

This README\_Dataset\_OSCC\_Indonesian\_Projection.txt file was generated on December 11, 2022, by Nur Rahadiani

## GENERAL INFORMATION

1. Title of Dataset: "Data from: Estimated Projection of Oral Squamous Cell Carcinoma Annual Incidence Applied to Twenty Years Registry Data in the Main Referral Hospital in Indonesia."

### 2. Author Information

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3. Date of data collection: from January 2001 to December 2020

4. Geographic location of data collection: DKI Jakarta, Indonesia

5. Funding sources that supported collecting the data: Ministry of Research and Technology/National Agency for Research and Innovation (BRIN) through the Research and Community Service Information System (SIMLITABMAS) and Top Basic Research in University (PDUPT) grant scheme (Grant number: NKB-122, year: 2021).

6. Recommended citation for this dataset: Rahadiani, N et al. (2022), Estimated Projection of Oral Squamous Cell Carcinoma Annual Incidence Applied to Twenty Years Registry Data in the Main Referral Hospital in Indonesia.

## DATA & FILE OVERVIEW

### 1. Description of dataset

These data were generated to measure the incidence rate of OSCC in Indonesia's national tertiary hospital between 2001 and 2020, particularly in young and female patients. The collected data were also analysed to predict the annual trends and projections as well as highlight the demographic, clinicopathological, and histological findings in patients with OSCC based on gender. The dataset has been anonymised by obscuring specific personal identities and detailed socio-demographic information because it contains sensitive and potentially identifying individual information. With this regard, requests to access these data should be made to the Faculty of Medicine, Universitas Indonesia's ethical committee (ec\_fkui@yahoo.com).

### 2. File List:

File Name: Dataset\_OSCC\_Indonesian\_Projection

File Description: 20-year dataset of clinicopathological characteristics of patients with oral squamous cell carcinoma from a single centre in Indonesia between 2001 and 2020

## METHODOLOGICAL INFORMATION

This is data from a retrospective cross-sectional study examined OSCC cases treated at Dr. Cipto Mangunkusumo Hospital, Indonesia, and recorded in our institution's twenty-year cancer registry data between January 2001 and December 2020. All patients with OSCC who underwent a histopathological examination became our study sample. Exclusion criteria include missing slides, change of diagnosis following reassessment, and duplicate inputs due to several specimen-taking procedures performed on the same patient. The data from tissue blocks stained with hematoxylin and eosin (H&E), slide archives, and the patient's clinical profile were input to produce valuable clinicopathological information. The authors assessed the pathological diagnosis separately and held discussions to establish the final diagnosis.

## DATA-SPECIFIC INFORMATION FOR: Dataset\_OSCC\_Indonesian\_Projection.xlsx

1. Number of variables: 21

2. Number of cases/rows: 1,093

3. List of variables and their definitions:

No\_of\_patients: Numerical code assigned to respondents; 1 to 1,093  
Year\_Record: The patient's disease diagnosis year was recorded in the hospital's cancer registry data; 2001 to 2020  
Five\_Year\_Record: The classification of a patient's disease diagnosis year by year over a five-year period; 2001-2005, 2006-2010, 2011-2015, 2016-2020  
Age: Patient's age at the time of disease diagnosis; 17 to 99  
Age\_Group: Grouping of patient's age; 11-20, 21-30, 31-40, 41-50, 51-60, 61-70, 71-80, >80  
Young\_Old\_Patients: Grouping of subject's age using a cut-off 45 y.o. where 'young patient' was categorized as those with age and <45 y.o.; <=45 (Young patient), >45 (Old patient)  
Sex: Sex of a patient; Male, Female  
Tumor\_Sites: The tumour's location where the cancer grew and was diagnosed, as reported using the ICD-10 system; Tongue, Mouth Non-specific, Palate, Gingiva, Lip, Buccal mucosa, FOM  
Keratinization: The presence of keratin in tumour pathological specimens as defined using the WHO guideline and reported using ICD-10 code groupings; Yes, No, Non-specific  
WHO\_Differentiation: The classification of histological differentiation using the WHO guideline; Well, Moderate, Poor, Undifferentiated  
Bryne\_Score: Degree of cellular differentiation according to the Bryne (1992) grading system; 4 to 16  
Bryne\_Grading: The categorisation of Bryne score according to the Bryne (1992) grading system; 4-8 (Grade I, Good), 9-12 (Grade II, Moderate), 13-16 (Grade III, Poor)  
Specimen\_Types: Specimen-taking procedures performed on the patient with OSCC; Biopsy, Excision, Resection  
Tumor\_Size: The category of the size of the tumour according to the eighth edition AJCC staging manual; T1, T2, T3, T4  
Node\_Involvement\_Status: The presence of lymph node metastasis in patients with the OSCC; N0, N1, N2  
Distant\_Metastasis\_Status: The presence of distant metastasis in patients with the OSCC; M0, M1  
TNM\_Status: TNM status in the patients who had surgical treatments following the eighth edition AJCC staging manual; Tx Nx Mx  
Clinical\_Staging: Clinical TNM staging in the patients who had surgical treatments following the eighth edition AJCC staging manual; I, II, III, IV  
Degree\_Staging: The categorisation of clinical staging according to the degree of disease development; Early Stage (I-II), Advanced Stage (III-IV)  
LVI: The presence of lymphovascular invasion in the tumour pathological specimens; Positive, Negative  
Margin\_Resection: The presence of tumour in the surgical margins for the patient underwent gross tumour resection: Positive, Negative

#### 4. Missing data codes:

NA: (1) missing data because the parameter was measured but was not available in the medical or pathological record; (2) no data because the parameter was not relevant to measure, such as in the biopsy sample; consequently, margin resection cannot be evaluated.

#### 5. Abbreviations used:

y.o.; Years old

ICD-10; International Classification of Diseases 10th Edition

FOM; Floor of mouth  
WHO; World Health Organization  
OSCC; Oral squamous cell carcinoma  
AJCC; American Joint Committee on Cancer  
TNM; Tumor, node, metastasis staging system  
NA; Not applicable, not available  
LVI; Lymphovascular invasion

6. Other relevant information:

To better understand this study and learn more about the interpretation of this dataset, we refer readers to our article at Peer J and view the attached supplementary data.

We also welcome other researchers to contact our corresponding authors if any further questions or inquiries.

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