

Perbandingan kemoterapi MAC VS ME untuk penatalaksanaan penyakit trofoblas gestasional metastasis risiko tinggi = ME VS MAC for treatment of high risk malignant trophoblastic disease

Beleonie, author

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Abstrak

Latar belakang

Penyakit trofoblas gestasional (PTG) merupakan keganasan di bidang ginekologi yang sangat sensitif terhadap kemoterapi. Untuk PTG metastasis risiko tinggi, rejimen kemoterapi standar saat ini dari WHO meliputi kombinasi etoposide, methotrexate, actinomycin D, cyclophosphamide, and vincristine (EMA-CO). Kemoterapi EMA-CO telah terbukti memberikan respon terapi yang baik di beberapa negara di dunia, namun kemoterapi EMACO memerlukan biaya yang besar dan fasilitas yang memadai dalam menangani komplikasi efek samping yang mungkin terjadi. Di beberapa senter, termasuk RSUPNCM, dikembangkan kombinasi kemoterapi lain yakni methotrexate dan etoposide (ME) dan methotrexate, actinomycin, cyclophosphamide atau chlorambucil (MAC).

Tujuan

Mengevaluasi penggunaan kemoterapi ME dan MAC pada tatalaksana PTG metastasis risiko tinggi selama 10 tahun pada periode 2000-2010 di RSUPNCM.

Metode

Pasien PTG metastasis risiko tinggi menurut kriteria Hammond di Rumah Sakit Cipto Mangunkusumo periode Januari 2000 hingga Desember 2010 masuk sebagai subjek penelitian. Kelompok terbagi menjadi kelompok dengan terapi ME dan terapi MAC. Pencatatan angka remisi, resisten, efek samping berupa leukopeni, trombositopeni, dan keluhan gastrointestinal berupa mual dan muntah menjadi keluaran penelitian. Analisis statistik menggunakan uji Fisher.

Hasil

Terdapat 70 pasien PTG dari tahun 2000-2010 yang masuk ke dalam kriteria inklusi tercatat pada rekam medis RSUPNCM, namun hanya 53 pasien yang menjalani kemoterapi, di mana 43 pasien mendapatkan kemoterapi ME dan 10 pasien mendapatkan kemoterapi MAC. Tidak ada perbedaan bermakna antara angka remisi penggunaan ME dan MAC (81.4% vs 90%, $p = 1.0$). Tidak ada perbedaan bermakna pula dalam kejadian leucopenia (7% vs 10%, $p = 1.0$), dan kejadian gastrointestinal seperti mual dan muntah (7% vs 10%, $p = 1.0$). Namun, terdapat perbedaan bermakna antara kejadian trombositopenia, di mana kejadian lebih tinggi pada penggunaan MAC (7% vs 20%, $p = 0.32$).

Kesimpulan: Tidak terdapat perbedaan bermakna angka remisi dan efek samping leukopeni dan keluhan mual, muntah pada penggunaan kemoterapi ME dibandingkan MAC pada tatalaksana PTG metastasis risiko tinggi, di mana kejadian trombositopeni lebih tinggi pada penggunaan MAC dibandingkan ME. Kadar beta hCG serum sebelum kemoterapi tidak memberikan perbedaan dalam respon terhadap kemoterapi. Namun, hasil penelitian ini harus dianalisa dengan hati-hati, mengingat jumlah sampel yang sedikit.

.....Background

Gestational trophoblastic neoplasia (GTN) is a highly chemotherapy sensitive malignancy in gynecology. A combined chemotherapy currently recommended by WHO is the combination of etoposide, methotrexate,

actinomycin D, cyclophosphamide, and vincristine (EMA-CO). This combined chemotherapy has been shown to give a good outcome in several cancer centres across the world. However, EMACO is costly and required adequate facilities to anticipate the side effects of the chemotherapy. Several oncology centres, including Cipto Mangunkusumo hospital have been trying other chemotherapy combinations, which are methotrexate and etoposide (ME) and methotrexate, actinomycin, cyclophosphamide atau chlorambucil (MAC).

Aim

To evaluate the outcome of ME and MAC in 10 years treatment of high risk GTN in Cipto Mangunkusumo hospital in a periode of 2000-2010.

Methods

Metastatic high risk GTN patients according to Hammond criteria in Cipto Mangunkusumo hospital from January 2000 to December 2010 are included in research subjects. The patients were divided into two groups, the patients who received ME and those who received MAC. The remission rate, side effects of leucopenia, thrombocytopenia, and gastrointestinal disorders, such as nausea and vomiting were recorded as the outcome of the treatment. The analytical statistic was using Fisher.

Result

From the periode of 2000-2010, there were 70 GTN patients in Cipto Mangunkusumo hospital who were included in the inclusion criterias, recorded in the medical records. There was only 53 patients who received chemotherapy, 43 patients received ME, and 10 patients received MAC. There was no difference on the remission rate between ME and MAC (81.4% vs 90%, $p = 1.0$). There was no difference in the incident of leucopenia (7% vs 10%, $p = 1.0$), and gastrointestinal complaints, such as nausea and vomiting (7% vs 10%, $p = 1.0$). However, patients treated with ME had lower incidence of thrombocytopenia in comparison to those treated with ME (7% vs 20%, $p = 0.32$).

Conclusion: No difference in remission rate and side effects of leucopenia, nausea, and vomiting between ME and MAC group. However, the incidence of thrombocytopenia is higher in MAC group. Serum beta hCG level prior to therapy has not affecting the response towards chemotherapy.