

**Perbandingan Angka Ketahanan Hidup Penderita Kanker Ovarium yang Mendapat Terapi Regimen Kemoterapi Paclitaxel-Carboplatin dan Cyclophosphamide-Adriamycin-Cisplatin di RSUP Dr. Sardjito: Studi Retrospektif Januari 2014 - Desember 2018**

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**INTISARI**

**Latar Belakang:**

Kanker merupakan penyebab kematian kedua terbanyak setelah penyakit kardiovaskular dan lebih dari 70% kematian yang disebabkan oleh kanker terjadi di negara berkembang. Kanker ovarium merupakan kanker terbanyak kesembilan pada wanita dan menjadi kanker dengan mortalitas ke-5 terbanyak, yaitu 8,6 per 100.000.

**Tujuan Penelitian:**

Menilai angka ketahanan hidup penderita kanker ovarium yang diberikan kemoterapi dengan regimen Paclitaxel-Carboplatin dibandingkan dengan regimen Cyclophosphamide-Adriamycin-Cisplatin di RSUP Sardjito.

**Metode Penelitian:**

Penelitian ini merupakan penelitian observasional dengan rancangan studi analisis angka ketahanan hidup (survival rate) dari penderita kanker ovarium. Data akan diambil secara retrospektif dari rekam medis pasien kanker ovarium yang berobat ke RSUP dr. Sardjito kemudian ditelusuri riwayat kematiannya.

**Hasil:**

Terdapat 353 penderita kanker ovarium yang dilakukan kemoterapi, terdiri dari 265 subjek yang diterapi PC dan 88 subjek yang diterapi dengan CAP. Dari analisis bivariat didapatkan bahwa regimen kemoterapi PC dan CAP tidak memengaruhi angka ketahanan hidup (HR=1,15, p=0,64, CI95%=0,64-2,05). Usia <50 tahun (HR=0,42, p=0,01, CI95%=0,23-0,77), stadium klinis awal (HR=0,27, p=0,00, CI95%=0,14-0,49), dan CA125 pasca kemoterapi <70 U/mL (HR=0,21, p=0,00, CI95%=0,11-0,41) merupakan faktor protektif terhadap angka ketahanan hidup penderita kanker ovarium. Analisis multivariat dengan angka ketahanan hidup (*cox's regression*) menunjukkan bahwa faktor yang dapat meningkatkan angka ketahanan hidup adalah stadium klinis awal (HR=0,45, p=0,04, CI95%=0,18-0,91) dan CA125 pasca kemoterapi (HR=0,33, p=0,01, CI95%=0,15-0,74).

**Kesimpulan:**

Tidak ada perbedaan bermakna antara regimen kemoterapi PC dan CAP dengan angka ketahanan hidup penderita kanker ovarium yang dirawat di RSUP dr. Sardjito selama tahun 2014-2018. Faktor-faktor yang dapat meningkatkan angka ketahanan hidup pasien kanker ovarium adalah stadium klinis awal dan CA125 pasca kemoterapi <70 U/mL.

**Kata Kunci:** Angka ketahanan hidup, kanker ovarium, regimen paclitaxel dan carboplatin, regimen cyclophosphamide, adriamycin, cisplatin

**Comparison of Survival Rates of Ovarian Cancer Patients Treated with  
Paclitaxel-Carboplatin and Cyclophosphamide-Adriamycin-Cisplatin  
Chemotherapy Regimens in Sardjito General Hospital:  
A Retrospective Study from January 2014 to December 2018**

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**ABSTRACT**

**Background**

Cancer has high mortality rates and is the leading cause of mortal diseases, just second to cardiovascular diseases. Seventy percent of cancer occurs in developing countries. Ovarian cancer is ninth most prevalence cancer in woman and fifth in mortality rates, around 8.6 in 100,000. There are 21,880 new cases and 13.850 death from ovarian cancer in United States every year.

**Aims**

This study compare the survival rates between group of patient which treated with Paclitaxel-Carboplatin (PC) chemotherapy regimens and Cyclophosphamide-Adriamycin-Cisplatin (CAP) regimens in Sardjito General Hospital.

**Methods**

Retrospective study was done by collecting data from medical records. Subjects divided into two groups based on their chemotherapy regimens and survival analysis conducted between groups.

**Results**

There were 353 ovarian cancer patients treated with chemotherapy regimens, divided into 265 patients treated with PC and 88 patients treated with CAP. Bivariate analysis showed that chemotherapy PC and CAP regimens did not affect survival rates (HR=1.15, p=0.64, CI95%=0.64-2.05). Age <50 years old (HR=0.42, p=0.01, CI95%=0.23-0.77), early clinical stage (HR=0.27, p=0.00, CI95%=0.14-0.49), and CA125 after chemotherapy <70 U/mL (HR=0.21, p=0.00, CI95%=0.11-0.41) are prognostic factors for better survival rates in patients with ovarian cancer. Multivariate analysis with survival rates (*cox's regression*) showed that factors influencing survival rates were early clinical stage (HR=0.45, p=0.04, CI95%=0.18-0.91) and CA125 after chemotherapy <70 U/mL (HR=0.33, p=0.01, CI95%=0.15-0.74).

**Conclusion**

There is no significant difference between chemotherapy regimen PC and CAP with survival rate of the ovarian cancer patients treated in RSUP dr. Sardjito for 2014-2018. Factors influencing better survival rates of the ovarian cancer patients are early clinical stage and CA125 after chemotherapy >70 U/mL.

**Keywords:** Survival rate, ovarian cancer, Paclitaxel-Carboplatin regiment, Cyclophosphamide-Adriamycin-Cisplatin regimen