

Perbandingan rejimen kemoterapi Cisplatin Etoposide dengan Cisplatin-Docetaxel dalam hal kesintasan 2 tahun dan Progerision-Free Survival pasien Kanker Paru stadium lanjut jenis Non-Small Cell = Comparison of Chemotherapy effect between Cisplatin-Etoposide and Cisplatin-Docetaxel in 2 year survival rate and Progression-Free Survival rate of advanced Non-Small Cell Lung Cancer patients / Salman Paris Harahap

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Abstrak

**ABSTRAK**

Latar Belakang: Salah satu modalitas terapi untuk kanker paru stadium lanjut jenis Non-Small Cell (NSC) adalah kemoterapi. Jenis kemoterapi yang sering digunakan di Indonesia adalah Cisplatin-Etoposide (EC) dan Cisplatin-Docetaxel (DC). Tolak ukur keberhasilan pengobatan adalah kesintasan dan Progression Free Survival (PFS). Keberhasilan kemoterapi dipengaruhi oleh banyak faktor seperti dosis obat, intensitas pemberian, jenis kemoterapi, jenis histologi, stadium, perfoma status, komorbiditas dan sosial ekonomi. Di Indonesia pendanaan dan jenis rejimen kemoterapi masih merupakan masalah terhadap keberhasilan terapi.

Tujuan: Mengetahui perbedaan kesintasan 2 tahun dan PFS antara pasien kanker paru jenis NSC yang diterapi menggunakan EC dibandingkan dengan DC.

Metode: Penelitian desain kohort retrospektif dengan analisis kesintasan. Pasien yang dimasukkan dalam penelitian ini adalah pasien kanker paru stadium lanjut (minimal stadium IIIa) jenis NSC, yang datang ke RSKD dan RSCM pada Januari 2006 – Desember 2010 yang baru pertama kali dikemoterapi sampai selesai, sebanyak 6 kali dan dilakukan pengamatan 2 tahun. Data dianalisis dengan program SPSS 16.0, dilakukan analisis cox regression dan ditampilkan dalam kurva Kaplan Meier.

Hasil: Didapatkan hasil 55 pasien diberikan cisplatin-etoposide dan 55 pasien diberikan cisplatin-docetaxel. Kesintasan 1 tahun EC sebesar 30,9% dan DC sebesar 47,3%, ( $p=0.030$ ). Kesintasan 2 tahun EC sebesar 0% dan DC sebesar 5,5%, ( $p=0.003$ ). Median time survival antara EC selama 27 minggu dengan DC selama 38 minggu ( $p<0,016$ ). Dibandingkan DC, kemoterapi EC dapat meningkatkan risiko kematian dengan HR 1,684 (IK95% 1,010-2,810). Kelompok subyek yang menggunakan rejimen kemoterapi DC memiliki PFS 20,1 minggu, sedangkan kelompok subyek yang menggunakan rejimen kemoterapi EC memiliki PFS 16,8 minggu ( $p=0,022$ ).

Kesimpulan: Kesintasan cisplatin-docetaxel lebih baik bila dibandingkan dengan cisplatin-etoposide, demikian juga dengan progression free survival.

**ABSTRACT**

Background: One of the therapy for the advanced Non-Small Cell Lung Cancer (NSCLC) is chemotherapy. The most frequent regiment used in Indonesia is Cisplatin-Etoposide (EC) and Cisplatin-Docetaxel (DC).

The success of chemotherapy is measured with the 1-year survival, 2-year survival, and the Progression Free Survival (PFS) rate. The success is influenced by many factors, such as the dosage, administer intensity, chemotherapy regimen, type of histology, stage, performance status, comorbidity, and social economic. In Indonesia, funding and chemotherapy regimen are the common problems for the success of chemotherapy.

Goal: To determine the 2-year survival rate and PFS rate differences between EC against DC of advanced NSCLC patients.

Method: The study is a retrospective Cohort study with survival analysis. The Patients included to this study were the advanced NSCLC (At least Stadium IIIa) who came to RSKD and RSCM during January 2006 – December 2010 for their first chemotherapy until finished the cycle (6 times) and had 2-year monitoring. Data was analyzed by SPSS 16.0 by cox regression analysis, and featured on the Kaplan Meier Curve.

Result: Fifty five patients were given EC and the other 55 patients were given DC. One year survival rate of EC was 30,9% and DC was 47,3%, ( $p=0.030$ ). Two year survival rate of EC was 0% and DC was 5.5% ( $p=0.003$ ). The median time survival of EC was 27 weeks and DC was 38 weeks ( $p<0.016$ ). Compared to DC, EC chemotherapy increased the death risk by HR 1,684 (CI 95% 1,010-2,810). The PFS rate of the subjects who were given EC chemotherapy regimen was 20.1 weeks, while the patients who were given DC chemotherapy regimen was 16.8 weeks ( $p=0.022$ ).

Conclusions: The survival with cisplatin-docexatel was better compared to cisplatin-etoposide, this applies to PFS as well.