

Faktor Prognosis Rekurensi Kanker Serviks stadium IA2-IIA Pasca Tata Laksana = Prognostic Factors of Recurrent Cervical Cancer Stage IA2-IIA2: A Post-surgical Treatment with or without Adjuvant Therapy Analysis

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Abstrak

Latar belakang: Kanker serviks merupakan keganasan genitalia perempuan yang paling sering ditemui. Tata laksana sesuai stadium telah distandarisasi. Kendati demikian, rekurensinya mencapai 18 – 44,3%. Kanker serviks rekuren memiliki kesintasan yang lebih buruk, sehingga deteksi faktor prognosis rekurensi dapat menjadi langkah awal upaya pencegahan rekurensi. Sampai saat ini belum ada studi mengenai angka rekurensi dan faktor prognosis yang mempengaruhi rekurensi kanker serviks di Indonesia.

Tujuan: Mengetahui angka rekurensi kanker serviks stadium IA2 – IIA2 serta faktor-faktor prognosis yang memengaruhinya.

Metode: Penelitian ini merupakan penelitian kohort retrospektif. Sejumlah 382 pasien kanker serviks stadium IA2 – IIA2 yang terdiagnosis tahun 2009 – 2018, yang dioperasi histerektomi radikal, limfadenektomi pelvis dengan konfirmasi diagnosis melalui pemeriksaan histopatologi di RSCM telah dikumpulkan. Analisis dilakukan dengan melihat hubungan antara 7 faktor prognosis yaitu, status limfonodi, ukuran tumor primer, kedalaman invasi stroma, invasi ruang limfovaskular, keterlibatan parametrium, tipe histologi sel kanker, dan status batas sayatan vagina dengan rekurensi.

Hasil: Rerata usia pasien kanker serviks stadium IA2 – IIA2 di RSCM adalah 52 tahun dengan 90,8% berusia di atas 40 tahun. Rekurensi terjadi pada 12% kasus. Faktor prognosis yang mempengaruhi rekurensi adalah ukuran tumor 4 cm; RR 2,242 (95%CI 1,161 – 4,332) dan invasi ruang limfovaskular; RR 2,037 (95%CI 1,039 – 3,994). Status limfonodi, kedalam invasi stroma, keterlibatan parametrium, tipe histologi sel kanker, dan status batas sayatan vagina tidak berhubungan dengan rekurensi ($p>0,05$)

Kesimpulan: Rekurensi terjadi pada 12% kasus kanker serviks stadium IA2 – IIA2 di RSCM. Faktor – faktor prognosis yang mempengaruhi rekurensi tersebut secara signifikan adalah ukuran tumor primer 4cm dan invasi ruang limfovaskular

.....Background: Cervical cancer is the most common female reproductive organ malignancy. Despite the prompt diagnosis and proper management based on the disease's stage, the recurrent rate remains high, ranging from 18 – 44,3%. Prognostic factors detection may be the first step in reducing recurrent disease. To our knowledge, there are no studies that report the recurrence rate of cervical cancer and the prognostic factors in Indonesia yet.

Objective: This study aims to report the recurrent rate of cervical cancer stage IA2 – IIA2 and the prognostic factors.

Methods: This is a retrospective cohort study. Histopathology results from 382 cervical cancer stage IA2 – IIA2 patients who underwent radical hysterectomy and pelvic lymphadenectomy were reviewed. Analysis was performed to compare recurrent disease based on 7 prognostic factors: lymph node status, tumor size, depth of stromal invasion, lymphovascular space invasion (LVSI), parametrial involvement, histology type, and vaginal resection margin status.

Results: Most cervical cancer patients with stage IA2 – IIA2 was more than 40 years, with mean age was 52 years. The recurrent rate was 12%. Prognostic factors that were significantly associated with recurrence were tumor size 4 cm; RR 2,242 (95%CI 1,161 – 4,332) and LVSI; RR RR 2,037 (95%CI 1,039 – 3,994). Conclusions: The recurrence rate of cervical cancer stage IA2 – IIA2 in RSCM was 12%. Prognostic factors that were significantly associated with recurrence were tumor size 4 cm and LVSI.