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Broj: 366/7-1
Podgorica, 07.03.2022. godine

Univerzitet Crne Gore
Odbor za doktorske studije
n/r predsjednici – prof. dr Biljani Šćepanović

Poštovana,

U skladu sa članom 41 i 55 Pravila doktorskih studija, i tačkom 3.8. Vodiča za doktorske studije, u prilogu akta dostavljamo obrazac D2 uz Prijedlog Odluke Vijeća o imenovanju Komisije za ocjenu doktorske disertacije dr med Janje Raonić, pod nazivom „Imunohistohemijsko odredjivanje ekspresije inflamatornih i proliferativnih markera u lezijama grlića materice“ sa pratećom dokumentacijom.

S poštovanjem.

MEDICINSKI FAKULTET
D E K A N,

Prof. dr Miodrag Radunović

ISPUNJENOST USLOVA DOKTORANDA

OPŠTI PODACI O DOKTORANDU			
Titula, ime, ime roditelja, prezime	Dr med Janja (Zoran) Raonić		
Fakultet	Medicinski fakultet Podgorica, Univerzitet Crne Gore		
Studijski program	Medicina		
Broj indeksa	1/12		
NAZIV DOKTORSKE DISERTACIJE			
Na službenom jeziku	Imunohistohemijsko određivanje ekspresije inflamatornih i proliferativnih markera u lezijama grlića materice		
Na engleskom jeziku	Immunohistochemical determination of expression of inflamatory and proliferative markers in cervical lessions		
Naučna oblast	Histopatologija		
MENTOR/MENTORI			
Prvi mentor	Prof. dr Ljiljana Vučković	Medicinski fakultet Podgorica, Univerzitet Crne Gore	Histologija
KOMISIJA ZA PREGLED I OCJENU DOKTORSKE DISERTACIJE			
Prof. dr Aleksandra Vuksanović Božarić		Medicinski fakultet Podgorica, Univerzitet Crne Gore	Anatomija
Prof. dr Ljiljana Vučković		Medicinski fakultet Podgorica, Univerzitet Crne Gore	Histologija
Doc. dr Dragana Tegeltija		Medicinski fakultet, Univerzitet u Novom Sadu, Srbija	Patologija

Datum značajni za ocjenu doktorske disertacije	
Sjednica Senata na kojoj je data saglasnost na ocjenu temu i kandidata	21. 07. 2016.
Dostavljanja doktorske disertacije organizacionoj jedinici i saglasanost mentora	22.02.2022.
Sjednica Vijeća organizacione jedinice na kojoj je dat predlog za imenovanje komisija za pregled i ocjenu doktorske disertacije	03.03.2022.

ISPUNJENOST USLOVA DOKTORANDA
U skladu sa članom 38 Pravila doktorskih studija kandidat je dio sopstvenih istraživanja vezanih za doktorsku disertaciju publikovao u časopisu sa **SCI** liste kao prvi autor.
Spisak radova doktoranda iz oblasti doktorskih studija koje je publikovao u časopisima sa (upisati odgovarajuću listu)
Raonic J, Lopicic M, Vuckovic L, Vucinic J. Immunohistochemical analysis of CD68, CD4, CD8 and CD20 expression in cervical dysplasia and its relationship with HR-HPV infection. Eur Rev Med Pharmacol Sci. 2021;25(23):7598-7606. doi: 10.26355/eurrev_202112_27458. PMID: 34919260. https://www.europeanreview.org/article/27458
Obrazloženje mentora o korišćenju doktorske disertacije u publikovanim radovima
Dio istraživačkog materijala koji proističe iz doktorske disertacije publikovan je u renomiranom međunarodnom časopisu "European Review for Medical and Pharmacological Sciences" (indeksiran u SCI, impakt faktor 3.507), koji se nalazi u Q2 kategoriji. U pomenutoj publikaciji, kroz ispitivanje odnosa HR.HPV infekcije i ćelijskog inflamatornog odgovora na infekciju i cervikalnu displaziju, dat je značajan doprinos razumjevanju patogeneze jednog od najčešćih malignih tumora u ženskoj populaciji - cervikalnog karcinoma, ali i procesa humane kancerogeneze uopšte. Mišljenje nezavisne, usko specijalizovane recenzentske komisije, koja je ovo istraživanje ocijenila kao veoma aktuelno i od interesa za sveukupnu naučnu javnost, potvrda je naučnog doprinosa rezultata doktorske disertacije.
Datum i ovjera (pečat i potpis odgovorne osobe)
U Podgorici, (03.03.2022.) DEKAN Prof. dr Miodrag Radunović MP

Prilog dokumenta sadrži:

1. Potvrdu o predaji doktorske disertacije organizacionoj jedinici
2. Odluku o imenovanju komisije za pregled i ocjenu doktorske disertacije
3. Kopiju rada publikovanog u časopisu sa odgovarajuće liste
4. Biografiju i bibliografiju kandidata
5. Biografiju i bibliografiju članova komisije za pregled i ocjenu doktorske disertacije sa potvrdom o izboru u odgovarajuće akademsko zvanje i potvrdom da barem jedan član komisije nije u radnom odnosu na Univerzitetu Crne Gore

UNIVERZITET CRNE GORE

MEDICINSKI FAKLTET

Broj: 336/1

Podgorica 24.02.2022 godine

P O T V R D A

Potvrđuje se da je dr med Janja Raonić predala 7 primjeraka doktorske disertacije, pod nazivom „ **Imunohistohemijsko određivanje ekspresije inflamatornih i proliferativnih markera u lezijama grlića materice**“ dana 22.02.2022.godine .

Potvrda se izdaje u svrhu pregleda i ocjene doktorske disrtacije.

ŠEF STUDENTSKE SLUŽBE

Sonja Vukićević

Sonja Vukićević,diplomirani pravnik

UNIVERZITET CRNE GORE
MEDICINSKI FAKULTET
Broj: 366/7
Podgorica, 03.03.2022. godine

Na osnovu člana 64 stav 1 tačka 9 Statuta Univerziteta Crne Gore, (Bilten UCG br.337/2015 i br 447/2018), člana 41 i 55 Pravila doktorskih studija, inicijalnog predloga Komisije za doktorske studije Medicinskog fakulteta broj: 336/2 od 25.02.2022 godine i tačke 3.8 Vodiča za doktorske studije Univerziteta Crne Gore, Vijeće Medicinskog fakulteta na sjednici održanoj 03.03.2022. godine, donijelo je

O D L U K U

I

Kandidat dr med Janja Raonić, ispunjava formalne uslove za ocjenu doktorske disertacije: **„Imunohistohemijsko odredjivanje ekspresije inflamatornih i proliferativnih markera u lezijama grlića materice".**

II

Predlaže se Komisija za ocjenu doktorske disertacije dr med Janje Raonić, pod navedenim nazivom: **„Imunohistohemijsko odredjivanje ekspresije inflamatornih i proliferativnih markera u lezijama grlića materice"** u sastavu:

1. **Prof. dr Aleksandra Vuksanović Božarić**, redovni profesor Medicinskog fakulteta Univerziteta Crne Gore, naučna oblast: anatomija;
2. **Prof. dr Ljiljana Vučković**, vanredni profesor Medicinskog fakulteta Univerziteta Crne Gore, naučna oblast: histologija i embriologija;
3. **Doc. dr Dragana Tegeltija**, docent Medicinskog fakulteta Univerzieta u Novom Sadu, naučna oblast: patologija;

III

Komisija za ocjenu doktorske disertacije je dužna da Vijeću Medicinskog fakulteta, podnese izvještaj koji sadrži ocjenu doktorske disertacije.

Obrazloženje

Dr med Janja Raonić je predala doktorsku disertaciju pod nazivom: **„Imunohistohemijsko odredjivanje ekspresije inflamatornih i proliferativnih markera u lezijama grlića materice"** dana 22.02.2022. godine. Vijeće Medicinskog fakulteta je utvrdilo da kandidat ispunjava uslove iz člana 38 Pravila doktorskih studija, da kandidat dr med Janja Raonić ima, kao prvi autor jedan rad sa rezultatima iz teze objavljen u časopisu sa SCI/**SCIE** liste. Samim tim su se stekli uslovi da se imenuje Komisija za ocjenu pomenute doktorske disertacije. Na osnovu svega navedenog, odlučeno je kao u dispozitivu ove Odluke.

VIJEĆE MEDICINSKOG FAKULTETA
PREDSJEDAVAJUĆI,

Prof. dr Miodrag Radunović, dekan

European Review for Medical and Pharmacological Sciences 2021; 25: 7598-7606

Immunohistochemical analysis of CD68, CD4, CD8 and CD20 expression in cervical dysplasia and its relationship with HR-HPV infection

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Abstract. – OBJECTIVE: The aim of the study was to examine the composition of the inflammatory infiltrates in cervical premalignant lesions and contribute to a better understanding of immune response to HR-HPV infection and dysplasia.

PATIENTS AND METHODS: Semi-quantitative analysis of CD68, CD4, CD8 and CD20 immunohistochemical expression in a series of 41 cervical biopsies without dysplasia, 24 cases of LSIL and 35 HSIL cases was performed. In each subject, genotyping for 12 HR-HPV types was done prior to the biopsy.

RESULTS: Observing the total sample, no correlation between CD68, CD4, CD8 and CD20 expression levels and HR-HPV infection was found, regardless of the presence of mono- or co-infection ($p>0.05$). A statistically significant correlation between dysplastic changes and CD68 expression, as well as between dysplastic changes and CD4 expression, was observed ($p=0.003$ and $p=0.016$, respectively). For CD68 expression, there was a positive correlation with both LSIL and HSIL, and concerning CD4 expression, there was a positive correlation primarily with LSIL. The finding of mild CD68 expression shows a 10.5 times greater chance of the sample being classified as LSIL, while the finding of a strong CD68 expression shows a 12 times greater chance of the sample being classified as HSIL, in comparison to cases with no expression. When the samples were stratified in relation to the lesion grade, a correlation between HR-HPV infection and CD68/CD4 expression again was not proved ($p>0.05$). No correlation between CD8 and CD20 expression with dysplasia was found ($p>0.05$).

CONCLUSIONS: We consider a higher prevalence of macrophages and CD4 lymphocytes in dysplastic lesions to be a response to dysplasia rather than HR-HPV infection itself. The increase of the expression levels of macrophages with the degree of the lesion speaks in favour of their potential role in the progression of the neoplastic process.

Key Words:
HR-HPV, Cervical dysplasia, Inflammation.

Introduction

Cervical carcinoma is still a significant cause of morbidity and mortality, despite the efforts put into its suppression. It represents the fourth most frequent malignity among the female population[1]. It is estimated that in 2020, 604,127 women were diagnosed with cervical carcinoma worldwide[2].

Almost all cervical carcinoma cases are related to persistent high-risk human papillomavirus (HR-HPV) infection[3,4]. Dysplastic changes in the cervical epithelia – low-grade squamous intraepithelial lesion (LSIL) and high-grade squamous intraepithelial lesions (HSIL) – precede the development of cancer.

It is assumed that most women get genital HPV infection during their life, with a prevalence of 50-80%[5]. In most of those cases an HPV infection, as well as LSIL resolution, occurs as a result of the cellular immune response action, which is usually, but not necessarily, followed by seroconversion and antibody production[6].

The female reproductive tract contains all the necessary elements for an effective immune response to genital pathogens and it is estimated that white blood cells make up a significant part of the cellular population of the female genital tract[7,8]. However, around 10-15% of women do not achieve a successful immune response and remain HPV-positive with a constant virus production[9,10] and those women are at risk of HSIL and the development of cervical carcinoma.

The two most significant oncoproteins in HPV-induced carcinogenesis are E6 and E7. E6 protein bonds a p53 tumour suppressor protein

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and induces its degradation *via* a ubiquitin-mediated process, while E7 protein bonds cyclin-2 ubiquitin ligase complex and ubiquitinates retinoblastoma tumour suppressor protein. Apart from this, E7 protein also inactivates the inhibitors of the cyclin-dependent kinases CDKN1A (p21) and CDKN1B (p27), and possibly activates cyclins E and A[11,12].

The overall role of immune control in carcinogenesis is a frequent subject of scientific studies. According to Hanahan and Weinberg[13], adequate immune control, primarily through T-lymphocyte function and integrity preservation, enables the detection and elimination of malignantly transformed cells even before the disease becomes clinically evident. Even though the tumour cells develop different mechanisms for bypassing the immune control of the organism, the results of numerous studies on different solid tumours point to the existence of a strong connection between a larger number of tumour-infiltrating lymphocytes in the stroma and better prognosis of the tumour itself[14].

In this sense, apart from the recognised significance of studying the composition of the intratumoural inflammatory infiltrate, quantitative analysis of this infiltrate in precancerous lesions, for which the cervix is an ideal candidate, could make a significant contribution to understanding the evolution and complexity of the immune response to dysplasia and malignancy. A literature review regarding the presence of certain inflammatory cells in the inflammatory infiltrate in premalignant and malignant cervical lesions and their connection with HPV infection and the neoplastic process shows conflicting results.

In our study, we analysed the composition of the inflammatory infiltrate through a semi-quantitative assessment of macrophages, the CD4 and CD8 subpopulations of T lymphocytes and B lymphocytes in early and late cervical dysplastic lesions and we also assessed their presence in relation to the presence/absence of HR-HPV infection.

Patients and Methods

The study was conducted at the Clinical Centre of Montenegro and included 107 voluntary female subjects who had a clinical indication for a cervical biopsy. According to our institution protocols, the indications were an abnormal Pap test and/or an abnormal colposcopy finding. All the women signed informed consent forms. Prior to the biopsy, cervical swabs for HR-HPV detection were taken from each subject.

HR-HPV Sample Collection, DNA Extraction and Genotyping

For HPV testing, cervical swabs were collected using a cytobrush (Kito-Brush, Kaltek, Padova, Italy). The samples were placed in a specimen transport medium – ThinPrep Pap Test PreservCyt® Solution (Cytic Corporation, Marlborough, MA, USA) – in a 20 ml vial and stored at a temperature of -70° C. The DNA extraction and HPV genotyping were carried out at the Centre for Medical Microbiology, Institute of Public Health of Montenegro.

After dissolving the sample, the solution was vortexed and then 1-10 ml of each sample (5 ml clear; 3 ml cloudy) was transferred to a sterile 1.5 ml plastic tube and centrifuged at 1300 rpm for 12 minutes. The supernatant was dried with a Pasteur pipette (3 ml), and the precipitate was used for DNA extraction. The DNA was isolated using the DNA-Sorb-A extraction kit according to the manufacturer's instructions (REF K-1-1/A, Sacace Biotechnologies, Como, Italy).

The detection and genotyping of the HPV DNA were performed by an HPV High-Risk Typing Real-TM test (Sacace Biotechnologies, Como, Italy) used for qualitative detection and genotyping of 12 high-risk HPV types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58 and 59). The test was based on multiplex real-time PCR amplification run in four tubes for each sample. Each tube contained primers directed against regions of three HPV types with the human β-globin gene used as the internal control. A total of 20 µl of nucleic acid extracts per sample were used in four PCR reactions (the 8 µl master mix and 5 µl eluate made up 13 µl of each of the four PCR mixes). Regarding the validity of the test used, the authors relied on the certificate provided by the manufacturer.

Processing and Analysis of Biopsy Specimens

The biopsy samples were paraffin-embedded, stained with the standard haematoxylin and eosin technique, and then, analysed by two independent pathologists with no prior knowledge of the patients' clinical data, nor of their HPV status. In six cases, the biopsy samples were unsuitable for further immunohistochemical analysis (scarce or crushed artefact) and only one case showed the presence of developed cervical

carcinoma, therefore, these samples were dismissed. The other 100 samples were classified into three groups: without dysplasia (41), LSIL (24) and HSIL (35).

The selected tissue sections were treated in a 10 mM citrate buffer in a microwave oven two times for 10 minutes, and then, washed out with deionised water. After the deparaffinisation and antigen demasking procedure, the endogen peroxidase was blocked using a 3% H_2O_2 solution for 10 minutes at room temperature. The tissue sections were then incubated with the primary antibody in a moist chamber for 1 hour at room temperature. Immunohistochemical identification of the tested antigens was performed by the streptavidin-biotin-peroxidase technique according to the standard LSAB+ procedure (DAKO, Carpinteria, CA and Glostrup, Denmark). The sections were first incubated with biotinylated anti-mouse antibody for 30 minutes at room temperature, and then, by a streptavidin-peroxidase complex for another 30 minutes. As a chromogen substrate, 3-amino-9-ethylcarbazole (AEC, DAKO, Carpinteria, CA and Glostrup, Denmark) was applied. After each incubation, the samples were washed out in Tris-buffered saline (TBS: 0.05 M, pH 7.6) and contrasted by haematoxylin. The sections were covered by a special water medium. The following primary antibodies were used: CD68 (Monoclonal Mouse Anti-Human CD68, Clone PG-M1, FLEX Ready to use, DAKO, Carpinteria, CA and Glostrup, Denmark); CD4 (Monoclonal Mouse Anti-Human CD4, Clone 4B12, FLEX Ready to use, DAKO, Carpinteria, CA and Glostrup, Denmark); CD8 (Monoclonal Mouse Anti-Human CD8, Clone C8/144B, FLEX Ready to use, DAKO, Carpinteria, CA and Glostrup, Denmark); CD20 (Monoclonal Mouse Anti-Human CD20cy, Clone L26, FLEX Ready to use, DAKO, Carpinteria, CA and Glostrup, Denmark).

An evaluation of the immunoreactivity of the inflammatory infiltrate in the epithelium and stroma just beneath the epithelium was first performed by analysing the slides at 100× magnification. Further analysis included the five fields with the greatest number of immunoreactive cells – hot spots. At 400× magnification of the five selected fields and on the basis of the middle value of expression, semi-quantitative scoring was carried out: 0 (without expression) – <5% immunoreactive cells; 1 (weak expression) – 5-20% immunoreactive cells; 2 (mild expression) – 20-50% immunoreactive cells; 3 (strong expression) – >50% immunoreactive cells.

Statistical Analysis

Data analysis was performed in IBM SPSS Statistics version 23.0 software (IBM SPSS for Windows, Armonk, NY, USA), using both descriptive and inferential statistical methods. Statistical significance was examined using tests for nonparametric data – χ^2 test and Fisher's test. Examination of the predictive value of different risk factors was performed using multinomial logistic regression. For all the statistical analyses, the level of significance was 0.05.

Results

HR-HPV infection was determined in 55 (55%) subjects, 40 (40%) of whom had a mono-infection and 15 (15%) a co-infection with more than one HR-HPV genotype. Observing mono-infections, the most frequent genotypes were: type 16 (16; 25.9%), type 31 (8; 14.8%) and type 45 (6; 11.1%). In cases where co-infection was detected, the most frequent combination of HR-HPV genotypes was 16 and 51 (3; 5.6%), while the combinations 16 and 52, and 16 and 33 were found in two (3.7%) subjects.

No correlation between CD68, CD4, CD8 and CD20 expression levels and the presence of HR-HPV infection was found. The same result was obtained when the expression of these markers was observed in relation to the existence of mono- and co-infection. The immunoreactivity score distribution in HR-HPV+/HR-HPV– cases and in HR-HPV mono- and co-infection cases is summarised in Table I. Using multinomial logistic regression, it was determined that CD68, CD4, CD8 and CD20 do not represent good predictors and that their expression level has no statistically significant connection with the presence of HR-HPV infection or with the presence of monotypic or multiple HR-HPV infection.

The CD68, CD4, CD8 and CD20 immunoreactivity score distribution in relation to the presence/absence of dysplastic changes is shown in Table II. We found a statistically significant correlation between CD68 expression and the presence of dysplastic changes – Fisher's test = 18.345; p=0.003. The value of the gamma correlation coefficient (γ=0.358; p=0.004) shows a moderately strong, positive correlation between CD68 expression and the existence of dysplastic changes, and the results of multinomial logistic regression show a statistically significant connection between CD68 expression and the presence

Table I. CD68, CD4, CD8 and CD20 immunoreactivity score distribution in HR-HPV+/HR-HPV- cases and in HR-HPV mono-infection /co-infection.

	HR-HPV-	HR-HPV+	*p*-value	HR-HPV mono-infection	HR-HPV co-infection	*p*-value
CD68			0.213			0.622
0	10 (10%)	20 (20%)		14 (25.5%)	6 (10.9%)	
1	14 (14%)	16 (16%)		11 (20%)	5 (9.1%)	
2	19 (19%)	14 (14%)		12 (21.8%)	2 (3.6%)	
3	2 (2%)	5 (5%)		3 (5.5%)	2 (3.6%)	
CD4			0.093			0.819
0	40 (40%)	41 (41%)		28 (50.9%)	13 (23.6%)	
1	5 (5%)	7 (7%)		6 (10.9%)	1 (1.8%)	
2	0 (0%)	5 (5%)		4 (7.3%)	1 (1.8%)	
3	0 (0%)	2 (2%)		2 (3.6%)	0 (0%)	
CD8			0.442			0.387
0	31 (31%)	37 (37%)		26 (47.3%)	10 (20%)	
1	11 (11%)	10 (10%)		6 (10.9%)	4 (7.3%)	
2	3 (3%)	5 (5%)		5 (9.1%)	0 (0%)	
3	0 (0%)	3 (3%)		3 (5.5%)	0 (0%)	
CD20			0.156			0.293
0	28 (28%)	27 (27%)		19 (34.5%)	8 (14.5%)	
1	11 (11%)	11 (11%)		6 (10.9%)	5 (9.1%)	
2	4 (4%)	7 (7%)		6 (10.9%)	1 (1.8%)	
3	2 (2%)	10 (10%)		9 (16.4%)	1 (1.8%)	

of LSIL and HSIL changes. The finding of mild CD68 expression shows a 10.5 times greater chance of the sample being classified as LSIL compared to those in which there was no expression of the same marker. The finding of strong CD68 expression shows a 12 times greater chance of the sample being classified as HSIL compared to those in which there was no expression (Table III). CD68 expression in a normal cervix and LSIL and HSIL lesions is shown in Figure 1. Regarding the previous results, we further analysed the level of CD68 expression in HR-HPV+ and HR-HPV– cases with developed dysplastic changes. No correlation between the level of

Table II. Distribution of CD68, CD4, CD8 and CD20 immunoreactivity scores in biopsy samples with and without dysplastic lesions.

	Without dysplasia	LSIL	HSIL	*p*-value
CD68				0.003
0	18 (18%)	3 (3%)	9 (9%)	
1	14 (14%)	7 (7%)	9 (9%)	
2	8 (8%)	14 (14%)	11 (11%)	
3	1 (1%)	0 (0%)	6 (6%)	
CD4				0.016
0	39 (39%)	18 (18%)	24 (24%)	
1	2 (2%)	5 (5%)	5 (5%)	
2	0 (0%)	1 (1%)	4 (4%)	
3	0 (0%)	0 (0%)	2 (2%)	
CD8				0.320
0	0.016	0 (0%)	0 (0%)	
1	31 (31%)	14 (14%)	23 (23%)	
2	7 (7%)	7 (7%)	7 (7%)	
3	3 (3%)	3 (3%)	2 (2%)	
CD20				0.240
0	27 (27%)	13 (13%)	15 (15%)	
1	9 (9%)	6 (6%)	7 (7%)	
2	3 (3%)	3 (3%)	5 (5%)	
3	2 (2%)	2 (2%)	8 (8%)	

Table III. Cox PH regression model estimates for the risk of clinical recurrence.

CD68	LSIL OR (95% CI) *p*	HSIL OR (95% CI) *p*	CD4	LSIL OR (95% CI) *p*
0	1 (reference group)	1 (reference group)	0	1 (reference group)
1	3 (0.66-13.75) $p = 0.157$	1.29 (0.40-4.09) $p = 0.671$	1	4.77 (0.76-29.81) $p = 0.094$
2	10.5 (2.34-47.03) $p = 0.002$	2.75 (0.82-9.24) $p = 0.091$	2	2.45 (1.95-15.52) $p = 0.997$
3	0.05 (0.03-1.14) $p = 0.088$	12 (1.25-115.36) $p = 0.031$	3	1.27 (1.25-2.34) $p = 0.041$

CD68 expression and the presence of HR-HPV infection was found either in samples with LSIL (Fisher's test = 2.537, p=0.055) or in those with HSIL (Fisher's test = 0.004, p=0.677) (Table IV).

Our results show a strong positive correlation between CD4 expression and dysplastic changes (Fisher's test = 12.325; p=0.016), with a gamma correlation coefficient (γ=0.591; p=0.001). Results of multinomial logistic regression showed that CD4 expression had a statistically significant correlation primarily with the existence of LSIL, but not with the existence of HSIL. The finding of strong CD4 expression shows a 1.27 times greater chance of the sample being classified as LSIL compared to those in which there was no expression of this marker (Table III). Similar to the result of CD68 expression, no correlation between the level of CD4 expression in HR-HPV+ and HR-HPV– cases, was found in either LSIL (Fisher's test = 1.233, p=0.458) or HSIL (Fisher's test = 0.934, p=0.454) (Table IV).

We did not find any connection between the levels of CD8 and CD20 expression with the presence/absence of dysplasia. The values of Fisher's test are: 6.575; p=0.320 for CD8; and 7.873; p=0.240 for CD20. The results of multinomial logistic regression showed that these markers do not represent good predictors and that the levels of their expression do not have a statistically significant connection with the existence of dysplastic cervical lesions.

Discussion

Among our study group, a high prevalence of HR-HPV genotypes was found with more than half of the infected women. Interestingly, when observing the overall sample, no correlation between HR-HPV infection and the abundance of macrophages, B lymphocytes, CD4 or CD8 subpopulations of T lymphocytes in inflammatory infiltrates was found, regardless of the presence of monotypic infection or co-infection.

On the other hand, our results showed a correlation between macrophage expression and the presence of dysplastic lesions. Although in some studies the exact opposite results were obtained[15,16], which certain authors explain as a result of a suboptimal selection of antibodies for macrophage visualisation, as well as due to the scope for interpretation[17], the results of a larger

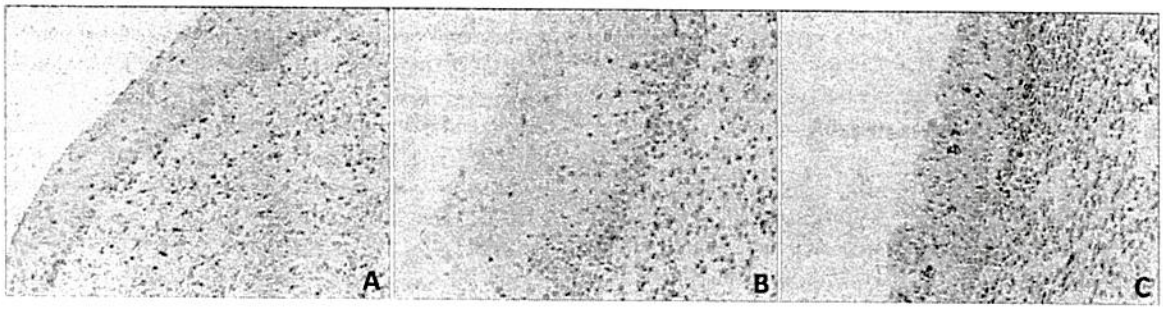

Figure 1. CD68 expression in: (A) a normal cervix, ×100 (B) LSIL, ×200 (C) HSIL, ×100.

Table IV. Distribution of CD68 and CD4 expression in hrHPV+ and hrHPV – cases with dysplasia.

		CD68			CD4		
		Weak expression	Strong expression	*p*-value	Weak expression	Strong expression	*p*-value
LSIL				0.055			0.458
	HR-HPV+	7 (29.2%)	4 (16.7%)		10 (41.7%)	1 (4.2%)	
	HR-HPV-	3 (12.5%)	10 (41.7%)		13 (54.2%)	0 (0%)	
HSIL				0.677			0.454
	HR-HPV+	16 (45.7%)	15 (42.9%)		25 (71.4%)	6 (17.1%)	
	HR-HPV-	2 (5.7%)	2 (5.7%)		4 (11.4%)	0 (0%)	

number of studies match our results, showing a connection between the level of expression of the infiltrating macrophages and the grade of cervical lesions[17,18].

In addition to finding greater macrophage expression in dysplastic lesions, a study conducted by Chen et al[18] also found a correlation between this expression and HR-HPV infection.

In our research, as in the research conducted by Hammes et al[17], as well as in the study of Davidson et al[15], a correlation between HR-HPV infection and macrophage expression stratified in relation to the lesion grade was not proved. In these studies, this finding was not discussed. Regarding our results, we think that macrophage infiltration occurs as a response to the started neoplastic process, which is followed by morphological changes to the cervical epithelium, so that HR-HPV infection itself has no effect on their response.

Taking into account our results, as well as the results of the mentioned studies, which included cases of cervical carcinoma, we believe that macrophages whose number in the infiltrate increases with the lesion grade contribute to the progress of the neoplastic process.

Macrophages are the carriers of innate immunity and, through their ability to process and present antigens, to produce the cytokines necessary for T lymphocyte activation, they are crucial in initiating and mediating a specific immune response[19]. In this context, macrophages play an important role in fighting infection, the resolution of acute inflammation, but also in the regulation of the metabolic response to tissue stress[20]. However, macrophages represent a phenotypically heterogeneous group of cells. Their physiology can be significantly modified in response to various biochemical factors from the microenvironment[21]. Therefore, there are two basic subpopulations of macrophages – classically activated (M1) and alternatively activated (M2) macrophages. M1 macrophages, through the secretion of pro-inflammatory cytokines (the most important of which are IL-6, IL-12 and TNF-a) and chemokines and through the presentation of antigens, promote an inflammatory response and exhibit antitumour activity. On the other hand, M2 polarised macrophages, also called tumour-associated macrophages (TAMs), have a very weak antigen-presenting ability and, through the secretion of arginase, IL-10, TNF-b and other cytokines, have a role in reducing inflammation, are significant in tissue repair and wound healing, and contribute to tumour growth[22].

Macrophages have been recognised as an important cell population of the inflammatory infiltrates of the microenvironment of malignant tumours[23]. They are attracted by numerous factors, such as hypoxia, high cell turnover and similar, with the aim of participating in establishing tissue homeostasis[20]. However, this results in a maladaptive response that, instead of suppressing tumour growth and progression, promotes tumour growth by initiating the process of angiogenesis, tissue remodelling and by establishing an immunosuppressive environment[24]. Therefore, there is an increasing number of studies that examine the role of macrophages in carcinogenesis, the prognostic and predictive significance of their presence and abundance in the inflammatory infiltrate of the tumour microenvironment, and also, the possibility of immunotherapeutic intervention on the M2 population of macrophages.

In a study by Chen el al[18], assuming that an HPV infection promotes the polarisation of M2 macrophages, CD613 was used along with CD68, and a positive association was shown between the

expression of both markers and the cervical carcinogenesis. Some scholars[25], who dealt with the protein expression of macrophages polarisation *in situ*, point out that CD163 cannot be used as an independent M2 differentiation marker, and that it would be desirable for it to be used for these purposes alongside some other markers, such as CMAF.

Research also show that macrophages of both phenotypes can be present to different degrees inside the stroma of the same tumour. Therefore, for instance, TAMs with a high expression of major histocompatibility complexes (MHC) class-II molecules can be limited to normoxic zones of a tumour and express M1 markers and anti-angiogenic chemokines, while in rest of the tumour TAMs with a classical M2 phenotype and a low MHCII molecule expression can dominate[26]. As a good example of a tumour with a hybrid phenotype of macrophages, in which expression of pro-inflammatory cytokines, such as TNFα, IL-1β and IL-6, but also CCL2, was shown, renal cell cancer is frequently stated[27].

For all these reasons, further investigation of macrophage polarisation *in situ*, through the simultaneous application of a larger number of markers, both in the tumour stroma and in premalignant lesions, could be interesting.

By reviewing the literature on the subpopulation of T lymphocyte expression in dysplastic lesions and cervical carcinoma, we found that some authors show an increase of the number of CD8 and CD4 lymphocytes with the lesion grade[28]. Other studies show a connection between a large number of CD4 and CD8 lymphocytes[29,30] and lesion regression, while the largest number of studies show downregulation of both the subpopulation of T lymphocytes in premalignant lesions and cervical carcinoma, emphasising the importance of local immunosuppression on the evolution of HPV-induced changes[31,32].

In our study no correlation was found between the level of CD8 lymphocyte expression and the presence of dysplasia, but a positive correlation between CD4 expression and LSIL was shown. Given the well-known observation that a higher percentage of LSIL lesions is a subject of resolution in relation to HSIL[33,34], this finding could explain the higher percentage of CD4 lymphocytes in an inflammatory infiltrate of early dysplastic lesions. Unfortunately, our study was limited by the inability to monitor patients and the potential regression in time. Similarly to macrophages, we did not find a connection between the level of CD4 lymphocyte expression and the presence of HR-HPV infection in samples stratified in relation to the lesion grade.

With the exception of several cases in which a high level of CD20 lymphocyte expression was noted, in our samples, a small number of B cells was registered overall, and no correlation was found, as already mentioned, between their presence with HR-HPV genotypes, or with the presence of dysplastic lesions. The absence of B cells in the inflammatory infiltrate does not exclude the possibility of an antibody effect directed towards molecules expressed on the surface of infected or transformed cells.

Conclusions

Our results show a higher prevalence of CD4 lymphocytes in early dysplastic lesions compared to a normal cervix and advanced dysplastic lesions, as well as a connection between the macrophage expression levels and the degree of dysplastic lesions, both irrespective of HR-HPV status. We consider these findings a response to dysplasia rather than to HR-HPV infection itself. The increase of the macrophage expression levels with the degree of the lesion speaks in favour of their potential role in the progression of the neoplastic process. Further in situ studies of the composition of the inflammatory infiltrate with reference to other lymphocyte subpopulations, macrophage subpopulations and other cell types, such as Langerhans cells, could contribute to a better understanding of the tissue response to HPV infection and dysplasia.

Conflict of Interest

The Authors declare that they have no conflict of interests.

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Prilog 1.

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Broj indeksa/upisa 1/12

Izjavljujem

da je doktorska disertacija pod naslovom

Imunohistohemijsko određivanje ekspresije inflamatornih i proliferativnih markera u lezijama grlića materice

- rezultat sopstvenog istraživačkog rada,
- da predložena disertacija ni u cjelini ni u djelovima nije bila predložena za dobijanje bilo koje diplome prema studijskim programima drugih ustanova visokog obrazovanja,
- da su rezultati korektno navedeni, i
- da nijesam povrijedio/la autorska i druga prava intelektualne svojine koja pripadaju trećim licima.

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Na osnovu člana 72 stav 2 Zakona o visokom obrazovanju („Službeni list Crne Gore" br 44/14, 47/15, 40/16, 42/17, 71/17, 55/18, 3/19, 17/19, 47/19 i 72/19) i člana 32 stav 1 tačka 9 Statuta Univerziteta Crne Gore, Senat Univerziteta Crne Gore na sjednici održanoj 16.09.2020. godine, donio je

O D L U K U
O IZBORU U ZVANJE

Dr Aleksandra Vuksanović Božarić bira se u akademsko zvanje redovni profesor Univerziteta Crne Gore za **oblast Anatomija,** na Medicinskom fakultetu Univerziteta Crne Gore, na neodređeno vrijeme.

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Upisala magistarske studije na Medicinskom fakultetu Univerziteta u Nišu, odsjek „Opšta hirurgija" i položila sve planom i programom predviđene ispite prosječnom ocjenom 10. Magistarsku tezu pod nazivom "Angiografska analiza vaskularne peteljke režnja m. tensor fasciae latae" odbranila 27.12.2004. god. ocjenom 10.

Doktorsku disertaciju pod nazivom „Anatomske karakteristike zatezača butne fascije i mogućnosti primene u rekonstruktivnoj hirurgiji" odbranila 19.05.2009.god. na Medicinskom fakultetu Univerziteta u Nišu.

Završila školu Stereologije 2004. god., „Nacionalnu školu za patologiju cerviksa, vagine, vulve i kolposkopiju", škole- „Primjena ultrazvuka u dijagnostici; Ginekologija i opstetricija, i "Ian Donald Curse Advances in Ultrasound in Obstetrics and Gynecology, "Novine u Infertilitetu-savremena dijagnostika i tretman".

Predavač po pozivu na više naučnih i stručnih skupova u zemlji i inostranstvu.

Na Evropskom simpozijumu SZO održanom u Istambulu oktobra 2011. godine, član radne grupe za "Strategiju prevencije raka grlića materice". Učestvovala u izradi Nacionalnog programa za rano otkrivanje raka grlića materice, koji je Vlada Crne Gore usvojila septembra 2011. god. Član radne grupe za sprovođenje Nacionalnog skrining programa za prevenciju raka grlića materice u Crnoj Gori.

Rukovodilac bilateralnog projekta "Sekularni trendovi antropometrijskih karakteristika, kardiorespiratorne izdržljivosti i motoričkih sposobnosti djece i adolescenata kao osnov za planiranje i programiranje fizičke aktivnosti", odobren decembra 2018.god.

Na listi eksperata Ministarstva prosvjete za akreditacije.

U zvanje Primarijus promovisana 25.07.2012. godine.

Član udruženja za kolposkopiju i cervikalnu patologiju Srbije, Društva Anatoma Crne Gore i Srbije, Društva za Humanu reprodukciju Crne Gore.

Imenovana za nacionalnog fokal pointa za seksualno i reproduktivno zdravlje 29.09.2016.god. od strane Ministarstva zdravlja Crne Gore.

Na listi eksperata Agencije za ljekove i medicinska sredstva Crne Gore za procjenu dokumentacije u procesu izdavanja dozvole za stavljanje lijeka u promet u Crnoj Gori, decembar 2012.god.

Angažovana u JZU Dom zdravlja Podgorica kao izabrani doktor za žene-specijalista ginekologije i akušerstva.

Od 2015.god. vanredni profesor na predmetu Anatomija Medicinskog fakulteta Univerziteta Crne Gore-studijski programi: Medicina, Stomatologija, Farmacija, Visoka medicinska škola u Beranama i Fakultet za sport i fizičko vaspitanje u Nikšiću.

Član Etičkog komiteta JZU Dom zdravlja Podgorica , april 2017.godine.

Imenovana za Prodekana za nastavu Medicinskog fakulteta Univerziteta Crne Gore novembra 2018.godine.

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2. **Vuksanovic Bozaric A,** Abramovic M, Vuckovic Lj, Golubovic M, Vukcevic B, Radunovic M. Clinical significance of understanding lateral and medial circumflex femoral artery origin variability. March 2018 Anatomical Science International DOI 10.1007/s12565-018-0434-1
3. **Vuksanovic-Bozaric A**, Radojevic N, Muhovic D, Abramovic M, Radunovic M. Significance of anatomical variations of the lateral circumflex femoral artery for the tensor fasciae latae flapping. September 2015 Folia morphologica 74(3):389-395 DOI 10.5603/FM.2015.0060
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5. **Crnogorac S, Vuksanovic Bozaric A.** Galen Vein Aneurysm– Challenge for Treatment. December 2017 DOI 710.1515/med-2017-0054
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11. **Vuksanović-Božarić A**, Stefanović N, Pavlović S, Đurašković R, Randelović : Analysis of deep femoral artery origin variances on fetal material. Facta Universitatis, Serie Medicine and Biology Niš, ISSN 0354-2017, UC 612.64: (611.13:611.98), 2007; 14(3): 112-116.
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14. Abdić N, **Vuksanović-Božarić A**, Kezunović M, Bakić V: Characteristics of the talocrural (ankle) joint injuries and their treatment. Facta Universitatis, Series Medicine and Biology Niš, ISSN 0354-2017, UC 616.72-001.6-08:796, 2006; 13(3): 148-151.
15. Radunović M, Radunović M, **Vuksanović A** et al: Changes on optic nerve with sarcoidosis patients September 2008 Acta ophthalmologica 86(s243):0-0 DOI: 10.1111/j.1755-3768.2008.686
16. Abdić N, **Vuksanović-Božarić A**, Kezunović M, Bakić V: Le lesioni dell'articolazione della caviglia e loro trattamento esperienze di un anno di oservazioni. Medicina Dello Sport, Rivista Della Federazione Medico Sportiva Italiana, ISSN 1827-1863, 2008; 61(2):267-70.
17. Radunović M, Radunović M., **Vuksanović A**, Terzić N, Vuksanović A: Stereological Analysis of Rat Myocardium after exposure to stress. Folia Anatomica Beograd, YU ISSN 0345-5431, UDC 611/612, 2004; 32(1): 11-15.

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Radovi objavljeni u domaćim časopisima

1. Vuksanovic-Božaric A, Jovanović M, Stevović Z, Abramović M, Radunovic M. The importance of HPV testing in cervical cancer prevention. Medical Journal of Montenegro 2013;1(2):35-40 doi:10.5937/cma1-4672
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Na osnovu člana 72 stav 2 Zakona o visokom obrazovanju („Službeni list Crne Gore“ br. 44/14, 47/15,40/16,42/17,71/17 55/18 i 3/19) i člana 32 stav 1 tačka 9 Statuta Univerziteta Crne Gore, Senat Univerziteta Crne Gore na sjednici održanoj 21.03. 2019.godine, donio je

O D L U K U
O IZBORU U ZVANJE

Dr LJILJANA VUČKOVIĆ bira se u akademsko zvanje **vanredni profesor Univerziteta Crne Gore** za oblast **Histologija iz Morfološke grupe bazičnih predmeta** (Histologija i embriologija- osnovne studije- studijski program Medicina, Opšta i oralna histologija i embriologija- osnovne studije- studijski program Stomatologija i Anatomija sa histologijom- osnovne studije- studijski program Primijenjena fizioterapija) **na Medicinskom fakultetu Univerziteta Crne Gore,** na period od pet godina.

SENAT UNIVERZITETA CRNE GORE
PREDSJEDNIK
Prof.dr Danilo Nikolić, rektor

BIOGRAFIJA

Prof. dr Ljiljana Vučković je rodena 22. novembra 1973. godine u Kotoru, gdje je završila Osnovnu školu i Gimnaziju (matematičko-programerski smjer). Dobitnik je Diplome Luča. Tokom osnovnog i srednjeg obrazovanja učestvovala je na republičkim i saveznim takmičenjima iz prirodnih nauka, na kojima je imala zapažene rezultate. U Kotoru je savšila i osnovno muzičko obrazovanje.

Medicinski fakultet Univerziteta u Beogradu je upisala 1992. godine. Na istom fakultetu je diplomirala 1999. godine sa prosječnom ocjenom 9,26.

Magistarske studije je upisala školske 2000/01. godine na Medicinskom fakultetu, Univerziteta u Beogradu. Magistarsku tezu pod nazivom "Imunohistohemijska analiza parafolikularnih-C ćelija u koloidnoj strumi štitaste žlijezde" je odbranila 3. juna 2004. godine.

Doktorsku disertaciju pod nazivom "Angiogeneza i ekspresija VEGF, EGFR i MMP9 u skvamoznom karcinomu bronha i njihov značaj u prognozi bolesti" je odbranila 19. septembra 2008. godine.

Specijalizaciju iz oblasti Patološke anatomije je upisala na Medicinskom fakultetu, Univerziteta u Novom Sadu školske 2002/03. Specijalistički ispit je položila 8. novembra 2005. godine sa odličnom ocjenom.

Zvanje subspecijaliste iz oblasti Medicinske citologije je stekla 8. jula 2011. na Medicinskom fakultetu Univerziteta u Novom Sadu.

Od 12. marta 2001. godine je zaposlena na Medicinskom fakultetu u Podgorici kao stručni saradnik na Katedri za patologiju. Od školske 2004/05. je bila angažovana na Medicinskom fakultetu u Podgorici, kao saradnik u nastavi na predmetu Patologija, studijski program Medicina i na predmetima Patologija i Oralna patologija, na studijskom programu Stomatologija.

Školske 2002/03., 2003/04. i 2004/05. je bila angažovana kao asistent na predmetima Patologija i Oralna patologija na Stomatološkom fakultetu, Univerziteta Istočno Sarajevo u Foči.

Od školske 2009/10. je angažovana na Fakultetu primijenjene fizioterapije u Igalu, na predmetu Patologija sa patofiziologijom za organizovanje i sprovodenje teorijske nastave, a od šk. 2011/12. godine i na predmetu Histologija na istom fakultetu.

U zvanje docent na Univerzitetu Crne Gore izabrana je 2013. godine. U zvanje vanrednog profesora na Univerzitetu Crne Gore je izabrana 2019. godine.

Zakonom obavezan staž za doktore medicine je odradila od 26. novembra 1999. do 26. novembra 2000. godine u Domu zdravlja Kotor i položila stručni ispit februara 2001. godine. Aprila 2002. godine zasniva radni odnos u Centru za patologiju Kliničkog centra Crne Gore u Podgorici. Nakon uspješno odradenih specijalističkih studija, od novembra 2005. godine radi kao specijalista patološke anatomije u Centru za patologiju Kliničkog centra Crne Gore, a od jula 2011. godine i kao subspecijalista citolog. Načelnik je Odjeljenja citologije u Centru za patologiju, Kliničkog centra Crne Gore.

Kao stipendista Univerziteta Crne Gore boravila je 2008. godine u Univerzitetskoj bolnici u Kardifu, Vels, Velika Britanija.

Dana 21.12.2017.godine Senat Univerziteta u Novom Sadu imenovao je za mentora na izradi doktorske disertacije pod nazivom „Proteinska ekspresija i genska amplifikacija receptora humanog epidermalnog rasta 2 (HER2) kod adenokarcinoma pluća“ kandidata dr Mirjane Miladinović. Doktorska disertacija je odbranjena na Medicinskom fakultetu, Univerziteta u Novom Sadu 11.1.2019. godine.

Imenovana je za mentora na izradama dvije doktorske disertacije i za komentora na izradi jedne doktorske disertacije na Medicinskom fakultetu, Univerziteta Crne Gore.

Učestvovala je na brojnim nacionalnim i međunarodnim seminarima i kongresima.

Član je Uredivačkog odbora, Univerziteta Crne Gore.

Član je Radne grupe Ministarsta zdravlja za organizaciju i sprovođenje programa za ranu detekciju karcinoma grlića materice.

Član je Ljekarske komore Crne Gore i Evropskog udruženja patologa.

Učestvovala je na sledećim projektima:

- Erasmus+ projekat: "School-to-Work Transition for Higher education students with disabilities in Serbia, Bosnia & Herzegovina and Montenegro – Trans2Work", Univerzitet Crne Gore, 2015-2018;
- Ministarstvo nauke Crne Gore, bilateralni projekat: „Procjena kvaliteta života pacijenata sa tumorima nadbubrežne žlijezde, prije i nakon hirurškog liječenja" (partneri: Klinički centar Crne Gore i Medicinski fakultet, Univerzitet u Beogradu), 2017-2018;
- Ministarstvo nauke Crne Gore, bilateralni projekat: „Mitohondrijalna disfunkcija u rastu karcinoma, rezistenciji na ljekove i hemoterapijom indukovanoj neuropatiji" (partneri: Medicinski fakultet Univerziteta Crne Gore i Institut za biomembrane i bioenergiju, Bari, Italija), 2017-2018
- Ministarstvo nauke Crne Gore, nacionalni projekat: „ Nove metode za stratifikaciju rizika za progresiju kancera i Alchajmerove bolesti kod pacijenata u Crnoj Gori – DEMONSTRATE", Medicinski fakultet, Univerzitet Crne Gore, 2019-2021.
- Interreg IPA Hrvatska - Bosna i Hercegovina - Crna Gora: „ Mobile Access Dental Clinic (MADE)" (partneri: Medicinski fakultet Sveučilišta u Splitu, Sveučilište u Mostaru, Organizaciona jedinica Medicinski fakultet, Univerzitet u Podgorici, Medicinski fakultet, Institut perspektiva ekonomije Mediteran), 2014 – 2020.

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5. Klisic A, Radoman Vujačić I, ***Vučković LJ***, Ninic A. Total leukocyte count, leukocyte subsets and their indexes in relation to cardiovascular risk in adolescent population. Eur Rev Med Pharmacol Sci. 2021;25(7):3038-44.
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7. Borozan S, ***Vučković Lj***, Smolović B. Nonsteroidal anti-inflammatory drug-induced colopathy in a colorectal cancer screening program. Med Princ Pract Med Princ Pract. 2019;28(2):193-5.
8. Restović I, Bočina I, Vukojević K, Kero D, Filipović N, Raonić J, Vučinić J, Vukmirović F, ***Vučković LJ***, Saraga-Babić M. Time course and expression pattern of the neuronal markers in the developing human spinal cord. Int J Dev Neurosci. 2019; 74:1-10.
9. ***Vučković Lj***, Radović S, Sorat N, Filipović A. Cervical thymic cyst: case report. HK J Paediatr (new series). 2019;24:158-60.
10. Vujošević S, Krnjević Đ, Bogojević M, ***Vučković Lj***, Filipović A, Dunđerović D, Sopta J. Primary leiomyosarcoma of the thyroid gland with prior malignancy and radiotherapy. A case report and review of literature. World J Clin Cases. 2019; 7(4):473-81.
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УНИВЕРЗИТЕТ У НОВОМ САДУ

UNIVERSITY OF NOVI SAD

19 -01- 2018

01 23d/12

Број: 04-29/34

Нови Сад, 28. децембар 2017. године

На основу члана 58 став 3 тачка 5 и члана 75 Закона о високом образовању („Службени гласник РС" бр. 88/2017), члана 73 тачка 5 Статута Универзитета у Новом Саду (Савет Универзитета, 28.12.2010. године, 23.3.2012. године, 11.10.2012. године, 26.2.2013. године, 15.11.2013. године, 30.05.2014. године, 04.6.2015. године, 29.1.2016. године и 27.2.2017. године), чланова 2 и 4 Правилника о ближим минималним условима за избор у звање наставника на Универзитету у Новом Саду (Сенат Универзитета у Новом Саду 8.9.2016. године, 22.9.2016. године и 1.12.2016. године) и члана 8 Правилника о начину и поступку стицања звања и заснивања радног односа наставника Универзитета у Новом Саду (Сенат Универзитета, 23.01.2006. године, 27.12.2013. године, 3.3.2016. године и 8.9.2016. године), Сенат Универзитета у Новом Саду на седници одржаној 28. децембра 2017. године, једногласно је донео

О Д Л У К У

Др Драгана Тегелтија бира се у звање доцента за ужу научну област Патологија на Медицинском факултету Нови Сад Универзитета у Новом Саду.

Одлука се примењује од дана закључења уговора о раду лица изабраног у звање наставника из става 1 ове одлуке са деканом Факултета.

О б р а з л о ж е њ е

На основу одлуке декана Медицинског факултета Нови Сад Универзитета у Новом Саду објављен је конкурс за избор наставника у звање доцента за ужу научну област Патологија на Медицинском факултету Нови Сад Универзитета у Новом Саду. Конкурс је објављен у листу Послови дана 28. јуна 2017. године.

На објављени конкурс пријавио се кандидат: др Драгана Тегелтија.

Одлуком Наставно-научног већа Медицинског факултета Нови Сад Универзитета у Новом Саду број 05-14/23-2017/21-21.13 од 11. септембра 2017. године именована је Комисија за писање извештаја о пријављеним кандидима на конкурс за избор у звање наставника, у следећем саставу:

- Др Живка Ери, редовни професор Медицинског факултета Нови Сад Универзитета у Новом Саду (ужа научна област Патологија)
- Др Сандра Тривунић Дајко, доцент Медицинског факултета Нови Сад Универзитета у Новом Саду (ужа научна област Патологија)
- Др Зоран Никин, доцент Медицинског факултета Нови Сад Универзитета у Новом Саду (ужа научна област Патолошка анатомија)
- Др Милорад Бијеловић, доцент Медицинског факултета Нови Сад Универзитета у Новом Саду (ужа научна област [illegible])

- Др Светислав Татић, редовни професор Медицинског факултета Универзитета у Београду (ужа научна област Патологија)

Комисија за писање извештаја је дана 24. октобар 2017. године доставила Изборном већу Медицинског факултета Нови Сад Универзитета у Новом Саду извештај у коме је утврдила предлог да се др Драгана Тегелтија изабере у звање доцента.

Изборно веће Медицинског факултета Нови Сад Универзитета у Новом Саду на седници одржаној 13. децембра 2017. године утврдило је резултате:

- научноистраживачког односно уметничког рада кандидата,
- рада у настави,
- рада у обезбеђивању научно - наставног, односно уметничког - наставног подмлатка – менторства, односно руковођења израдом завршних радова студената
- ангажовања у развоју наставе и развоју других делатности факултета

и утврдило Предлог одлуке о избору др Драгане Тегелтије у звање доцента.

Медицински факултет Нови Сад Универзитета у Новом Саду доставио је документацију прописану чланом 4 Правилника о начину и поступку стицања звања и заснивања радног односа наставника Универзитета у Новом Саду Стручном већу за медицинске науке Сената Универзитета у Новом Саду.

Стручно веће за медицинске науке Сената Универзитета у Новом Саду на седници одржаној дана 20. децембра 2017. године дало је позитивно мишљење о предлогу одлуке о избору др Драгане Тегелтије у звање доцента.

Имајући у виду сву достављену документацију, Сенат Универзитета је на седници одржаној 28. децембра 2017. године једногласно донео одлуку да се др Драгана Тегелтија изабере у звање доцента за ужу научну област Патологија на Медицинском факултету Нови Сад Универзитета у Новом Саду.

ПОУКА О ПРАВНОМ ЛЕКУ:

Ова одлука је коначна и против ње незадовољни учесници Конкурса могу покренути управни спор пред надлежним судом у року од 30 дана од дана пријема.

Проф. др Саша Орловић
Председавајући Сената Универзитета

Одлуку доставити:

1. Лицу изабраном у звање наставника
2. Медицинском факултету Нови Сад Универзитета у Новом Саду
3. Архиви Универзитета у Новом Саду

Универзитет у
Медицински факултет
(021) 420-677, 420-678; факс
dekan@mf.uns.ac.rs

Одељење за правне и кадровске послове
Матични број: 879
Дана: 25.05.2018. године

На основу увида у Кадровску евиденцију и захтева доц. др Драгане Тегелтије, издаје се

П О Т В Р Д А

Којом се потврђује да је ДРАГАНА ТЕГЕЛТИЈА, изабрана у звање доцента 29.12.2017. године на Катедри за патологију Медицинског факултета Универзитета у Новом Саду.

- Потврда се издаје у личне сврхе.

ДЕКАН
Проф. др Снежана Бркић

Савременост и традиција
58

На основу члана 41. Закона о раду Републике Србије ("Сл. гласник РС" бр. 24/2005, 61/2005, 54/2009, 75/2014, 13/2017 и 113/2017) и члана 167. става 2. Статута Медицинског факултта у Новом Саду од 29.03.2016. године са изменама и допунама од 10.10.2016., 27.02.2017. и 08.05.2017. године

- Медицински факултет Нови Сад, који заступа проф. др Снежана Бркић – декан (у даљем тексту: Факултет) с једне стране и
- Институт за плућне болести Војводине, који заступа директор проф. др Илија Андријевић, (у даљем тексту: Институт) с друге стране, закључују дана 29. децембра 2017. године

С П О Р А З У М

О ЗАСНИВАЊУ РАДНОГ ОДНОСА И РАСПОРЕДУ РАДНОГ ВРЕМЕНА НАСТАВНИКА И САРАДНИКА

I

Доц. др ДРАГАНА ТЕГЕЛТИЈА, заснива радни однос са Факултетом 15 сати недељно у оквиру пуног радног времена, у звању доцента, на начин како је то утврђено чланом 73. став 3. Закона о високом образовању.

II

Именована заснива радни однос на Факултету ради обављања свих видова наставе и других послова на студијским програмима првог, другог и трећег степена, који се организује на Факултету.

III

Именована остварује своја права, обавезе и одговорности из радног односа и на Факултету и на Институту за плућне болести Војводине.

IV

Овај споразум закључује се на период од 5 (пет) година, почев од 29. децембра 2017. године, а сматраће се раскинутим у случају:

1. ако наставник изгуби звање у току важења Споразума
2. ако му престане рад у Институту и
3. ако из било којих разлога престане да обавља послове наставника.

У случајевима из тачке 1. и 3. претходног става, Институт се обавезује да ће именовану распоредити на одговарајуће место са пуним радним временом.

V

Овај споразум ступа на снагу даном потписивања, а примењиваће се од 29. децембра 2017. године.

ДЕКАН
МЕДИЦИНСКОГ ФАКУЛТЕТА

Проф. др Снежана Бркић

ДИРЕКТОР
ИНСТИТУТА ЗА ПЛУЋНЕ БОЛЕСТИ

Сагласна:

LIČNA INFORMACIJE

Dragana Tegeltija

Adresa: Bulevar kneza Miloša 26, 21000, Novi Sad

Telefon: +381 63 550 792

E-mail: tegeltijadragana@gmail.com

Državljanstvo: Srbije

Datum rođenja: 20.08.1969. Ključ, Bosna i Hercegovina

RADNO ISKUSTVO

Od 2011-trenutno,

- Institut za plućne bolesti, Put doktora Goldmana 4, Sremska Kamenica,
- Služba za patološko-anatomsku i molekularnu dijagnostiku,
- Patolog,
- Citolog.

od 2012 - trenutno,

- Medicinski fakultet Univerziteta u Novom Sadu, Hajduk Veljkova 3, Novi Sad,
- Katedra za patologiju,
- Docent od 2017.-trenutno,
- Asistent od 2012-2017.

od 2012-2013.

- Medicinski fakultet Foča Univerziteta u Istočnom Sarajevu, Studentska 5, Foča,
- Katedra za patologiju,
- Asistent.

Od 2021-tenutno

- Medicinski fakultet Foča Univerziteta u Istočnom Sarajevu, Studentska 5, Foča,
- Katedra za patologiju
- Docent

Od 2011- trenutno

- Zavod za laboratorijsku dijagnostiku Biotest, Koste Abraševića 31, Novi Sad.

Od 2019 – tenutno

- Opšta bolnica Subotica
- Sluzžba za patologiju
- Stručni konsultant

2001-2011.

- Opšta bolnica Vrbas, dr Milana Čekića, Vrbas,
- Služba za patologiju,
- Patolog,
- Citolog,
- Načelnik službe za patologiju i citologiju (2004-2011.),
- Upravnik sektora zajedničkih medicinskih delatnosti (2006-2008.),
- Pomoćnik direktora za medicinska pitanja (2008-2011.).

2005-2014.

- Srednja medicinska škola Kozma i Damjan, Njegoševa, Vrbas,
- Nastavnik predmeta: patologija, interna medicina i hirurgija.

1997-2001.

- Dom zdravlja Srpska Crnja, Patrijarha Arsenija Čarnojevića 15, Srpska Crnja,
- Doktor medicine.

1995-1997.

- Dom zdravlja Prijedor, ulica Vožda Karadorda 2, Prijedor.

1995-1995.

- Dom zdravlja Ključ, Šehićka 1, Ključ,
- Doktor medicine

OBRAZOVANJE I OSPOSOBLJAVANJE

2010-2013.

- Medicnski fakultet Univerzitet u Novom Sadu, Doktorske studije,

2016.

- Odbranjena doktorska disertacija: „ Učestalost i tipovi mutacija epidermalnog faktora rasta u invazivnim adenokarcinomima pluća,

- Doktor nauka,
- Odličan uspeh.

2008-2009.

- Medicnski fakultet Univerzitet u Novom Sadu, Subspecijalističke studije,
- Medicinska citologija.

2010.

- Odbranjen suubspecijalistički rad iz medicinske citologije: „Pleuralni izlivi-dijagnostički principi i dileme"
- Subspecijalista medicinske citologije,
- Odličan uspeh.

2001-2004.

- Medicnski fakultet Univerzitet u Novom Sadu, Specijalističke studije,
- Patološka anatomija,
- Specijalista patološke anatomije,
- Odličan uspeh.

1989-1995.

- Medicnski fakultet Univerzitet u Sarajevu (1988/89-1992.) i Medicnski fakultet Univerzitet u Banja Luci (1992-1995.),
- Doktor medicine,
- Prosečna ocena - 8.33

1985-1988

- Srednjoškolski centar Lazar Đukić, Ključ Hemijski tehničar analitičar,
- Odličan uspeh,

1981-1988

- Osnovna škola Nikola Mačkić, Ključ,
- Odličan uspeh (dak generacije)

OBUKE/KURSEVI/SEMINARI

- aktivno i pasivno učešće na brojnim stručnim i naučnim skupovima sa međunarodnim učešćem,

- organizovala sam predavanja o malignim bolestima žena u saradnji sa Udruženjem dobrovoljnih davalaca krvi iz Malog Idoša (2007.),
- organizovala sam predavanje o karcinomu dojke u Vrbasu pod pokroviteljstvom Opšte bolnice Vrbas (2010.)
- predavač u školi cervikalne citologije u organizaciji medicinskog fakulteta u Novom Sadu (2013-2019.),
- polaznik kursa PD-L1 testiranju (2018.).

RAD NA RAČUNARU

- Poznajem rad na računaru i koristim MS Office paket (Word, Exel i Power Point - napredni nivo znanja)

JEZICI

- Maternji jezik - srpski
- Završen B1 kurs engleskog jezika, škola engleskog jezika, Novi Sad,
- Ruski jezik čitam, pišem i govorim na osnovnom nivou.

LIČNE OSOBINE/HOBIJI

- 1995-1988. - stoni tenis i košarka,
- 2001-2011. - košarka i odbojka,
- od 2011- trenutno – individualna rekreacija,
- volim životinje - kućni ljubimac mačk Đus (10 godina),
- volim prirodu,
- volim ručne radove,
- volim da kuvam.

OSTALE NAPOMENE

- Analitična,
- Komunikativna,
- Elokventna,
- Precizna,
- Odgovorna,
- Poseduje takmičarski duh,

- Spremna za timski rad,
- Uporna,
- Član etičkog odbora Regionalne lekarske komore Vojvodine u prvom sazivu,
- Član Srpskog lekarskog društva društva lekara Vojvodine (2001-trenutno),
- Dobitnik Zahvalnice SLD DLV,
- Dobitnik Diplome SLD DLV,
- Član etičke komisije za ocenu etičnosti teme doktorskih disertacija Medicinskog fakulteta Univerziteta u Novom Sadu (2018-trenutno),
- Član komisije za prijemi ispit Medicinskog fakulteta Univerziteta u Novom Sadu (2015-trenutno),
- Od 2001 – trenutno 97 objavljenih stručnih i naučnih radova,
- od 97 radova 10 je na SCI listi.
- Mentor na specijalističkim studijama (dva kandidata,)
- Mentor na subspecijalističkim studijama (jedan kandidat),
- Mentor na doktorskim studijama (jedan kandidat),
- Mentor na završnom diplomskom radu (četiri kandidata),
- Član komisije za odbranu diplomskog rada (10 kandidata),
- Mentor u studentskim radovima (12 kandidata),
- Član komisije za recenziju studentskih radova na studentskim kongresima sa međunarodnim učešćem (od 2017-trenutno),
- Član uredništva medicinskog časopisa MD-Medical Data od 2021.
- Učesnik gradskog projekta „Tvoje zdravlje u tvojim rukama“ (od 2018-trenutno),
- živim u dvosobnom stanu sa Dragoslavom Dvizcem 26 godina,
- imamo sina Stefana starog 25 godine koji živi odvojeno u Novom Sadu,
- Učesnik Omladinske radne akcije Beograd (1986.),
- Nosilac Titove štafete (1986.)
- Od 1985-1988. predsednik Opštinske omladinske organizacije.

VOZAČKA DOZVOLA

- Poseduje vozačku dozvolu B kategorije.

1. Zaric B, Stojsic V, Panjkovic M, **Tegeltija D**, Stepanov V, Kovacevic T, et al. Clinicopathological features and relation between anaplastic lymphoma kinase (ALK) mutation and histological subtype of lung adenocarcinoma in Eastern European Caucasian population. J Cancer. 2016;7(15):2207-12. (M22)

2. **Tegeltija D,** Lovrenski A, Stojanović G, Bijelović M, Jeličić I, Eri Ž. Inflammatory myofibroblastic tumours of the respiratory tract: a series of three cases with varying clinical presentations and treatment. Srp Arh Celok Lek. 2015;143(7-8):458-63. (M23)

3. Lovrenski A, Eri Ž, **Tegeltija D**, Kašiković-Lečić S, Panjković M. Desquamative interstitial pneumonia-a case report and review of the literature. Srp Arh Celok Lek. 2014;142(9-10):602-6. (M23)

4. Lovrenski A, Đurić M, Klem I, Eri Ž, Panjković M, **Tegeltija D**, et al. Multisystem Langerhans cell histiocytosis coexisting with metastasizing adenocarcinoma of the lung-case report. Vojnosanit Pregl. 2013;70(12):1159-61. (M23)

5. Panjković M, Lovrenski A, Eri Ž, Knežević-Ušaj S, **Tegeltija D**, Krčedinac J. The role of immunohistochemical evaluation in the diagnosis of malignant mesothelioma of the pleura. Vojnosanit Pregl. 2013;70(11):1010-4. (M23)

6. Andrejević-Višnjić B, **Tegeltija D,** Lovrenski A, Vučković D, Samardžija G, Tadić Latinović LJ. Mediastinal metastasis of primary extraneural ependyomoma: case report. Vojnosanit Pregl. 2018 DOI: https://doi.org/10.2298/VSP181023181A6.

7. **Tegeltija D**, Lovrenski A, Vasiljević T, Samardžija G, Kuhajda I. Exogenous lipoid pneumonia mimicking multifocal subpleural tumors. Srp Arh Celok Lek. 2019. https://doi.org/10.2298/SARH180410070T

8. Lovrenski A, Ilić A, Kuhajda I, **Tegeltija D**, Lovrenski J. Intrapulmonary solitary fibrous tumor. Srp Arh Celok Lek. 2019. https://doi.org/10.2298/SARH181117056L.

9. Lovrenski A, Vasilijević M, Panjković M,**Tegeltija D,** Vučković D, Baroš I, Lovrenski J. Sclerosing Pneumocytoma: A Ten-Year Experience at a Western Balkan University Hospital. Medicina 2019, 55, 27.

10. **Tegeltija D**, Lovrenski A, Vasiljević A, Andrejić-Višnjić B. Adequacy of biopsy samples for EGFR molecular testing in lung adenocarcinoma. Vojnosanit Pregl. 2019. DOI: https://doi.org/10.2298/VSP181225083T - nemam papir

11. Lalić N, Tegeltija D, Kuhajda I, Tomić S, Lalić I. Metastatic atypical lung carcinoid treated with combined therapies. Srp Arh Celok Lek. 2019 Nov-Dec;147(11-12):769-772

12. **Tegeltija D**, Lovrenski A., Vasiljević T, & Maksimović S. (2021). Association between epidermal growth factor receptor mutation status, clinicopathological characteristics and TTF-1 expression in lung adenocarcinoma: A single center study. *Srpski arhiv za celokupno lekarstvo*, *149*(3-4), 174-178.

13. Džambas, J., Aleksić, I., Škuletić, V., Cerović, S., & Tegeltija, D. (2021). Correlation between cytological and histopathological diagnosis of non-small cell lung cancer and accuracy of cytology in diagnosis of lung cancer. *Vojnosanitetski pregled*, (00), 117-117.

14. **Tegeltija D**, Samardzija G, Vasiljevic T, Zaric B, Djuric D, Eri Z. A case report of complete consolidation of the right middle lobe due to the endobronchial fibroma. In: 27th European Congress of Pathology; 2015 Sep 5-9; Beograd, Serbia. Virchows Arch. 2015;467:257. (M34)

15. Samardzija G, Cemerlic-Adjic N, Panic G, Tadic S, Nikin Z, Lovrenski A, **Tegeltija D**, Miladinovic M, Jelicic I. Amyloidosis of epicardial and intramural coronary arteries as an unusual cause of myocardial infarction: a case report. In: 27th European Congress of Pathology; 2015 Sep 5-9; Beograd, Serbia. Virchows Arch. 2015;467:109. (M34)

16. Vuckovic-Hardi L, **Tegeltija D**, Milic M, Bulatovic V, Lakic T, Jelicic I. Malignant Brenner tumour. In: 27th European Congress of Pathology; 2015 Sep 5-9; Beograd, Serbia. Virchows Arch. 2015;467:146-7. (M34)

17. Druzsek G, Eri Z, **Tegeltija D**, Skrbic D. "Undifferentiated" small round cell tumours of the sinonasal tract. Differential diagnosis update: a case report. In: 27th European Congress of Pathology; 2015 Sep 5-9; Beograd, Serbia. Virchows Arch. 2015;467:75. (M34)

18. Milic M, Jelicic I, Bozanic S, **Tegeltija D**, Solajic N, Samardzija G. A case report of very rare synchronous multicentric papillary and medullary carcinoma of thyroid gland. In: 27th European Congress of Pathology; 2015 Sep 5-9; Beograd, Serbia. Virchows Arch. 2015;467:72. (M34)

19. Lovrenski A, Panjković M, Eri Ž, **Tegeltija D**, Samardžija G. Solitary fibrous tumor of the pleura: series of cases. In: 25th European Congress of Pathology; 2013 Aug 30-Sep 4; Lisbon; Portugal. Virchows Arch. 2013;463(2):241. (M34)

20. Lovrenski A, **Tegeltija D,** Panjkovic M, Eri Ž, Jeličić I. Thymoma: evaluation of clinical and pathological characteristics of 27 cases. In: 25th European Congress of Pathology; 2013 Aug 30-Sep 4; Lisbon; Portugal. Virchows Arch. 2013;463(2):192. (M34)

21. Jeličić I, **Tegeltija D**, Lovrenski A, Panjković M, Eri Živka. Correlation of bronchial brushing cytology with bronchial biopsy in diagnosis of lung cancer. In: 25th European Congress of Pathology; 2013 Aug 30-Sep 4; Lisbon; Portugal. Virchows Arch. 2013;463(2):270. (M34)

22. Jeličić I, **Tegeltija D**, Lovrenski A, Panjković M, Eri Ž, Jeličić B. Our experience with CT-guided transthoracic fine needleaspiration cytology of peripheralpulmonary lesions. In: 25th European Congress of Pathology; 2013 Aug 30-Sep 4; Lisbon; Portugal. Virchows Arch. 2014;465(1):379. (M34)

23. Ratković V, **Tegeltija D**, Lovrenski A. Rhabdomyosarcoma of the oral cavity: a case report. In: 8th International Medical Students' Congress (IMSCNS); 2013 Jul 18-21; Novi Sad; Serbia; 2013. p. 119. (M34)

24. Vasiljevic T, Eri Z, **Tegeltija D,** Samardzija G. Causes of death in patients with lung cancer. In: **29**th European Congress of Pathology; 2017 **Aug 30-Sep 4**; Amsterdam; Holandija. Virchows Arch. 2017;471(1):233. (M34)

25. Sekerus V, Stojanovic G, Bursac D, Tegeltija D, Stolic M, Andrijevic I.
Cell-free circulating tumor DNA in plasma of non-small cell lung cancer patients: The role in EGFR T790 M mutation testing (Meeting Abstract)
Info CLINICA CHIMICA ACTA, (2019), vol. 493 br. , Suppl. 1, str. S574-S574
Ispravka ISI/Web of Science Članak Elečas Rang časopisa

26. **Tegeltija D**, Lovrenski A, Panjković M, Eri Ž, Klem I. Testicular (gonadal stromal) fibroma: case report. Arch Oncol. 2012;20(1-2):26-7. (M51)

27. **Tegeltija D**, Lovrenski A, Panjković M, Marjanov J, Samardžija G, Pejaković N. Carcinoma developing in a branchial cyst. Med Pregl. 2013;66(3-4):177-80. (M51)

28. Lovrenski A, Panjković M, **Tegeltija D**, Tadić-Latinović Lj, Krčedinac J. Uloga citološke analize pleuralnog izliva u dijagnostici malignog mezotelioma. Med Pregl. 2012;65(1-2):5-8. (M51)

29. **Tegeltija D**, Lovrenski A, Panjković M, Knežević-Ušaj S, Eri Ž, Klem I. Clear cell sarcoma of the nuchal region with metastasis in stomach. Arch Oncol. 2011;19(3-4):76-8. (M52)

30. Andelković A, **Tegeltija D**, Andelković D, Ergelašev I. Askinov tumor. Respiratio. 2014;4(1-2):202-6. (M52)

31. Maksimović O, Vrtunski More L, Papović J, Stojanović G, **Tegeltija D**. Karcinoid bronha-prikaz slučaja. Respiratio. 2015;5(1-2):248-52. (M52)

32. Lovrenski A, Jeličić I, **Tegeltija D**, Koledin M, Bijelović M, Panjković M. Solitarni fibrozni tumor pleure – prikaz serije slučajeva i pregled literature. Respiratio. 2017; 7(1-2): 1-8.

33. Lovrenski A, **Tegeltija D,** Jeličić I, Bijelović M, Đurić D, Panjković M. Evaluation of clinical, morphological and pathohisthological characteristics of tymomas – our ten year experience. Arch Oncol. 2017;23(2):20-4. (M52)

34. **Tegeltija D,** Vasiljević T, Samardžija G, Lovrenski A, Kuhajda I, Radovanović B, Vujasinović G, Nikin Z, Eri Ž. Pulmonary alveolar proteinosis – case report. Respiratio. 2018; 8(1-2): 169-74.

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36. **Tegeltija D**, Lovrenski A, Milić M, Koledin M, Panjkovć M. Sclerosing hemangioma of the lung. Arch Oncol. 2013;21(3-4):144-6. (M52)

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UNIVERZITET CRNE GORE

MEDICINSKI FAKULTET

Broj:366/7-2

Podgorica 07.03.2022. godine.

Uvidom u službenu evidenciju ,izdaje se

POTVRDA

Doc. dr Dragana Tegeltija, docent Medicinskog fakulteta Univerziteta u Novom Sadu, nije u radnom odnosu na Medicinskom fakultetu Univerziteta Crne Gore.

Potvrda se izdaje kao prilog obrascu D2 za kandidata dr med Janju Raonić , i u druge svrhe se ne može koristiti.

ŠEF STUDENTSKE SLUŽBE

Sonja Vukićević,diplomirani pravnik

Vijeću Medicinskog fakulteta

Na osnovu Odluke Vijeća Medicinskog fakulteta o formiranju Komisije za doktorske studije,broj: 392/7 od 21.02.2019. godine a u skladu sa članom 41 Pravila doktorskihs tudija i tačkom 3.8 Vodiča za doktorske studije UCG-Centar za doktorske studije, nakon nakon razmatranja ispunjavanja formalnih uslova za ocjenu doktorske disertacije i poštujući princip kompetentnosti, Komisija za doktorske studije dostavlja Vijeću Medicinskog fakulteta

INICIJALNI PRIJEDLOG

Sastava Komisije za ocjenu doktorske disertacije

I. DOKTORAND**: Dr med Janja Raonić**

Naziv doktorske disertacije: "**Imunohistohemijsko odredjivanje ekspresije inflamatornih i proliferativnih markera u lezijama grlića materice"**

II. U skladu sa članom 38 Pravila doktorskih studija, doktorand dr med Janja Raonić ispunjava uslove za ocjenu doktorske disertacije.

III. Komisija za ocjenu doktorske disertacije:

- **Prof. dr Aleksandra Vuksanović Božarić**, redovni profesor Medicinskog fakulteta Univerziteta Crne Gore - predsjednik

- **Prof. dr Ljiljana Vučković**, vanredni profesor Medicinskog fakulteta Univerziteta Crne Gore – mentor

- **Doc. dr Dragana Tegeltija**, docent Medicinskog fakulteta Univerzieta u Novom Sadu - član

KOMISIJA ZA DOKTORSKE STUDIJE

Prof. dr Filip Vukmirović

UNIVERZITET CRNE GORE

VIJEĆU MEDICINSKOG FAKULTETA

Komisiji za doktorske studije

PREDMET: Zahthjev za ocjenu doktorske distertacije

Poštovani,

U skladu sa Pravilima studiranja na doktorskim studijama Univerziteta Crne Gore, podnosim zahtjev za ocjenu doktorske disertacije pod nazivom:

"Imunohistohemijsko određivanje ekspresije inflamatornih i proliferativnih markera u lezijama grlića materice".

Završetkom doktorske disertacije i objavom rada u časopisu sa SCI liste koji sadrži djelove sopstvenih istraživanja sprovedenih u okviru izrade doktorske disertacije, ispunila sam uslove za njenu predaju.

Ovim putem se obraćam Komisiji za doktorske studije Medicinskog fakulteta da inicira prijedlog Komisije za ocjenu doktorske disertacije.

Uz zahtjev prilažem:

- pismenu saglasnost mentora;
- štampani primjerak doktorske disertacije (7 primjeraka);
- fotokopiju rada objavljenog kao rezultat doktorske teze;
- biografiju i bibliografiju;
- CD sa cjelokupnim sadržajem doktorske disertacije u PDF format;
- Pisanu izjavu o autorstvu (Prilog 1 iz Uputstva o oblikovanju doktorske disertacije).

S poštovanjem,

U Podgorici 22.2.2022. god.

Dr Janja Raonić

UNIVERZITET CRNE GORE

MEDICINSKI FAKULTET

Na osnovu odluke Senata Crne Gore br. 03-4139/1-1 od 15.10.2020. god. imenovana sam za mentora za izradu doktorske disertacije kandidata dr Janje Raonić. U fazi predaje doktorske disertacije na pregled i ocjenu, u skladu sa Pravilima doktorskih studija Univerziteta Crne Gore dajem:

SAGLASNOST

Saglasna sam da kandidat dr Janja Raonić može predati doktorsku disertaciju pod nazivom „Imunohistohemijsko odredivanje ekspresije inflamatornih i proliferativnih markera u lezijama grlića materice" na pregled i ocjenu.

S poštovanjem,

U Podgorici 22.2.2022. god.

Prof. dr Ljiljana Vučković

UNIVERZITET CRNE GORE
MEDICINSKI FAKULTET
MEDICINA
Broj dosijea: **1/2012**

Na osnovu člana 33 Zakona o upravnom postupku ("Službeni list CG", br. 56/14, 20/15, 40/16 i 37/17), člana 115 Zakona o visokom obrazovanju("Službeni list CG", br. 44/14, 52/14, 47/15, 40/16, 42/17, 71/17, 55/18, 3/19, 17/19, 47/19, 72/19, 74/20 104/21) i službene evidencije, a po zahtjevu studenta Raonić Zoran Janja, izdaje se

UVJERENJE O POLOŽENIM ISPITIMA

Student **Raonić Zoran Janja**, rođena **28-12-1987** godine u mjestu **Pljevlja**, opština **Pljevlja**, Republika **Crna Gora**, upisana je studijske **2012/2013** godine, u **I** godinu studija, kao student koji se **samofinansira** na **doktorske akademske studije**, studijski program **MEDICINA**, koji realizuje **MEDICINSKI FAKULTET** - Podgorica Univerziteta Crne Gore u trajanju od **3 (tri)** godine sa obimom **180** ECTS kredita.

Student je položio ispite iz sljedećih predmeta:

Redni broj	Semestar	Naziv predmeta	Ocjena	Uspjeh	Broj ECTS kredita
1.	1	BIOSTATISTIKA	"A"	(odličan)	10.00
2.	1	MEDICINSKA INFORMATIKA	"A"	(odličan)	10.00
3.	1	METODOLOGIJA NAUČNOG ISTRAŽIVANJA	"B"	(vrlodobar)	10.00
4.	2	OSNOVI ĆELIJSKE BIOLOGIJE	"A"	(odličan)	10.00
5.	2	OSNOVI IMUNOLOGIJE	"A"	(odličan)	10.00
6.	2	POČETNA ISTRAŽIVANJA	"A"	(odličan)	10.00

Zaključno sa rednim brojem **6.**

Ostvareni uspjeh u toku dosadašnjih studija je:
- srednja ocjena položenih ispita **"A" (9.83)**
- ukupan broj osvojenih ECTS kredita **60.00** ili **100.00%**
- indeks uspjeha **9.83.**

Uvjerenje se izdaje na osnovu službene evidencije, a u svrhu ostvarivanja prava na: (dječji dodatak, porodičnu penziju, invalidski dodatak, zdravstvenu legitimaciju, povlašćenu vožnju za gradski saobraćaj, studentski dom, studentski kredit, stipendiju, regulisanje vojne obaveze i slično).

Broj:
Podgorica, 07.03.2022 godine

M.P.

UNIVERZITET CRNE GORE MEDICINSKI FAKULTET UCG 4

SEKRETAR