C-5

LEMBAR
HASIL PENILAIAN SEJAWAT SEBIDANG ATAU *PEER REVIEW*
KARYA ILMIAH : JURNAL ILMIAH

Judul Karya Ilmiah (Artikel) : The Relationship between Tumor-infiltrating Lymphocytes (TILs) and
Nasopharyngeal Carcinoma (NPC): A Systematic Review

Penulis : 3 Orang
Status Pengusul : **Awal Prasetyo**, Jethro Budiman, Udadi Sadhana
Identitas Jurnal Ilmiah :
   a. Nama Jurnal : Iranian Journal of Otorhinolaryngology
   b. Nomor ISSN : p. 2251-7251, online 2251-726X
   c. Vol, Nomor, halaman : 33(117): 191–200.
   d. Edisi : July 2021
   e. Penerbit : Mashhad University of Medical Sciences
   f. Jumlah halaman : 10
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   i. Terindeks di : Q3, SJR 0.25
   j. On line turnitin :
     https://doc-pak.undip.ac.id/9473/3/TURNITIN_The_Relationship_between_Tumor-infiltrating_Lymphocytes_%28TILs%29.pdf

Kategori Publikasi Jurnal Ilmiah : [ ] **Jurnal Ilmiah** Internasional / **Internasional Bereputasi** **
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c) Kecukupan dan kemutahiran data/informasi dan metodologi: Merupakan penelitian systematic review yang dilaksanakan dengan kaidah metode yang terstandar dengan baik
d) Kelengkapan unsur dan kualitas terbitan/ jurnal: JIB, terindex Scopus Q3, SJR: 0,25

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Unit ilmu : Ilmu Kedokteran
Jabatan pangkat : Guru Besar

LEMBAR
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Hasil Penilaian *Peer Review* :

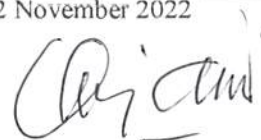| Komponen Yang Dinilai	Nilai Maksimal Jurnal Ilmiah			Nilai Akhir Yang Diperoleh
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b. Ruang lingkup dan kedalaman pembahasan : lingkup bahasan sesuai bidang ilmu pengusul, bidang biomedik dan THT. Pembahasan luas dan dalam karena literatue review ini perlu dilakukan untuk menganalisis hubungan tumor infiltrating lymphocyte dengan kanker nasofaring, dengan mensitasi penelitian-penelitian terdahulu

c. Kecukupan dan kemutahiran data/informasi dan metodologi: sistematik review dengan kritreria yg jelas dan metode terstandar (guideline PRISMA), analisis juga terstandar

d. Kelengkapan unsur dan kualitas terbitan/ jurnal: Iranian Journal of Otorhinolaryngology, merupakan jurnal Internasional terindeks Scopus (Q3), SJR 0,25; penerbit : Mashhad University of Medical Sciences

Semarang, 22 November 2022
Reviewer 2

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Systematic Review

Original

Management of Ectopic Thyroid in Head and Neck: Study of 8 Cases

Pages 223-228

Kanhaiyalal Agrawal; P Sai Sradha Patro; Pradeep Pradhan; Pradipta Kumar Parida

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View Article   PDF 631.51 K

Efficacy of Computed Tomography and Ultrasonography in Diagnosis of Metastatic Cervical Lymph Nodes in Orofacial Cancer

*Uche-Albert Okeke[1], Sunday-Olusegun Ajike [1], Birch-Dauda Saheeb[2], Joseph-Bako Igashi[3]

Abstract

Introduction:

There is no consensus on which imaging modality is better for the detection of metastatic cervical lymph nodes in orofacial malignancies. This study evaluates the efficacy of computed tomography (CT) and ultrasonography (US) in diagnosis of metastatic cervical lymph nodes in orofacial cancer.

Materials and Methods:

Sixty patients with various histologically diagnosed orofacial malignant lesions and clinical evidence of cervical lymph node metastasis were examined using US and CT. Further, the affected lymph nodes were biopsied and examined histologically. The sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and accuracy of the techniques were calculated. The data was analyzed using Statistical Package for Social Sciences (SPSS) version 19 (SPSS Inc., Chicago, IL, USA) and Microsoft Excel 2010 (Microsoft, Redmond, WA, USA). Test of statistical significance was set at 0.05.

Results:

US recorded a sensitivity, specificity, PPV, NPV, and accuracy of 80.0%, 57.1%, 77.5%, 60.0%, and 71.7%, respectively ($P = 0.004$), while CT recorded a sensitivity, specificity, PPV, NPV, and accuracy of 87.1%, 71.4%, 85.0%, 75.0%, and 81.7%, respectively ($P < 0.0001$). Lymph node size was the commonest criterion in the diagnoses of metastases in cases with cervical lymph nodes.

Conclusion:

Although we obtained great results using US, our results indicated CT to be a better imaging modality for detecting metastatic cervical lymph nodes in orofacial malignancies.

Keywords:

Computed tomography, Lymph node, Metastases, Orofacial, Sensitivity, Specificity, Ultrasonography.

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The Efficacy of Bethesda System for Prediction of Thyroid Malignancies- A 9 Year Experience from a Tertiary Center

Hamdan Ahmed Pasha[1], Ainulakbar Mughal[2], *Muhammad Wasif[2],
Rahim Dhanani[2], Syed Arish Haider[3], Sayed Akbar Abbas[2]

Abstract

Introduction:
The best initial investigation for thyroid nodule is fine needle aspiration (FNA). Bethesda System is an international standardized system of reporting thyroid nodules and recommends subsequent management. Every institution should assess the risk of malignancy in each category to avoid unnecessary thyroid surgeries, with this aim we conducted a review at our center to calculate risk of malignancy in each category.

Materials and Methods:
Retrospective 9-year (2009–2018) review of thyroid FNAs done at a tertiary care Centre. The FNA was stratified according to The Bethesda System. Histopathology reports of the operated cases were used to evaluate the cytology for diagnostic accuracy.

Results:
There were 495 patients who underwent thyroidectomy. The mean age of the cohort was 42.51 +/- 13.2 years and 387 (78.2%) were females. The frequency of Bethesda categories I, II, III, IV, V, and VI were 9.1%, 55.6%, 16.4%, 6.5%, 9.3%, and 3.2% respectively. Malignancy rate in operated thyroid nodules were 37.8%, 8.4%, 33.3%, 50.0%, 89.1%, and 100% for Bethesda categories I to VI, respectively. The sensitivity, specificity, negative predictive value and positive predictive value and their 95% CIs were calculated as 81.30 (73.28 – 87.76%), 77.06 (72.12 – 81.51%), 91.64 (88.3 – 94.1%) and 57.14 (51.79 – 62.33%). The overall diagnostic accuracy was 78.22 (74.12 – 81.95%).

Conclusions:
All the Bethesda categories showed greater malignancy risks than other reported studies. Knowledge of local rates of malignancy is important to accurately predict the risk of malignancy even when reported with internationally accepted nomenclature like the Bethesda System.

Keywords:
Bethesda, Fine needle aspiration, Malignancy risk, Thyroid nodule.

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