Model prediksi mortalitas 3 bulan pertama pasien keganasan dengan trombosis vena dalam = Prediction model of the first 3 month mortality among malignancy patients with deep vein thrombosis / Griskalia Christine Theowidjaja

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Abstrak

[ABSTRAK
Latar Belakang. Mortalitas keganasan dengan tromboemboli vena lebih tinggi daripada keganasan tanpa tromboemboli vena. Jenis dan/atau histopatologi keganasan, stadium, terapi keganasan berisiko tinggi trombosis vena dalam, lokasi trombus, usia, imobilisasi, kateter vena sentral, D-dimer, infeksi, dan Indeks Komorbiditas Charlson berpengaruh terhadap mortalitas pasien keganasan dengan trombosis vena dalam. Belum ada data insiden kumulatif mortalitas pasien keganasan dengan trombosis vena dalam di Indonesia dan belum ada model prediksi yang mudah untuk memprediksi mortalitas pasien keganasan dengan trombosis vena dalam.
Tujuan. Mengetahui insiden kumulatif mortalitas dan membuat model prediksi berupa sistem skor prediktor mortalitas 3 bulan pertama pasien keganasan dengan trombosis vena dalam.
Metode. Penelitian kohort, 223 pasien keganasan dengan trombosis vena dalam di RSCM, Januari 2011-Agustus 2013, diamati 3 bulan. Variabel bebas: usia, jenis dan/atau histopatologi keganasan, stadium keganasan, terapi risiko tinggi terjadi trombosis vena dalam, lokasi trombus, imobilisasi, penggunaan kateter vena sentral, D-dimer awal saat diagnosis trombosis vena dalam, infeksi, dan Indeks Komorbiditas Charlson. Variabel dependen: mortalitas karena semua penyebab. Regresi logistik digunakan untuk mendapatkan sistem skor.
Hasil. 61,4% pasien meninggal. Prediktor yang bermakna terhadap mortalitas 3 bulan pertama adalah stadium III-IV, imobilisasi, dan infeksi; dengan masingmasing skor 2-3-2. Total skor risiko rendah (0), risiko sedang (2-4), dan risiko tinggi (5-7) mempunyai mortalitas berturut-turut 10%, 43%, 72%.
Simpulan. Insiden kumulatif mortalitas 3 bulan pertama pasien keganasan dengan trombosis vena dalam adalah 61,4%. Telah ditemukan model prediksi mortalitas 3 bulan pertama pasien keganasan dengan trombosis vena dalam.
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ABSTRACT
Background. Mortality risk among malignancy with venous thromboembolism (VTE) patients is higher than malignancy patients without VTE. The type and/or histopathology of malignancy, cancer stage, high risk cancer therapy for deep vein thrombosis (DVT), thrombus location, age, immobilization, central venous

catheter, D-dimer, infection, and Charlson Comorbidity Index influence the mortality of malignancy patients with DVT. There is no cumulative incidence data and an easy prediction model to predict mortality among malignancy patients with DVT.
Objective. To know the cumulative incidence of mortality and to make a prediction model (scoring system) to predict the first 3-month mortality among malignancy patients with DVT.
Methods. A cohort study of 223 malignancy patients with DVT at Cipto Mangunkusumo National Hospital between January 2011-August 2013, with 3 months of follow-up. Independent variables: age, cancer's type and/or histopathology, cancer stage, high risk cancer therapy for DVT, thrombus location, immobilization, central venous catheter, D-dimer when the patients were diagnosed with DVT, infection, and Charlson Comorbidity Index. Dependent variable: all-caused mortality. Logistic regression was used to make a scoring system.
Results. 61.4% patients died. The significant predictors were stage III-IV cancer, immobilization, and infection; with the scores 2-3-2, respectively. Total score for low risk patients (0), intermediate risk patients (2-4), and high risk patients (5-7) with the mortality 10%, 43%, 72%, respectively.
Conclusions. The cumulative incidence of the first 3-month mortality in malignancy patients with DVT was 61.4%. There is an applicable prediction model to predict the first 3-month mortality among malignancy patients with DVT., Background. Mortality risk among malignancy with venous thromboembolism (VTE) patients is higher than malignancy patients without VTE. The type and/or histopathology of malignancy, cancer stage, high risk cancer therapy for deep vein thrombosis (DVT), thrombus location, age, immobilization, central venous catheter, D-dimer, infection, and Charlson Comorbidity Index influence the mortality of malignancy patients with DVT. There is no cumulative incidence data and an easy prediction model to predict mortality among malignancy patients with DVT.
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