

## Rasio Hemoglobin-Trombosit sebelum Terapi sebagai Prediktor Kesintasan Tiga Tahun Pasien Kanker Nasofaring Stadium Lokal Lanjut = Pre-Treatment Hemoglobin to Platelet Ratio as Predictor on Three-Year Survival in Locally Advanced Nasopharyngeal Cancer.

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### Abstrak

Latar Belakang. Kesintasan 3 tahun pasien KNF stadium lokal lanjut di Indonesia lebih rendah dibandingkan luar negeri. Prediktor alternatif dari rasio hemoglobin-trombosit (RHT) lebih sederhana, murah, dan stabil nilainya dibanding rasio dari komponen sel leukosit, namun belum ada studi yang meneliti perannya dalam memprediksi mortalitas tiga tahun pasien KNF stadium ini.

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Tujuan. Mengetahui peran RHT sebelum terapi dalam memprediksi kesintasan tiga tahun pasien KNF stadium lokal lanjut.

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Metode. Studi kohort retrospektif yang meneliti 289 pasien KNF stadium lokal lanjut yang diterapi di Rumah Sakit Cipto Mangunkusumo (RSCM) dalam rentang waktu Januari 2012 - Oktober 2016. Nilai RHT optimal didapatkan menggunakan receiver operating curve (ROC). Subjek penelitian dibagi menjadi 2 kelompok, di bawah dan di atas titik potong. Kurva Kaplan-Meier digunakan untuk menilai kesintasan tiga tahun dan dilakukan uji regresi Cox sebagai uji multivariat terhadap variabel perancu (usia > 60 tahun, stadium, jenis kelamin, dan indeks massa tubuh) untuk mendapatkan nilai adjusted hazard ratio (HR).

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Hasil. Nilai titik potong RHT optimal adalah 0,362 (AUC 0,6228, interval kepercayaan (IK) 95% : 0,56-0,69, sensitivitas 61,27%, spesifisitas 60,34%). 48,44% pasien memiliki nilai RHT <0,362 dan memiliki mortalitas tiga tahun lebih besar dibandingkan kelompok lainnya (50% vs 31,54%). RHT < 0,362 secara signifikan memprediksi kesintasan tiga tahun ( $p = 0,003$ ; HR 1,75; IK 95% 1,2-2,55). Pada analisis multivariat, RHT < 0,362 sebelum terapi merupakan faktor independen dalam memprediksi kesintasan tiga tahun pada pasien KNF stadium lokal lanjut (adjusted HR 1,82; IK 95% 1,25-2,65).

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Simpulan. RHT < 0,362 sebelum terapi dapat memprediksi kesintasan tiga tahun pasien KNF stadium lokal lanjut

.....Background. The 3-year survival of locally advanced nasopharyngeal cancer (NPC) patients in Indonesia is lower than in foreign countries. Alternative predictors from the hemoglobin-platelet ratio (HPR) are easier, cheaper, and stable in value than the ratio of leukocyte cell components, but there are no study conducted to know its potential in predicting three-year survival in locally advanced nasopharyngeal cancer.

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Objective. To determine the role of pre-treatment hemoglobin to platelet ratio in predicting three-year survival of locally advanced nasopharyngeal cancer patients.

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Method. Retrospective cohort study that examined 289 locally advanced NPC patients who underwent therapy at the National Government General Hospital-Cipto Mangunkusumo from January 2012 to October 2016. HPR cut-off was determined using ROC, and then subjects were divided into two groups according to its HPR value. The Kaplan-Meier curve was used to determine the three-year survival of the patients and cox regression test used as multivariate analysis with confounding variables in order to get adjusted hazard ratio (HR).

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Results. The optimal cut-off for HPR was 0,362 (AUC 0,6228, 95% CI: 0,56-0,69, sensitivity 61,27%, specificity 60,34%). Patients with HPR < 0,362 occurred in 48, 44% and had higher three-year mortality (50% vs. 31, 54%). HPR <0.362 significantly predicted the three years of survival (p = 0,003; HR 1, 75; IK 95% 1, 2-2, 55). In multivariate analysis,

it was concluded that pre-treatment HPR < 0,362 was an independent factor in predicting three-year survival in locally advanced NPC patients (adjusted HR 1, 82; IK 95% 1, 25-2, 65).

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Conclusion. Pre-treatment HPR < 0, 362 could predict the three-year survival of locally advanced nasopharyngeal cancer patients.