

exposed by 200  $\mu\text{M}$  of curcumin. Group V : with exposed by 400  $\mu\text{M}$  of curcumin, Group VI : with exposed by 800  $\mu\text{M}$  of curcumin. Each group replicate five times, and each will be the next examined by two kind of examination, proliferation and apoptosis index.

### Proliferation Index

Proliferation index was measured by calorimetric examination which is called the method of MTT proliferation index. This method measuring absorbance of formazan, which it's produce by proliferative cells. The higher the absorbance value means more formazan produced, and indicates a growing number of proliferating cells.

### Apoptosis Index

Apoptosis index examination by the method of labeling DNA fragmentation TUNEL system. Cell undergoing apoptosis was characterized by brown staining in the nucleus.

### Ethics

Ethical clearance was obtained from Health Research Ethics Committee of Dr. Saiful Anwar General Hospital.

### Statistical Analysis

Data are analyzed using one-way ANOVA test and followed by Least Significant Difference (LSD) to differences between groups. Post hoc test was used if the ANOVA was significant.  $P < 0.05$  was considered statistically significant.

## RESULTS

### Culture of Complete Hydatidiform Mole

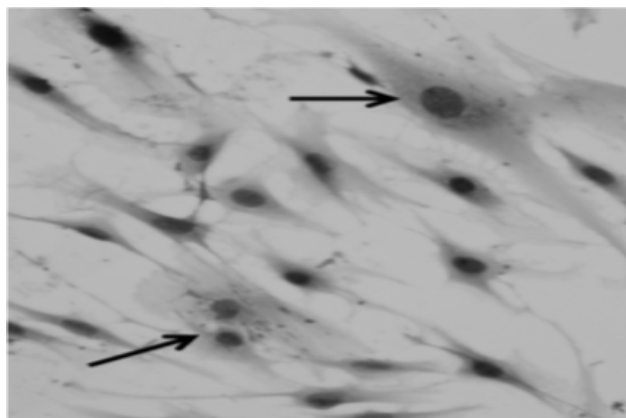


Figure 1. Trophoblast Cell Culture of Complete Hydatidiform Mole.

### Proliferation Index Analysis

Proliferation index in CHM trophoblastic cells can be seen in Table 1 and Fig. 1. Table 1 shows mean data of proliferation index according to varying doses of curcumin.

Table 1. Mean Data of Proliferation Index According to Varying Doses of Curcumin

Treatment	Proliferation index Means $\pm$ SD	p-value
Control	0.96 $\pm$ 0.20 <sup>a</sup>	
Curcumin 50 $\mu\text{M}$	1.10 $\pm$ 0.10 <sup>a</sup>	
Curcumin 100 $\mu\text{M}$	0.64 $\pm$ 0.37 <sup>a</sup>	0.001
Curcumin 200 $\mu\text{M}$	0.36 $\pm$ 0.03 <sup>c</sup>	
Curcumin 400 $\mu\text{M}$	0.34 $\pm$ 0.02 <sup>c</sup>	
Curcumin 800 $\mu\text{M}$	0.32 $\pm$ 0.01 <sup>c</sup>	

Description : at the mean  $\pm$  SD, if it contains different letters mean no significant difference ( $p$ -value  $< 0.05$ ) and if it contains the same letters mean no significant difference ( $p$ -value  $> 0.05$ ).

The table shows that treatment of varying doses of curcumin have different influence on mean proliferation index. ANOVA test showed significant differences ( $p < 0.001$ ) in proliferation index in CHM trophoblastic cells with various doses of curcumin treatment and control.

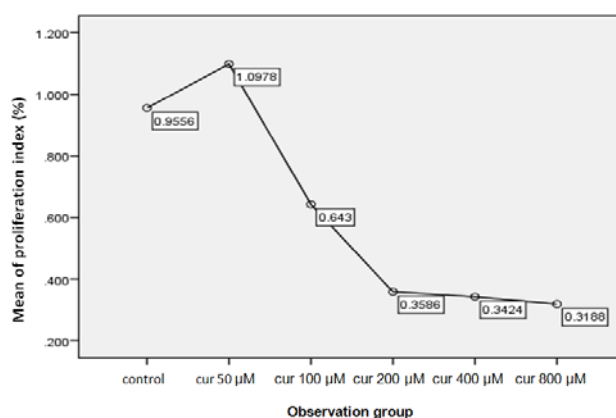
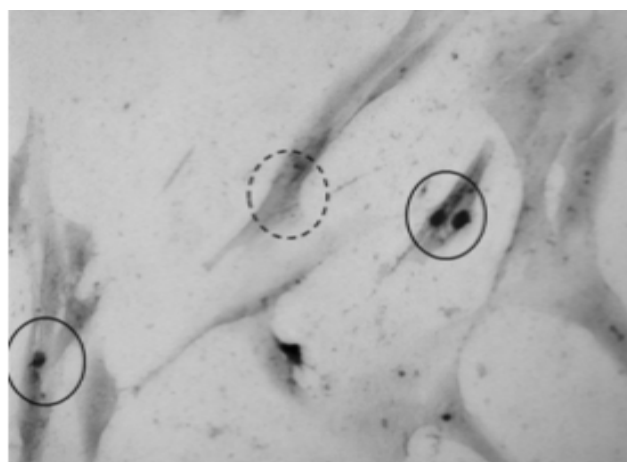
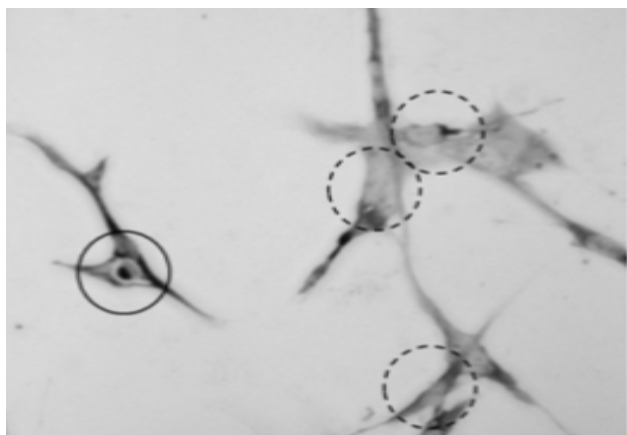


Figure 2. Trend Change in Mean Proliferation Index

### Apoptosis Index Analysis

Description : cells undergoing apoptosis are characterized by brown-staining in the nucleus (marked with circles) and cells which not under-

going apoptosis showed no brown staining in the cell nucleus (marked with a circle cut off).



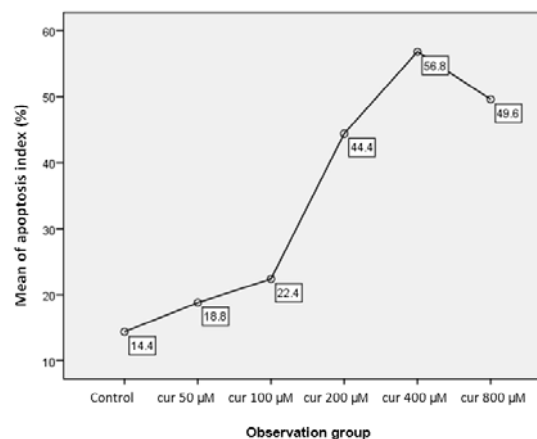
**Figure 3.** Immunohistochemical TUNEL Labeling System Introphblast Cells CHM with 400x Magnification.

**Table 2.** Mean Data of Apoptosis Index According to Varying Doses of Curcumin

Treatment	Apoptosis index Means $\pm$ SD	p-value
Control	14.4 $\pm$ 4.56 <sup>a</sup>	0.001
Curcumin 50 $\mu$ M	18.8 $\pm$ 5.02 <sup>a</sup>	
Curcumin 100 $\mu$ M	22.4 $\pm$ 7.13 <sup>a</sup>	
Curcumin 200 $\mu$ M	44.4 $\pm$ 7.40 <sup>b</sup>	
Curcumin 400 $\mu$ M	56.8 $\pm$ 13.16 <sup>b</sup>	
Curcumin 800 $\mu$ M	49.6 $\pm$ 16.15 <sup>b</sup>	

Description: at the mean  $\pm$  SD, if it contains different letters mean no significant difference (p-value <0.05) and if it contains the same letters mean no significant difference (p-value >0.05).

This table shows that treatment of varying doses of curcumin have different influence on mean apoptosis index. ANOVA test showed significant differences (p<0,001) in apoptosis index in CHM trophoblastic cells with various doses of curcumin treatment and control.



**Figure 4.** Trend change in mean apoptosis index.

## DISCUSSION

Curcumin is a compound derivative of turmeric which proved capable of inhibiting tumor transformation, initiation and promotion, proliferation, invasion, angiogenesis and metastasis. Many studies have shown that curcumin modulates a variety of molecular targets, including growth factors and their receptors, transcription factors, cytokines, enzymes and genes that regulate apoptosis. Curcumin inhibits proliferation of cancer cells by holding them at different stages of the cell cycle and inducing apoptosis.<sup>10-12</sup>

Curcumin proved to inhibit cell proliferation, namely through inhibition of NFkB, in several types of cancer by lowering protein antiapoptosis (Bcl-2 and Bcl-XL), cell cycle regulators (cyclin-cyclin D-1 and D-2), growth factors (interleukin, TNF- $\alpha$ , VEGF) and increase apoptosis, by activating caspase.<sup>10-12</sup>

In this study, the one-way ANOVA test proved there were not significant differences in decreasing proliferation index between control group and curcumin dose 50  $\mu$ M. And there were highly significant differences (p=0.001) indecreasing of proliferation index by curcumin administration of a dose of 100  $\mu$ M, 200  $\mu$ M, 400  $\mu$ M and 800  $\mu$ M compared with the control and curcumin dose of 50  $\mu$ M (Table 1). Figure 1 shown that proliferation index

decreased with increasing doses of curcumin. However, there was no significant difference in reduction in proliferation index between the treatment dose administration of curcumin at a dose of 200  $\mu$ M, 400  $\mu$ M and 800  $\mu$ M. So it means that statistically the third dose has the same capabilities in terms of reducing the proliferation index in cell culture of complete hydatidiform mole.

In this study, the one-way ANOVA test obtained a very significant difference in the mean apoptosis index of cells into six groups of sample observations, as shown by the  $p$ -value=0.001. With LSD in Table 2 shows that there is no significant difference in the mean apoptosis index of cells between the control group and the group treated with curcumin dose administration of 50  $\mu$ M and also with a dose of 100  $\mu$ M. This suggests that there is no effect of giving curcumin 50  $\mu$ M and 100  $\mu$ M against cell apoptosis index in cell culture complete hydatidiform mole. Although, it appears to be an increase in the mean value but the increasement was not statistically significant.

From this research shows that there are significant differences in the apoptosis index between the control group and the group given doses of curcumin 200  $\mu$ M, 400  $\mu$ M, or a dose of 800  $\mu$ M. Figure 3 shown that apoptosis index increase with increasing doses of curcumin. However, there was no significant difference in increasing of apoptosis index between the group given doses of curcumin 200  $\mu$ M, 400  $\mu$ M, or 800  $\mu$ M. In other words, the three doses of curcumin have the same ability to increasing the apoptosis cells index in cell culture of complete hydatidiform mole. Where the average value of the cell apoptosis index was highest at a dose of 400  $\mu$ M. In this study a dose of 400  $\mu$ M can be considered as the most optimal dose of curcumin in increasing cell apoptosis index.

## CONCLUSION

Based on the results and discussion in this study it can be concluded that the administration of curcumin can lowering proliferation index and increasing apoptosis index in trophoblastic cell culture of complete hydatidiform mole. Where dose of curcumin that proved significant in reducing the proliferation index and increasing the apoptosis index in this study is a dose of 200  $\mu$ M.

## REFERENCES

1. Bess KA and Wood TL. Understanding gestational trophoblastic disease. AWHONN Lifelines, 2006; 10(4): 321-6.
2. Andrijono. Penyakit Trofoblas Gestasional. Edisi pertama. Divisi Onkologi Departemen Obstetri Ginekologi Fakultas Kedokteran Universitas Indonesia. 2007: 23-41.
3. Sastradinata I. Problematik Penyakit Trofoblas di Indonesia. Departemen Obstetri Ginekologi Fakultas Kedokteran Universitas Sriwijaya, 2009.
4. Schorge JO and Schaffer JL. Gynecologic Oncology: Gestational Trophoblastic Disease in Williams Gynecology. The McGraw-Hill Companies 2008; 37: 755-70.
5. Tangapazham RL, Sharma A and Maheswari RK. 2006. Multiple Molecular Targets in Cancer Chemo prevention by Curcumin. The AAPS J, 2014: 443-9.
6. Lin C and Lin JL. Curcumin: a Potential Cancer Chemo preventive Agent through Suppressing NF $\kappa$ B Signaling J. Cancer Mol, 2008; 4(1): 11-6.
7. Berkowitz RS and Goldstein DP. Current management of gestational trophoblastic disease. Am Cancer Soc, 2005; 112(3): 654-62.
8. Newlands ES. The management of gestational trophoblastic disease. Royal College Obstet Gynecol, 2010; 38: 1-11.
9. Anand P, Kunumakkara AB, Newman RA, Aggarwal BA. Bioavailability of curcumin: Problems dan Promises. Am Chem Soc, 2007; 4(6): 807-18.
10. Sharma RA, Gescher AJ and Steward WP. Curcumin: The story so far. Eur J Cancer 2005; 41: 1955-68.
11. Shishodia S, Sethi G and Aggarwal BB. Curcumin: Getting back to the roots. NY Academy of Science, 2005; 1056: 206-17.
12. Duvoix A, Blasius R, Delhalle S et al. 2005. Chemopreventive and therapeutic effect of curcumin. Luxemburg. Cancer letters. www.elsevier.com/locate/canlet.: 181-90.
13. Morikawa T, Matsuda H, Ninomiya K, and Yoshikawa M. 2007. Role of Curcumin in Cancer Therapy. J Current Problem Cancer, 2005; 31: 243-305.