Efikasi dan toksisiti erlotinib/gefitinib sebagai terapi lini kedua pada pasien kanker paru jenis karsinoma bukan sel kecil = Efficacy and toxicity erlotinib/gefitinib as second line therapi in non small cell lung cancer patients

Jamaluddin M , author

Abstrak

ABSTRAK
 Tesis ini menilai efikasi dan toksisiti Erlotinib/Gefitinib sebagai terapi lini kedua pada pasien KPKBSK yang mengalami progresifitas. Ini adalah sebuah penelitian kohor retrospektif antara tahun 2009 sampai 2013 dari rekam medis pasien KPKBSK yang mengalami progresifitas. Respons (subjektif, semisubjektif dan objektif) dievaluasi setiap bulan. Toksisiti dinilai setiap minggu sejak pemberian Erlotinib/Gefitinib berdasarkan kriteria WHO. Hasil evaluasi respons objektif, tidak ada pasien yang memberikan respons komplit. Best overall response rate dari 31 pasien, 48,8% menetap, 22,6% perburukan,12,9% respons sebagian dan 6,5% tidak dinilai/inevaluable. Pada penilaian respons semisubjektif didapatkan 19.4% peningkatan berat badan, 51,6% penurunan berat badan dan 29,0% menetap. Waktu tengah tahan hidup mencapai 18 bulan, rerata masa tahan hidup 1 tahunan 80,6% dan masa tahan hidup keseluruhan 6,50%. Data menunjukkan tidak ada timbul toksisiti hematologi berat (grade ¾) dan data penilaian toksisiti non hematologi sangat jarang timbul toksisiti berat (grade ¾). Efikasi monoterapi EGFR-TKI (Erlotinib/Gefitinib) cukup tinggi dengan toksisiti yang ditimbulkan tidak berat. Dengan demikian Erlotinib/Gefitinib sebagai terapi lini kedua cukup baik.ABSTRACT This thesis assesses the efficacy and toxicity of Erlotinib/Gefitinib as a second
line therapy in NSCLC patients. This is a retrospective cohort study between 2009 and 2013 from the medical records of patients who experienced progression NSCLC. Therapeutic response was evaluated every month. Toxicity assessed every month since giving Erlotinib/Gefitinib according to WHO?s criteria. Results of objective response evaluation none of the patients complete response. Best overall response rate of 31 patients with the most stable response are 48.8%. Most semisubjective response obtained are 51.6% weight loss. The middle survival time reached 18 month, the mean 1 year survival time are 80.6% and a 6.50% overall survival. The data showed no hematologic toxicity arise severe (grade ¾) and non-hematological toxicity very rarely arise severe toxicity. The efficacy of EGFR TKI monotherapy (Erlotinib/Gefitinib) is high enough with toxicity cause not severe. Thus Erlotinib/Gefitinib as second-line therapy is quite good. ;This thesis assesses the efficacy and toxicity of Erlotinib/Gefitinib as a second
line therapy in NSCLC patients. This is a retrospective cohort study between 2009 and 2013 from the medical records of patients who experienced progression

NSCLC. Therapeutic response was evaluated every month. Toxicity assessed every month since giving Erlotinib/Gefitinib according to WHO?s criteria. Results of objective response evaluation none of the patients complete response. Best overall response rate of 31 patients with the most stable response are 48.8%. Most semisubjective response obtained are 51.6% weight loss. The middle survival time reached 18 month, the mean 1 year survival time are 80.6% and a 6.50% overall survival. The data showed no hematologic toxicity arise severe (grade ¾) and non-hematological toxicity very rarely arise severe toxicity. The efficacy of EGFR TKI monotherapy (Erlotinib/Gefitinib) is high enough with toxicity cause not severe. Thus Erlotinib/Gefitinib as second-line therapy is quite good.