

Skrining malnutrisi pada pasien kanker yang akan menjalankan radioterapi : perbandingan malnutrition screening tool dan abridged patient generated subjective global assessment = Nutritional screening tool for cancer patients in outpatient radiotherapy : setting a comparison of malnutrition screening tool and abridged patient generated subjective global assessment

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#### Abstrak

Malnutrisi sering dialami oleh pasien kanker dan dapat menyebabkan penurunan kualitas hidup. Oleh karena itu, identifikasi awal pasien yang berisiko malnutrisi harus dilakukan pada semua pasien kanker, namun hingga saat ini, belum ada baku emas alat skrining yang digunakan di bagian rawat jalan radioterapi.

Penelitian ini merupakan studi potong lintang yang dilakukan untuk membandingkan skrining malnutrisi Malnutrition Screening Tool (MST) dan Abridged Patient-Generated Subjective Global Assessment (abPG-SGA) pada 144 pasien kanker yang akan menjalankan radioterapi di RSUPNCM, dengan Patient- Generated Subjective Global Assessment (PG-SGA) sebagai baku emas. Didapati sebanyak 41% pasien berisiko malnutrisi (PG-SGA). Skrining MST dinilai mudah dan cepat dengan rerata waktu pengerjaan 21 detik, dan memiliki nilai sensitivitas 84,75%, spesifitas 77,65%, nilai prediksi positif (NPP) 0,73, nilai prediksi negatif (NPN) 0,88, dan nilai area under the ROC curve (AUC) 0,812. Skrining abPG-SGA memiliki sensitivitas 98,31%, spesifitas 92,94%, NPP 0,91, NPN 0,99, AUC 0,956, dan rerata waktu pengerjaan 2 menit 24 detik. Kesimpulan yang dapat diambil adalah abPG-SGA merupakan alat skrining yang lebih baik dan akurat untuk digunakan di bagian rawat jalan radioterapi.

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Malnutrition is common among cancer patients and can lead to decreased quality of life. Therefore, early identification of patients at risk of malnutrition should be performed in all cancer patients, but until now, there is no gold standard of nutrition screening tool that should be used in outpatient radiotherapy setting. This study was a cross-sectional study conducted to compare Malnutrition Screening Tool (MST) and Abridged Patient-Generated Subjective Global Assessment (abPG-SGA) as nutrition screening tools in 144 radiotherapy outpatients against Patient-Generated Subjective Global Assessment (PG-SGA) as the gold standard. Forty-one percent of patients were at risk of malnutrition (PG-SGA). The MST was a simple and quick tool with an average of 21 seconds. It had 84.75% sensitivity, 77.65% specificity, positive predictive value (PPV)=0.73, negative predictive value (NPV)=0.88, and area under the ROC curve (AUC)=0.812. The abPG-SGA yielded 98.31% sensitivity, 92.94% specificity, PPV=0.91, NPV=0.99, AUC=0.956, and it took an average of 2 minutes 24 seconds. In conclusion, the abPG-SGA is a better and more accurate screening tool in outpatient radiotherapy setting.