

# Faktor-faktor yang memengaruhi kesintasan karsinoma sel skuamosa rongga mulut di RSCM Tahun 2014 – 2018 = Prognostic factors of oral squamous cell carcinoma in Cipto Mangunkusumo Hospital

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## Abstrak

Latar Belakang: Karsinoma sel skuamosa rongga mulut (KSSRM) menempati urutan keenam dari keganasan yang paling sering terjadi di Asia. Kebanyakan pasien datang berobat dalam kondisi stadium lanjut sehingga KSSRM memiliki mortalitas yang tinggi. Angka kesintasan KSSRM satu tahun dan dua tahun di RSCM adalah 58,6% dan 43,1%; angka kesintasan spesifik penyakit adalah 66,9%. Studi ini bertujuan untuk mencari faktor-faktor yang memengaruhi kesintasan KSSRM.

Metode: Studi ini merupakan kohort retrospektif berdasarkan data rekam medis pasien. Variabel yang diteliti adalah usia, jenis kelamin, lokasi tumor, stadium klinis, derajat diferensiasi sel tumor, derajat invasi tumor, dan batas sayatan. Analisis kesintasan menggunakan Kaplan-Meier dan uji log-rank. Analisis bivariat dan multivariat menggunakan regresi Cox untuk mendapatkan hazard ratio (HR).

Hasil: Ada 169 subjek yang menderita KSSRM dan diterapi di RSCM tahun 2014 – 2018. Mayoritas pasien merupakan laki-laki (51,5%) dengan usia di atas 50 tahun (55,6%). Lokasi tumor paling banyak dijumpai di lidah (72,8%) diikuti mukosa bukal (13%). 82,2% pasien datang pada stadium IV, 60,4% memiliki diferensiasi baik, dan 53,8% memiliki grade rendah. Berdasarkan analisis bivariat, didapatkan bahwa ukuran dan ekstensi tumor (T), keterlibatan kelenjar getah bening regional (N), stadium klinis, dan batas sayatan memengaruhi kesintasan KSSRM ( $p < 0,05$ ). Keterlibatan KGB (HR: 1,212; 95% CI: 0,997-1,474;  $p < 0,05$ ) dan stadium klinis (HR: 1,749; 95% CI: 1,261-2,425;  $p < 0,05$ ) memengaruhi mortalitas secara signifikan.

Kesimpulan: Faktor-faktor yang memengaruhi kesintasan KSSRM adalah stadium klinis dan keterlibatan kelenjar getah bening regional (N).

.....Background: Oral squamous cell carcinoma (OSCC) is the sixth most common malignancy in Asia. Most patients were diagnosed in advanced stage; thus, the mortality rate is high. The one-year and two-year overall survival rate in Cipto Mangunkusumo Hospital are 58.6% and 43.1%, the disease-specific survival rate is 66.9%. This study is aimed to investigate the prognostic factors correlated with OSCC.

Methods: A retrospective cohort study was done on OSCC patients diagnosed and treated in Cipto Mangunkusumo Hospital from 2014 to 2018. Data regarding age, gender, site of the primary lesion, clinical stage of the disease, tumor differentiation, invasion, and surgical margins were collected. Prognostic variables were identified with bivariate analysis using Kaplan-Meier curves and log-rank testing for comparison.

Results: One hundred and sixty nine patients were included. Majority of patients were male (51.5%), age above 50 years old (55.6%). The most prevalent tumor site was the tongue (72.8%) followed by buccal mucosa (13%). 82.2% of patients had advanced (clinical stage IV) disease at diagnosis. Majority of patients had well-differentiated tumor (60.4%) and low-grade tumor (53.8%). Bivariate analysis showed that tumor size (T), nodal status (N), clinical stage, and marginal status significantly affected the overall survival ( $p < 0.05$ ). Nodal status (HR: 1.212; 95% CI: 0.997-1.474;  $p < 0.05$ ) and clinical stage (HR: 1.749; 95% CI: 1.261-2.425;  $p < 0.05$ ) were independently associated with the risk of death.

Conclusion: Clinical stage and lymph node involvement are the most significant prognostic factors of OSCC.