation	3.11361	
	Minimum	.00	
	Maximum	9.00	

Range	9.00
Interquartile Range	7.00
Skewness	.241
Kurtosis	.478

Kruskal-Wallis Test

Ranks

	Kelompok	N	Mean Rank
Usia	BPH	25	51.34
	PIN	25	51.34
	Low Grade Adenocarcinoma	25	54.40
	Prostat		
	High Grade Adenocarcinoma	25	44.92
	Prostat		
Total		100	
Proporsi	BPH	25	18.48
	PIN	25	42.86
	Low Grade Adenocarcinoma	25	58.64
	Prostat		
	High Grade Adenocarcinoma	25	82.02
	Prostat		
Total		100	
Hasil_IR	BPH	25	14.80
	PIN	25	46.66
	Low Grade Adenocarcinoma	25	69.72
	Prostat		
	High Grade Adenocarcinoma	25	70.82
	Prostat		
Total		100	

Test Statistics^{a,b}

	Usia	Proporsi	Hasil_IR
Kruskal-Wallis H	1.422	64.331	65.093
df	3	3	3
Asymp. Sig.	.700	.000	.000

a. Kruskal Wallis Test

b. Grouping Variable: Kelompok

DATASET ACTIVATE DataSet42.
 NPAR TESTS
 /M-W= Usia Proporsi Hasil_IR BY Kelompok(1 2)
 /MISSING ANALYSIS.

NPar Tests

Notes		
Output Created		27-OCT-2023 20:54:35
Comments		
Input	Data	D:\Office\Statistics\Data dr Mimi.sav
	Active Dataset	DataSet42
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	100
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each test are based on all cases with valid data for the variable(s) used in that test.
Syntax		NPAR TESTS /M-W= Usia Proporsi Hasil_IR BY Kelompok(1 2) /MISSING ANALYSIS.
Resources	Processor Time	00:00:00.02
	Elapsed Time	00:00:00.02
	Number of Cases Allowed ^a	349525

a. Based on availability of workspace memory.

Mann-Whitney Test

Ranks				
Kelompok	N	Mean Rank	Sum of Ranks	
Usia	BPH	25	25.50	637.50
	PIN	25	25.50	637.50

	Total	50		
Proporsi	BPH	25	16.42	410.50
	PIN	25	34.58	864.50
	Total	50		
Hasil_IR	BPH	25	14.14	353.50
	PIN	25	36.86	921.50
	Total	50		

Test Statistics^a

	Usia	Proporsi	Hasil_IR
Mann-Whitney U	312.500	85.500	28.500
Wilcoxon W	637.500	410.500	353.500
Z	.000	-4.455	-5.621
Asymp. Sig. (2-tailed)	1.000	.000	.000

a. Grouping Variable: Kelompok

```
DATASET ACTIVATE DataSet42.
NPAR TESTS
/M-W= Usia Proporsi Hasil_IR BY Kelompok(1 3)
/MISSING ANALYSIS.
```