

Perbandingan antara risk of ovarian malignancy algorithm roma dengan risk of malignancy index RMI dalam memprediksi keganasan tumor ovarium epitelial 2012-2014 = Comparison of diagnostic value roma risk of ovarian malignancy algorithm with rmi risk of malignancy index to predict ovarian cancer epitelial type obstetric and gynecology faculty of medicine cipto mangunkusumo hospital 2012 2014

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Abstrak

Penelitian ini bertujuan untuk membandingkan ROMA dengan RMI dalam memprediksi keganasan tumor ovarium epitelial di RS dr. Cipto Mangunkusumo (RSUPNKM). Penelitian ini merupakan uji diagnostik dengan desain potong lintang yang dilakukan di Departemen Obstetri dan Ginekologi, RSUPNKM. Pada penelitian ini, dari 213 subjek diperoleh sensitivitas dan spesifisitas RMI 85.3%, dan 66.3%, Nilai Duga Positif dan Negatif RMI 79.7%, dan 74.3%, Rasio Kemungkinan Positif dan Negatif RMI 2.53, dan 0.22; dan sensitivitas dan spesifisitas ROMA 95.4%, dan 32.5%, Nilai Duga Positif dan Negatif 68.9%, dan 81.8%, Rasio Kemungkinan Positif dan Negatif 1.41, dan 0.14. AUC ROMA lebih baik daripada RMI, tetapi tidak bermakna secara statistik (seluruh kelompok: AUC 69.56%>67.49%, perbedaan AUC 0.0207, p 0.526; kelompok pascamenopause: AUC 91.47%>88.97%, perbedaan AUC 0.0250, p 0.0571; kelompok premenopause: AUC 86.20%>78.16%, perbedaan AUC 0.0804, p 0.0571). Pada titik potong ideal (RMI 330, ROMA premenopause 30,4; dan pascamenopause 53.1), ROMA mempunyai sensitivitas dan spesifisitas yang lebih baik dibandingkan RMI (sensitivitas 82.31% vs 74.62%; spesifisitas 78.31% vs 75.9%). Dapat disimpulkan bahwa tidak terdapat perbedaan antara ROMA dengan RMI, tetapi sensitivitas dan spesifisitas ROMA lebih baik daripada RMI pada titik potong ideal.

.....The purpose of this research is to compare ROMA with RMI to predict malignancy of ovarian tumor, epithelial type in Indonesia, especially at the Cipto Mangunkusumo hospital. It was a cross sectional study with a diagnostic design, which was performed in the Oncology Gyneology division. From 213 sampels, the RMI showed a sensitivity of 85.3%, a specificity of 66.3%, a PPV of 79.7%, a NPV of 74.3%, a LR+ of 2.53, LR- 0.22 and an accuracy of 0.77; while ROMA has a sensitivity of 95.4%, a specificity of 32.5%,a PPV 68.9% of, a NPV of 81.8%, a LR+ 1.41, LR- 0.14 and an accuracy of 0.71. Overall AUC ROMA indicated better results compared to those results using the RMI diagnostic method, (all groups: AUC 69.56%>67.49%, p 0.526; as with the postmenopause group: the AUC was 91.47%>88.97%, p 0.0571; and the premenopause group: the AUC 86.20%>78.16%, p 0.0571). At ideal the cut-off point (RMI 330, ROMA premenopause 30,4; and postmenopause 53.1), ROMA has shown better sensitivity and specificity than RMI (sensitivity 82.31% vs 74.62%; specificity 78.31% vs 75.9%). It can be concluded that there is no significantly different between ROMA and RMI, but at ideal cut off, sensitivity and specificity ROMA better than RMI.