LAMPIRAN

Lampiran 1. Etik Penelitian

Komisi Etik Penelitian Kesehatan
Rumah Sakit Umum Daerah Dr. Saiful Anwar
Health Research Ethics Commission
General Hospital Dr. Saiful Anwar
Accredited Paripurna
30 November 2022 s.d. 20 November 2026
Jl. Jaksa Agung Suprapto No.2 Malang 65111. Telp. 0341-362101, Fax. 0341-369384.

KETERANGAN LOLOS KAJI ETIK

ETHICAL APPROVAL

Nomor : 400 / 008 / K.3 / 102.7 / 2024

Komisi Etik Penelitian Kesehatan Rumah Sakit Umum Daerah Dr. Saiful Anwar dalam upaya melindungi hak asasi dan kesejahteraan subyek penelitian kedokteran, telah mengkaji dengan teliti protokol berjudul :

The Ethics Commission of General Hospital Dr. Saiful Anwar, with regards of the Protection of human rights and welfare in medical research, has carefully reviewed the research protocol entitled :

"Faktor Risiko Penyebab Kanker Kolorektal Di Rsud Dr. Saiful Anwar Malang"

Peneliti Utama *Principal Investigator*	:	Arfeminsantya Lutfiah Jasmine
Peneliti Anggota *Co-Investigator(s)*	:	Dr. Nur Rahman, STP., MP., RD Sutomo Rum Teguh Kaswari, SKM.,M.Kes
Nama Institusi *Name of the Institution*	:	Politeknik Kesehatan Malang *Malang Health Polytechnic*

dan telah menyetujui protokol tersebut di atas.
And approved the above-mentioned protocol.

Malang, 15 Januari 2024
Ketua
Chairman

PEMERINTAH PROVINSI JAWA TIMUR
RUMAH SAKIT UMUM DAERAH Dr. SAIFUL ANWAR

dr. Hidayat Sujuti, Sp.M, Ph.D

***Ethical approval berlaku satu tahun dari tanggal persetujuan**
**** Peneliti berkewajiban**
1. Menjaga kerahasiaan identitas subyek penelitian
2. Memberitahukan status penelitian apabila
   a. Setelah masa berlakunya keterangan lolos kaji etik penelitian masih belum selesai dalam hal ini *ethical clearance* harus diperpanjang
   b. Penelitian berhenti di tengah jalan
3. Melaporkan kejadian serius yang tidak diinginkan *(serious adverse events)*
4. Penelitian tidak boleh melakukan tindakan apapun pada subyek sebelum penelitian lolos kaji etik dan *informed consent*

Lampiran 2. Surat Ijin Penelitian

RSUD Dr. SAIFUL ANWAR
BIDANG PENDIDIKAN PENELITIAN DAN PENGEMBANGAN
Jl. Jaksa Agung Suprapto No.2 Malang, Kode Pos. 65111
Telp. (0341) 362101, Ext. 1719
email: bidangdiklitrssa@gmail.com

NOTA DINAS

Kepada	:	Kepala Instalasi Rekam Medik Kepala Instalasi Rawat Jalan Kepala Instalasi Rawat Inap II Kepala Instalasi Gizi
Dari	:	Kepala Bidang Pendidikan Penelitian dan Pengembangan
Tanggal	:	16 Januari 2024
Nomor	:	070/67/1.20/102.7/2024
Sifat	:	Biasa
Perihal	:	**Penghadapan Izin Penelitian untuk Pengambilan Data dari Rekam Medik bagi Mahasiswa Program Studi Sarjana Terapan Gizi dan Dietetika Alih Jenjang Politeknik Kesehatan kemenkes Malang a.n. Arfeminsantya Lutfiah Jasmine**

Menindaklanjuti surat dari Wadir Pendidikan dan Pengembangan Mutu Pelayanan RSUD Dr. Saiful Anwar No. 070/00640/102.7/2024 tanggal 16 Januari 2024 perihal izin penelitian, bersama ini kami hadapkan Peneliti tersebut untuk melaksanakan penelitian di satuan kerja yang Saudara pimpin sesuai dengan judul proposal, atas nama:

No	Nama/NIM	Judul
1.	Arfeminsantya Lutfiah Jasmine NIM: P17111235023	Faktor Risiko Penyebab Kanker Kolorektal di RSUD Dr. Saiful Anwar Malang

Setelah yang bersangkutan selesai melaksanakan penelitian, maka satuan kerja Saudara *wajib* memberikan informasi tertulis kepada kami bahwa yang bersangkutan telah selesai melaksanakan penelitian di satuan kerja yang Saudara pimpin, sebagai dasar kami membuat Surat Keterangan Selesai Penelitian bagi yang bersangkutan.

Demikian atas perhatian dan kerjasama Saudara, diucapkan terima kasih.

Kepala Bidang Pendidikan, Penelitian dan Pengembangan

dr. RATRI ISTIQOMAH, Sp.KJ
Pembina
NIP. 19860516 201101 2 012

Tembusan:
1. Ka. KSM Penyakit Dalam
2. Ka. KSM Bedah
3. Ka. Ur. Klinik Penyakit Dalam
4. Ka. Ur. Klinik Bedah
5. Ka. Ur. Klinik Onkologi
6. Kordik IRJ

Lampiran 3. Jadwal Rancangan Kegiatan

Kegiatan	2023					2024					
	Agt	Sept	Okt	Nov	Des	Jan	Feb	Mar	Apr	Mei	Jun
Pengajuan Judul											
Penyusunan Proposal Skripsi											
Bimbingan Proposal Skripsi											
Studi Pendahuluan											
Seminar Proposal											
Revisi Seminar Proposal											
Pelaksanaan Penelitian											
Pengolahan Dan Analisis Data											
Bimbingan Hasil Penelitian											
Seminar Hasil Penelitian											
Revisi Hasil Penelitian											

Lampiran 4. Rancangan Anggaran Penelitian

No	Uraian	Jumlah	Satuan	Harga Satuan	Total
1.	Studi Pendahuluan	1	Pengajuan	Rp 74.000	Rp 74.000
2.	Kertas A4	3	rim	Rp 50.000	Rp 150.000
3.	Jilid proposal	4	paket	Rp 5.000	Rp 20.000
4.	Izin etik penelitian	1	pengajuan	Rp 374.000	Rp 374.000
5.	Izin penelitian	4	pengajuan	Rp 123.000	Rp 492.000
6.	Data rekamedis responden	30	orang	Rp 7.000	Rp 210.000
7.	Biaya alat tulis	1	pack	Rp 15.000	Rp 15.000
8.	Papan dada	3	buah	Rp 10.000	Rp 30.000
9.	Leaflet	30	buah	Rp 4.000	Rp 120.000
10.	Souvenir	30	buah	Rp 20.000	Rp 600.000
11.	Biaya transportasi	1	bulan	Rp 200.000	Rp 200.000
12.	Cemilan presentasi di rumah sakit	5	orang	Rp 25.000	Rp 150.000
13.	Flashdisk	1	buah	Rp 50.000	Rp 50.000
14.	Jilid skripsi (hard cover)	7	paket	Rp 45.000	Rp 315.000
15.	Biaya lainnya	1		Rp 250.000	Rp 250.000
TOTAL					Rp 2.800.000

Lampiran 5. Master Tabel Responden Penelitian

K	Nama	Usia (Th)	JK	A	Pendidikan	Pekerjaan	BB (Kg)	TB (cm)	Status Gizi	RK	PM	AF	FFQ		
													S	B	MB
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)		
A.1	Tn.I	Lansia	L	I	SMA	Buruh	48	155	Normal	T	Y	Rendah	65	35	225
A.2	Ny. K	Lansia	P	I	SD	IRT	58	152	Gemuk	T	T	Tinggi	75	45	205
A.3	Tn. P	Manula	L	I	TS	Buruh	43	160	Sangat Kurus	T	Y	Tinggi	105	20	155
A.4	Ny. P	Lansia	P	I	SD	Wiraswata	66	155	Obesitas	T	T	Rendah	155	70	235
A.5	Ny. D	Dewasa	P	I	SMA	Wiraswata	53	147	Normal	T	T	Rendah	125	70	195
A.6	Ny. S	Manula	P	I	SMA	IRT	33,7	153	Sangat Kurus	Y	T	Rendah	240	170	220
A.7	Ny. H	Lansia	P	I	SD	Buruh	63	155	Gemuk	T	T	Tinggi	95	100	290
A.8	Ny. T	Lansia	P	I	SD	IRT	56,6	153	Normal	Y	T	Rendah	185	120	200
A.9	Ny. Sr	Lansia	P	I	SMP	IRT	44	160	Kurus	T	T	Rendah	45	30	165
A.10	Ny.Sm	Lansia	P	I	SMA	IRT	48	150	Normal	T	T	Rendah	75	70	240
A.11	Ny. E	Dewasa	P	I	SMP	Buruh	53	157	Normal	T	T	Rendah	60	115	190
A.12	Ny. Sk	Lansia	P	I	SMP	IRT	75	168	Gemuk	T	T	Tinggi	180	125	225
A.13	Ny. Sr	Dewasa	P	I	SD	IRT	48	150	Normal	T	T	Rendah	180	70	200
A.14	Ny. SJ	Dewasa	P	I	SMP	IRT	60	158	Normal	T	T	Rendah	90	60	280
A.15	Tn. I	Dewasa	L	I	SMA	Wiraswata	52	163	Normal	Y	T	Tinggi	75	80	185
A.16	Ny.T	Dewasa	P	I	SMA	IRT	60	150	Gemuk	T	T	Tinggi	245	145	220
A.17	Tn.R	Dewasa	L	I	SMA	Wiraswata	84	168	Obesitas	Y	Y	Tinggi	25	30	205
A.18	Ny.Su	Lansia	P	I	SD	IRT	63	56	Gemuk	T	T	Rendah	145	50	155
A.19	Ny Dh	Lansia	P	I	SD	Wiraswata	55	155	Normal	T	T	Tinggi	85	45	190
A.20	Tn.P	Lansia	L	I	SD	Pegawai	70	157	Obesitas	T	Y	Tinggi	55	55	230
A.21	Ny. IN	Dewasa	P	I	SMP	IRT	41	145	Kurus	T	T	Rendah	55	0	215
A.22	Ny.Ss	Lansia	P	I	SD	IRT	80	156	Obesitas	T	T	Rendah	55	55	240
A.23	Tn.Sa	Lansia	L	I	SD	Buruh	67	170	Normal	T	Y	Tinggi	65	10	215
A.24	Tn.Sw	Lansia	L	I	SD	Buruh	55	177	Kurus	T	T	Tinggi	75	30	210
A.25	Tn.A	Dewasa	L	I	Sarjana	Wiraswata	70	160	Obesitas	T	Y	Rendah	45	85	270
A.26	Ny.Sjh	Lansia	P	I	SMP	Buruh	52	155	Normal	T	T	Tinggi	45	35	180
A.27	Tn. M	Lansia	L	I	SMA	Wiraswata	65	160	Gemuk	T	T	Rendah	175	135	250
A.28	Tn.Su	Lansia	L	I	SD	Buruh	68	160	Gemuk	T	Y	Rendah	90	25	195
A.29	Ny. F	Remaja	P	I	SMA	Buruh	40	149	Kurus	T	T	Rendah	85	45	175
A.30	Tn. M	Dewasa	L	I	SD	Buruh	59	155	Normal	T	Y	Tinggi	100	30	215

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)		
A.31	Ny.M	Manula	P	I	Sarjana	Pensiunan	46,25	162	Kurus	Y	T	Tinggi	175	110	160
A.32	Ny.H	Dewasa	P	I	Sarjana	PNS	77,6	155	Obesitas	T	T	Rendah	195	95	200
A.33	Nn.D	Remaja	P	I	SMA	Pelajar	59,3	157	Normal	T	T	Tinggi	100	80	160
A.34	Ny.F	Lansia	P	I	SMA	IRT	57,95	163	Normal	Y	T	Rendah	190	120	175
A.35	Tn.Su	Lansia	P	I	SMA	Wiraswata	78,8	170	Obesitas	T	Y	Rendah	230	170	195
A.36	Nn.K	Dewasa	P	I	SMA	IRT	76	156	Obesitas	Y	T	Rendah	140	145	125
A.37	Ny.Sr	Lansia	P	I	Sarjana	PNS	66,6	148	Obesitas	Y	T	Rendah	200	130	135
A.38	Tn.Su	Lansia	L	I	SMA	Wiraswata	54,4	167,5	Normal	Y	Y	Rendah	190	95	180
A.39	Nn.R	Remaja	P	I	Sarjana	T Bekerja	46,3	165	Kurus	T	T	Tinggi	130	75	145
A.40	Ny.Ku	Lansia	P	I	SMA	Buruh	62,6	156	Gemuk	T	T	Rendah	160	80	170
A.41	Nn.Rn	Dewasa	P	I	Sarjana	Wiraswata	48	155	Normal	T	T	Rendah	160	125	160
A.42	Ny.SH	Manula	P	I	SMP	Wiraswata	59	150	Gemuk	T	T	Rendah	210	130	230
A.43	Ny.Fe	Lansia	P	I	SMA	IRT	71,9	167	Gemuk	T	T	Rendah	230	90	200
A.44	Ny.Ew	Lansia	P	I	SMA	IRT	45,5	160	Kurus	T	T	Rendah	200	70	220
A.45	Ny.AS	Lansia	P	K	SMP	IRT	70,6	149	Obesitas	T	T	Rendah	195	80	225
A.46	Tn.Mu	Manula	L	I	SMP	Pensiunan	65	172	Normal	Y	T	Tinggi	185	155	255
A.47	Tn.KH	Dewasa	L	I	Sarjana	Wiraswata	64,7	173	Normal	T	Y	Rendah	160	185	195
A.48	Tn. IB	Lansia	L	I	SMA	Wiraswata	99,5	170	Obesitas	Y	T	Rendah	170	180	165
A.49	Ny.Sul	Lansia	P	I	SMA	IRT	55	165	Normal	T	T	Tinggi	200	140	250
A.50	Nn.Nd	Dewasa	P	I	SMA	Pelajar	47	160	Kurus	T	T	Rendah	140	95	165
A.51	Tn.Rp	Remaja	L	I	SMP	Pelajar	46,3	171	Sangat Kurus	T	T	Rendah	165	165	180
A.52	Tn.Wm	Lansia	L	I	SMA	TNI	75,9	182	Normal	T	T	Tinggi	230	205	225
A.53	Tn. Sut	Lansia	L	I	SD	Wiraswata	54	161	Normal	T	T	Tinggi	145	40	135
A.54	Tn.As	Lansia	L	I	Sarjana	Pensiunan	60	163	Normal	T	Y	Tinggi	170	225	165
A.55	Tn.SP	Lansia	L	I	SMA	Wiraswata	90	175	Obesitas	T	Y	Tinggi	190	140	150
A.56	Tn.P	Lansia	L	I	SMA	Wiraswata	53,9	160	Normal	Y	T	Tinggi	170	90	210
A.57	Ny.S	Lansia	P	I	SD	Buruh	51,4	160	Normal	T	T	Rendah	170	145	170
A.58	Ny. Cam	Lansia	P	K	SMA	Wiraswata	55	149	Normal	T	T	Tinggi	180	100	175
A.59	Tn.Mi	Manula	L	I	SD	Buruh	58,7	160	Normal	T	T	Tinggi	205	90	200
A.60	Ny.Y	Dewasa	P	I	SMA	IRT	53,9	157	Normal	T	T	Rendah	85	160	100

Note: K: Kode, JK: Jenis Kelamin, A: Agama, I: Islam, K: Kristen/Katholik, IRT: Ibu Rumah Tangga, RK: Riwayat Keluarga, PM: Perilaku Merokok, AF: Aktivitas Fisik, MB: Makanan berlemak

Lampiran 6. Hasil Output SPSS

Usia * Pasien Kanker Kolorektal

Crosstab

			Pasien Kanker Kolorektal		
			kasus	kontrol	Total
Usia	<45	Count	11	10	21
		Expected Count	10.5	10.5	21.0
		% within Usia	52.4%	47.6%	100.0%
		% within Pasien Kanker Kolorektal	36.7%	33.3%	35.0%
		% of Total	18.3%	16.7%	35.0%
	>45	Count	19	20	39
		Expected Count	19.5	19.5	39.0
		% within Usia	48.7%	51.3%	100.0%
		% within Pasien Kanker Kolorektal	63.3%	66.7%	65.0%
		% of Total	31.7%	33.3%	65.0%
Total		Count	30	30	60
		Expected Count	30.0	30.0	60.0
		% within Usia	50.0%	50.0%	100.0%
		% within Pasien Kanker Kolorektal	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.073[a]	1	.787		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.073	1	.787		
Fisher's Exact Test				1.000	.500
Linear-by-Linear Association	.072	1	.788		
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.50.
b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Contingency Coefficient	.035	.787
N of Valid Cases		60	

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Usia (<45 / >45)	1.158	.400	3.348

For cohort Pasien Kanker Kolorektal = kasus	1.075	.639	1.808
For cohort Pasien Kanker Kolorektal = kontrol	.929	.540	1.598
N of Valid Cases	60		

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	.073	1	.787
Mantel-Haenszel	.000	1	1.000

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			1.158
ln(Estimate)			.147
Standardized Error of ln(Estimate)			.542
Asymptotic Significance (2-sided)			.787
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.400
		Upper Bound	3.348
	ln(Common Odds Ratio)	Lower Bound	-.915
		Upper Bound	1.209

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

Jenis Kelamin * Pasien Kanker Kolorektal

Crosstab

			Pasien Kanker Kolorektal		
			kasus	kontrol	Total
Jenis Kelamin	Laki-Laki	Count	11	11	22
		Expected Count	11.0	11.0	22.0
		% within Jenis Kelamin	50.0%	50.0%	100.0%
		% within Pasien Kanker Kolorektal	36.7%	36.7%	36.7%
		% of Total	18.3%	18.3%	36.7%
	Perempuan	Count	19	19	38
		Expected Count	19.0	19.0	38.0
		% within Jenis Kelamin	50.0%	50.0%	100.0%
		% within Pasien Kanker Kolorektal	63.3%	63.3%	63.3%
		% of Total	31.7%	31.7%	63.3%
Total		Count	30	30	60

	Expected Count	30.0	30.0	60.0
	% within Jenis Kelamin	50.0%	50.0%	100.0%
	% within Pasien Kanker Kolorektal	100.0%	100.0%	100.0%
	% of Total	50.0%	50.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.000[a]	1	1.000		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.000	1	1.000		
Fisher's Exact Test				1.000	.605
Linear-by-Linear Association	.000	1	1.000		
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.00.
b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Contingency Coefficient	.000	1.000
N of Valid Cases		60	

Risk Estimate

	Value	95% Confidence Interval Lower	Upper
Odds Ratio for Jenis Kelamin (Laki-Laki / Perempuan)	1.000	.350	2.858
For cohort Pasien Kanker Kolorektal = kasus	1.000	.592	1.691
For cohort Pasien Kanker Kolorektal = kontrol	1.000	.592	1.691
N of Valid Cases	60		

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	Df	Asymptotic Significance (2-sided)
Cochran's	.000	1	1.000
Mantel-Haenszel	.000	1	1.000

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			1.000
ln(Estimate)			.000
Standardized Error of ln(Estimate)			.536
Asymptotic Significance (2-sided)			1.000
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.350
		Upper Bound	2.858
	ln(Common Odds Ratio)	Lower Bound	-1.050
		Upper Bound	1.050

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

Genetik * Pasien Kanker Kolorektal

Crosstab

			Pasien Kanker Kolorektal		
			kasus	kontrol	Total
Genetik	Ya	Count	4	8	12
		Expected Count	6.0	6.0	12.0
		% within Genetik	33.3%	66.7%	100.0%
		% within Pasien Kanker Kolorektal	13.3%	26.7%	20.0%
		% of Total	6.7%	13.3%	20.0%
	Tidak	Count	26	22	48
		Expected Count	24.0	24.0	48.0
		% within Genetik	54.2%	45.8%	100.0%
		% within Pasien Kanker Kolorektal	86.7%	73.3%	80.0%
		% of Total	43.3%	36.7%	80.0%
Total		Count	30	30	60
		Expected Count	30.0	30.0	60.0
		% within Genetik	50.0%	50.0%	100.0%
		% within Pasien Kanker Kolorektal	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.667[a]	1	.197		
Continuity Correction[b]	.938	1	.333		
Likelihood Ratio	1.693	1	.193		
Fisher's Exact Test				.333	.167
Linear-by-Linear Association	1.639	1	.200		
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.00.
b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Contingency Coefficient	.164	.197
N of Valid Cases		60	

Risk Estimate

	Value	95% Confidence Interval Lower	Upper
Odds Ratio for Genetik (Ya / Tidak)	.423	.112	1.596
For cohort Pasien Kanker Kolorektal = kasus	.615	.265	1.427
For cohort Pasien Kanker Kolorektal = kontrol	1.455	.878	2.409
N of Valid Cases	60		

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	1.667	1	.197
Mantel-Haenszel	.922	1	.337

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			.423
ln(Estimate)			-.860
Standardized Error of ln(Estimate)			.677
Asymptotic Significance (2-sided)			.204
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.112
		Upper Bound	1.596
	ln(Common Odds Ratio)	Lower Bound	-2.188
		Upper Bound	.468

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

Status Gizi * Pasien Kanker Kolorektal

Crosstab

			Pasien Kanker Kolorektal kasus	kontrol	Total
Status Gizi	Baik	Count	12	15	27
		Expected Count	13.5	13.5	27.0
		% within Status Gizi	44.4%	55.6%	100.0%
		% within Pasien Kanker Kolorektal	40.0%	50.0%	45.0%
		% of Total	20.0%	25.0%	45.0%
	Tidak Baik	Count	18	15	33
		Expected Count	16.5	16.5	33.0
		% within Status Gizi	54.5%	45.5%	100.0%

	% within Pasien Kanker Kolorektal	60.0%	50.0%	55.0%
	% of Total	30.0%	25.0%	55.0%
Total	Count	30	30	60
	Expected Count	30.0	30.0	60.0
	% within Status Gizi	50.0%	50.0%	100.0%
	% within Pasien Kanker Kolorektal	100.0%	100.0%	100.0%
	% of Total	50.0%	50.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.606[a]	1	.436		
Continuity Correction[b]	.269	1	.604		
Likelihood Ratio	.607	1	.436		
Fisher's Exact Test				.604	.302
Linear-by-Linear Association	.596	1	.440		
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.50.
b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Contingency Coefficient	.100	.436
N of Valid Cases		60	

Risk Estimate

	Value	95% Confidence Interval Lower	Upper
Odds Ratio for Status Gizi (Baik / Tidak Baik)	.667	.240	1.854
For cohort Pasien Kanker Kolorektal = kasus	.815	.482	1.376
For cohort Pasien Kanker Kolorektal = kontrol	1.222	.739	2.022
N of Valid Cases	60		

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	.606	1	.436
Mantel-Haenszel	.265	1	.607

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			.667
ln(Estimate)			-.405
Standardized Error of ln(Estimate)			.522
Asymptotic Significance (2-sided)			.437
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.240
		Upper Bound	1.854
	ln(Common Odds Ratio)	Lower Bound	-1.428
		Upper Bound	.617

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

Aktivitas Fisik * Pasien Kanker Kolorektal

Crosstab

			Pasien Kanker Kolorektal		
			kasus	kontrol	Total
Aktivitas Fisik	Rendah	Count	17	18	35
		Expected Count	17.5	17.5	35.0
		% within Aktivitas Fisik	48.6%	51.4%	100.0%
		% within Pasien Kanker Kolorektal	56.7%	60.0%	58.3%
		% of Total	28.3%	30.0%	58.3%
	Tinggi	Count	13	12	25
		Expected Count	12.5	12.5	25.0
		% within Aktivitas Fisik	52.0%	48.0%	100.0%
		% within Pasien Kanker Kolorektal	43.3%	40.0%	41.7%
		% of Total	21.7%	20.0%	41.7%
Total		Count	30	30	60
		Expected Count	30.0	30.0	60.0
		% within Aktivitas Fisik	50.0%	50.0%	100.0%
		% within Pasien Kanker Kolorektal	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.069[a]	1	.793		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.069	1	.793		
Fisher's Exact Test				1.000	.500
Linear-by-Linear Association	.067	1	.795		
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 12.50.
b. Computed only for a 2x2 table

Symmetric Measures

	Value	Approximate Significance

Nominal by Nominal	Contingency Coefficient	.034	.793
N of Valid Cases		60	

Risk Estimate

	Value	95% Confidence Interval Lower	Upper
Odds Ratio for Aktivitas Fisik (Rendah / Tinggi)	.872	.312	2.435
For cohort Pasien Kanker Kolorektal = kasus	.934	.562	1.552
For cohort Pasien Kanker Kolorektal = kontrol	1.071	.637	1.802
N of Valid Cases	60		

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	.069	1	.793
Mantel-Haenszel	.000	1	1.000

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			.872
ln(Estimate)			-.137
Standardized Error of ln(Estimate)			.524
Asymptotic Significance (2-sided)			.793
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.312
		Upper Bound	2.435
	ln(Common Odds Ratio)	Lower Bound	-1.164
		Upper Bound	.890

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

Merokok * Pasien Kanker Kolorektal

Crosstab

			Pasien Kanker Kolorektal Kasus	kontrol	Total
Merokok	Ya	Count	8	5	13
		Expected Count	6.5	6.5	13.0
		% within Merokok	61.5%	38.5%	100.0%
		% within Pasien Kanker Kolorektal	26.7%	16.7%	21.7%
		% of Total	13.3%	8.3%	21.7%
	Tidak	Count	22	25	47

	Expected Count	23.5	23.5	47.0
	% within Merokok	46.8%	53.2%	100.0%
	% within Pasien Kanker Kolorektal	73.3%	83.3%	78.3%
	% of Total	36.7%	41.7%	78.3%
Total	Count	30	30	60
	Expected Count	30.0	30.0	60.0
	% within Merokok	50.0%	50.0%	100.0%
	% within Pasien Kanker Kolorektal	100.0%	100.0%	100.0%
	% of Total	50.0%	50.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.884[a]	1	.347		
Continuity Correction[b]	.393	1	.531		
Likelihood Ratio	.890	1	.345		
Fisher's Exact Test				.532	.266
Linear-by-Linear Association	.869	1	.351		
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.50.
b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Contingency Coefficient	.120	.347
N of Valid Cases		60	

Risk Estimate

	Value	95% Confidence Interval Lower	Upper
Odds Ratio for Merokok (Ya / Tidak)	1.818	.518	6.382
For cohort Pasien Kanker Kolorektal = kasus	1.315	.776	2.227
For cohort Pasien Kanker Kolorektal = kontrol	.723	.346	1.513
N of Valid Cases	60		

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	.884	1	.347
Mantel-Haenszel	.386	1	.534

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			1.818
ln(Estimate)			.598
Standardized Error of ln(Estimate)			.641
Asymptotic Significance (2-sided)			.351
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.518
		Upper Bound	6.382
	ln(Common Odds Ratio)	Lower Bound	-.658
		Upper Bound	1.854

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

Konsumsi Alkohol * Pasien Kanker Kolorektal

Crosstab

			Pasien Kanker Kolorektal		
			kasus	kontrol	Total
Konsumsi Alkohol	Ya	Count	5	3	8
		Expected Count	4.0	4.0	8.0
		% within Konsumsi Alkohol	62.5%	37.5%	100.0%
		% within Pasien Kanker Kolorektal	16.7%	10.0%	13.3%
		% of Total	8.3%	5.0%	13.3%
	Tidak	Count	25	27	52
		Expected Count	26.0	26.0	52.0
		% within Konsumsi Alkohol	48.1%	51.9%	100.0%
		% within Pasien Kanker Kolorektal	83.3%	90.0%	86.7%
		% of Total	41.7%	45.0%	86.7%
Total		Count	30	30	60
		Expected Count	30.0	30.0	60.0
		% within Konsumsi Alkohol	50.0%	50.0%	100.0%
		% within Pasien Kanker Kolorektal	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.577[a]	1	.448		
Continuity Correction[b]	.144	1	.704		
Likelihood Ratio	.582	1	.445		
Fisher's Exact Test				.706	.353

Linear-by-Linear Association	.567	1	.451
N of Valid Cases	60		

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 4.00.
b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Contingency Coefficient	.098	.448
N of Valid Cases		60	

Risk Estimate

		95% Confidence Interval	
	Value	Lower	Upper
Odds Ratio for Konsumsi Alkohol (Ya / Tidak)	1.800	.389	8.323
For cohort Pasien Kanker Kolorektal = kasus	1.300	.709	2.384
For cohort Pasien Kanker Kolorektal = kontrol	.722	.284	1.834
N of Valid Cases	60		

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	.577	1	.448
Mantel-Haenszel	.142	1	.706

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			1.800
ln(Estimate)			.588
Standardized Error of ln(Estimate)			.781
Asymptotic Significance (2-sided)			.452
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.389
		Upper Bound	8.323
	ln(Common Odds Ratio)	Lower Bound	-.943
		Upper Bound	2.119

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

Kebiasaan konsumsi Sayur * Pasien Kanker Kolorektal

Crosstab

	Pasien Kanker Kolorektal		
	kasus	kontrol	Total

Kebiasaan konsumsi Sayur	Sering	Count	14	23	37
		Expected Count	18.5	18.5	37.0
		% within Kebiasaan konsumsi Sayur	37.8%	62.2%	100.0%
		% within Pasien Kanker Kolorektal	46.7%	76.7%	61.7%
		% of Total	23.3%	38.3%	61.7%
	Jarang	Count	16	7	23
		Expected Count	11.5	11.5	23.0
		% within Kebiasaan konsumsi Sayur	69.6%	30.4%	100.0%
		% within Pasien Kanker Kolorektal	53.3%	23.3%	38.3%
		% of Total	26.7%	11.7%	38.3%
Total		Count	30	30	60
		Expected Count	30.0	30.0	60.0
		% within Kebiasaan konsumsi Sayur	50.0%	50.0%	100.0%
		% within Pasien Kanker Kolorektal	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.711[a]	1	.017		
Continuity Correction[b]	4.512	1	.034		
Likelihood Ratio	5.829	1	.016		
Fisher's Exact Test				.033	.016
Linear-by-Linear Association	5.616	1	.018		
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.50.
b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Contingency Coefficient	.295	.017
N of Valid Cases		60	

Risk Estimate

	Value	95% Confidence Interval Lower	95% Confidence Interval Upper
Odds Ratio for Kebiasaan konsumsi Sayur (Sering / Jarang)	.266	.088	.807
For cohort Pasien Kanker Kolorektal = kasus	.544	.332	.891
For cohort Pasien Kanker Kolorektal = kontrol	2.042	1.048	3.980
N of Valid Cases	60		

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	5.711	1	.017
Mantel-Haenszel	4.437	1	.035

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			.266
ln(Estimate)			-1.323
Standardized Error of ln(Estimate)			.566
Asymptotic Significance (2-sided)			.019
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.088
		Upper Bound	.807
	ln(Common Odds Ratio)	Lower Bound	-2.432
		Upper Bound	-.214

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

Kebiasaan Konsumsi Buah * Pasien Kanker Kolorektal

Crosstab

			Pasien Kanker Kolorektal		
			kasus	kontrol	Total
Kebiasaan Konsumsi Buah	Sering	Count	7	20	27
		Expected Count	13.5	13.5	27.0
		% within Kebiasaan Konsumsi Buah	25.9%	74.1%	100.0%
		% within Pasien Kanker Kolorektal	23.3%	66.7%	45.0%
		% of Total	11.7%	33.3%	45.0%
	Jarang	Count	23	10	33
		Expected Count	16.5	16.5	33.0
		% within Kebiasaan Konsumsi Buah	69.7%	30.3%	100.0%
		% within Pasien Kanker Kolorektal	76.7%	33.3%	55.0%
		% of Total	38.3%	16.7%	55.0%
Total		Count	30	30	60
		Expected Count	30.0	30.0	60.0

	% within Kebiasaan Konsumsi Buah	50.0%	50.0%	100.0%
	% within Pasien Kanker Kolorektal	100.0%	100.0%	100.0%
	% of Total	50.0%	50.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11.380[a]	1	.001		
Continuity Correction[b]	9.697	1	.002		
Likelihood Ratio	11.789	1	.001		
Fisher's Exact Test				.002	.001
Linear-by-Linear Association	11.191	1	.001		
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.50.
b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Contingency Coefficient	.399	.001
N of Valid Cases		60	

Risk Estimate

	Value	95% Confidence Interval Lower	Upper
Odds Ratio for Kebiasaan Konsumsi Buah (Sering / Jarang)	.152	.049	.474
For cohort Pasien Kanker Kolorektal = kasus	.372	.189	.731
For cohort Pasien Kanker Kolorektal = kontrol	2.444	1.391	4.294
N of Valid Cases	60		

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	11.380	1	.001
Mantel-Haenszel	9.535	1	.002

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate	.152

ln(Estimate)			-1.883
Standardized Error of ln(Estimate)			.580
Asymptotic Significance (2-sided)			.001
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.049
		Upper Bound	.474
	ln(Common Odds Ratio)	Lower Bound	-3.019
		Upper Bound	-.746

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

Kebiasaan Konsumsi Makanan Berlemak * Pasien Kanker Kolorektal

Crosstab

			Pasien Kanker Kolorektal		
			kasus	kontrol	Total
Kebiasaan Konsumsi Makanan Berlemak	Sering	Count	26	16	42
		Expected Count	21.0	21.0	42.0
		% within Kebiasaan Konsumsi Makanan Berlemak	61.9%	38.1%	100.0%
		% within Pasien Kanker Kolorektal	86.7%	53.3%	70.0%
		% of Total	43.3%	26.7%	70.0%
	Jarang	Count	4	14	18
		Expected Count	9.0	9.0	18.0
		% within Kebiasaan Konsumsi Makanan Berlemak	22.2%	77.8%	100.0%
		% within Pasien Kanker Kolorektal	13.3%	46.7%	30.0%
		% of Total	6.7%	23.3%	30.0%
Total		Count	30	30	60
		Expected Count	30.0	30.0	60.0
		% within Kebiasaan Konsumsi Makanan Berlemak	50.0%	50.0%	100.0%
		% within Pasien Kanker Kolorektal	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.937[a]	1	.005		
Continuity Correction[b]	6.429	1	.011		
Likelihood Ratio	8.288	1	.004		
Fisher's Exact Test				.010	.005

Linear-by-Linear Association	7.804	1	.005
N of Valid Cases	60		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.00.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Contingency Coefficient	.342	.005
N of Valid Cases		60	

Risk Estimate

		95% Confidence Interval	
	Value	Lower	Upper
Odds Ratio for Kebiasaan Konsumsi Makanan Berlemak (Sering / Jarang)	5.688	1.591	20.330
For cohort Pasien Kanker Kolorektal = kasus	2.786	1.137	6.826
For cohort Pasien Kanker Kolorektal = kontrol	.490	.310	.774
N of Valid Cases	60		

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	7.937	1	.005
Mantel-Haenszel	6.321	1	.012

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			5.688
ln(Estimate)			1.738
Standardized Error of ln(Estimate)			.650
Asymptotic Significance (2-sided)			.007
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	1.591
		Upper Bound	20.330
	ln(Common Odds Ratio)	Lower Bound	.464
		Upper Bound	3.012

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

Lampiran 7. Dokumentasi Kegiatan