


DAFTAR PUSTAKA

- Arora, N., Talhouk, A., McAlpine, J. N., Law, M. R., & Hanley, G. E. (2018). Long-term mortality among women with epithelial ovarian Carcinoma: A population-based study in British Columbia, Canada. *BMC Carcinoma*, *18*(1), 1039. <https://doi.org/10.1186/s12885-018-4970-9>
- Arora, T., Mullangi, S., & Lekkala, M. R. (2022). Ovarian Carcinoma. *StatPearls [Internet]*.
- Aziz, S. A., Nelwan, E. J., Sukrisman, L., & Suhendro, S. (2018). Higher cut-off serum procalcitonin level for sepsis diagnosis in metastatic solid tumor patients. *BMC Research Notes*, *11*(1), 84. <https://doi.org/10.1186/s13104-018-3204-1>
- Bizoń, M., Awizeń-Panufnik, Z., & Sawicki, W. (2023). Comparison of Interleukin-6 with Other Markers in Diagnosis of Ovarian Carcinoma. *Journal of Personalized Medicine*, *13*(6), 980.
- Braicu, Buse, Busuicoc, Drula, Gulei, Raduly, Rusu, Irimie, Atanasov, Slaby, Ionescu, & Berindan-Neagoe. (2019). A Comprehensive Review on MAPK: A Promising Therapeutic Target in Carcinoma. *Carcinomas*, *11*(10), 1618. <https://doi.org/10.3390/Carcinomas11101618>
- Bray, F., Ferlay, J., Soerjomataram, I., Siegel, R. L., Torre, L. A., & Jemal, A. (2018). Global Carcinoma statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 Carcinomas in 185 countries. *CA: A Carcinoma Journal for Clinicians*, *68*(6), 394–424. <https://doi.org/10.3322/caac.21492>
- Brett M., R., Jennifer B., P., Thomas A., S., Brett M., R., Jennifer B., P., & Thomas A., S. (2017). Epidemiology of ovarian Carcinoma: A review. *Carcinoma Biology & Medicine*, *14*(1), 9–32. <https://doi.org/10.20892/j.issn.2095-3941.2016.0084>
- Browning, L., Patel, M. R., Horvath, E. B., Tawara, K., & Jorcyk, C. L. (2018). IL-6 and ovarian Carcinoma: Inflammatory cytokines in promotion of metastasis. *Carcinoma Management and Research*, *10*, 6685.
- Bulun, S. E., Wan, Y., & Matei, D. (2019). Epithelial mutations in endometriosis: Link to ovarian Carcinoma. *Endocrinology*, *160*(3), 626–638.
- Campos, C., Sarian, L. O., Jales, R. M., Hartman, C., Araújo, K. G., Pitta, D., Yoshida, A., Andrade, L., & Derchain, S. (2016). *Performance of the Risk of Malignancy Index for Discriminating Malignant Tumors in Women With Adnexal Masses*. 143–152. <https://doi.org/10.7863/ultra.15.01068>
- Canat, L., Atalay, H. A., Can, O., Alkan, İ., & Ötünçtemur, A. (2018). Serum procalcitonin levels in prostate Carcinoma: A new biomarker? *Urologia Journal*, *85*(2), 46–50.
- Chang, L., Guo, R., & Yuan, Z. (2017). IL-36 α suppresses proliferation of ovarian Carcinoma cells. *Tumor Biology*, *39*(6), 101042831770691. <https://doi.org/10.1177/1010428317706918>
- Cleli, S., Sharma, A., Kumar, L., Sharma, J. B., Roy, K. K., Singh, N., & Vanamail, S. (2021). Procalcitonin. In *StatPearls [Internet]*. StatPearls Publishing.
- Dal: S., Sharma, A., Kumar, L., Sharma, J. B., Roy, K. K., Singh, N., & Vanamail, S. (2021). Procalcitonin. In *StatPearls [Internet]*. StatPearls Publishing.
- er potential of IL-6 and VEGF-A in ascitic fluid of epithelial ovarian *Clinica Chimica Acta*, *482*, 27–32.



- Del Giudice, M., & Gangestad, S. W. (2018). Rethinking IL-6 and CRP: Why they are more than inflammatory biomarkers, and why it matters. *Brain, Behavior, and Immunity*, *70*, 61–75. <https://doi.org/10.1016/j.bbi.2018.02.013>
- Deng, K., Yang, C., Tan, Q., Song, W., Lu, M., Zhao, W., Lou, G., Li, Z., Li, K., & Hou, Y. (2018). Sites of distant metastases and overall survival in ovarian Carcinoma: A study of 1481 patients. *Gynecologic Oncology*, *150*(3), 460–465.
- Dharmajaya, R., & Sari, D. K. (2021). Role and value of inflammatory markers in brain tumors: A case controlled study. *Annals of Medicine and Surgery*, *63*, 102107. <https://doi.org/10.1016/j.amsu.2021.01.055>
- Dou, Y., Jiang, X., Xie, H., He, J., & Xiao, S. (2019). The Jun N-terminal kinases signaling pathway plays a “seesaw” role in ovarian carcinoma: A molecular aspect. *Journal of Ovarian Research*, *12*(1), 99. <https://doi.org/10.1186/s13048-019-0573-6>
- El Haddad, H., Chaftari, A.-M., Hachem, R., Chaftari, P., & Raad, I. I. (2018). Biomarkers of Sepsis and Bloodstream Infections: The Role of Procalcitonin and Proadrenomedullin With Emphasis in Patients With Carcinoma. *Clinical Infectious Diseases*, *67*(6), 971–977. <https://doi.org/10.1093/cid/ciy331>
- Fu, Z., Brooks, M. M., Irvin, S., Jordan, S., Aben, K. K., Anton-Culver, H., Bandera, E. V., Beckmann, M. W., Berchuck, A., & Brooks-Wilson, A. (2023). Lifetime ovulatory years and risk of epithelial ovarian Carcinoma: A multinational pooled analysis. *JNCI: Journal of the National Carcinoma Institute*, *115*(5), 539–551.
- Gaitskell, K., Green, J., Pirie, K., Barnes, I., Hermon, C., Reeves, G. K., & Beral, V. (2018). Histological subtypes of ovarian Carcinoma associated with parity and breastfeeding in the prospective Million Women Study. *Carcinoma Epidemiology*.
- Ghoneum, A., Afify, H., Salih, Z., Kelly, M., & Said, N. (2018). Role of tumor microenvironment in ovarian Carcinoma pathobiology. *Oncotarget*, *9*(32), 22832–22849. <https://doi.org/10.18632/oncotarget.25126>
- Grill, S., Hamann, M., Hartmann, O., Hederich, P., & Klein, E. (2020). Early Detection of ovarian Carcinoma—An enduring challenge: Pro-neurotensin and procalcitonin as promising biomarkers. *J Mol Biomark Diagn*, *11*(422), 2.
- Gupta, K. K., Gupta, V. K., & Naumann, R. W. (2019). Ovarian Carcinoma: Screening and future directions. *International Journal of Gynecologic Carcinoma*, *29*(1).
- Hagemann, T., Robinson, S. C., Thompson, R. G., Charles, K., Kulbe, H., & Balkwill, F. R. (2007). Ovarian Carcinoma cell-derived migration inhibitory factor enhances tumor growth, progression, and angiogenesis. *Molecular Carcinoma Therapeutics*, *6*(7), 1993–2002. <https://doi.org/10.1587/1535-7163.MCT-07-0118>
- Hari & Stack, M. S. (2018). *With Great Age Comes Great Metastatic Ability: and the Appeal of the Aging Peritoneal Microenvironment*.
- Hari ita, C. M. (2019). NF- κ B Signaling in Ovarian Carcinoma. *Carcinomas*, *11*(8), <https://doi.org/10.3390/Carcinomas11081182>



- He, X., Chen, L., Chen, H., Feng, Y., Zhu, B., & Yang, C. (2021). Diagnostic accuracy of procalcitonin for bacterial infection in liver failure: A meta-analysis. *Bioinorganic Chemistry and Applications*, 2021.
- Henderson, J. T., Webber, E. M., & Sawaya, G. F. (2018a). Screening for Ovarian Carcinoma: An Updated Evidence Review for the U.S. Preventive Services Task Force. In *Screening for Ovarian Carcinoma: An Updated Evidence Review for the U.S. Preventive Services Task Force [Internet]*. Agency for Healthcare Research and Quality (US). <https://www.ncbi.nlm.nih.gov/books/NBK493401/>
- Henderson, J. T., Webber, E. M., & Sawaya, G. F. (2018b). Screening for Ovarian Carcinoma: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA*, 319(6), 595. <https://doi.org/10.1001/jama.2017.21421>
- Huang, Y., Hu, C., Ye, H., Luo, R., Fu, X., Li, X., Huang, J., Chen, W., & Zheng, Y. (2019). Inflamm-aging: A new mechanism affecting premature ovarian insufficiency. *Journal of Immunology Research*, 2019.
- Iversen, L., Fielding, S., Lidegaard, Ø., & Hannaford, P. C. (2021). Contemporary hormonal contraception and cervical Carcinoma in women of reproductive age. *International Journal of Carcinoma*, 149(4), 769–777. <https://doi.org/10.1002/ijc.33585>
- Jia, D., Nagaoka, Y., Katsumata, M., & Orsulic, S. (2018). Inflammation is a key contributor to ovarian Carcinoma cell seeding. *Scientific Reports*, 8(1), 12394. <https://doi.org/10.1038/s41598-018-30261-8>
- Jungen, M. J., ter Meulen, B. C., van Osch, T., Weinstein, H. C., & Ostelo, R. W. J. G. (2019). Inflammatory biomarkers in patients with sciatica: A systematic review. *BMC Musculoskeletal Disorders*, 20(1), 156. <https://doi.org/10.1186/s12891-019-2541-0>
- Kajikawa, S., Ohashi, W., Kato, Y., Fukami, M., Yonezawa, T., Sato, M., Kosaka, K., Kato, T., Tanaka, H., & Ito, S. (2021). Prognostic impact of serum procalcitonin in non-small cell lung Carcinoma. *Tumori Journal*, 107(5), 385–391.
- Khalafi-Nezhad, A., Ebrahimi, V., Ahmadpour, F., Momtahan, M., Robati, M., Saraf, Z., Ramzi, M., Jowkar, Z., & Ghaffari, P. (2020). Parity as a prognostic factor in patients with advanced-stage epithelial ovarian Carcinoma. *Carcinoma Management and Research*, 1447–1456.
- Koushik, A., Grundy, A., Abrahamowicz, M., Arseneau, J., Gilbert, L., Gotlieb, W. H., Lacaille, J., Mes-Masson, A.-M., Parent, M.-É., & Provencher, D. M. (2017). Hormonal and reproductive factors and the risk of ovarian Carcinoma. *Carcinoma Causes & Control*, 28(5), 393–403.
- Kroeger Jr, P. T., & Drapkin, R. (2017). Pathogenesis and heterogeneity of ovarian Carcinoma. *Current Opinion in Obstetrics & Gynecology*, 29(1), 26.
- La '  rian Carcinoma: Epidemiology and risk factors. *European Journal of on*, 26(1), 55–62.
- Leu  tycki, J., Guénel, P., & Koushik, A. (2023). Occupational environment and risk. *Occupational and Environmental Medicine*, 80(9), 489–497.
- Li, J  H., & Guo, R. (2017). C-reactive protein and risk of ovarian Carcinoma: A nd meta-analysis. *Medicine*, 96(34).

- Li, Y., Zhong, X., Cheng, G., Zhao, C., Zhang, L., Hong, Y., Wan, Q., He, R., & Wang, Z. (2017). Hs-CRP and all-cause, cardiovascular, and Carcinoma mortality risk: A meta-analysis. *Atherosclerosis*, *259*, 75–82.
- Liu, Z., Jin, K., Guo, M., Long, J., Liu, L., Liu, C., Xu, J., Ni, Q., Luo, G., & Yu, X. (2017). Prognostic value of the CRP/Alb ratio, a novel inflammation-based score in pancreatic Carcinoma. *Annals of Surgical Oncology*, *24*(2), 561–568.
- Memar, M. Y., Varshochi, M., Shokouhi, B., Asgharzadeh, M., & Kafil, H. S. (2017). Procalcitonin: The marker of pediatric bacterial infection. *Biomedicine & Pharmacotherapy*, *96*, 936–943.
- Miyake, T., Iida, H., Shimizu, T., Ueki, T., Kojima, M., Ohta, H., Yamaguchi, T., Kaida, S., Mekata, E., & Endo, Y. (2021). The elevation in preoperative procalcitonin is associated with a poor prognosis for patients undergoing resection for colorectal Carcinoma. *Digestive Surgery*, *38*(1), 80–86.
- Momenimovahed, Z., Tiznobaik, A., Taheri, S., & Salehiniya, H. (2019). Ovarian Carcinoma in the world: Epidemiology and risk factors. *International Journal of Women's Health*, *11*, 287.
- Munn, L. L. (2017). Carcinoma and inflammation. *WIREs Systems Biology and Medicine*, *9*(2). <https://doi.org/10.1002/wsbm.1370>
- Muqaku, B., Pils, D., Mader, J. C., Aust, S., Mangold, A., Muqaku, L., Slany, A., Del Favero, G., & Gerner, C. (2020). Neutrophil Extracellular Trap Formation Correlates with Favorable Overall Survival in High Grade Ovarian Carcinoma. *Carcinomas*, *12*(2), 505. <https://doi.org/10.3390/Carcinomas12020505>
- Nardone, V., Giannicola, R., Bianco, G., Giannarelli, D., Tini, P., Pastina, P., Falzea, A. C., Macheda, S., Caraglia, M., Luce, A., Zappavigna, S., Mutti, L., Pirtoli, L., Giordano, A., & Correale, P. (2021). Inflammatory Markers and Procalcitonin Predict the Outcome of Metastatic Non-Small-Cell-Lung-Carcinoma Patients Receiving PD-1/PD-L1 Immune-Checkpoint Blockade. *Frontiers in Oncology*, *11*, 684110. <https://doi.org/10.3389/fonc.2021.684110>
- Nehring, S. M., & Patel, B. C. (2017). *C reactive protein (CRP)*.
- Orr, B., & Edwards, R. P. (2018). Diagnosis and treatment of ovarian Carcinoma. *Hematology/Oncology Clinics*, *32*(6), 943–964.
- Peres, L. C., Mallen, A. R., Townsend, M. K., Poole, E. M., Trabert, B., Allen, N. E., Arslan, A. A., Dossus, L., Fortner, R. T., & Gram, I. T. (2019). High Levels of C-Reactive Protein Are Associated with an Increased Risk of Ovarian Carcinoma: Results from the Ovarian Carcinoma Cohort Consortium C-Reactive Protein and Ovarian Carcinoma Risk. *Carcinoma Research*, *79*(20), 5442–5451.
- Quadir, A. F., & Britton, P. N. (2018). Procalcitonin and C-reactive protein as biomarkers for neonatal *Journal of Paediatrics and Child Health*, *54*(6), 695–699.
- Ran, ., & Barua, A. (2023). Age-associated molecular changes may predispose to ovarian transformation leading to ovarian Carcinoma (OVCA). *Carcinoma Supplement_1*, A015–A015. <https://doi.org/10.1158/1538-7445.AGCA22->



- Rasmussen, L. J. H., Moffitt, T. E., Eugen-Olsen, J., Belsky, D. W., Danese, A., Harrington, H., Houts, R. M., Poulton, R., Sugden, K., Williams, B., & Caspi, A. (2019). Cumulative childhood risk is associated with a new measure of chronic inflammation in adulthood. *Journal of Child Psychology and Psychiatry*, *60*(2), 199–208. <https://doi.org/10.1111/jcpp.12928>
- Ruth, K. S., Day, F. R., Hussain, J., Martínez-Marchal, A., Aiken, C. E., Azad, A., Thompson, D. J., Knoblochova, L., Abe, H., & Tarry-Adkins, J. L. (2021). Genetic insights into biological mechanisms governing human ovarian ageing. *Nature*, *596*(7872), 393–397.
- Saed, G. M., Diamond, M. P., & Fletcher, N. M. (2017). Updates of the role of oxidative stress in the pathogenesis of ovarian Carcinoma. *Gynecologic Oncology*, *145*(3), 595–602.
- Sánchez-Iglesias, J. L., Morales-Coma, C., Minig, L., Lago, V., Domingo, S., Mancebo, G., Siegrist, J., Fidalgo García, M. S., Lluca, A., & Serra, A. (2024). Procalcitonin and C-reactive protein as early markers of anastomotic leakage in intestinal resections for advanced ovarian Carcinoma (EDMOCS). *Acta Obstetricia et Gynecologica Scandinavica*.
- Savant, S. S., Sriramkumar, S., & O'Hagan, H. M. (2018). The role of inflammation and inflammatory mediators in the development, progression, metastasis, and chemoresistance of epithelial ovarian Carcinoma. *Carcinomas*, *10*(8), 251.
- Savitri, I., & Askandar, B. (2021). The Role of Procalcitonin as a Prognostic Variable in Ovarian Carcinoma Patients at Dr. Soetomo General Hospital Surabaya. *Indonesian Journal of Carcinoma*, *15*(3), 107–111.
- Schüler-Toprak, S., Weber, F., Skrzypczak, M., Ortmann, O., & Treeck, O. (2018). Estrogen receptor β is associated with expression of Carcinoma associated genes and survival in ovarian Carcinoma. *BMC Carcinoma*, *18*(1), 981. <https://doi.org/10.1186/s12885-018-4898-0>
- Shrotriya, S., Walsh, D., Nowacki, A. S., Lorton, C., Aktas, A., Hullihen, B., Benanni-Baiti, N., Hauser, K., Ayvaz, S., & Estfan, B. (2018). Serum C-reactive protein is an important and powerful prognostic biomarker in most adult solid tumors. *PLOS ONE*, *13*(8), e0202555. <https://doi.org/10.1371/journal.pone.0202555>
- Siegel, R. L., Miller, K. D., & Jemal, A. (2020). Carcinoma statistics, 2020. *CA: A Carcinoma Journal for Clinicians*, *70*(1), 7–30. <https://doi.org/10.3322/caac.21590>
- Singh, N., Baby, D., Rajguru, J. P., Patil, P. B., Thakkannavar, S. S., & Pujari, V. B. (2019). Inflammation and Carcinoma. *Annals of African Medicine*, *18*(3), 121–126. https://doi.org/10.4103/aam.aam_56_18
- Sköld, C., Tolf, A., Corvigno, S., Dahlstrand, H., Stålberg, K., Enblad, G., Sundström Poromaa, I., Mezheyeuski, A., Glimelius, I., & Koliadi, A. (2021). Association between parity, histopathological tumor features and survival in high-grade serous ovarian Carcinoma.
- Stevenson, S. (2019). *Ovarian Carcinoma: An integrated review*. *35*(2), 151–160.
- Tan, L., Zhou, J., & Luo, G. (2021). Procalcitonin kinetics early after severe sepsis: Procalcitonin level in diagnosis of sepsis. *Burns*, *47*(8), 1802–1809.
- Tesarik, R., & Mendoza-Tesarik, R. (2021). Ovarian Aging: Molecular Mechanisms and Implications. *Int. J. Mol. Sci.*



- Ticinesi, A., Lauretani, F., Nouvenne, A., Porro, E., Fanelli, G., Maggio, M., & Meschi, T. (2017). C-reactive protein (CRP) measurement in geriatric patients hospitalized for acute infection. *European Journal of Internal Medicine*, *37*, 7–12. <https://doi.org/10.1016/j.ejim.2016.08.026>
- Trimboli, P., & Giovanella, L. (2018). Procalcitonin as marker of recurrent medullary thyroid carcinoma: A systematic review and meta-analysis. *Endocrinology and Metabolism*, *33*(2), 204–210.
- Troisi, R., Bjørge, T., Gissler, M., Grotmol, T., Kitahara, C. M., Myrtveit Saether, S., Ording, A. G., Sköld, C., Sørensen, H. T., & Trabert, B. (2018). The role of pregnancy, perinatal factors and hormones in maternal Carcinoma risk: A review of the evidence. *Journal of Internal Medicine*, *283*(5), 430–445.
- Wang, M., Zhao, J., Zhang, L., Wei, F., Lian, Y., Wu, Y., Gong, Z., Zhang, S., Zhou, J., Cao, K., Li, X., Xiong, W., Li, G., Zeng, Z., & Guo, C. (2017). Role of tumor microenvironment in tumorigenesis. *Journal of Carcinoma*, *8*(5), 761–773. <https://doi.org/10.7150/jca.17648>
- Wang, Y., Zhang, Z., Wang, J., & Zhang, X. (2020). Association between C-reactive protein level and subsequent risk of ovarian Carcinoma: A meta-analysis of 13 cohorts in 1,852 ovarian Carcinoma patients. *Medicine*, *99*(5), e18821. <https://doi.org/10.1097/MD.00000000000018821>
- Weiderpass, E., Hashim, D., & Labrèche, F. (2020). Malignant tumors of the female reproductive system. *Occupational Carcinomas*, 439–453.
- Whelan, E., Kalliala, I., Semertzidou, A., Raglan, O., Bowden, S., Kechagias, K., Markozannes, G., Cividini, S., McNeish, I., & Marchesi, J. (2022). Risk factors for ovarian Carcinoma: An umbrella review of the literature. *Carcinomas*, *14*(11), 2708.
- Whitwell, H. J., Worthington, J., Blyuss, O., Gentry-Maharaj, A., Ryan, A., Gunu, R., Kalsi, J., Menon, U., Jacobs, I., & Zaikin, A. (2020). Improved early detection of ovarian Carcinoma using longitudinal multimarker models. *British Journal of Carcinoma*, *122*(6), 847–856.
- Ye, Y., Dai, Q., & Qi, H. (2021). A novel defined pyroptosis-related gene signature for predicting the prognosis of ovarian Carcinoma. *Cell Death Discovery*, *7*(1), 1–11.
- Zeng, F., Wei, H., Yeoh, E., Zhang, Z., Ren, Z.-F., Colditz, G. A., Tworoger, S. S., & Su, X. (2016). Inflammatory Markers of CRP, IL6, TNF α , and Soluble TNFR2 and the Risk of Ovarian Carcinoma: A Meta-analysis of Prospective Studies. *Carcinoma Epidemiology, Biomarkers & Prevention*, *25*(8), 1231–1239. <https://doi.org/10.1158/1055-9965.EPI-16-0120>
- Zheng, G., Yu, H., Kanerva, A., Försti, A., Sundquist, K., & Hemminki, K. (2018). Familial risks of ovarian Carcinoma by age at diagnosis, proband type and histology. *PLOS ONE*, *13*(10), e0205000. <https://doi.org/10.1371/journal.pone.0205000>
- Zhu, M., Ma, Z., Zhang, X., Hang, D., Yin, R., Feng, J., Xu, L., & Shen, H. (2022). C-reactive protein and α -1-Carcinoma study of prospective cohort and Mendelian randomization. *Medicine*, *20*(1), 301. <https://doi.org/10.1186/s12916-022-02506-x>



LAMPIRAN

Lampiran 1

NASKAH PENJELASAN UNTUK RESPONDEN

Assalamualaikum wr.wb. Salam ibu, saya dr. Angga Dewi Umar Wahyu, yang akan melakukan penelitian tentang “PERAN KADAR PROKALSITONIN DAN C-REACTIVE PROTEIN SEBAGAI PREDIKTOR KARSINOMA OVARIUM”. Karena itu kami sangat mengharapkan ibu bersedia untuk ikut dalam penelitian ini secara sukarela dan mengizinkan kami menggunakan data ibu dalam laporan tertulis maupun laporan secara lisan. Bila ibu bersedia kami mengharapkan ibu memberikan persetujuan secara tertulis. Keikutsertaan ibu dalam penelitian ini bersifat sukarela tanpa paksaan, oleh karena itu ibu berhak untuk menolak atau mengundurkan diri tanpa risiko kehilangan hak untuk mendapatkan pelayanan kesehatan.

Kalau ibu setuju untuk berpartisipasi, kami akan menanyakan beberapa hal antara lain data pribadi ibu dan beberapa pertanyaan terkait keluhan penyakit ibu. Kami menjamin keamanan dan kerahasiaan semua data pada penelitian ini. Data akan disimpan dengan baik dan aman, sehingga hanya bisa dilihat oleh yang berkepentingan saja. Demikian juga pada penyajian baik tertulis maupun pada laporan lisan, data pribadi ibu tetap akan kami rahasiakan. Data penelitian ini akan disajikan pada:

- Program Pendidikan Dokter Spesialis Obstetri dan Ginekologi Fakultas Kedokteran Universitas Hasanuddin (FK UNHAS) Makassar
- Publikasi pada majalah ilmiah dalam dan luar negeri

Bila ibu merasa masih ada hal yang belum jelas atau belum dimengerti dengan baik, maka ibu dapat menanyakan atau minta penjelasan pada saya: dr. Angga Dewi Umar Wahyu

Jika ibu setuju untuk berpartisipasi, diharapkan menandatangani surat persetujuan mengikuti penelitian. Atas kesediaan dan kerja samanya kami ucapkan banyak terima kasih.

Identitas Peneliti

Nama : dr. Angga Dewi Umar Wahyu
 Alamat : PPDS Obstetri dan Ginekologi FK UNHAS Makassar
 Telepon : 0812-9297-8851



Optimized using
 trial version
www.balesio.com

**DISETUJUI OLEH KOMISI ETIK
 PENELITIAN KESEHATAN
 FAK. KEDOKTERAN UNHAS**

Makassar, Januari 2023

Lampiran 2

FORMULIR PERSETUJUAN MENGIKUTI PENELITIAN SETELAH MENDAPAT PENJELASAN

Yang bertanda tangan di bawah ini :

Nama :

Umur :

Alamat:.....

Dengan ini menyatakan bahwa setelah saya mendapatkan penjelasan serta memahami sepenuhnya maksud dan tujuan penelitian ini.

Saya menyatakan setuju untuk ikut serta dalam penelitian ini. Untuk itu saya bersedia dan tidak keberatan mematuhi semua ketentuan yang berlaku dalam penelitian ini dan memberikan keterangan yang sebenarnya. Saya tahu bahwa keikutsertaan saya ini bersifat sukarela tanpa paksaan, sehingga saya bisa menolak ikut atau mengundurkan diri dari penelitian ini tanpa kehilangan hak saya untuk mendapat pelayanan kesehatan. Juga saya berhak bertanya atau meminta penjelasan pada peneliti bila masih ada hal yang belum jelas atau masih ada hal yang ingin saya ketahui tentang penelitian ini.

Saya juga mengerti bahwa semua biaya yang dikeluarkan sehubungan dengan penelitian ini, akan ditanggung oleh peneliti. Demikian juga biaya perawatan dan pengobatan bila terjadi hal-hal yang tidak diinginkan akibat penelitian ini, akan dibiayai oleh peneliti.

Demikianlah pernyataan ini saya buat dengan penuh kesadaran untuk dapat dipergunakan sebagaimana mestinya.

	NAMA	TANDA TANGAN	Tanggal
Saksi 1
Saksi 2

Penanggung Jawab Penelitian

Nama : dr. Angga Dewi Umar Wahyu
 Alamat : Perum Osaka Garden No. 17 Tanjung Bunga
 Telepon : 0812-9297-8851

Penanggung Jawab Medis

Nama : Prof. Dr. dr. H. Syahrul Rauf, Sp. OG (K)
 Alamat : Jl. Monginsidi Lama No. 22
 Telepon : 0811-416-070



Lampiran 3

**FORMULIR PENELITIAN – Kuesioner pasien
KADAR PROKALSTITONIN DAN C-REACTIVE PROTEIN SEBAGAI
PREDIKTOR KARSINOMA OVARIUM**

I. IDENTITAS

1. Nama :
2. Umur :
3. Alamat :
4. No. HP/ Telpon :
5. Pekerjaan :
6. Pendidikan terakhir :
7. Suku bangsa :
8. Status perkawinan :
9. Lama Perkawinan :
10. Paritas :
11. Rumah sakit/ No.RM :

II. Klinis pasien sebelum operasi :

1. Keadaan umum
2. Berat badan/ Tinggi badan
3. IMT
4. Tekanan darah
5. Haid terakhir
6. Gangguan haid :
 - 1) Dismenore
 - 2) Menoragi
 - 3) Menometroragia
 - 4) Metroragia
 - 5) Menopause
 - 6) Lain.....'

7. Nafsu makan : 1. Berkurang 2. Tetap

8. Riwayat penyakit :

9. Riwayat operasi sebelumnya :



asepsi/lamanya :

akit Karsinoma ovarium dalam keluarga :

erokok : 1. Ya (.....batang/hari) 2. Tidak

III. PEMERIKSAAN LABORATORIUM KLINIK, PATOLOGI ANATOMI DAN RADIOLOGI

- Prokalsitonin :
- CRP :
- CA- 125 :
- Hasil pemeriksaan PA :
- USG :
- BNO-IVP (Bila ada) :
- CT- Scan (Bila ada) :



Optimized using
trial version
www.balesio.com

Lampiran 4

DUMMY TABEL

Tabel 8 Karakteristik Pasien

Variabel	Mean (SD)	n (%)
Usia		
>50 tahun		
≤50 tahun		
Pekerjaan		
Bekerja		
Tidak bekerja		
Paritas		
Nullipara		
Para		
Jenis Massa		
Kista ovarium		
Karsinoma musinuous		
Karsinoma serous		
Karsinoma lainnya		
Karsinoma		
Epitelial		
Non-epitelial		
Status menopause		
Sudah menopause		
Belum menopause		
Kotrasepsi hormonal		
Pakai		
Tidak pakai		
PCT		
CRP		

Tabel 9 Hubungan Kadar PCT berdasarkan Tipe

Tipe	Kadar PCT rata-rata	95% IK	<i>p-value</i>
Karsinoma ovarium			
n			
PCT berdasarkan Cut Off tipe			
	Kadar PCT		95% IK
	≥ cut off	< cut off	<i>p-value</i>

Tipe	Karsinoma ovarium
	Kista ovarium

Sensitivitas dan spesifitas

Tabel 11 Hubungan Kadar CRP berdasarkan Tipe

		Kadar CRP rata-rata	95% IK	<i>p-value</i>
Tipe	Karsinoma ovarium			
	Kista ovarium			

Tabel 12 Hubungan Kadar CRP berdasarkan Cut Off tipe

		Kadar CRP		95% IK	<i>p-value</i>
		≥ cut off	< cut off		
Tipe	Karsinoma ovarium				
	Kista ovarium				

Sensitivitas dan spesifitas



LAMPIRAN 5. Rekomendasi Persetujuan Etik



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
 UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
 KOMITE ETIK PENELITIAN UNIVERSITAS HASANUDDIN
 RSPTN UNIVERSITAS HASANUDDIN
 RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR
 Sekretariat : Lantai 2 Gedung Laboratorium Terpadu
 JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.
 Contact Persons: dr. Agussalim Bukhari, MMed,PhD, SpGK TELP. 081241850858, 0411 5780103. Fax : 0411-581431



REKOMENDASI PERSETUJUAN ETIK

Nomor : 550/UN4.6.4.5.31/ PP36/ 2023

Tanggal: 7 Agustus 2023

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No Protokol	UH23070476	No Sponsor	
Peneliti Utama	dr. Angga Dewi Umar Wahyu	Sponsor	
Judul Peneliti	KADAR PROKALSTONIN DAN C-REAKTIF PROTEIN SEBAGAI PREDIKTOR KANKER OVARIUM.		
No Versi Protokol	2	Tanggal Versi	31 Juli 2023
No Versi PSP	2	Tanggal Versi	31 Juli 2023
Tempat Penelitian	RS Universitas Hasanuddin Dan RSUP Dr. Wahidin Sudirohusodo RS Ibnu Sina Makassar		
Jenis Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal	Masa Berlaku 7 Agustus 2023 sampai 7 Agustus 2024	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	Nama Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)	Tanda tangan 	
Sekretaris KEP Universitas Hasanuddin	Nama dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)	Tanda tangan 	

Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Laporan SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap 12 bulan setelah Penelitian berakhir dan dari protokol yang disetujui (protocol deviation / violation) yang ditentukan



LAMPIRAN 6

Output SPSS

Kruskal-Wallis Test

		Ranks	
	status	N	Mean Rank
PCT	Karsinoma ovarium	59	56.59
	non-karsinoma	28	17.46
	Total	87	

Test Statistics^{a,b}

		PCT
Chi-Square		45.569
df		1
Asymp. Sig.		.000

a. Kruskal Wallis Test

b. Grouping Variable: status

Group Statistics

		status	N	Mean	Std. Deviation	Std. Error Mean
PCT	Karsinoma ovarium		59	.8524	.51963	.06765
	non-karsinoma		28	.0812	.17400	.03288
CRP	Karsinoma ovarium		59	1.5064	.33009	.04297
	non-karsinoma		28	1.5547	.38796	.07332

Mann-Whitney Test

		Ranks		
	status	N	Mean Rank	Sum of Ranks
CRP	Karsinoma ovarium	59	41.78	2465.00
	non-karsinoma	28	48.68	1363.00
	Total	87		

Test Statistics^a



		CRP
		695.000
		2465.000
		-1.190
		.234

tatus

umur_kategorik * status

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.965 ^a	1	.005		
Continuity Correction ^b	6.627	1	.010		
Likelihood Ratio	8.975	1	.003		
Fisher's Exact Test				.006	.004
Linear-by-Linear Association	7.874	1	.005		
N of Valid Cases	87				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8,69.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for umur_kategorik (>50 / <50)	5.714	1.549	21.080
For cohort status = Karsinoma ovarium	1.524	1.184	1.961
For cohort status = non-karsinoma	.267	.088	.808
N of Valid Cases	87		

pekerjaan * status

Crosstab

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.242 ^a	1	.623		
Continuity Correction ^b	.046	1	.831		
Likelihood Ratio	.238	1	.626		
Fisher's Exact Test				.782	.409
Linear-by-Linear Association	.239	1	.625		
N of Valid Cases	87				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6,11.



Optimized using trial version
www.balesio.com

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for pekerjaan (bekerja / tidak bekerja)	.766	.264	2.221
For cohort status = Karsinoma ovarium	.914	.626	1.334
For cohort status = non-karsinoma	1.193	.600	2.373
N of Valid Cases	87		

paritas * status

Crosstab

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.097 ^a	1	.756		
Continuity Correction ^b	.003	1	.959		
Likelihood Ratio	.096	1	.757		
Fisher's Exact Test				.798	.474
Linear-by-Linear Association	.096	1	.757		
N of Valid Cases	87				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7,40.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for paritas (nullipara / para)	.852	.311	2.335
Karsinoma	.949	.674	1.334
= non-	1.113	.571	2.169
N of Valid Cases	87		



Case Processing Summary

	Valid		Cases Missing		Total	
	N	Percent	N	Percent	N	Percent
cut_off_pct * status	78	81.3%	18	18.8%	96	100.0%

cut_off_pct * status Crosstabulation

cut_off_pct			status		Total
			Karsinoma ovarium	non-karsinoma	
>0.33	Count		42	3	45
	% within cut_off_pct		93.3%	6.7%	100.0%
<0.33	Count		17	16	33
	% within cut_off_pct		51.5%	48.5%	100.0%
Total	Count		59	19	78
	% within cut_off_pct		75.6%	24.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	18.069 ^a	1	.000		
Continuity Correction ^b	15.871	1	.000		
Likelihood Ratio	18.847	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	17.838	1	.000		
N of Valid Cases	78				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8,04.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for cut_off_pct (>0.33 / <0.33)	13.176	3.396	51.119
For cohort status = Karsinoma ovarium	1.812	1.289	2.546
= non-	.138	.044	.434
	78		



Crosstabs

Case Processing Summary

	Valid		Cases Missing		Total	
	N	Percent	N	Percent	N	Percent
cut_off_pct * status	87	100.0%	0	0.0%	87	100.0%

cut_off_pct * status Crosstabulation

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	43.713 ^a	1	.000		
Continuity Correction ^b	40.658	1	.000		
Likelihood Ratio	46.959	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	43.210	1	.000		
N of Valid Cases	87				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 10,94.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for cut_off_pct (>0.33 / <0.33)	46.296	11.508	186.254
For cohort status = Karsinoma ovarium	3.564	2.027	6.265
For cohort status = non-karsinoma	.077	.025	.235
N of Valid Cases	87		

Crosstabs

Case Processing Summary

	Valid		Cases Missing		Total	
	N	Percent	N	Percent	N	Percent
kontral	87	100.0%	0	0.0%	87	100.0%
menop	87	100.0%	0	0.0%	87	100.0%



kontrahormo * status**Chi-Square Tests**

	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	2.696 ^a	1	.101		
Continuity Correction ^b	1.943	1	.163		
Likelihood Ratio	2.629	1	.105		
Fisher's Exact Test				.137	.083
Linear-by-Linear Association	2.665	1	.103		
N of Valid Cases	87				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8,69.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for kontrahormo (pakai / tidak pakai)	.455	.176	1.176
For cohort status = Karsinoma ovarium	.758	.523	1.097
For cohort status = non-karsinoma	1.667	.919	3.021
N of Valid Cases	87		

menopaususe * status**Chi-Square Tests**

	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	7.455 ^a	1	.006		
Continuity Correction ^b	6.195	1	.013		
Likelihood Ratio	8.163	1	.004		
Fisher's Exact Test				.008	.005
Linear-by-Linear Association	7.369	1	.007		
N of Valid	87				

a. 0 cells (

b. Comput

less than 5. The minimum expected count is 9,66.



Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for menopause (Belum Menopause / Sudah Menopause)	.212	.065	.686
For cohort status = Karsinoma ovarium	.668	.514	.868
For cohort status = non-karsinoma	3.158	1.207	8.262
N of Valid Cases	87		

Crosstabs

Case Processing Summary

	Valid		Cases Missing		Total	
	N	Percent	N	Percent	N	Percent
menopause * status	87	100.0%	0	0.0%	87	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.455 ^a	1	.006		
Continuity Correction ^b	6.195	1	.013		
Likelihood Ratio	8.163	1	.004		
Fisher's Exact Test				.008	.005
Linear-by-Linear Association	7.369	1	.007		
N of Valid Cases	87				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9,66.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
menopause (Belum Menopause / Sudah Menopause)	4.727	1.457	15.333
For cohort status = Karsinoma ovarium	1.497	1.152	1.946
For cohort status = non-karsinoma	.317	.121	.828
N of Valid Cases	87		



Optimized using
trial version
www.balesio.com

ROC Curve

Notes

Output Created		27-MAY-2024 16:02:41
Comments		
Input	Data	C:\Users\Downloads\data angga.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	87
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics are based on all cases with valid data for all variables in the analysis.
Syntax	ROC PCT BY status (1) /PLOT=CURVE(REFERENCE) /PRINT=SE COORDINATES /CRITERIA=CUTOFF(INCLUDE) TESTPOS(LARGE) DISTRIBUTION(FREE) CI(95) /MISSING=EXCLUDE.	
Resources	Processor Time	00:00:00,44
	Elapsed Time	00:00:00,53

[DataSet1] C:\Users\Downloads\data angga.sav

Case Processing Summary

status	Valid N (listwise)
Positive ^a	59
Negative	28



test result
stronger
tive actual

al state is

Optimized using
trial version
www.balesio.com

Area Under the Curve

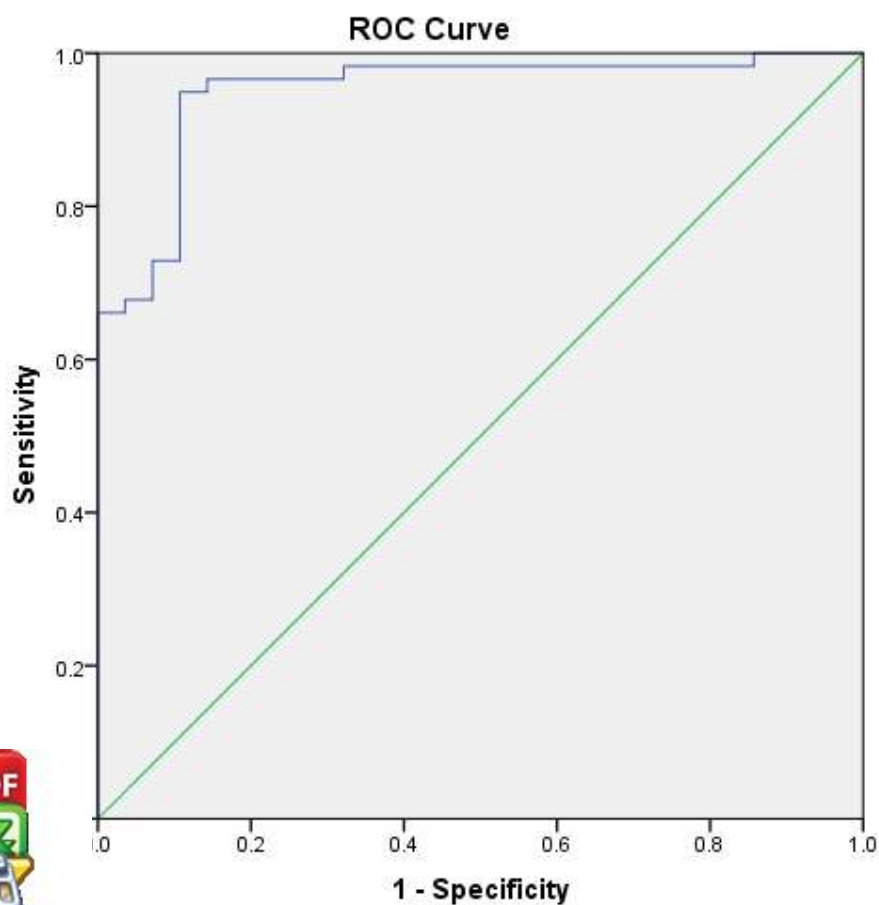
Test Result Variable(s): PCT

Area	Std. Error ^a	Asymptotic Sig. ^b	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
.950	.024	.000	.903	.996

a. Under the nonparametric assumption

b. Null hypothesis: true area = 0.5

	Positive if Greater Than or Equal To ^a	Sensitivity	Spesivity
1	-0,9999	1,000	0,000
2	0,0006	1,000	0,036



3	0,0012	1,000	0,071
4	0,0014	1,000	0,107
5	0,0019	1,000	0,143
6	0,0024	0,983	0,143
7	0,0029	0,983	0,179
8	0,0039	0,983	0,214
9	0,0055	0,983	0,250
10	0,0073	0,983	0,286
11	0,0085	0,983	0,357
12	0,0104	0,983	0,393
13	0,0127	0,983	0,429
14	0,0134	0,983	0,464
15	0,0141	0,983	0,500
16	0,0169	0,983	0,536
17	0,0197	0,983	0,571
18	0,0205	0,983	0,607
19	0,0241	0,983	0,643
20	0,0274	0,983	0,679
21	0,0340	0,966	0,679
22	0,0415	0,966	0,714
23	0,0433	0,966	0,750
24	0,0590	0,966	0,786
25	0,0758	0,966	0,821
26	0,0825	0,966	0,857
27	0,0973	0,949	0,857
28	0,1156	0,949	0,893
29	0,1403	0,932	0,893
30	0,1572	0,915	0,893
31	0,1628	0,898	0,893
32	0,1962	0,881	0,893
33	0,2328	0,864	0,893
34	0,2451	0,847	0,893
35	0,2603	0,831	0,893
	0,88	0,814	0,893
	0,43	0,797	0,893
	0,76	0,780	0,893
	0,52	0,763	0,893
	0,84	0,746	0,893



41	0,5046	0,729	0,893
42	0,5220	0,729	0,929
43	0,5342	0,712	0,929
44	0,5371	0,695	0,929
45	0,5588	0,678	0,929
46	0,5815	0,678	0,964
47	0,5996	0,661	0,964
48	0,6171	0,661	1,000
49	0,6384	0,644	1,000
50	0,6752	0,627	1,000
51	0,6963	0,610	1,000
52	0,7098	0,593	1,000
53	0,7239	0,576	1,000
54	0,7400	0,559	1,000
55	0,7549	0,542	1,000
56	0,7576	0,525	1,000
57	0,7758	0,508	1,000
58	0,8059	0,492	1,000
59	0,8313	0,475	1,000
60	0,8589	0,458	1,000
61	0,8746	0,441	1,000
62	0,8826	0,424	1,000
63	0,9182	0,407	1,000
64	0,9488	0,390	1,000
65	0,9727	0,373	1,000
66	1,0165	0,356	1,000
67	1,0555	0,339	1,000
68	1,0765	0,322	1,000
69	1,0875	0,305	1,000
70	1,1008	0,288	1,000
71	1,1378	0,271	1,000
72	1,1785	0,254	1,000
73	1,2504	0,237	1,000
	63	0,220	1,000
	i04	0,203	1,000
	i06	0,186	1,000
	i03	0,169	1,000
	i11	0,153	1,000



79	1,5064	0,136	1,000
80	1,5440	0,119	1,000
81	1,6334	0,102	1,000
82	1,7297	0,085	1,000
83	1,7723	0,068	1,000
84	1,7884	0,051	1,000
85	1,8198	0,034	1,000
86	1,8955	0,017	1,000
87	2,9539	0,000	1,000

Statistics

Variable	Stagin g	N	Mean	StDev	Minimu m		Media n		Maximu m
						Q1	Q3		
Kadar Prokalsitoni n	IA	6	0,97653	0,65518	0,0022	0,37375	1,0394	1,57525	1,7704
	IC1	5	0,74812	0,40022	0,1577	0,34585	0,8739	1,0875	1,0942
	IC3	7	1,03393	0,64049	0,0874	0,5344	0,9511	1,689	1,7742
	IIB	2	1,29685	0,76388	0,7567	0,7567	1,29685	1,837	1,837
	IIIA2	3	0,83676	0,85685	0,1679	0,1679	0,5398	1,8026	1,8026
	IIIB	6	0,98695	0,46704	0,3425	0,60597	0,9633	1,4302	1,5778
	IIIC	2	0,77644	0,54575	0,0276	0,25462	0,8313	1,26077	1,9539
	IVB	1	0,6902	0,19738	0,2245	0,61145	0,72385	0,81357	0,9464

Statistics

Variable	Gradin g	N	Mean	StDev	Minimu m		Media n		Maximu m
						Q1	Q3		
Kadar Prokalsitoni n	high	3	0,78367	0,47145	0,0276	0,3343	0,7567	1,1377	1,8026
	grade	3	0	0				5	
		2	0,93972	0,57252	0,0022	0,52527	0,8826	1,3661	1,9539



N	Mean	StDev	Minimu m		Media n		Maximu m
			Q1	Q3	Q1	Q3	

Kadar Prokalsitoni n	tidak	3	1,0162	0,54470	0,0022	0,657	1,0165	1,5045	1,9539
	ya	2	0,683	0,43994	0,0276	0,298	0,6566	0,9108	1,8026
		9		5		8		5	

Statistics

Variable	Histologi	N	Mean	StDev	Minimu m	Q1	Media n	Q3	Maximu m
Kadar Prokalsitoni n	clear cell	3	1,18803	0,85103	0,2245	0,2245	1,5026	1,837	1,837
	endometrioid	3	0,7371	0,51422	0,1679	0,1679	0,8753	1,168	1,1681
	germ cell	1	0,1566	*	0,1566	0,1566	0,1566	0,1566	0,1566
	granulosa cell	1	0,8899	*	0,8899	0,8899	0,8899	0,8899	0,8899
	mucinous	2	0,90203	0,60009	0,0022	0,524	0,7427	1,412	1,9539
	serous	2	0,81473	0,42939	0,0276	0,445	0,793	1,100	1,5778
		9	1	2		9		8	

Statistics

Variable	Histopatologi	N	Mean	StDev	Minimu m	Q1	Media n	Q3	Maximu m
Kadar Prokalsitoni n	epitelial	5	0,86398	0,52043	0,0022	0,4983	0,793	1,250	1,9539
	non epitelial	2	0,52325	0,51852	0,1566	0,1566	0,5232	0,889	0,8899
		7	9	8		5		4	
				1			5	9	



LAMPIRAN 7

