


Description of resilience in patients Cancer at Haji Adam Malik hospital Medan in 2022

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Article Info	ABSTRACT
Keywords: Resilience, Cancer	Cancer is defined as the abnormal growth of cells caused by several changes in gene expression that cause dysregulation of cell proliferation and cell death. The type of research design used is descriptive with a purposive sampling method and the instrument used in this research is a resilience questionnaire. Result: 47 respondents (85.5%) were female and 8 respondents (14.5%) were male, Early elderly (46-55) were 28 respondents (50.9%) and late teenagers 17-25 were 2 respondents (3.6%), married status was 49 respondents (89.1%) and unmarried was 1 respondent (1.8%), housewives work as many as 21 respondents (38.2%) and civil servants as many as 2 respondents (3.6%), slam was 25 respondents (45.5%) and Catholicism was 8 respondents (14.5%), the Javanese were 22 respondents (40%) and the Padang tribe was 1 respondent (1.85), diagnosis of mammary cancer was 43 respondents (78.2%) and melanoma was 3 respondents (5.5%), the duration of cancer > 6 months was 42 respondents (76.4%) and 13 respondents (23.6%), 13 respondents (23.6%) had very high resilience and 4 respondents (7.3%) had very low resilience. Conclusion: It is hoped that cancer sufferers will become more aware of their ability to increase resilience, especially for patients who have low resilience.
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INTRODUCTION

Health is important for everyone in carrying out activities to meet their needs. To be able to carry out various daily activities, everyone wants a healthy physical condition. Diseases that are often encountered and tend to cause death, such as cancer. In general, cancer is defined as abnormal growth of cells caused by several changes in gene expression that cause dysregulation of cell proliferation and cell death. This will develop into a population of cells that can attack tissue and spread or metastasize to distant places. If cancer cannot be treated, it will result in death (Saputri & Valentina, 2018).

The exact cause of cancer cannot be revealed, according to the Indonesian Ministry of Health, cancer can be caused by genetic factors, carcinogens and lifestyle. These factors can cause genetic changes. Genetic changes occur when the DNA structure changes due to cell changes. These cell changes can be caused by exposure to UV rays, X rays and chemicals. This DNA can bind these factors and their structure changes. The occurrence of

these changes can be detrimental to cell division, on the contrary beneficial for treatment (Wulandari et al., 2018).

The World Health Organization (WHO) recorded around 18.1 million new cancer cases and 9.6 million cancer deaths occurring in 2018 (Masyita & Rumi, 2021). In Southeast Asia, Indonesia is in 8th place for cancer (136.2/100,000 population), and in Asia it is in 23rd place. In Indonesia, lung cancer is the highest for men, namely 19.4 per 100,000 population with The average death rate is 10.9 per 100,000 population, followed by liver cancer 12.4 per 100,000 population with an average death rate of 7.6 per 100,000 population. Meanwhile, breast cancer is the highest for women, namely 42.1 per 100,000 population with an average death of 17 per 100,000 population, followed by cervical cancer at 23.4 per 100,000 population with an average death of 13.9 per 100,000 population. (Nita & Indrayani, 2020).

Based on Riskesdes data, in Indonesia the prevalence of tumors/cancer has increased from 1.4 per 1000 population in 2013 to 1.79 per 1000 population in 2018. The highest cancer prevalence is in DI Yogyakarta province 4.86 per 1000 population , followed by West Sumatra 2.47 per 1000 population and Gorontalo 2.44 per 1000 population (Nita & Novi Indrayani, 2020). The prevalence of cancer in 2011 in North Sumatra averaged 220 cases of different types of cancer, breast cancer cases reached 150. In 2015 there was an increase from 220 cases to 450 existing cancer cases (Purnama & Joharsah, 2021).

Based on data from the medical records of Haji Adam Malik Hospital Medan in 2021, it shows that the number of cancer patients was 1,123. The number of breast cancer patients has increased from 187 in 2020 to 216 in 2021, followed by lung cancer from 2020 from 113 to 125 in 2021, cervical cancer 112 in 2020 and in 2021 there are 106 patients and the number of cancer patients in in November 2021 there were 127 patients. He second cause of death in the world is cancer, with an estimated 9.6 million deaths in 2018. In general, about 1 in 6 people die from cancer. And around 1/3 of cancer deaths are caused by unhealthy lifestyles such as high BMI, low fruit and vegetable intake, lack of activity, smoking and consuming alcohol (Balatif & Lubis, 2021).

Cancer patients whose diagnosis is confirmed can increase anxiety, which can be seen from the high levels of anxiety and depression in cancer patients. The public believes that it is expected that cancer patients who have been diagnosed with cancer will die soon, a painful death and a death with disability. Cancer is seen as a huge life crisis. Common reactions that can arise due to cancer include shock, sadness, fear, anxiety, feelings of grief, and withdrawal. A cancer diagnosis not only affects the individual but, affects the entire family and may lead to increased stress and tension (Saputri & Valentina, 2018).

Cancer patients often isolate themselves, and people may not even know about their current situation. Cancer sufferers feel that they are a burden on their families and that no one can accept and understand them, so cancer sufferers tend to isolate themselves from the wider world, this is what makes cancer sufferers tend to withdraw from their social environment (Lestari et al., 2020).

Individuals' abilities differ in coping with cancer and dealing with the emotional burden that accompanies it. The ability an individual has to overcome a problem is called

resilience. Resilience is the ability to bounce back from unpleasant experiences or success experienced in overcoming life's difficulties. This experience can give individuals the strength to face unpleasant experiences in the future (Saputri & Valentina, 2018).

Individuals who are able to overcome the difficulties and trauma they face are individuals who have high resilience. Meanwhile, individuals who tend to perceive problems as a burden in their lives are individuals who have low resilience. Problems that are seen as a burden will make it easier for them to feel threatened and quickly feel frustrated (Merlitha & Oktaviana, 2018). The characteristics of individuals who have resilience are, (a) they have a brighter personality, so they can create better relationships with their family and environment, (b) individuals who have resilience also have the ability to recover from pressure, stress and depression. (Pragholapati & Munawaroh, 2020).

To form resilience in cancer patients, factors that support the formation of resilience are needed, namely spirituality, family support and the surrounding environment. Cancer sufferers really need more support and attention and spiritual care for cancer sufferers because they greatly influence the process of forming resilience (Shally,& Prasetyaningrum, 2017).

He results of previous research explained that of the 75 respondents who were cancer patients, there were 10 respondents (13%) who had less resilience because the majority of respondents had been ill for less than 1 year so that these patients were unable to remain calm when facing their illness. Meanwhile, 58 respondents (77.4%) had sufficient resilience, meaning that the respondents were able to overcome and deal fairly well with the illness they were suffering from. And 7 respondents (9.3%) had good resilience, where respondents were able to properly control their feelings and behavior in carrying out daily life (Sugeng et al., 2016).

METHOD

The type of research used in this research is descriptive, which aims to describe (explain) important events that occur today. The research was conducted at Haji Adam Malik General Hospital Medan in 2022. The research was carried out on 10-20 May 2022. The population of this study were cancer outpatients in November 2021. The sampling technique in this study was non-probability sampling using a purposive sampling method sample sampling by selecting samples from among the population according to what the researcher wants (goals/problems in the research), so that the sample can represent the characteristics of the population. The research sample was 55 cancer patients at RSUP Haji Adam Malik Medan.

RESULTS AND DISCUSSION

Respondent Characteristics

The characteristics of respondents in this study are described based on gender, age, status, occupation, religion, ethnicity, cancer diagnosis, length of stay of cancer, explained as follows:

Table 1. Frequency Distribution and Percentage of Respondents Based on Demographic Data at Haji Adam Malik Hospital Medan in 2022

CHARACTERISTICS	<i>F</i>	%
Gender		
Man	8	14,5
Women	47	85,5
Total	55	100
Age		
Late teens 17-25	2	3,6
Early adulthood 26-35	5	9,1
Late adulthood 30-45	11	20
Early seniors 46-55	28	50,9
Late seniors 56-65	9	16,4
Total	55	100
Status		
Marry	49	89,1
Not married yet	1	1,8
Widow	5	9,1
Widower	0	0
Total	55	100
Work		
Housewife	21	38,2
Farmer	14	25,5
Teacher	4	7,3
Self-employed	3	5,5
Civil servants	2	3,6
Doesn't work	11	20,0
Total	55	100
Religion		
Islam	25	45,5
Christian Protestant	22	40,0
Catholic	8	14,5
Total	55	100
Ethnic group		
Jawa	22	40,0
Karo	7	12,7
Batak	20	36,4
Pak-pak	2	3,6
Padang	1	1,8
Mandailing	3	5,5
Total	55	100

Cancer Diagnosis		
Ca. mammae	43	78,2
SCC. Lidah	5	9,1
Tyroid	4	7,3
Melanoma	3	5,5
Total	55	100
Long Live Cancer		
< 6 Months	13	23,6
> 6 Months	42	76,4
Total	55	100

Based on table 1, data obtained from 55 respondents at the Haji Adam Malik Hospital in Medan, the majority were female, 47 respondents (85.5%) and the minority were male, 8 respondents (14.5%). The majority of respondents were early seniors (46-55) as many as 28 respondents (50.9%) and the minority late teenagers 17-25 as many as 2 respondents (3.6%), data based on the status of the majority as married as many as 49 respondents (89.1%) and unmarried minorities as many as 1 respondent (1.8%), data based on the occupation of the majority of housewives as many as 21 respondents (38.2%) and minority civil servants as many as 2 respondents (3.6%), data based on the majority religion of Islam as many as 25 respondents (45.5%) and the Catholic minority as many as 8 respondents (14.5%), data based on the majority Javanese ethnic group as many as 22 respondents (40%) and the Padang ethnic minority as many as 1 respondent (1.85), data based on diagnosis The majority of mammary cancers were 43 respondents (78.2%) and the minority melanoma was 3 respondents (5.5%), data based on the length of time they had been living with the majority > 6 months as many as 42 respondents (76.4%) and the minority < 6 years as many as 13 respondents (23.6%).

Table 2. Frequency Distribution and Percentage of Resilience in Cancer Patients at Haji Adam Malik Hospital Medan in 2022.

Resilience	<i>f</i>	%
Very high	13	23,6
Tall	17	30,9
Currently	11	20,0
Low	10	18,2
Very low	4	7,3
Total	55	100

Based on table 2. shows the resilience of cancer patients at Haji Adam Malik General Hospital, Medan In 2022, the majority had high resilience, 17 respondents (30.9%) and the minority had very low resilience, 4 respondents (7.3%)

Discussion

Description of resilience in cancer patients at Haji Adam Malik Hospital Medan in 2022.

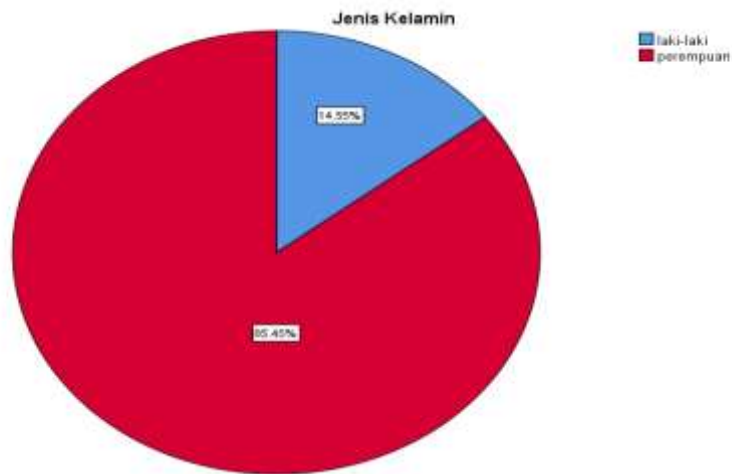


Diagram 1. Distribution of Respondents Based on Gender of Cancer Patients at Haji Adam Malik Hospital Medan in 2022.

Based on diagram 1, research results for demographic data based on gender, the majority of respondents were women, 47 respondents (85.5%). Researchers assume that women are more susceptible to cancer because of unhealthy lifestyles such as consuming fatty foods, excessive estrogen and progesterone hormones in the body.

This research is supported by research by Rohmah et al., (2020) showing in his research that 31 respondents were female, which in his research stated that several factors are thought to cause women to be more susceptible to cancer, namely an unhealthy lifestyle, consumption of fatty foods and the hormone estrogen. and excessive progesterone in the body can trigger cancer.

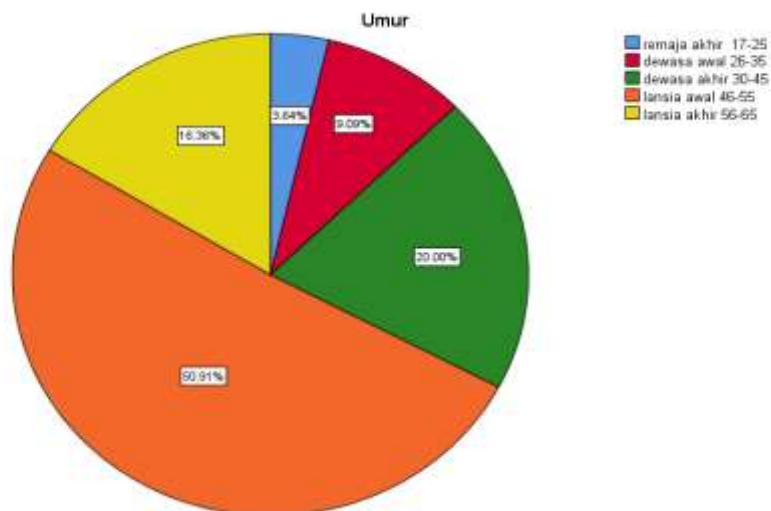


Diagram 2. Distribution of Respondents Based on Age of Cancer Patients at Haji Adam Malik Hospital Medan in 2022.

Based on diagram 2, the research results for demographic data based on the age of the respondents, the majority of the respondents were early 46-55, with 28 respondents

(50.9%). Researchers assume that the higher the age at which one eats, the easier it is to get cancer, where in old age the body's immune system decreases so that the patient is susceptible to disease. and is also influenced by the patient's lifestyle before getting cancer. An unhealthy lifestyle can be due to unhealthy eating patterns, stress due to work load, plus men who smoke and women who are exposed to cigarette smoke can cause cancer and can only be detected in old age. This research is in line with Arciniegas at al (2021) that the majority of respondents were aged 40-45 years (43.6%). Age is one of the factors that causes breast cancer. As a woman gets older, the chance of getting breast cancer increases. The most common age for breast cancer is found in women over 40 years.

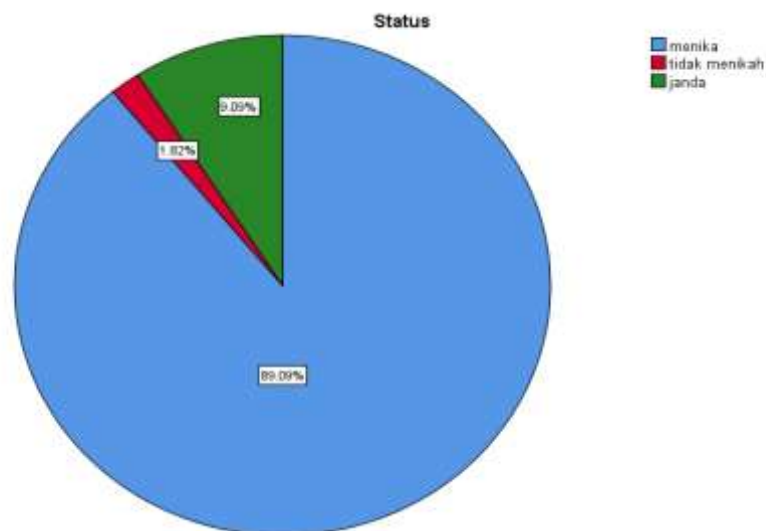


Diagram 3. Distribution of Respondents Based on Cancer Patient Status at Haji Adam Malik Hospital Medan in 2022

Based on diagram 3, the research results for demographic data based on the status of the majority of respondents were married, 49 respondents (89.1%). Researchers assume that status can influence the occurrence of cancer, where when you are married, your responsibilities become greater, for example, housewives are busy taking care of the house, so they get very little information about cancer, and when they are married, they don't have children over 30 years old, they are at risk of developing breast cancer.

This research is supported by research by Arciniegas at al (2021) which states that access to information and the level of awareness of respondents to obtain sources of information about breast cancer regarding prevention, lifestyle and factors that cause breast cancer are very small, because they are busy with work. Be a housewife in taking care of the work at home. This is why respondents do not pay attention to the prevention and early detection of breast cancer. One of the factors that can trigger the occurrence of breast cancer is the lack of sources of information and lack of attention to health related to breast cancer.



Diagram 4. Distribution of Respondents Based on Occupation of Cancer Patients at Haji Adam Malik Hospital Medan in 2022

Based on diagram 4, research results for demographic data based on occupation, the majority of respondents work as housewives, 21 respondents (38.2%). Researchers assume that work can influence the occurrence of cancer where housewives are busy taking care of their children, husband and work at home so that they get less information about cancer, unhealthy lifestyles, eating foods high in fat, and lack of exercise and going out. go to health services to find out their health status.

This research is supported by research by Arciniegas at al (2021) which states that access to information and the level of awareness of respondents to obtain sources of information related to breast cancer regarding prevention, lifestyle and factors that cause breast cancer are very small, because they are busy with the job of being a housewife to take care of the work at home. Of course, this causes respondents not to pay attention to the prevention and early detection of breast cancer. One of the trigger factors for breast cancer is the lack of information sources and lack of attention to health regarding breast cancer.

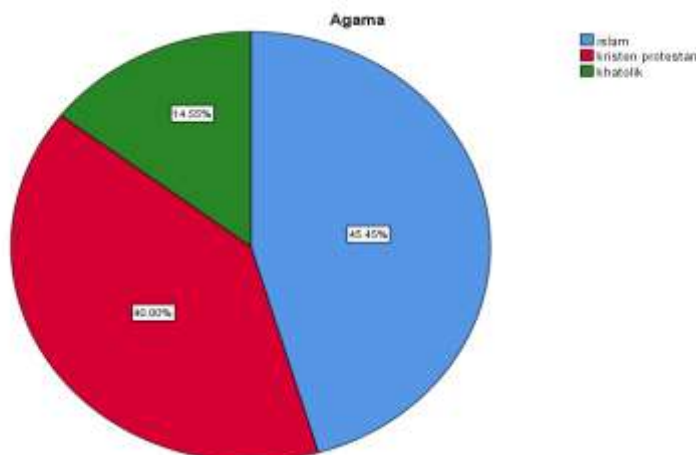


Diagram 5. Distribution of Respondents Based on Religion of Cancer Patients at Haji Adam Malik Hospital Medan in 2022

Based on diagram 5, research results for demographic data based on religion, the majority of respondents are Muslim, 25 respondents (40%). Researchers assume that spirituality can influence a person's abilities, where the more confident a person is in healing, the faster a person will adapt. The researcher's assumption is supported by Missasi & Izzati, (2019) stating that spirituality is one of the factors that can increase resilience in individuals. Spiritual is an internal drive that determines resilience in individuals. Previous research by Siddiqi (2018) who conducted research on 146 teenagers aged 15-18 years, the results showed that those who lacked spirituality were slower to recover from the problems they faced.

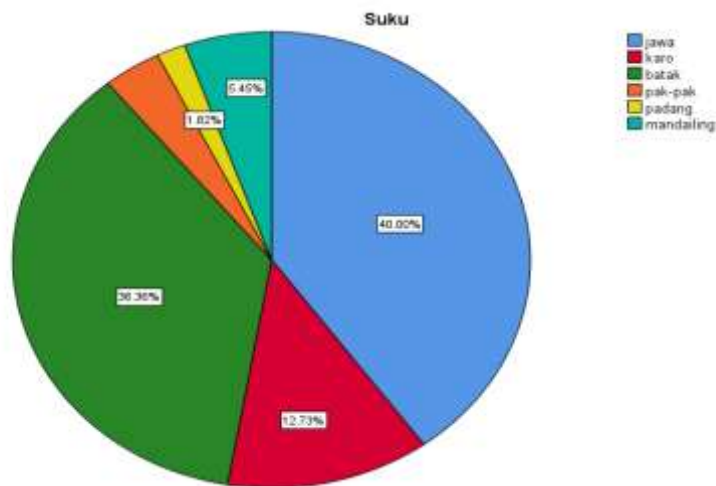


Diagram 6. Distribution of Respondents Based on Tribe of Cancer Patients at Haji Adam Malik Hospital Medan in 2022

Based on diagram 6, research results for demographic data based on the ethnic group of the majority of respondents are Javanese, 22 respondents (40%), researchers assume that one of the factors that can influence the occurrence of cancer is the Javanese tribe where unhealthy eating patterns such as fatty foods. This research is in contrast to the research of Annisa, H.S., Huda, N., (2019) which states that in their research the largest ethnic group of respondents was the Minang tribe with 19 people (63.3%). The Minang tribe is more likely to get cancer due to unhealthy eating patterns such as coconut milk, curry, rendang and satay.

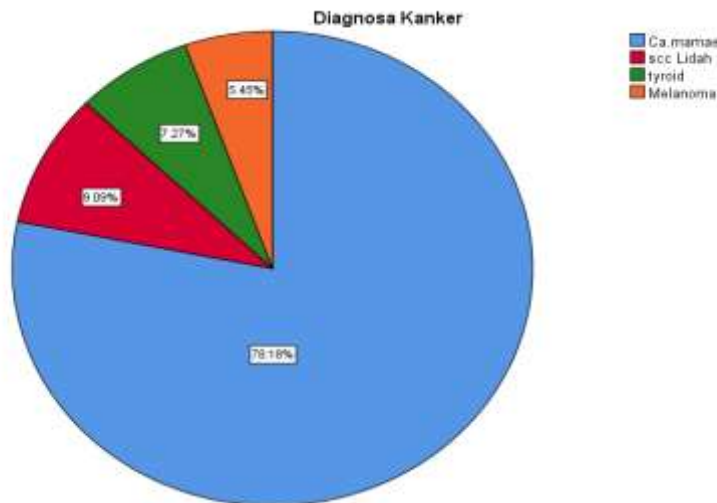


Diagram 7. Distribution of Respondents Based on Cancer Diagnosis of Cancer Patients at Haji Adam Malik Hospital Medan in 2022

Based on diagram 7, research results for demographic data based on cancer diagnoses for the majority of ca.mammae were 43 respondents (78.2%). Researchers assume that the majority of breast cancer can be caused by unhealthy lifestyles such as consuming fatty foods or exposure to carcinogenic substances. Breast cancer can occur in married people who use hormonal contraception and can also be caused by age factors, where in old age the body's immune system decreases, so the older a person is, the greater the risk of developing breast cancer.

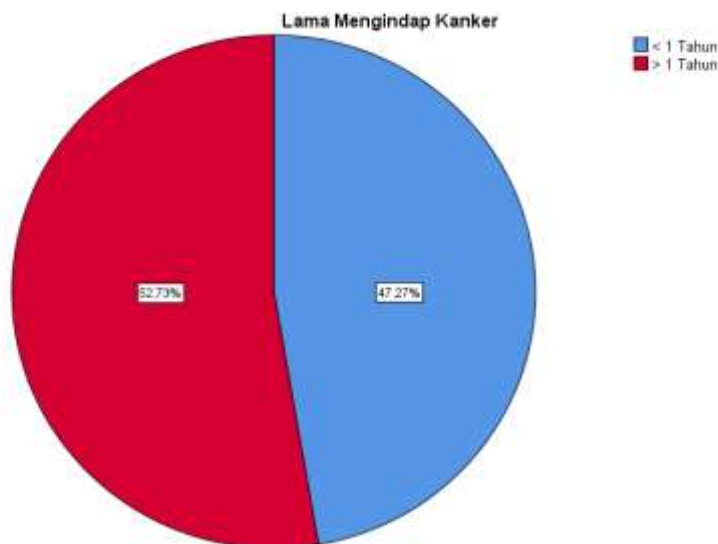


Diagram 8. Distribution of Respondents Based on Length of Cancer Hospital fo Cancer Patients at Haji Adam Malik General Hospital Medan in 2022

Based on diagram 8, research results for demographic data based on the length of time they have had cancer, the majority of respondents were > 6 months as many as 13 respondents (23.6%) and the minority < 6 months as many as 42 respondents (76.4%).

Researchers assume that the length of time they have had cancer can affect the patient's level of resilience, where patients who have just suffered from cancer are still in the process of adapting to accepting their condition and are more likely to give up, unable to adapt to changes and unable to overcome unpleasant feelings about the disease they are suffering from. Patients who have had cancer for a long time have high resilience where the patient has been able to adapt to the disease, is able to adjust and is able to face any circumstances and changes in the face of difficulties.

The researcher's assumption is supported by Sugeng et al., (2016) which stated that of the 58 respondents (77.4%) as many as (13.3%) patients had less resilience, possibly because the majority of respondents were less than 1 year old so that these patients were not yet able to survive. calm in facing the disease suffered.

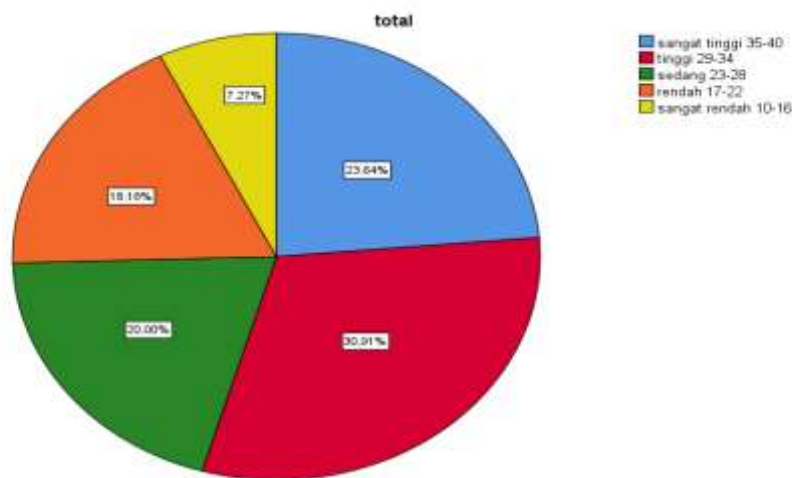


Diagram 9. Distribution of Resilience in Cancer Patients at Haji Adam Malik Hospital Medan in 2022.

Based on diagram 9, the results show that out of 55 respondents there are 13 respondents (23.6%) included in the very high resilience category, 17 respondents (30.9%) high, 11 respondents (20%) medium, 10 respondents (18.2%) low and 4 respondents very low (7.3%). Researchers assume that 13 respondents (23.6%) who have very high resilience are able to adapt to changes that occur to them, are able to face any situation and overcome unpleasant feelings within themselves. Apart from that, individuals are able to see problems from a humorous perspective and when they succeed in overcoming pressure, they will feel more able to strengthen themselves. A total of 17 respondents (23.6%) had high resilience where respondents had begun to adapt to changes and were able to achieve goals despite obstacles.

A total of 11 respondents (20%) had moderate resilience where the respondent bounced back after experiencing suffering, and was able to overcome unpleasant feelings within him. A total of 10 respondents (18.2%) had low resilience where the respondent was still in the process of adapting or adapting to the changes that occurred within him, 4 respondents (7.3%) had very low resilience where the respondent was still new to the disease and its duration. Having had cancer for <6 months so he has not been able to adapt

to changes, the respondent easily gives up, has not been able to overcome unpleasant feelings within himself and is still unable to adapt to his current situation.

The researcher's assumptions are supported by Baraqbah & Hatta, (2017) showing that in their research 54 respondents totaling 6 individuals had quite high resilience, saying that individuals were able to adapt to their current life, were able to cope with stress positively and used the difficulties they faced as learning to live life. in the future and as many as 3 individuals who fell into this category were depressed individuals. Finding meaning is sometimes a problem for individuals in this category, individuals may lack energy, doubt their own abilities and may be overwhelmed in controlling or controlling some activities.

The researcher's assumption is supported by Ulfah et al., (2019) who stated that resilience is a skill, ability and insight for a person to be able to overcome the difficulties and challenges they experience in a positive way. If an individual is unable to adapt to the environment, and is unable to control the emotions he experiences, unable to take the positive aspects of a disaster or illness that befalls him, then that individual does not have good resilience.

CONCLUSION

Based on the results of research with a sample size of 55 patients, regarding the description of resilience in cancer patients at Haji Adam Malik Hospital Medan in 2022, it can be concluded: 47 respondents (85.5%) were female and 8 respondents (14.5%) were male. Early elderly (46-55) were 28 respondents (50.9%) and late teenagers 17-25 were 2 respondents (3.6%). Married status was 49 respondents (89.1%) and unmarried was 1 respondent (1.8%). Housewives work as many as 21 respondents (38.2%) and civil servants as many as 2 respondents (3.6%). slam was 25 respondents (45.5%) and Catholicism was 8 respondents (14.5%). The Javanese were 22 respondents (40%) and the Padang tribe was 1 respondent (1.85). Diagnosis of mammary cancer was 43 respondents (78.2%) and melanoma was 3 respondents (5.5%). The duration of cancer > 6 months was 42 respondents (76.4%) and 13 respondents (23.6%). Respondents who had high resilience were 17 respondents (30.9%) and those who had low resilience were 4 respondents (7.3%).

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