

FAKTOR PREDIKTOR SINDROM KAHEKSIA PADA PENDERITA KANKER PAYUDARA YANG MENJALANI KEMOTERAPI DI RSUP DR. SARDJITO

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Latar Belakang : Kaheksia merupakan sindrom multofaktorial sebagai salah satu komplikasi malnutrisi dari kanker payudara. Keadaan ini ditandai dengan inflamasi sistemik, keseimbangan energi negatif, penurunan berat disertai berkurangnya massa otot mengakibatkan penurunan efek kemoterapi, kualitas hidup dan kesintasan pasien kanker payudara.

Tujuan : Menilai profil kejadian sindrom kaheksia dan faktor prediktor sindrom kaheksia pada pasien kanker payudara yang menjalani kemoterapi di RSUP DR SARDJITO.

Metode : Studi kohort retrospektif ini berlangsung pada Januari - Agustus 2022 di RSUP dr. Sardjito Yogyakarta. Sumber data penelitian ini yaitu data registri ONCOCARE Divisi Hematologi dan Onkologi Medik, Departemen Penyakit Dalam, FKKMK/RSUP Dr. Sardjito pada pasien kanker payudara yang terdiagnosis sejak tahun 2018 sampai 2021 yang memenuhi kriteria inklusi maupun eksklusi. Variabel yang dianalisis meliputi faktor klinis (usia, *underweight*, kondisi komorbid, status performa rendah, peningkatan rasio netrofil limfosit (NLR)), faktor tumor (stadium lanjut), faktor terapi (menjalani mastektomi, kemoterapi dengan siklus besar, rejimen antrasiklin, rejimen taksan, dan konkomitan nausea vomitus). Analisis kurva *receiver operating characteristic* (ROC) digunakan untuk menentukan nilai *cut-off* optimal NLR dalam memprediksi kejadian kaheksia. Kaheksia didefinisikan penurunan berat badan (BB) $\geq 5\%$ dalam 6 bulan, atau penurunan $\geq 2\%$ pada indeks massa tubuh $< 20\text{kg/m}^2$.

Hasil Penelitian: Sejumlah 140 wanita dengan kanker payudara stadium I-IV dengan rerata usia 52 tahun (rentang 32-75 tahun) dianalisis dalam penelitian ini. Nilai cut off optimal NLR sebesar 1.605. Kejadian kaheksia sebanyak 58 orang (41,4%) dengan onset rerata $7 \pm 3,20$ bulan. Faktor prediktor kejadian sindrom kaheksia meliputi gizi kurang (OR 6.749 (1.381-32.986) $p=0,02$); $\text{NLR} \geq 1.605$ (OR 3.953 (95% CI 1.398-11.177) $p=0,01$); dan menjalani kemoterapi dengan siklus lebih besar (≥ 8 siklus) (OR 4.006 (1.327-12.097) $p=0.014$).

Kesimpulan: Sindrom kaheksia dapat terjadi pada pasien kanker payudara yang menjalani kemoterapi. *Underweight*, NLR tinggi, dan kemoterapi siklus besar dapat menjadi prediktor kejadian sindrom kaheksia.

Kata kunci: sindrom kaheksia, kanker payudara, kemoterapi

ABSTRACT

PREDICTOR FACTORS OF CACHEXIA SYNDROME IN BREAST CANCER PATIENTS ON CHEMOTHERAPY AT DR. SARDJITO HOSPITAL

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Background: Cancer cachexia is a multi-factorial syndrome as malnutrition complication of breast cancer. Cancer cachexia is characterized by systemic inflammation, negative protein and energy balance, and an involuntary loss of lean body mass, with or without wasting of adipose tissue associated with poor responses to chemotherapy and decreased quality of life and survival.

Objective: to describe and identify predictor factors of cachexia syndrome in breast cancer patients on chemotherapy at DR SARDJITO Hospital.

Methods: This retrospective cohort study took place at Dr. Sardjito Hospital from January to August 2022. Data source from ONCOCARE registry Division of Hematology and Oncology Internal Medicine Department of Gadjah Mada Medical Faculty Dr. Sardjito Hospital breast cancer patients diagnosed from 2018 to 2021 meeting inclusion and exclusion criteria. The variables analyzed included clinical factors (age, malnutrition, comorbid conditions, low performance status, high neutrophil lymphocyte ratio (NLR)), tumor factors (advanced stages), therapeutic factors (undergoing mastectomy, large cycle chemotherapy, anthracycline regimens, taxane regimen, and concomitant nausea vomiting). Receiver operating characteristic (ROC) curve analysis determined the optimal cut-off value of NLR in predicting cachexia. Cachexia is defined as $\geq 5\%$ weight loss (BB) in 6 months, or $\geq 2\%$ weight loss in body mass index $< 20\text{kg/m}^2$.

Results: A total of 140 women with breast cancer staged I-IV with an average age of 52 years (ranged 32-75 years) were analyzed in this study. The optimal cut off value of NLR is 1.605. The incidence of cachexia was 58 patients (41.4%) with an average onset of 7 ± 3.20 months. Predictor factors for cachexia syndrome include underweight (OR 6,749 (1,381-32,986) $p=0.02$); $\text{NLR} \geq 1.605$ (OR 3.953 (95% CI 1.398-11.177) $p=0.01$); and chemotherapy with large cycles (≥ 8 cycles) (OR 4.006 (1.327-12.097) $p=0.014$).

Conclusion: Cachexia syndrome can occur in breast cancer patients on chemotherapy. Underweight, high NLR, and large cycles of chemotherapy can be predictors of cachexia syndrome.

Keywords: Cachexia syndrome, breast cancer, chemotherapy