

ABSTRAK

HUBUNGAN NILAI RASIO PLATELET-LIMFOSIT PRA PEMBEDAHAN PADA KANKER OVARIUM EPITELIAL DENGAN RESPON KEMOTERAPI BERBASIS PLATINUM DI RSUP DR. SARDJITO

Latar Belakang: Kanker ovarium merupakan salah satu jenis kanker yang paling sering terjadi pada perempuan dengan prevalensi mencapai 200.000 dan 150.000 kasus kematian setiap tahunnya di seluruh dunia. Memiliki tingkat kekambuhan yang cukup tinggi dimana sekitar 1 tahun pasca pembedahan dan kemoterapi, sekitar 50% dari pasien mengalami rekurensi dengan penurunan angka survival pasien dibawah 50%. Respon inflamasi memiliki hubungan yang signifikan terhadap nilai prognostik dari suatu keganasan. Rasio platelet-limfosit sebagai salah satu penanda inflamasi pada keganasan sehingga menjadi prediktor terhadap prognosis pasien kanker pada umumnya.

Tujuan: Mengetahui hubungan antara RPL pra pembedahan dan respon kemoterapi berbasis platinum pada pasien kanker ovarium epitelial di RSUP DR. Sardjito.

Metode: Penelitian observasional analitik dengan menggunakan desain penelitian cohort retrospektif dalam menilai hubungan antara RPL pra pembedahan dan faktor-faktor risiko terhadap respon kemoterapi berbasis platinum pada pasien kanker ovarium epitelial di RSUP DR. Sardjito

Hasil: Nilai cut-off point RPL pra pembedahan adalah 203 dengan sensitivitas dan spesifitas =76,2%, nilai AUC=0,786, dan akurasi=76,2%. Ditemukan hubungan yang signifikan antara RPL pra pembedahan dan respon kemoterapi berbasis platinum pada pasien kanker ovarium epitelial, $p=0,001$, RR (CI95%) =3,200 (1,815-5,640). Terdapat hubungan yang signifikan antara jenis histologi dan respon kemoterapi, $p=0,001$, RR (CI95%) = 2,384 (1,424-3,989). Tidak terdapat hubungan antara respon kemoterapi dengan usia pasien, $p=0,080$, RR (CI95%) =1,542 (0,990-2,403); Tidak terdapat hubungan antara stadium dan respon kemoterapi, $p=0,258$, RR (CI95%) =1,282 (0,842-1,953); dengan residu tumor, $p=0,362$, RR (CI95%) = 1,224 (0,800-1,872); dengan derajat diferensiasi $p=0,369$, RR (CI95%) =0,821(0,537-1,253); dan dengan kadar CA 125 pra pembedahan $p=0,156$, RR (CI95%) = 2,400 (0,694-8,297).

Kesimpulan: kejadian resisten kemoterapi berbasis platinum pada pasien kanker ovarium epitelial signifikan lebih tinggi pada pasien dengan nilai RPL pra pembedahan ≥ 203 dan jenis histologi (efek modifikasi). Tidak terdapat perbedaan yang signifikan kejadian resisten kemoterapi berbasis platinum berdasarkan kelompok usia, stadium, residu tumor, derajat diferensiasi, dan kadar CA 125 pra pembedahan pada pasien kanker ovarium epitelial di RSUP Dr. Sardjito.

Kata Kunci: RPL pra pembedahan, respon kemoterapi berbasis platinum, kanker ovarium epitelial

ABSTRACT

THE RELATIONSHIP BETWEEN PRE-SURGICAL PLATELET-LYMPHOCYTE RATIO VALUES IN EPITHELIAL OVARIAN CANCER WITH PLATINUM-BASED CHEMOTHERAPY RESPONSE AT RSUP DR. SARDJITO

Background: Ovarian cancer is one of the most common cancers in women, with a prevalence of between 200,000 and 150,000 deaths annually worldwide. It has a high recurrence rate; about 1 year after surgery and chemotherapy, about 50% of patients experience recurrence, with a decrease in patient survival rates below 50%. The inflammatory response has a significant relationship with the prognostic value of a malignancy. Platelet-lymphocyte ratio, as one of the inflammatory markers in malignancy, is thus a predictor of the prognosis of cancer patients in general.

Objective: To know the relationship between pre-surgical RPL and platinum-based chemotherapy response in epithelial ovarian cancer patients at Dr. Sardjito Hospital.

Methods: Analytical observational study using retrospective cohort research design assessed the relationship between pre-surgical RPL and risk factors on platinum-based chemotherapy response in epithelial ovarian cancer patients at Dr. Sardjito General Hospital.

Results: The cut-off point value of pre-surgical RPL was 203, with the same sensitivity and specificity of 76.2%, an AUC value of 0.786, and an accuracy of 76.2%. There was a significant association between pre-surgical RPL and platinum-based chemotherapy response in epithelial ovarian cancer patients, $p = 0.001$, RR (CI 95%) = 3.200 (1.815–5.640). There was a significant association between histology type and chemotherapy response, $p = 0.001$, RR (CI 95%) = 2.384 (1.424–3.989). There was no association between chemotherapy response and patient age, $p = 0.080$, RR (CI 95%) = 1.542 (0.990–2.403); stage $p = 0.258$, RR (CI 95%) = 1.282 (0.842–1.953); tumor residue $p = 0.362$, RR (CI 95%) = 1.224 (0.800–1.872); histology grade $p = 0.369$, RR (CI 95%) = 0.821 (0.537–1.253); and preoperative CA 125 level $p = 0.156$, RR (CI 95%) = 2.400 (0.694–8.297).

Conclusion: The incidence of resistant platinum-based chemotherapy was significantly higher in patients with pre-surgical RPL value ≥ 203 and histology type (modification effect). There was no significant difference in the incidence of resistant platinum-based chemotherapy based on age group, stage, residual tumor, histology grade, and preoperative CA 125 levels in epithelial ovarian cancer patients at Dr. Sardjito Hospital.

Keywords: Pre-surgical RPL, platinum-based chemotherapy response, epithelial ovarian cancer