

## DAFTAR PUSTAKA

1. Khorana AA, Francis CW, Culakova E, Kuderer NM, Lyman GH. Thromboembolism is a leading cause of death in cancer patients receiving outpatient chemotherapy [10]. *J Thromb Haemost.* 2007;5(3):632-634. doi:10.1111/j.1538-7836.2007.02374.x
2. National Institute for Health and Care Excellence. Venous thromboembolism in adults: diagnosis and management. *NICE Qual Stand [QS29]*. 2016;(March 2013). www.nice.org.uk/guidance/qs29
3. Hisada Y, Mackman N. Cancer-associated pathways and biomarkers of venous thrombosis. *Blood.* 2017;130(13):1499-1506. doi:10.1182/blood-2017-03-743211
4. Timp JF, Braekkan SK, Versteeg HH, Cannegieter SC. Epidemiology of cancer-associated venous thrombosis. *Blood.* 2013;122(10):1712-1723. doi:10.1182/blood-2013-04-460121
5. Ahlbrecht J, Dickmann B, Ay C, et al. Tumor grade is associated with venous thromboembolism in patients with cancer: Results from the Vienna Cancer and Thrombosis Study. *J Clin Oncol.* 2012;30(31):3870-3875. doi:10.1200/JCO.2011.40.1810
6. Trinh VQ, Karakiewicz PI, Sammon J, et al. Venous thromboembolism after major cancer surgery: Temporal trends and patterns of care. *JAMA Surg.* 2014;149(1):43-49. doi:10.1001/jamasurg.2013.3172
7. Siegal DM, Eikelboom JW, Lee SF, et al. Variations in incidence of venous thromboembolism in low-, middle-, and high-income countries. *Cardiovasc Res.* 2020;(167). doi:10.1093/cvr/cvaa044
8. Nicholson M, Chan N, Bhagirath V, Ginsberg J. Prevention of Venous Thromboembolism in 2020 and Beyond. *J Clin Med.* 2020;9(8):2467. doi:10.3390/jcm9082467
9. Lee LH, Gallus A, Jindal R, Wang C, Wu CC. Incidence of Venous Thromboembolism in Asian Populations: A Systematic Review. *Thromb Haemost.* 2017;117(12):2243-2260. doi:10.1160/TH17-02-0134
10. Holst AG, Jensen G, Prescott E. Risk factors for venous thromboembolism: Results from the copenhagen city heart study. *Circulation.* 2010;121(17):1896-1903. doi:10.1161/CIRCULATIONAHA.109.921460
11. Mulder FI, Candeloro M, Kamphuisen PW, et al. The Khorana score for prediction of venous thromboembolism in cancer patients: a systematic review and meta-analysis. *Haematologica.* 2019;104(6):1277-1287. doi:10.3324/haematol.2018.209114
12. Khorana AA, Dalal M, Lin J, Connolly GC. Incidence and predictors of venous thromboembolism (VTE) among ambulatory high-risk cancer patients undergoing chemotherapy in the United States. *Cancer.* 2013;119(3):648-655. doi:10.1002/cncr.27772

13. Suharti C, Pangarso EA, Setiawan B, Samakto B De. P-Selectin as Predictor Venous Thromboembolism in Cancer Patients P-Selectin as Predictor Venous Thromboembolism in Cancer Patients Undergoing Chemotherapy. 2019;(September).
14. Gorp ECM Van, Suharti C, Cate H, Dolmans WM V, Meer JWM Van Der. Review : Infectious Diseases and Coagulation Disorders. *J Infect Dis.* 1999;180:176-186.
15. Haddad TC, Greeno EW. Chemotherapy-induced thrombosis. *Thromb Res.* 2006;118(5):555-568. doi:10.1016/j.thromres.2005.10.015
16. McCaskill-Stevens W, Wilson J, Bryant J, et al. Contralateral breast cancer and thromboembolic events in African American women treated with tamoxifen. *J Natl Cancer Inst.* 2004;96(23):1762-1769. doi:10.1093/jnci/djh321
17. Schlossman R, Ghobrial I, Lockridge L, Warren D. Dexamethasone : an Observational Study. 2014;160(3):351-358. doi:10.1111/bjh.12152.Endothelial
18. Kirwan CC, Mccollum CN, Medowell G, Byrne GJ. Investigation of Proposed Mechanisms of Chemotherapy-Induced Venous Thromboembolism: Endothelial Cell Activation and Procoagulant Release Due to Apoptosis. *Clin Appl Thromb.* 2015;21(5):420-427. doi:10.1177/1076029615575071
19. Budnik I, Brill A. Immune Factors in Deep Vein Thrombosis Initiation. *Trends Immunol.* 2018;39(8):610-623. doi:10.1016/j.it.2018.04.010
20. Branchford BR, Carpenter SL. The role of inflammation in venous thromboembolism. *Front Pediatr.* 2018;6(May). doi:10.3389/fped.2018.00142
21. Kanz R, Vukovich T, Vormittag R, et al. Thrombosis risk and survival in cancer patients with elevated C-reactive protein. *J Thromb Haemost.* 2011;9(1):57-63. doi:10.1111/j.1538-7836.2010.04069.x
22. Sproston NR, Ashworth JJ. Role of C-reactive protein at sites of inflammation and infection. *Front Immunol.* 2018;9(APR):1-11. doi:10.3389/fimmu.2018.00754
23. Manly DA, Boles J, MacKman N. Role of tissue factor in venous thrombosis. *Annu Rev Physiol.* 2011;73:515-525. doi:10.1146/annurev-physiol-042210-121137
24. Kalayci A, Gibson CM, Chi G, et al. Asymptomatic Deep Vein Thrombosis is Associated with an Increased Risk of Death: Insights from the APEX Trial. *Thromb Haemost.* 2018;118(12):2046-2052. doi:10.1055/s-0038-1675606
25. Fernandes CJ, Morinaga LTK, Alves JL, et al. Cancer-associated thrombosis: The when, how and why. *Eur Respir Rev.* 2019;28(151):1-11. doi:10.1183/16000617.0119-2018
26. Noble S, J Pasi. Epidemiology and pathophysiology of cancer-associated

- thrombosis. *Br J Cancer*. 2010;102(1):S2-S9. doi:10.1038/sj.bjc.6603600
27. Kurniawan LB, Arif M. Hemostasis Berlandaskan Sel Hidup (in Vivo). *Indones J Clin Pathol Med Lab*. 2016;19(3):204. doi:10.24293/ijcpml.v19i3.421
  28. Riddel JP, Aouizerat BE, Miaskowski C, Lillicrap DP. Theories of Blood Coagulation. *J Pediatr Oncol Nurs*. 2007;24(3):123-131. doi:10.1177/1043454206298693
  29. Ruseva AL, Dimitrova AA. A new understanding of the coagulation process—the cell-based model. *J Biomed Clin Res*. 2011;4(1):17-22.
  30. Smith SA. The cell-based model of coagulation: State-Of-The-Art Review. *J Vet Emerg Crit Care*. 2009;19(1):3-10. doi:10.1111/j.1476-4431.2009.00389.x
  31. Osterud B, Rapaport SI. Activation of factor IX by the reaction product of tissue factor and factor VII: additional pathway for initiating blood coagulation. *Proc Natl Acad Sci*. 1977;74:5260-5264.
  32. Hilden I, Lauritzen B, Sorensen BB. Hemostatic effect of a monoclonal antibody mAb 2021 blocking the interaction between FXa and TFPI in a rabbit hemophilia model. *Blood*. 2012;119:5871-5878.
  33. Gailani D, Broze GJ. Factor XI activation in a revised model of blood coagulation. *Science (80- )*. 1991;253:909-912.
  34. Nemerson Y. The tissue factor pathway of blood coagulation. *Semin Hematol*. 1992;29:170-176.
  35. Bos MHA, van 't Veer C, Reitsma PH. Molecular biology and biochemistry of the coagulation factors and pathway of hemostasis. In: Kaushansky K, Prchal JT, Press OW, et al., eds. *Williams Hematology*. 0th ed. McGraw-Hill Education; 2016.
  36. Hackeng TM, Sere KM, Tans G, Rosing J. Protein S stimulates inhibition of the tissue factor pathway by tissue factor pathway inhibitor. *Proc Natl Acad Sci*. 2006;103:3106-3111.
  37. Esmon CT. The protein C pathway. *Chest*. 2003;124(Suppl 3):26S-32S.
  38. Holmer E, Kurachi K, Soderstrom G. The molecular-weight dependence of the rate-enhancing effect of heparin on the inhibition of thrombin, factor Xa, factor IXa, factor XIa, factor XIIa and kallikrein by antithrombin. *Biochem J*. 1981;193:395-400.
  39. Han X, Fiehler R, Broze GJ. Characterization of the protein Z-dependent protease inhibitor. *Blood*. 2000;96(3049-3055).
  40. Gussoni G, Frasson S, La Regina M, Di Micco P, Monreal M. Three-month mortality rate and clinical predictors in patients with venous thromboembolism and cancer. Findings from the RIETE registry. *Thromb Res*. 2013;131(1):24-30. doi:10.1016/j.thromres.2012.10.007
  41. Vormittag R, Simanek R, Ay C, et al. High factor VIII levels independently

- predict venous thromboembolism in cancer patients: The cancer and thrombosis study. *Arterioscler Thromb Vasc Biol.* 2009;29(12):2176-2181. doi:10.1161/ATVBAHA.109.190827
42. Razak NBA, Jones G, Bhandari M, Berndt MC, Metharom P. Cancer-associated thrombosis: An overview of mechanisms, risk factors, and treatment. *Cancers (Basel).* 2018;10(10):1-21. doi:10.3390/cancers10100380
  43. Khorana AA. Cancer and Coagulation Alok. *Bone.* 2014;23(1):1-7. doi:10.1002/ajh.23143.Cancer
  44. Kumar DR, Hanlin ER, Glurich I, Mazza JJ, Yale SH. Virchow's contribution to the understanding of thrombosis and cellular biology. *Clin Med Res.* 2010;8(3-4):168-172. doi:10.3121/cmr.2009.866
  45. De Cicco M. The prothrombotic state in cancer: Pathogenic mechanisms. *Crit Rev Oncol Hematol.* 2004;50(3):187-196. doi:10.1016/j.critrevonc.2003.10.003
  46. Petterson TM, O'Fallon WM, Heit JA, Melton LJ, Mohr DN, Silverstein MD. Risk Factors for Deep Vein Thrombosis and Pulmonary Embolism. *Arch Intern Med.* 2003;160(6):809. doi:10.1001/archinte.160.6.809
  47. Goodnough LT, Saito H, Manni A, Jones PK, Pearson OH. Increased incidence of thromboembolism in stage IV breast cancer patients treated with a five-drug chemotherapy regimen. *Cancer.* 1984;54(7):1264-1268. doi:10.1002/1097-0142(19841001)54:7<1264::AID-CNCR2820540706>3.0.CO;2-R
  48. Expl N, West MS. Chemotherapy e n h a n c e s endothelial cell reactivity to platelets. 1990;8(6).
  49. Mills PJ, Parker B, Jones V, et al. The effects of standard anthracycline-based chemotherapy on soluble ICAM-1 and vascular endothelial growth factor levels in breast cancer. *Clin Cancer Res.* 2004;10(15):4998-5003. doi:10.1158/1078-0432.CCR-0734-04
  50. Rajkumar SV, Hayman S, Gertz MA, et al. Combination therapy with thalidomide plus dexamethasone for newly diagnosed myeloma. *J Clin Oncol.* 2002;20(21):4319-4323. doi:10.1200/JCO.2002.02.116
  51. Zangari M, Anaissie E, Barlogie B, et al. Increased risk of deep-vein thrombosis in patients with multiple myeloma receiving thalidomide and chemotherapy. *Blood.* 2001;98(5):1614-1615. doi:10.1182/blood.V98.5.1614
  52. Zangari M, Barlogie B, Anaissie E, et al. Deep vein thrombosis in patients with multiple myeloma treated with thalidomide and chemotherapy: Effects of prophylactic and therapeutic anticoagulation. *Br J Haematol.* 2004;126(5):715-721. doi:10.1111/j.1365-2141.2004.05078.x
  53. Lee WR, Sanda MG, McLaughlin PW. Quality of life after prostate cancer treatment [1] (multiple letters). *J Clin Oncol.* 2002;20(13):3038-3039.

doi:10.1200/JCO.2002.20.13.3038

54. Wang J, Weiss I, Svoboda K, Kwaan HC. Thrombogenic role of cells undergoing apoptosis. *Br J Haematol.* 2001;115(2):382-391. doi:10.1046/j.1365-2141.2001.03095.x
55. Boccaccio C, Paolo M. Comoglio. Oncogenesis, Cancer and Hemostasis. In: Khorana AA, Francis CW, eds. *Cancer-Associated Thrombosis*. Informa Healthcare USA, Inc; 2008:1-15.
56. Chen L, Deng H, Cui H, Fang J, Zuo Z. Inflammatory responses and inflammation-associated diseases in organs. *Ontarget.* 2018;9(6):7204-7218.
57. Karin M. NF- $\kappa$ B as a Critical Link Between Inflammation and Cancer. Published online 2009:1-15.
58. Aggarwal BB. Nuclear factor- $\kappa$ B: The enemy within. 2004;6(September):203-208.
59. Diseases I, Approaches TT. Roles of NF- $\kappa$ B in Cancer and Inflammatory Diseases and Their Therapeutic Approaches. Published online 2016. doi:10.3390/cells5020015
60. Xia Y. NF $\kappa$ B, an active player in human cancer. 2015;2(9):823-830. doi:10.1158/2326-6066.CIR-14-0112.NF-
61. Liu T, Zhang L, Joo D, Sun S. NF- $\kappa$ B signaling in inflammation. *Signal Transduct Target Ther.* 2017;2:e17023. doi:10.1038/sigtrans.2017.23
62. Saghazadeh A, Ha S, Rezaei N. Inflammation in venous thromboembolism: Cause or consequence? *Int Immunopharmacol.* 2015;28:655-665. doi:10.1016/j.intimp.2015.07.044
63. Granger DN, Senchenkova E. *Inflammation and the Microcirculation*. Morgan & Claypool Life Sciences; 2010.
64. Mo J, Zhang D, Yang R. Expression of P-selectin, VCAM-1, and PSGL-1 in traumatic deep venous thrombosis. *Int J Clin Exp Pathol.* 2016;9(3):3403-3409.
65. Tafani M, Pucci B, Russo A, et al. Modulators of HIF1 $\alpha$  and NF $\kappa$ B in cancer treatment: is it a rational approach for controlling malignant progression? *Front Pharmacol.* 2013;4:1-12. doi:10.3389/fphar.2013.00013
66. Hassan SA, Palaskas N, Kim P, et al. Chemotherapeutic Agents and the Risk of Ischemia and Arterial Thrombosis. *Curr Atheroscler Rep.* 2018;20(2). doi:10.1007/s11883-018-0702-5
67. Gara E, Csikó KG, Ruzsa Z, Földes G, Merkely B. Anti-cancer drugs-induced arterial injury: risk stratification, prevention, and treatment. *Med Oncol.* 2019;36(8):1-8. doi:10.1007/s12032-019-1295-8
68. Mitchell L, Hoogendoorn H, Giles AR, Vegh P, Andrew M. Increased endogenous thrombin generation in children with acute lymphoblastic leukemia: Risk of thrombotic complications in L'Asparaginase-induced antithrombin III deficiency. *Blood.* 1994;83(2):386-391.

doi:10.1182/blood.v83.2.386.386

69. Otten HMMB, Mathijssen J, Ten Cate H, et al. Symptomatic Venous Thromboembolism in Cancer Patients Treated with Chemotherapy: An Underestimated Phenomenon. *Arch Intern Med.* 2004;164(2):190-194. doi:10.1001/archinte.164.2.190
70. Feffer SE, Carmosino LS, Fox RL. Acquired protein C deficiency in patients with breast cancer receiving cyclophosphamide, methotrexate, and 5-fluorouracil. *Cancer.* 1989;63(7):1303-1307. doi:10.1002/1097-0142(19890401)63:7<1303::AID-CNCR2820630713>3.0.CO;2-F
71. Coughlin SR. Thrombin signalling and protease-activated receptors. *Nature.* 2000;407(6801):258-264. doi:10.1038/35025229
72. Abdullah WZ, Roshan TM, Hussin A, Zain WSWM, Abdullah D. Increased PAC-1 expression among patients with multiple myeloma on concurrent thalidomide and warfarin. *Blood Coagul Fibrinolysis.* 2013;24(8):893-895. doi:10.1097/MBC.0b013e3283642ee2
73. Edwards RL, Klaus M, Matthews E, McCullen C, Bona RD, Rickles FR. Heparin abolishes the chemotherapy-induced increase in plasma fibrinopeptide A levels. *Am J Med.* 1990;89(1):25-28. doi:10.1016/0002-9343(90)90093-S
74. Walko CM, Lindley C. Capecitabine: A review. *Clin Ther.* 2005;27(1):23-44. doi:10.1016/j.clinthera.2005.01.005
75. Czaykowski PM. High risk of vascular events in patients with urothelial transitional cell carcinoma treated with cisplatin based chemotherapy. *J Urol.* 1998;160(6 Pt 1):2021-2024. doi:10.1016/s0022-5347(01)62232-8
76. Cameron AC, Touyz RM, Lang NN. Vascular Complications of Cancer Chemotherapy. *Can J Cardiol.* 2016;32(7):852-862. doi:10.1016/j.cjca.2015.12.023
77. Yu J, Li D, Lei D, et al. Tumor-Specific d-Dimer concentration ranges and influencing factors: A cross-Sectional study. *PLoS One.* 2016;11(11):1-12. doi:10.1371/journal.pone.0165390
78. Ay C, Dunkler D, Pirker R, et al. High D-dimer levels are associated with poor prognosis in cancer patients. *Haematologica.* 2012;97(8):1158-1164. doi:10.3324/haematol.2011.054718
79. Oppelt P, Betbadal A, Nayak L. Approach to chemotherapy-associated thrombosis. *Vasc Med (United Kingdom).* 2015;20(2):153-161. doi:10.1177/1358863X14568705
80. Bundred NJ. The effects of aromatase inhibitors on lipids and thrombosis. *Br J Cancer.* 2005;93:S23-S27. doi:10.1038/sj.bjc.6602692
81. Franco AT, Corken A, Ware J. Review Article Platelets at the interface of thrombosis, inflammation, and cancer. 2016;126(5):582-589. doi:10.1182/blood-2014-08-531582.582

82. Tomimaru Y, Yano M, Takachi K, et al. Plasma D-dimer levels show correlation with number of lymph node metastases in patients with esophageal cancer. *J Am Coll Surg.* 2006;202(1):139-145. doi:10.1016/j.jamcollsurg.2005.08.008
83. Palareti G, Cosmi B, Legnani C, et al. d -Dimer Testing to Determine the Duration of Anticoagulation Therapy . *N Engl J Med.* 2006;355(17):1780-1789. doi:10.1056/nejmoa054444
84. Ranpura V, Hapani S, Chuang J, Wu S. Risk of cardiac ischemia and arterial thromboembolic events with the angiogenesis inhibitor bevacizumab in cancer patients: A meta-analysis of randomized controlled trials. *Acta Oncol (Madr).* 2010;49(3):287-297. doi:10.3109/02841860903524396
85. Boucharaba A, Serre CM, Grès S, et al. Platelet-derived lysophosphatidic acid supports the progression of osteolytic bone metastases in breast cancer. *J Clin Invest.* 2004;114(12):1714-1725. doi:10.1172/JCI200422123
86. Cancer Research UK. Your chemotherapy plan.
87. Chen L, Deng H, Cui H, et al. Oncotarget 7204 www.impactjournals.com/oncotarget Inflammatory responses and inflammation-associated diseases in organs. *Oncotarget.* 2018;9(6):7204-7218.
88. Starkweather A. Increased Interleukin-6 Activity Associated with Painful Chemotherapy-Induced Peripheral Neuropathy in Women after Breast Cancer Treatment. *Nurs Res Pract.* 2010;2010:1-9. doi:10.1155/2010/281531
89. Vyas D, Laput G, Vyas AK. Chemotherapy-enhanced inflammation may lead to the failure of therapy and metastasis. *Onco Targets Ther.* 2014;7:1015-1023. doi:10.2147/OTT.S60114
90. LG M, JM H, PA V, et al. Effect of disease and chemotherapy on hemostasis in children with acute lymphoid leukemia. *Am J Pediatr Hematol Oncol.* 16(2):120-126.
91. Cunningham D, Starling N, Rao S, et al. Capecitabine and Oxaliplatin for Advanced Esophagogastric Cancer. *N Engl J Med.* 2008;358(1):36-46. doi:10.1056/nejmoa073149
92. Pabinger I, Thaler J, Ay C, Pabinger I, Thaler J, Ay C. Biomarkers for prediction of venous thromboembolism in cancer. *Blood.* 2013;122(12):2011-2018. doi:10.1182/blood-2013-04-460147
93. Schaefer JK, Jacobs B, Wakefield TW, Sood SL. New biomarkers and imaging approaches for the diagnosis of deep venous thrombosis. *Curr Opin Hematol.* 2017;24(3):274-281. doi:10.1097/MOH.0000000000000339
94. Gibson NS, Sohne M, Gerdes VEA, Meijers JCM, Buller HR. Clinical usefulness of prothrombin fragment 1 + 2 in patients with suspected pulmonary embolism. *Thromb Res.* 2010;125(1):97-99. doi:10.1016/j.thromres.2009.03.002

95. Barnes DM, Wakefield TW, Rectenwald JE. Novel Biomarkers Associated with Deep Venous Thrombosis: A Comprehensive Review. *Biomark Insights*. 2008;3(734):93-100. doi:10.4137/BMI.S0
96. Prandoni P, Piovella C, Spiezia L, Dalla F, Pesavento VR. Thrombosis and von Willebrand Factor. *Panminerva Med*. 2012;54(1):39-44. doi:10.1007/5584
97. Undas A. Prothrombotic Fibrin Clot Phenotype in Patients with Deep Vein Thrombosis and Pulmonary Embolism: A New Risk. *BioMed Res Int*. 2017;2017:1-8.
98. Reddel CJ, Tan CW, Chen VM. Thrombin Generation and Cancer: Contributors and Consequences. *Cancers (Basel)*. 2019;11:1-20. doi:10.3390/cancers11010100
99. Manly DA, Boles J, Mackman N, Carolina N. Role of Tissue Factor in Venous Thrombosis. *Annu Rev Physiol*. 2011;73(73):515-525. doi:10.1146/annurev-physiol-042210-121137.Role
100. Rickles FR, Hair GA, Zeff RA, Lee E, Bona RD. Tissue factor expression in human leukocytes and tumor cells. *Thromb Haemost*. 1995;74(1):391-395.
101. Khorana AA, Ahrendt SA, Ryan CK, et al. Tissue factor expression, angiogenesis, and thrombosis in pancreatic cancer. *Clin Cancer Res*. 2007;13(10):2870-2875. doi:10.1158/1078-0432.CCR-06-2351
102. Dvorak HF, Van Dewater L, Dvorak AM, et al. Procoagulant Activity Associated with Plasma Membrane Vesicles Shed by Cultured Tumor Cells. *Cancer Res*. 1983;43(9):4434-4442.
103. Kasthuri RS, Taubman MB, Mackman N. Role of tissue factor in cancer. *J Clin Oncol*. 2009;27(29):4834-4838. doi:10.1200/JCO.2009.22.6324
104. Pickering W, Gray E, Goodall AH, Ran S, Thorpe PE, Barrowcliffe TW. Characterization of the cell-surface procoagulant activity of T-lymphoblastoid cell lines. *J Thromb Haemost*. 2004;2(3):459-467. doi:10.1111/j.1538-7836.2004.00607.x
105. Rondon AMR, Kroone C, Kapteijn MY, Versteeg HH, Buijs JT. Role of tissue factor in tumor progression and cancer-associated thrombosis. *Semin Thromb Hemost*. 2019;45(4):396-412. doi:10.1055/s-0039-1687895
106. Indonesia PTH. PANDUAN NASIONAL TROMBOEMBOLI VENA.
107. Abraham P, Avenell A, Park CM, Watson WA, Bevan JS. A systematic review of drug therapy for Graves' hyperthyroidism. *Eur J Endocrinol*. 2005;153(4):489-498. doi:10.1530/eje.1.01993
108. Adam SS, Key NS, Greenberg CS. D-dimer antigen: Current concepts and future prospects. *Blood*. 2009;113(13):2878-2887. doi:10.1182/blood-2008-06-165845
109. College B, Road K, Nabapally P-, Road APC. Study on the Levels of CRP Among the Cancer Patients Before and After Chemotherapy Treatment.



2016;(August):88-89.

110. Milroy R, Shapiro D, Shenkin A, Banham SW. Acute phase reaction during chemotherapy in small cell lung cancer. *Br J Cancer*. 1989;59(6):933-935. doi:10.1038/bjc.1989.197
111. Srimuninnimit V, Ariyapanya S, Nimmannit A, Wonglaksanapimon S, Akewanlop C, Soparattanapaisarn N. C-reactive protein as a monitor of chemotherapy response in advanced non-small cell lung cancer (CML study). *J Med Assoc Thai*. 2012;95 Suppl 2:S199-207.
112. Janelins MC, Mustian KM, Palesh OG, et al. Differential expression of cytokines in breast cancer patients receiving different chemotherapies: Implications for cognitive impairment research. *Support Care Cancer*. 2012;20(4):831-839. doi:10.1007/s00520-011-1158-0
113. Sheldon J, Riches P, Gooding R, Soni N, Hobbs JR. C-reactive protein and its cytokine mediators in intensive-care patients. *Clin Chem*. 1993;39(1):147-150.
114. Gürler MY, Demir G, Moueminoglou F, Apaydin S, Lüy N. Kanser hastaları{dotless}nda kemoterapinin C-reaktif protein düzeyine ve yaşam kalitesine olan etkileri. *Turk Onkol Derg*. 2014;29(1):1-10. doi:10.5505/tjoncol.2014.655
115. Cihan YB. Significance of ABO-Rh blood groups in response and prognosis in breast cancer patients treated with radiotherapy and chemotherapy. *Asian Pacific J Cancer Prev*. 2014;15(9):4055-4060. doi:10.7314/APJCP.2014.15.9.4055
116. Saghazadeh A, Rezaei N. Inflammation as a cause of venous thromboembolism. *Crit Rev Oncol Hematol*. 2016;99:272-285. doi:10.1016/j.critrevonc.2016.01.007
117. Dabelsteen E. Cell surface carbohydrates as prognostic markers in human carcinomas. *J Pathol*. 1996;179(4):358-369. doi:10.1002/(SICI)1096-9896(199608)179:4<358::AID-PATH564>3.0.CO;2-T
118. Hakomori SI. Antigen structure and genetic basis of histo-blood groups A, B and O: Their changes associated with human cancer. *Biochim Biophys Acta - Gen Subj*. 1999;1473(1):247-266. doi:10.1016/S0304-4165(99)00183-X
119. Franchini M, Mannucci PM. ABO blood group and thrombotic vascular disease. *Thromb Haemost*. 2014;112(6):1103-1109. doi:10.1160/TH14-05-0457
120. Zhou S. Is ABO blood group truly a risk factor for thrombosis and adverse outcomes? *World J Cardiol*. 2014;6(9):985. doi:10.4330/wjc.v6.i9.985
121. Wilop S, Crysandt M, Bendel M, Mahnken AH, Osieka R, Jost E. Correlation of C-reactive protein with survival and radiographic response to first-line platinum-based chemotherapy in advanced non-small cell lung cancer. *Onkologie*. 2008;31(12):665-670. doi:10.1159/000165054

122. Lysov Z, Swystun LL, Kuruvilla S, Arnold A, Liaw PC. Lung cancer chemotherapy agents increase procoagulant activity via protein disulfide isomerase-dependent tissue factor decryption. *Blood Coagul Fibrinolysis*. 2015;26(1):36-45. doi:10.1097/MBC.000000000000145
123. Akashi T, Furuya Y, Ohta S, Fuse H. Tissue factor expression and prognosis in patients with metastatic prostate cancer. *Urology*. 2003;62(6):1078-1082. doi:10.1016/S0090-4295(03)00768-4
124. Seng S, Liu Z, Chiu SK, et al. Risk of venous thromboembolism in patients with cancer treated with cisplatin: A systematic review and meta-analysis. *J Clin Oncol*. 2012;30(35):4416-4426. doi:10.1200/JCO.2012.42.4358

## Lampiran 1. Informed Consent



REKAM MEDIS RAWAT JALAN/DARURAT/INAP

RMI.00256A Hal. 1-3  
Oktober 2020

<b>PERSETUJUAN / PENOLAKAN MENJADI SUBYEK PENELITIAN</b>		<b>Nama</b> : _____ <b>No RM</b> : _____ Tgl Lahir/Umur : _____ Jenis Kelamin : _____ <b>Ruang</b> : _____ No Register : _____ <b>Kelas</b> : _____ Tgl Masuk : _____ Nama DPJP : _____ Nama PPJP : _____ (Tempelkan stiker identitas pasien jika tersedia)			
		<b>JUDUL PENELITIAN : Perbedaan Kadar CRP dan Tissue Factor pada Pasien Kanker Risiko Tinggi Trombosis Sebelum dan Sesudah Menjalani Kemoterapi</b>			
		<b>PEMBERIAN INFORMASI</b>			
		Nama <u>Peneliti</u> : dr. Alif Adlan Zulizar Pemberi <u>Informasi</u> : dr. Alif Adlan Zulizar Penerima <u>Informasi</u> : _____ Diberikan pada tanggal / jam : _____			
		No	JENIS INFORMASI	ISI INFORMASI	Tanda (✓)/paraf Penerima informasi
		1	Judul Penelitian	Perbedaan Kadar CRP dan Tissue Factor pada Pasien Kanker Risiko Tinggi Trombosis Sebelum dan Sesudah Menjalani Kemoterapi	
		2	Perkenalan Peneliti	Peneliti adalah Residen Ilmu Penyakit Dalam FK UNDIP / RSUP dr. Kariadi Semarang, yang akan melakukan penelitian di bagian Sub Hematologi-Onkologi Medik sebagai syarat kelulusan.	
3	Tujuan Penelitian	<ul style="list-style-type: none"> <li>Trombosis vena dalam (TVD) adalah kondisi terbentuknya bekuan darah di pembuluh darah vena dalam di pembuluh darah dari kaki atau panggul yang dapat menyebabkan rasa sakit, nyeri dan pembengkakan kaki.</li> <li>Bekuan darah di pembuluh darah di kaki ini jika lepas, bisa ikut peredaran darah menuju jantung. Dari jantung menuju paru, tetapi karena pembuluh darah yang menuju paru ukuran kecil, bekuan darah bisa terhenti di pembuluh darah yang menuju paru yang di sebut emboli paru. Jika hal ini terjadi maka pasien akan mengeluh sesak napas, dan jika tidak mendapatkan pertolongan akan menyebabkan kematian.</li> <li>Penelitian ini bertujuan untuk menganalisis perbedaan kadar CRP dan Tissue Factor pada pasien kanker risiko tinggi trombosis antara sebelum dan sesudah menjalani kemoterapi</li> </ul>			
4	Manfaat Penelitian	<ul style="list-style-type: none"> <li>Penelitian ini diharapkan dapat memberikan informasi mengenai variabel-variabel yang berhubungan dengan timbulnya TEV pada pasien kanker yang berisiko tinggi trombosis di setiap siklus pemberian kemoterapi</li> <li>Penelitian ini diharapkan dapat memeberikan wawasan terkait agen kemoterapi yang cenderung menyebabkan inflamasi dan trombosis pada pasien kanker, serta akan meningkatkan kewaspadaan dan mengarahkan klinisi untuk memilih terapi berdasarkan diagnosis dini, dan dapat menjadi dasar klinisi dalam keputusan pemberian tromboprolifaksis</li> <li>Penelitian ini diharapkan dapat menjadi dasar untuk penelitian-penelitian lebih lanjut mengenai agen kemoterapi yang berpengaruh terhadap kejadian inflamasi dan trombosis pada pasien kanker yang menjalani kemoterapi</li> </ul>			
5	Prosedur Penelitian	Pasien yang memenuhi kriteria inklusi sebagai calon subyek penelitian → akan diminta persetujuan untuk menjadi subyek penelitian → kemudian dilakukan pemeriksaan kadar CRP dan Tissue Factor pada saat sebelum dan sesudah kemoterapi → dilanjutkan pengolahan data dan analisis data			
6	Lama Waktu Partisipasi Subyek	Penelitian ini rencana akan dilakukan selama 3 bulan yaitu bulan Januari- maret 2022			
7	Risiko Penelitian	Tidak ada			
8	Alternatif Lain	Tidak ada			
9	Tanggung Jawab Bila Terjadi Efek Samping	Selama ini tidak ada efek samping yang berkelanjutan dari penelitian terdahulu, namun Peneliti dan RSUP Dr. Kariadi Semarang akan bertanggungjawab terhadap pasien yang menjadi subyek penelitian apabila terjadi efek samping akibat aktivitas penelitian ini			

<b>PERSETUJUAN / PENOLAKAN MENJADI SUBYEK PENELITIAN</b>	<u>Nama</u> :
	No RM :
	Tgl Lahir/Umur :
	Jenis Kelamin :
	No Register :
	Tgl Masuk :
	Nama DPJP :
Nama PPJP :	
<i>(Tempelkan stiker identitas pasien jika tersedia)</i>	

<b>JUDUL PENELITIAN : Perbedaan Kadar CRP dan Tissue Factor pada Pasien Kanker Risiko Tinggi Trombosis Sebelum dan Sesudah Menjalani Kemoterapi</b>		
10	Kerahasiaan Subyek Penelitian	Semua data penelitian termasuk didalamnya adalah identitas subyek akan dijaga kerahasiaan-nya dan menjadi tanggung jawab dari Peneliti.
11	Kebebasan Menyetujui / Menolak	Bila pada saat pelaksanaan penelitian, subyek penelitian memutuskan untuk berhenti, maka tidak akan mempengaruhi sikap maupun pelayanan yang diberikan terhadap yang bersangkutan sebagai pasien di RSUP <u>Dr Kariadi</u> , Semarang
12	Informasi Tambahan	Penelitian ini sudah mendapatkan persetujuan etik dari komisi etik penelitian RSUP <u>Dr.Kariadi</u> dan persetujuan pelaksanaan penelitian dari Bagian Diklit RSUP Dr.Kariadi. Jika ada hal yang masih ingin ditanyakan atau diperjelas, anda dapat langsung menanyakan kepada saya, dr. Alif Adlan Zulizar, no. HP peneliti 082220134602 atau Bagian Diklit RSUP Dr. Kariadi di nomor (024) 8413476 ext. 8033
Dengan ini menyatakan bahwa saya telah menerangkan hal-hal di atas secara benar dan jelas dan memberikan kesempatan untuk bertanya dan/atau berdiskusi		Tanda tangan Pemberi Informasi dr. Alif Adlan Zulizar
Dengan ini menyatakan bahwa saya telah menerima informasi sebagaimana di atas yang saya beri tanda/paraf di kolom kanannya, dan telah memahaminya		Tanda tangan Penerima Informasi
<b>Keterangan :</b> 1. Bila pasien tidak kompeten/tidak mau menerima <u>informasi.maka</u> penerima informasi adalah keluarga terdekat atau wali 2. Isi informasi tidak boleh disingkat		

Lanjut ke halaman 3.

**PERSETUJUAN MENJADI SUBYEK PENELITIAN**

Yang bertanda tangan di bawah ini saya,

Nama : .....

Umur : ..... tahun, laki-laki / perempuan\*

Alamat : .....

dengan ini menyatakan **SETUJU** untuk menjadi responden penelitian terhadap saya / Ayah / Ibu / Anak / Keluarga saya.\*

Nama : .....

Umur : ..... tahun, laki-laki / perempuan\*

Alamat : .....

Saya memahami tujuan dan manfaat penelitian tersebut sebagaimana telah dijelaskan seperti di atas kepada saya, termasuk risiko dan komplikasi yang mungkin timbul.

Saya juga menyadari bahwa oleh karena ilmu kedokteran bukanlah ilmu pasti, maka keberhasilan tindakan kedokteran bukanlah keniscayaan, melainkan sangat bergantung kepada Tuhan Yang Maha Esa, oleh sebab itu saya membebaskan **RSUP Dr. Kariadi / dokter/Petugas lainnya** dari tanggung jawab hukum apabila risiko dan komplikasi yang tidak diharapkan benar-benar terjadi di kemudian hari.

Semarang, tanggal.....Jam.....

Yang menyatakan

Saksi I,Saksi II

(.....)

(.....)

(.....)

**PENOLAKAN MENJADI SUBYEK PENELITIAN**

Yang bertanda tangan di bawah ini saya,

Nama : .....

Umur : ..... tahun, laki-laki / perempuan\*

Alamat : .....

dengan ini menyatakan **TIDAK SETUJU** untuk menjadi responden penelitian terhadap saya / Ayah / Ibu / Anak / Keluarga saya,\*

Nama : .....

Umur : ..... tahun, laki-laki / perempuan\*

Alamat : .....

Saya memahami tujuan dan manfaat penelitian tersebut sebagaimana telah dijelaskan seperti di atas kepada saya, termasuk risiko dan komplikasi yang mungkin timbul.

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Semarang, tanggal.....Jam.....

Yang menyatakan

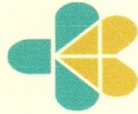
Saksi I,Saksi II

(.....)

(.....)

(.....)

## Lampiran 2. Ethical Clearance



KOMITE ETIK PENELITIAN KESEHATAN  
HEALTH RESEARCH ETHICS COMMITTEE  
RSUP DR. KARIADI SEMARANG  
RSUP DR. KARIADI SEMARANG



**KETERANGAN LAYAK ETIK**  
*DESCRIPTION OF ETHICAL APPROVAL*  
"ETHICAL APPROVAL"

No.1017/EC/KEPK-RSDK/2022

Protokol penelitian yang diusulkan oleh :  
*The research protocol proposed by*

Peneliti utama : dr. Alif Adlan Zulizar  
*Principal In Investigator*

Nama Institusi : PPDS 1 Ilmu Penyakit Dalam FK UNDIP  
*Name of the Institution*

Dengan judul:  
*Title*

**"Perbedaan Kadar CRP dan Tissue Factor pada Pasien Kanker Risiko Tinggi Trombosis Sebelum dan Sesudah Menjalani Kemoterapi"**

*"Perbedaan Kadar CRP dan Tissue Factor pada Pasien Kanker Risiko Tinggi Trombosis Sebelum dan Sesudah Menjalani Kemoterapi"*

Dinyatakan layak etik sesuai 7 (tujuh) Standar WHO 2011, yaitu 1) Nilai Sosial, 2) Nilai Ilmiah, 3) Pemerataan Beban dan Manfaat, 4) Risiko, 5) Bujukan/Eksploitasi, 6) Kerahasiaan dan Privacy, dan 7) Persetujuan Setelah Penjelasan, yang merujuk pada Pedoman CIOMS 2016. Hal ini seperti yang ditunjukkan oleh terpenuhinya indikator setiap standar.

*Declared to be ethically appropriate in accordance to 7 (seven) WHO 2011 Standards, 1) Social Values, 2) Scientific Values, 3) Equitable Assessment and Benefits, 4) Risks, 5) Persuasion/Exploitation, 6) Confidentiality and Privacy, and 7) Informed Consent, referring to the 2016 CIOMS Guidelines. This is as indicated by the fulfillment of the indicators of each standard.*

Pernyataan Laik Etik ini berlaku selama kurun waktu tanggal 20 Januari 2022 sampai dengan tanggal 20 Januari 2023.

*This declaration of ethics applies during the period January 20, 2022 until January 20, 2023.*

January 20, 2022  
Professor and Chairperson,

Dr. dr. M. Sofyan Harahap, SpAn.,KNA

### Lampiran 3. Hasil Uji Analisis Statistik

Jenis Kelamin					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki-laki	35	47,9	47,9	47,9
	Perempuan	38	52,1	52,1	100,0
	Total	73	100,0	100,0	

Golongan Darah					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A	8	11,0	11,0	11,0
	AB	7	9,6	9,6	20,5
	B	38	52,1	52,1	72,6
	O	20	27,4	27,4	100,0
	Total	73	100,0	100,0	

ECOG-PS					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	36	49,3	49,3	49,3
	1	30	41,1	41,1	90,4
	2	6	8,2	8,2	98,6
	3	1	1,4	1,4	100,0
	Total	73	100,0	100,0	

Diagnosis					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ca Colorectal	27	37,0	37,0	37,0
	Lainnya	9	12,3	12,3	49,3
	Ca Paru	11	15,1	15,1	64,4
	Ca Pankreas	7	9,6	9,6	74,0
	LMNH	6	8,2	8,2	82,2
	Ca Buli	3	4,1	4,1	86,3
	Ca Gaster	2	2,7	2,7	89,0
	Ca Mammae	4	5,5	5,5	94,5

	Ca Renal	2	2,7	2,7	97,3
	LMH	2	2,7	2,7	100,0
	Total	73	100,0	100,0	

<b>Regimen Kemoterapi</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cisplatin-based	29	39,7	39,7	39,7
	Fluorouracil-based	35	47,9	47,9	87,7
	Steroid based	5	6,8	6,8	94,5
	Antrasiklin based	4	5,5	5,5	100,0
	Total	73	100,0	100,0	

<b>Staging Tumor</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I	5	6,8	6,8	6,8
	II	7	9,6	9,6	16,4
	III	21	28,8	28,8	45,2
	IV	40	54,8	54,8	100,0
	Total	73	100,0	100,0	

<b>Risiko Kanker</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Risiko Tinggi	36	49,3	49,3	49,3
	Risiko Rendah	37	50,7	50,7	100,0
	Total	73	100,0	100,0	

<b>Tests of Normality</b>						
	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
CRP H-1	,220	73	,000	,777	73	,000
CRP H+1	,201	73	,000	,789	73	,000

a. Lilliefors Significance Correction

<b>Tests of Normality</b>		
	Kolmogorov-Smirnov <sup>a</sup>	Shapiro-Wilk



	Statistic	df	Sig.	Statistic	df	Sig.
TF H-1	,253	73	,000	,685	73	,000
TF H+1	,230	73	,000	,765	73	,000

a. Lilliefors Significance Correction

## NPar Tests

Notes		
Output Created		
Comments		
Input	Data	
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	73
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each test are based on all cases with valid data for the variable(s) used in that test.
Syntax		NPAR TESTS /WILCOXON=CRP_H_1 WITH CRP_H1 (PAIRED) /MISSING ANALYSIS.
Resources	Processor Time	00:00:00,02
	Elapsed Time	00:00:00,11
	Number of Cases Allowed <sup>a</sup>	449389

a. Based on availability of workspace memory.

## Wilcoxon Signed Ranks Test

Ranks				
		N	Mean Rank	Sum of Ranks
CRP H+1 - CRP H-1	Negative Ranks	49 <sup>a</sup>	36,82	1804,00
	Positive Ranks	23 <sup>b</sup>	35,83	824,00
	Ties	1 <sup>c</sup>		
	Total	73		

a. CRP H+1 < CRP H-1

b. CRP H+1 > CRP H-1
c. CRP H+1 = CRP H-1

Test Statistics <sup>a</sup>	
	CRP H+1 - CRP H-1
Z	-2,750 <sup>b</sup>
Asymp. Sig. (2-tailed)	,006
a. Wilcoxon Signed Ranks Test	
b. Based on positive ranks.	

## NPar Tests

Notes		
Output Created	08-JUN-2022 22:17:09	
Comments		
Input	Data	
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	73
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each test are based on all cases with valid data for the variable(s) used in that test.
Syntax	NPAR TESTS /WILCOXON=TF_H_1 WITH TF_H1 (PAIRED) /MISSING ANALYSIS.	
Resources	Processor Time	00:00:00,00
	Elapsed Time	00:00:00,02
	Number of Cases Allowed <sup>a</sup>	449389
a. Based on availability of workspace memory.		

## Wilcoxon Signed Ranks Test

Ranks				
		N	Mean Rank	Sum of Ranks
TF H+1 - TF H-1	Negative Ranks	34 <sup>a</sup>	37,53	1276,00
	Positive Ranks	39 <sup>b</sup>	36,54	1425,00
	Ties	0 <sup>c</sup>		
	Total	73		
a. TF H+1 < TF H-1				
b. TF H+1 > TF H-1				
c. TF H+1 = TF H-1				

Test Statistics <sup>a</sup>	
	TF H+1 - TF H-1
Z	-,410 <sup>b</sup>
Asymp. Sig. (2-tailed)	,682
a. Wilcoxon Signed Ranks Test	
b. Based on negative ranks.	

## Kruskal-Wallis Test

Ranks			
	Golongan Darah	N	Mean Rank
Penurunan CRP	A	8	37,38
	AB	7	41,00
	B	38	36,61
	O	20	36,20
	Total	73	

Test Statistics <sup>a,b</sup>	
	Penurunan CRP
Kruskal-Wallis H	,293
df	3
Asymp. Sig.	,961
a. Kruskal Wallis Test	
b. Grouping Variable: Golongan Darah	

## Mann-Whitney Test

Ranks				
	Diagnosis	N	Mean Rank	Sum of Ranks
Penurunan CRP	Ca Colorectal	27	18,91	510,50
	Lainnya	9	17,28	155,50
	Total	36		

## Test Statistics<sup>a</sup>

Penurunan CRP	
Mann-Whitney U	110,500
Wilcoxon W	155,500
Z	-,402
Asymp. Sig. (2-tailed)	,688
Exact Sig. [2*(1-tailed Sig.)]	,693 <sup>b</sup>
a. Grouping Variable: Diagnosis	
b. Not corrected for ties.	

## Kruskal-Wallis Test

Ranks			
	Staging Tumor	N	Mean Rank
Penurunan CRP	I	5	26,40
	II	7	24,86
	III	21	36,98
	IV	40	40,46
	Total	73	
CRP H-1	I	5	27,40
	II	7	16,71
	III	21	36,14
	IV	40	42,20
	Total	73	
CRP H+1	I	5	29,60
	II	7	18,14
	III	21	34,67
	IV	40	42,45
	Total	73	

<b>Test Statistics<sup>a,b</sup></b>			
	Penurunan CRP	CRP H-1	CRP H+1
Kruskal-Wallis H	4,606	9,860	9,031
df	3	3	3
Asymp. Sig.	,203	,020	,029
a. Kruskal Wallis Test			
b. Grouping Variable: Staging Tumor			

### Kruskal-Wallis Test

<b>Ranks</b>			
	Regimen Kemoterapi	N	Mean Rank
Penurunan CRP	Cisplatin-based	29	39,57
	Fluorouracil-based	35	35,07
	Steroid based	5	24,60
	Antrasiklin based	4	50,75
	Total	73	
CRP H-1	Cisplatin-based	29	43,66
	Fluorouracil-based	35	31,26
	Steroid based	5	31,40
	Antrasiklin based	4	46,00
	Total	73	
CRP H+1	Cisplatin-based	29	42,76
	Fluorouracil-based	35	31,09
	Steroid based	5	40,80
	Antrasiklin based	4	42,25
	Total	73	

<b>Test Statistics<sup>a,b</sup></b>			
	Penurunan CRP	CRP H-1	CRP H+1
Kruskal-Wallis H	4,102	6,486	5,261
df	3	3	3
Asymp. Sig.	,251	,090	,154
a. Kruskal Wallis Test			
b. Grouping Variable: Regimen Kemoterapi			

### Kruskal-Wallis Test

<b>Ranks</b>			
	Regimen Kemoterapi	N	Mean Rank
TF H-1	Cisplatin-based	29	35,26
	Fluorouracil-based	35	42,49

	Steroid based	5	20,50
	Antrasiklin based	4	22,25
	Total	73	
TF H+1	Cisplatin-based	29	41,19
	Fluorouracil-based	35	34,23
	Steroid based	5	35,80
	Antrasiklin based	4	32,38
	Total	73	
Peningkatan Tissue Factor	Cisplatin-based	29	40,55
	Fluorouracil-based	35	31,60
	Steroid based	5	50,20
	Antrasiklin based	4	42,00
	Total	73	

Test Statistics <sup>a,b</sup>			
	TF H-1	TF H+1	Peningkatan Tissue Factor
Kruskal-Wallis H	7,493	1,934	5,237
df	3	3	3
Asymp. Sig.	,058	,586	,155
a. Kruskal Wallis Test			
b. Grouping Variable: Regimen Kemoterapi			

## Golongan Darah

Case Processing Summary							
	Golonga n Darah	Cases					
		Valid		Missing		Total	
		N	Percent	N	Percent	N	Percent
Penurunan CRP	A	8	100,0%	0	0,0%	8	100,0%
	AB	7	100,0%	0	0,0%	7	100,0%
	B	38	100,0%	0	0,0%	38	100,0%
	O	20	100,0%	0	0,0%	20	100,0%

Descriptives					
	Jenis Kelamin		Statistic	Std. Error	
Penurunan CRP	Laki-laki	Mean		,8483	,55576
		95% Confidence Interval for		Lower Bound	-,2811
		Mean		Upper Bound	1,9777
		5% Trimmed Mean			,7648

		Median	,8100		
		Variance	10,810		
		Std. Deviation	3,28791		
		Minimum	-8,53		
		Maximum	12,65		
		Range	21,18		
		Interquartile Range	2,41		
		Skewness	,727	,398	
		Kurtosis	5,596	,778	
	Perempuan	Mean	,9024	,52004	
		95% Confidence Interval for Mean	Lower Bound	-,1513	
			Upper Bound	1,9561	
		5% Trimmed Mean	,6718		
		Median	,2650		
		Variance	10,277		
		Std. Deviation	3,20573		
		Minimum	-6,36		
		Maximum	11,04		
		Range	17,40		
		Interquartile Range	2,22		
		Skewness	1,510	,383	
		Kurtosis	4,412	,750	

Descriptives					
	Jenis Kelamin		Statistic	Std. Error	
Peningkatan Tissue Factor	Laki-laki	Mean	,4743	18,68215	
		95% Confidence Interval for Mean	Lower Bound	-37,4924	
			Upper Bound	38,4410	
		5% Trimmed Mean	-6,6706		
		Median	-2,4000		
		Variance	12215,802		
		Std. Deviation	110,52512		
		Minimum	-200,80		
		Maximum	382,30		
		Range	583,10		
		Interquartile Range	103,30		
		Skewness	1,228	,398	
		Kurtosis	3,280	,778	
	Perempuan	Mean	31,0000	20,22323	

uan	95% Confidence Interval for	Lower Bound	-9,9762	
	Mean	Upper Bound	71,9762	
	5% Trimmed Mean		23,3421	
	Median		5,0500	
	Variance		15541,206	
	Std. Deviation		124,66438	
	Minimum		-227,30	
	Maximum		390,10	
	Range		617,40	
	Interquartile Range		96,13	
	Skewness		1,229	,383
	Kurtosis		2,287	,750

Descriptives					
	Golongan Darah		Statistic	Std. Error	
Penurunan CRP	A	Mean		,6913	,43280
		95% Confidence Interval for	Lower Bound	-,3321	
		Mean	Upper Bound	1,7146	
		5% Trimmed Mean		,6792	
		Median		,2300	
		Variance		1,498	
		Std. Deviation		1,22413	
		Minimum		-,97	
		Maximum		2,57	
		Range		3,54	
		Interquartile Range		2,07	
		Skewness		,442	,752
		Kurtosis		-1,032	1,481
		AB	Mean		1,0943
	95% Confidence Interval for		Lower Bound	-,3932	
	Mean		Upper Bound	2,5817	
	5% Trimmed Mean		,9748		
	Median		,2500		
	Variance		2,587		
	Std. Deviation		1,60833		
	Minimum		-,10		
	Maximum		4,44		
Range			4,54		
Interquartile Range		1,60			



		Skewness	1,893	,794	
		Kurtosis	3,637	1,587	
	B	Mean	,7874	,62285	
		95% Confidence Interval for Mean	Lower Bound	-,4746	
			Upper Bound	2,0494	
		5% Trimmed Mean	,6362		
		Median	,2800		
		Variance	14,742		
		Std. Deviation	3,83949		
		Minimum	-8,53		
		Maximum	12,65		
		Range	21,18		
		Interquartile Range	2,90		
		Skewness	,774	,383	
		Kurtosis	3,106	,750	
		O	Mean	1,0435	,67847
			95% Confidence Interval for Mean	Lower Bound	-,3766
	Upper Bound			2,4636	
	5% Trimmed Mean		,7122		
	Median		,6700		
	Variance		9,207		
	Std. Deviation		3,03423		
	Minimum		-2,99		
	Maximum		11,04		
	Range		14,03		
	Interquartile Range		2,26		
	Skewness		2,198	,512	
	Kurtosis		6,039	,992	

Descriptives					
	Staging Tumor		Statistic	Std. Error	
Penurunan CRP	I	Mean	-,0640	,31093	
		95% Confidence Interval for Mean	Lower Bound	-,9273	
			Upper Bound	,7993	
		5% Trimmed Mean	-,0656		
		Median	,0800		
		Variance	,483		
		Std. Deviation	,69526		
		Minimum	-,97		

		Maximum	,87	
		Range	1,84	
		Interquartile Range	1,24	
		Skewness	,025	,913
		Kurtosis	-,161	2,000
	II	Mean	-,4300	,51161
		95% Confidence	Lower Bound	-1,6819
		Interval for Mean	Upper Bound	,8219
		5% Trimmed Mean	-,2983	
		Median	,0200	
		Variance	1,832	
		Std. Deviation	1,35360	
		Minimum	-3,48	
		Maximum	,25	
		Range	3,73	
		Interquartile Range	,36	
		Skewness	-2,575	,794
		Kurtosis	6,715	1,587
	III	Mean	,4543	,57330
		95% Confidence	Lower Bound	-,7416
		Interval for Mean	Upper Bound	1,6502
		5% Trimmed Mean	,6065	
		Median	,3700	
		Variance	6,902	
		Std. Deviation	2,62721	
		Minimum	-8,53	
		Maximum	6,49	
		Range	15,02	
		Interquartile Range	1,55	
		Skewness	-1,458	,501
		Kurtosis	7,741	,972
	IV	Mean	1,4442	,60121
		95% Confidence	Lower Bound	,2282
		Interval for Mean	Upper Bound	2,6603
		5% Trimmed Mean	1,2489	
		Median	1,2450	
		Variance	14,458	
		Std. Deviation	3,80237	
		Minimum	-6,36	

		Maximum	12,65	
		Range	19,01	
		Interquartile Range	3,37	
		Skewness	1,155	,374
		Kurtosis	2,398	,733

Descriptives					
	Risiko Kanker		Statistic	Std. Error	
Peningkatan Tissue Factor	Risiko Tinggi	Mean		12,8722	21,10456
		95% Confidence Interval for Mean	Lower Bound	-29,9723	
			Upper Bound	55,7167	
		5% Trimmed Mean		7,5321	
		Median		5,3000	
		Variance		16034,483	
		Std. Deviation		126,62734	
		Minimum		-227,30	
		Maximum		390,10	
		Range		617,40	
		Interquartile Range		76,18	
		Skewness		,753	,393
		Kurtosis		1,477	,768
		Risiko Menengah	Mean		19,7622
	95% Confidence Interval for Mean		Lower Bound	-17,3183	
			Upper Bound	56,8427	
	5% Trimmed Mean		6,5308		
	Median		-2,1000		
	Variance		12368,494		
	Std. Deviation		111,21373		
	Minimum		-108,70		
	Maximum		382,30		
	Range		491,00		
Interquartile Range			86,20		
Skewness			1,983	,388	
Kurtosis		4,517	,759		

Descriptives				
	Regimen Kemoterapi		Statistic	Std. Error
Penurunan	Cisplatin-	Mean	,9862	,62419

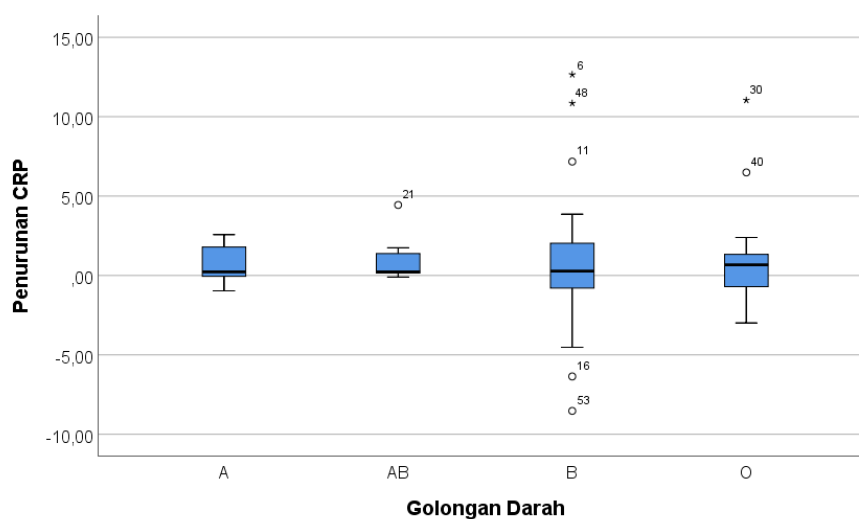
CRP	based	95% Confidence Interval for	Lower Bound	-,2924		
		Mean	Upper Bound	2,2648		
		5% Trimmed Mean		,8708		
		Median		,8900		
		Variance		11,299		
		Std. Deviation		3,36139		
		Minimum		-6,36		
		Maximum		11,04		
		Range		17,40		
		Interquartile Range		1,98		
		Skewness		,713	,434	
		Kurtosis		2,598	,845	
		Fluorouracil-based	Mean		,5429	,46798
			95% Confidence Interval for	Lower Bound	-4,082	
	Mean		Upper Bound	1,4939		
	5% Trimmed Mean			,5088		
	Median			,2500		
	Variance			7,665		
	Std. Deviation			2,76860		
	Minimum			-8,53		
	Maximum			10,85		
	Range			19,38		
	Interquartile Range			1,86		
	Skewness			,543	,398	
	Kurtosis			7,797	,778	
	Steroid based		Mean		1,7740	2,72202
		95% Confidence Interval for	Lower Bound	-5,7835		
		Mean	Upper Bound	9,3315		
		5% Trimmed Mean		1,3344		
		Median		-,9700		
		Variance		37,047		
		Std. Deviation		6,08661		
		Minimum		-1,19		
		Maximum		12,65		
		Range		13,84		
		Interquartile Range		7,26		
Skewness			2,224	,913		
Kurtosis			4,955	2,000		
Antrasiklin		Mean		1,8775	,93052	

	based	95% Confidence Interval for		Lower Bound	-1,0838		
		Mean		Upper Bound	4,8388		
		5% Trimmed Mean				1,8239	
		Median				1,3950	
		Variance				3,463	
		Std. Deviation				1,86105	
		Minimum				,28	
		Maximum				4,44	
		Range				4,16	
		Interquartile Range				3,44	
		Skewness				1,175	1,014
		Kurtosis				,725	2,619

Descriptives						
	Regimen Kemoterapi			Statistic	Std. Error	
Peningkatan Tissue Factor	Cisplatin	Mean		27,7276	23,19889	
		95% Confidence Interval for		Lower Bound	-19,7932	
	-based	Mean		Upper Bound	75,2484	
		5% Trimmed Mean			22,8623	
		Median			9,4000	
		Variance			15607,471	
		Std. Deviation			124,92986	
		Minimum			-227,30	
		Maximum			379,30	
		Range			606,60	
		Interquartile Range			139,50	
		Skewness			,697	,434
		Kurtosis			1,462	,845
	Fluorour acil- based	Mean		-,9543	20,42985	
		95% Confidence Interval for		Lower Bound	-42,4727	
		Mean		Upper Bound	40,5642	
		5% Trimmed Mean			-12,6937	
		Median			-14,2000	
		Variance			14608,252	
		Std. Deviation			120,86460	
		Minimum			-200,80	
		Maximum			390,10	
		Range			590,90	
Interquartile Range			87,80			

		Skewness	1,901	,398	
		Kurtosis	4,816	,778	
	Steroid based	Mean	76,4600	44,78869	
		95% Confidence Interval for Mean	Lower Bound	-47,8933	
			Upper Bound	200,8133	
		5% Trimmed Mean	73,2833		
		Median	9,6000		
		Variance	10030,133		
		Std. Deviation	100,15055		
		Minimum	1,40		
		Maximum	208,70		
		Range	207,30		
		Interquartile Range	182,65		
		Skewness	,735	,913	
		Kurtosis	-2,568	2,000	
		Antrasikl in based	Mean	10,4000	9,51569
	95% Confidence Interval for Mean		Lower Bound	-19,8832	
			Upper Bound	40,6832	
	5% Trimmed Mean		10,0500		
	Median		7,2500		
	Variance		362,193		
	Std. Deviation		19,03138		
	Minimum		-9,30		
	Maximum		36,40		
	Range		45,70		
	Interquartile Range		34,85		
	Skewness		,952	1,014	
Kurtosis	1,948		2,619		

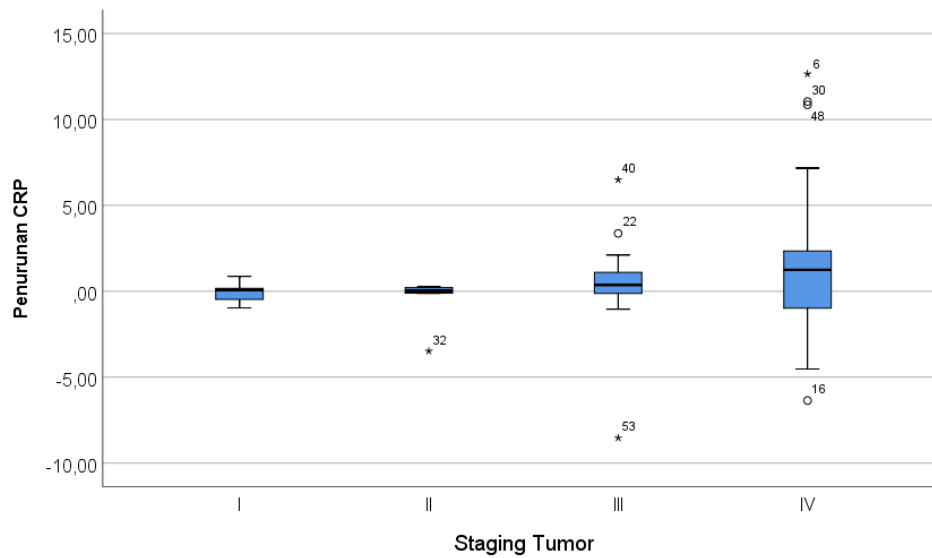
## Penurunan CRP



## Staging Tumor

Case Processing Summary							
	Staging Tumor	Cases					
		Valid		Missing		Total	
		N	Percent	N	Percent	N	Percent
Penurunan CRP	I	5	100,0%	0	0,0%	5	100,0%
	II	7	100,0%	0	0,0%	7	100,0%
	III	21	100,0%	0	0,0%	21	100,0%
	IV	40	100,0%	0	0,0%	40	100,0%

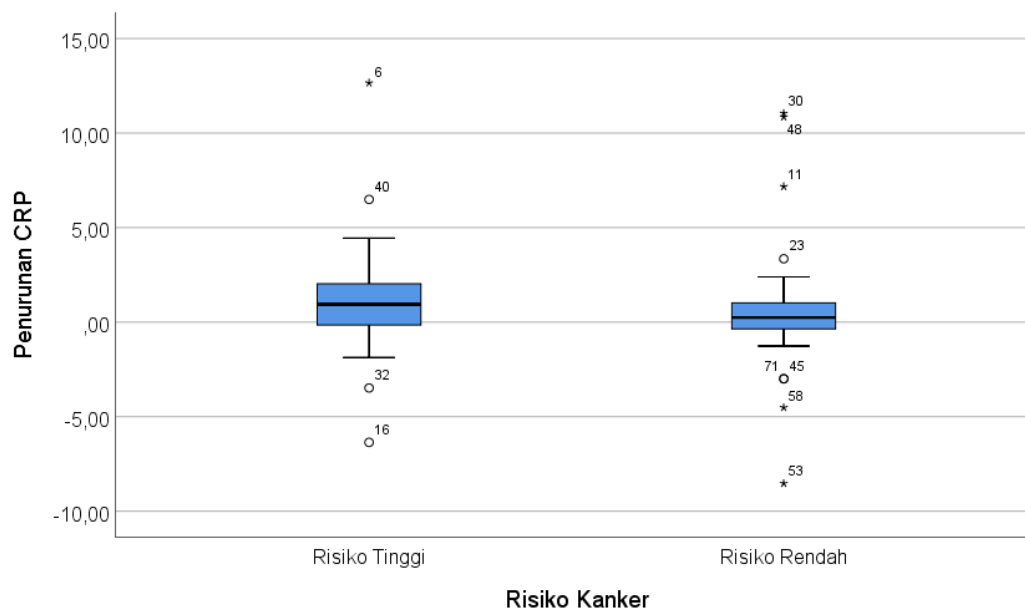
## Penurunan CRP



## Risiko Kanker

Case Processing Summary							
	Risiko Kanker	Cases					
		Valid		Missing		Total	
		N	Percent	N	Percent	N	Percent
Penurunan CRP	Risiko Tinggi	36	100,0%	0	0,0%	36	100,0%
	Risiko Rendah	37	100,0%	0	0,0%	37	100,0%

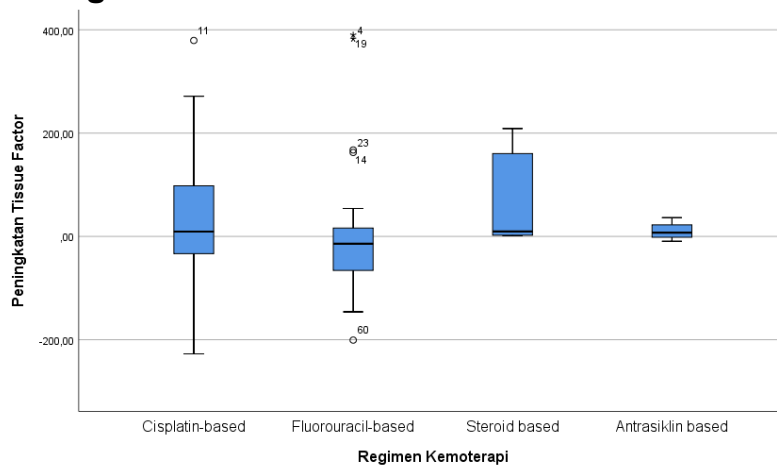
## Penurunan CRP



## Regimen Kemoterapi

Case Processing Summary							
		Cases					
		Valid		Missing		Total	
	Regimen Kemoterapi	N	Percent	N	Percent	N	Percent
Peningkatan Tissue Factor	Cisplatin-based	29	100,0%	0	0,0%	29	100,0%
	Fluorouracil-based	35	100,0%	0	0,0%	35	100,0%
	Steroid based	5	100,0%	0	0,0%	5	100,0%
	Antrasiklin based	4	100,0%	0	0,0%	4	100,0%

## Peningkatan Tissue Factor

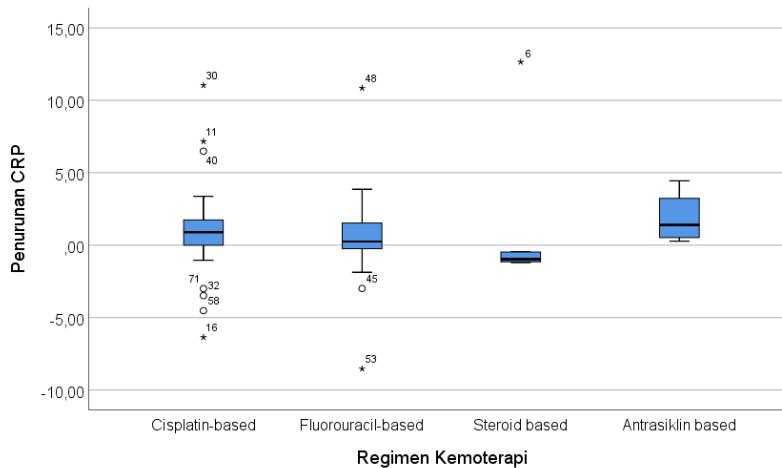




## Regimen Kemoterapi

Case Processing Summary							
		Cases					
		Valid		Missing		Total	
Regimen Kemoterapi		N	Percent	N	Percent	N	Percent
Penurunan CRP	Cisplatin-based	29	100,0%	0	0,0%	29	100,0%
	Fluorouracil-based	35	100,0%	0	0,0%	35	100,0%
	Steroid based	5	100,0%	0	0,0%	5	100,0%
	Antrasiklin based	4	100,0%	0	0,0%	4	100,0%

## Penurunan CRP



Descriptives					
Golongan Darah		Statistic	Std. Error		
Peningkatan Tissue Factor	A	Mean	25,6750	28,22575	
		95% Confidence Interval for Mean	Lower Bound	-41,0683	
			Upper Bound	92,4183	
		5% Trimmed Mean	23,5222		
		Median	5,3000		
		Variance	6373,542		
		Std. Deviation	79,83447		
		Minimum	-70,20		
		Maximum	160,30		
		Range	230,50		
		Interquartile Range	128,53		
		Skewness	,975	,752	

		Kurtosis	-,129	1,481
AB		Mean	-10,9714	43,70526
	95% Confidence Interval for Mean	Lower Bound	-117,9144	
		Upper Bound	95,9715	
		5% Trimmed Mean	-8,8627	
		Median	2,5000	
		Variance	13371,049	
		Std. Deviation	115,63325	
		Minimum	-227,30	
		Maximum	167,40	
		Range	394,70	
		Interquartile Range	41,80	
		Skewness	-,667	,794
		Kurtosis	2,961	1,587
	B		Mean	19,5263
95% Confidence Interval for Mean		Lower Bound	-24,0145	
		Upper Bound	63,0672	
		5% Trimmed Mean	10,0845	
		Median	-3,7500	
		Variance	17547,538	
		Std. Deviation	132,46712	
		Minimum	-200,80	
		Maximum	390,10	
		Range	590,90	
		Interquartile Range	88,50	
		Skewness	1,245	,383
		Kurtosis	1,669	,750
O			Mean	16,2000
	95% Confidence Interval for Mean	Lower Bound	-34,9484	
		Upper Bound	67,3484	
		5% Trimmed Mean	3,7889	
		Median	15,4000	
		Variance	11943,906	
		Std. Deviation	109,28818	
		Minimum	-126,50	
		Maximum	382,30	
		Range	508,80	
		Interquartile Range	111,28	
		Skewness	1,876	,512

		Kurtosis	6,165	,992
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<b>Test Statistics<sup>a,b</sup></b>	
	Peningkatan Tissue Factor
Kruskal-Wallis H	,826
df	3
Asymp. Sig.	,843
a. Kruskal Wallis Test	
b. Grouping Variable: Golongan Darah	

<b>Descriptives</b>						
	Staging Tumor	Statistic		Std. Error		
Peningkatan Tissue Factor	I	Mean	27,4400		37,39921	
		95% Confidence Interval for Mean	Lower Bound	-		
			Upper Bound	131,2768		
		5% Trimmed Mean	25,4833			
		Median	17,0000			
		Variance	6993,503			
		Std. Deviation	83,62717			
		Minimum	-70,20			
		Maximum	160,30			
		Range	230,50			
		Interquartile Range	128,90			
		Skewness	,994		,913	
		Kurtosis	2,298		2,000	
	II	Mean	69,0571		35,26376	
		95% Confidence Interval for Mean	Lower Bound	-		
			Upper Bound	155,3445		
		5% Trimmed Mean	67,6635			
		Median	25,7000			
		Variance	8704,730			
		Std. Deviation	93,29914			
Minimum	-25,30					

		Maximum		188,50	
		Range		213,80	
		Interquartile Range		187,40	
		Skewness		,332	,794
		Kurtosis		-2,386	1,587
	III	Mean		-22,2762	17,71224
		95% Confidence Interval for Mean	Lower Bound	-	
			Upper Bound	14,6709	
		5% Trimmed Mean		-20,0098	
		Median		2,5000	
		Variance		6588,193	
		Std. Deviation		81,16768	
		Minimum		-227,30	
		Maximum		141,90	
		Range		369,20	
		Interquartile Range		109,90	
		Skewness		-,619	,501
		Kurtosis		1,044	,972
	IV	Mean		26,0450	21,78302
		95% Confidence Interval for Mean	Lower Bound	-	
			Upper Bound	70,1053	
		5% Trimmed Mean		17,1833	
		Median		-1,7500	
		Variance		18980,002	
		Std. Deviation		137,76793	
		Minimum		-200,80	
		Maximum		390,10	
		Range		590,90	
		Interquartile Range		81,40	
		Skewness		1,344	,374
		Kurtosis		1,757	,733

Test Statistics <sup>a,b</sup>	
	Peningkatan Tissue Factor
Kruskal-Wallis H	3,372
df	3
Asymp. Sig.	,338
a. Kruskal Wallis Test	
b. Grouping Variable: Staging Tumor	

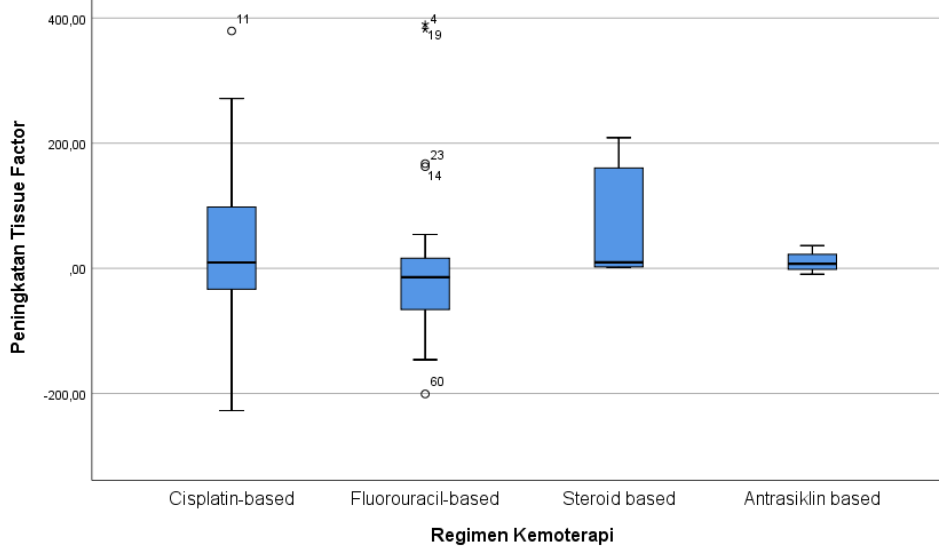
Descriptives					
	Risiko Kanker		Statistic	Std. Error	
Peningkatan Tissue Factor	Risiko Tinggi	Mean	12,8722	21,10456	
		95% Confidence Interval for Mean	Lower Bound	-29,9723	
			Upper Bound	55,7167	
		5% Trimmed Mean	7,5321		
		Median	5,3000		
		Variance	16034,483		
		Std. Deviation	126,62734		
		Minimum	-227,30		
		Maximum	390,10		
		Range	617,40		
		Interquartile Range	76,18		
		Skewness	,753	,393	
		Kurtosis	1,477	,768	
	Rendah	Mean	19,7622	18,28342	
		95% Confidence Interval for Mean	Lower Bound	-17,3183	
			Upper Bound	56,8427	
		5% Trimmed Mean	6,5308		
		Median	-2,1000		
		Variance	12368,494		
		Std. Deviation	111,21373		
		Minimum	-108,70		
		Maximum	382,30		
		Range	491,00		
Interquartile Range	86,20				
Skewness	1,983	,388			
Kurtosis	4,517	,759			

Test Statistics <sup>a,b</sup>	
	Peningkatan Tissue Factor
Kruskal-Wallis H	,064
df	1
Asymp. Sig.	,800
a. Kruskal Wallis Test	
b. Grouping Variable: Risiko Kanker	

### Regimen Kemoterapi

Case Processing Summary							
	Regimen Kemoterapi	Cases					
		Valid		Missing		Total	
		N	Percent	N	Percent	N	Percent
Peningkatan Tissue Factor	Cisplatin-based	29	100,0%	0	0,0%	29	100,0%
	Fluorouracil-based	35	100,0%	0	0,0%	35	100,0%
	Steroid based	5	100,0%	0	0,0%	5	100,0%
	Antrasiklin based	4	100,0%	0	0,0%	4	100,0%

### Peningkatan Tissue Factor



### Regimen Kemoterapi

Case Processing Summary				
	Regimen Kemoterapi	Cases		
		Valid	Missing	Total

		N	Percent	N	Percent	N	Percent
Penurunan CRP	Cisplatin-based	29	100,0%	0	0,0%	29	100,0%
	Fluorouracil-based	35	100,0%	0	0,0%	35	100,0%
	Steroid based	5	100,0%	0	0,0%	5	100,0%
	Antrasiklin based	4	100,0%	0	0,0%	4	100,0%

## Penurunan CRP

