

INTISARI

Regimen kemoterapi standar pada *triple negative breast cancer* (TNBC) berbasis antrasiklin-cyclophosphamide-taksan (ACT) memiliki risiko kardiotositas, sehingga regimen taksan-platinum (TP) digunakan sebagai alternatif. Penelitian ini bertujuan membandingkan efektivitas *disease free survival* (DFS) dan *overall survival* (OS) serta kejadian efek samping antara regimen ACT dan TP pada pasien TNBC.

Penelitian ini merupakan studi kohort retrospektif menggunakan data rekam medis periode 1 Januari 2018 – 30 November 2025 di Rumah Sakit Umum Pusat Dr. Sardjito Yogyakarta dengan jumlah sampel 49 pasien terdiri dari 24 pasien kelompok ACT dan 25 pasien kelompok TP. Subjek penelitian yaitu pasien dewasa dengan TNBC stadium I-III yang telah menyelesaikan kemoterapi berbasis ACT atau TP. Analisis efektivitas menggunakan metode Kaplan–Meier, sedangkan probabilitas kejadian efek samping dianalisis menggunakan Algoritma Naranjo dengan uji *Chi-square/Fisher* serta analisis multivariat menggunakan uji *Cox Proportional Multivariate* dan *Generalized Linear Model*.

Hasil penelitian menunjukkan bahwa regimen ACT memiliki rerata DFS dan OS yang lebih lama dibandingkan regimen TP (DFS $43,22 \pm 6,22$ bulan vs $30,59 \pm 5,03$ bulan; OS $75,38 \pm 4,29$ bulan vs $47,37 \pm 4,84$ bulan), namun tidak terdapat perbedaan secara statistik. Regimen ACT cenderung memiliki durasi bebas penyakit (HR 0,662; 95% CI 0,304–1,445) dan kematian (HR 0,3; 95% CI 0,060–1,487) yang lebih lama dibandingkan TP. Efek samping hematologi terjadi pada seluruh pasien dengan angka kejadian yang serupa. Namun, regimen ACT secara signifikan memiliki tingkat keparahan anemia ($p = 0,029$), leukopenia ($p = 0,014$), dan neutropenia ($p = 0,001$) yang lebih berat dibandingkan regimen TP. Efek samping non-hematologi yang muncul meliputi gangguan saluran cerna, gangguan dermatologi dan gangguan sistem saraf/otot dengan *hand foot syndrome* dan polineuropati hanya ditemukan pada regimen TP.

Kata kunci: *Triple negative breast cancer*, efek samping, algoritma naranjo, *disease free survival*, *overall survival*.

ABSTRACT

The standard chemotherapy regimen for triple-negative breast cancer (TNBC) based on anthracycline–cyclophosphamide–taxane (ACT) is associated with a risk of cardiotoxicity; therefore, a taxane–platinum (TP) regimen is used as an alternative in selected patients. This study aimed to compare the effectiveness, measured by disease free survival (DFS) and overall survival (OS), and the incidence of adverse events between ACT and TP regimens in patients with TNBC.

This retrospective cohort study used electronic medical record data from January 1, 2018, to November 30, 2025, at Dr. Sardjito General Hospital, Yogyakarta, with a total sample of 49 patients include 24 patient in ACT and 25 patient in TP. The study population consisted of adult patients with TNBC stadium I-III who had completed ACT- or TP-based chemotherapy. Effectiveness was analyzed using the Kaplan–Meier method, while the probability of adverse events was assessed using the Naranjo algorithm with Chi-square/Fisher tests. Multivariate analysis was performed using the Cox Proportional Multivariate test and the Generalized Linear Model.

The results showed that the ACT regimen had longer mean DFS and OS compared with the TP regimen (DFS 43.22 ± 6.22 months vs. 30.59 ± 5.03 months; OS 75.38 ± 4.29 months vs. 47.37 ± 4.84 months), although the differences were not statistically significant. The ACT regimen tended to have longer disease-free duration (HR 0,662; 95% CI 0,304–1,445) and mortality (HR 0,3; 95% CI 0,060–1,487) compared to TP. Hematological adverse events occurred in all patients with similar incidence rates. However, the ACT regimen was significantly associated with more severe anemia ($p = 0.029$), leukopenia ($p = 0.014$), and neutropenia ($p = 0.001$) compared to the TP regimen. Non-hematological adverse events included gastrointestinal disorders, dermatological disorders, and nervous/musculoskeletal disorders with hand-foot syndrome and polyneuropathy observed only in the TP regimen.

Keywords: Triple-negative breast cancer, adverse events, naranjo algorithm, disease-free survival, overall survival.