

INTISARI

Kanker payudara HER2 positif terjadi pada 20-30% pasien kanker payudara. Pemberian kemoterapi untuk pasien kanker payudara HER2 positif yaitu TCH dan AC-TH. Kombinasi kemoterapi golongan taxan, platinum dan antrasiklin menyebabkan tingginya efek samping hematologi sehingga berisiko menyebabkan penundaan kemoterapi. Penelitian ini bertujuan untuk mengevaluasi efektivitas dan efek samping hematologi dari kedua regimen tersebut

Metode penelitian menggunakan *cohort retrospective* pada pasien kanker payudara stadium III- IV di RSUP Dr. Sardjito Yogyakarta yang telah menyelesaikan 14 siklus kemoterapi TCH atau AC-TH (periode 2020-2024), dengan metode *purposive sampling*. Analisis data menggunakan Kaplan-Meier untuk *overall survival* dan *chi-square* untuk efek samping hematologi.

Sebanyak 90 pasien kanker payudara HER2 Positif, terdiri dari 44 pasien regimen TCH dan 46 pasien regimen AC-TH. Hasil menunjukkan rerata *overall survival* yang setara antara keduanya (TCH 79,5%; AC-TH 76,1%). Namun, efek samping hematologi lebih rendah pada regimen TCH dengan persentase paling tinggi yaitu leukopenia (61,4%), anemia (22%) neutropenia (20%), dan trombositopenia (6,8%). Sedangkan AC-TH persentase efek samping hematologi yang paling tinggi yaitu pada efek samping leukopenia (80,4%), anemia (76,1%), neutropenia (73,9%), dan trombositopenia (2,2%). Hal ini menunjukkan bahwa meskipun efektivitas kedua regimen setara, TCH memiliki profil toksisitas hematologic yang lebih ringan sehingga berpotensi mencegah penundaan kemoterapi.

Kata Kunci: Kemoterapi, Kanker payudara HER2 Positif, *Overall Survival*, Hematologi, TCH, AC-TH

ABSTRACT

HER2-positive breast cancer accounts for 20–30% of all breast cancer cases. Chemotherapy regimens commonly used include TCH and AC-TH, which contain taxane, platinum, and anthracycline agents—often associated with hematologic side effects that may delay treatment. This study aimed to compare the effectiveness and hematologic toxicity of both regimens.

A retrospective cohort study was conducted on stage III–IV HER2-positive breast cancer patients at RSUP. Dr. Sardjito Yogyakarta, who had completed 14 cycles of TCH or AC-TH chemotherapy during 2020–2024. Purposive sampling was used, and data were analyzed using the Kaplan-Meier method for overall survival and the Chi-square test for hematologic side effects.

A total of 90 patients were included, with 44 received TCH and 46 received AC-TH. Overall survival rates were comparable (TCH 79.5%; AC-TH 76.1%). Hematologic side effects were lower in the TCH group, with leukopenia (61.4%), anemia (22%), and neutropenia (20%), compared to AC-TH: leukopenia (80.4%), anemia (76.1%), and neutropenia (73.9%). These findings suggest that while both regimens are equally effective, TCH has a more favorable hematologic toxicity profile and may reduce the risk of chemotherapy delays.

Keywords: Chemotherapy, HER2-Positive Breast Cancer, Overall Survival, Hematology, TCH, AC-TH