

INTISARI

PERBANDINGAN KESINTASAN HIDUP PADA PASIEN *NON-SMALL CELL LUNG CARCINOMA ADENOCARCINOMA TYPE* STADIUM IV DENGAN ATAU TANPA MUTASI EGFR DI RSUP DR. SARDJITO YOGYAKARTA

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Latar belakang. Profil molekular pasien NSCLC menunjukkan mutasi gen berkontribusi terhadap karsinogenesis, termasuk *epidermal growth factor receptor* (EGFR). Mutasi EGFR berpengaruh terhadap terapi target yang memberikan hasil kualitas hidup lebih baik dibandingkan kemoterapi; namun, mutasi ini juga meningkatkan kejadian metastasis dan memperpendek kesintasan hidup. Perbedaan ini menunjukkan mutasi EGFR merupakan faktor prognostik independen.

Tujuan penelitian. Mengetahui kesintasan hidup pasien NSCLC *adenocarcinoma type* stadium IV dengan dan tanpa status mutasi EGFR di unit penyakit dalam di RSUP Dr. Sardjito.

Metode penelitian. Penelitian kohort ambispektif dengan analisa kesintasan terhadap pasien NSCLC *adenocarcinoma type* stadium IV dengan dan tanpa status mutasi EGFR di unit penyakit dalam RSUP Dr. Sardjito bulan Februari-Juni 2020. Subjek penelitian dibagi menjadi kelompok tanpa mutasi EGFR dan dengan mutasi EGFR. Uji statistik data kategorik dengan uji *chi square*. Analisa kesintasan hidup dengan analisa *Kaplan Meier* dan uji *log-rank*. Analisis multivariat regresi *Cox* dilakukan bila lebih dari satu variabel bermakna terhadap kesintasan.

Hasil Penelitian. Dari 184 subjek penelitian, 87 subjek tanpa mutasi EGFR dan 97 subjek dengan mutasi EGFR. Terdapat perbedaan rerata kesintasan hidup antara kelompok tanpa mutasi EGFR dan dengan mutasi EGFR, namun tidak signifikan (25,696 bulan vs 25,394 bulan; HR 0,990; IK95% 0,633-1,550, p=0,966). Variabel perancu terhadap kesintasan yaitu jenis kelamin (p=0,009) dan status performa (p=0,000). Pada kelompok tanpa mutasi EGFR, jenis kelamin perempuan, tanpa riwayat PPOK, status performa ECOG 1-3 memiliki kesintasan hidup lebih baik. Dalam kelompok dengan mutasi EGFR, kesintasan hidup lebih baik ditemukan pada pasien riwayat TB, riwayat PPOK, tanpa komorbid infeksi, status performa ECOG 1-3, lokasi metastasis tunggal, dan waktu inisiasi terapi < 30 hari sejak terdiagnosis.

Simpulan. Pasien NSCLC *adenocarcinoma type* stadium IV dengan mutasi EGFR tidak memiliki kesintasan hidup yang lebih baik dibandingkan pasien tanpa mutasi EGFR.

Kata kunci: *adenocarcinoma, kanker paru, EGFR, kesintasan*

ABSTRACT

OVERALL SURVIVAL COMPARISON IN NON-SMALL CELL LUNG CARCINOMA ADENOCARCINOMA TYPE STAGE IV PATIENTS WITH OR WITHOUT EGFR MUTATION AT RSUP DR. SARDJITO YOGYAKARTA

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Background. Molecular profile of NSCLC patients showed gene mutations contribute to carcinogenesis, including epidermal growth factor receptor (EGFR). EGFR mutations discovery affected target therapy, providing better quality of life compared to chemotherapy. However, EGFR mutations increase the incidence of metastasis, resulted in shorter survival. This showed that EGFR mutations are independent prognostic factors.

Objective. To determine the overall survival (OS) of stage IV NSCLC adenocarcinoma type patients with and without EGFR mutations in the internal medicine unit at RSUP Dr. Sardjito.

Methods. An ambispective cohort analysis of stage IV NSCLC adenocarcinoma type patients with and without EGFR mutations in internal medicine units at RSUP Dr. Sardjito from February to June 2020 was conducted. Subjects were divided into groups without EGFR mutations and groups with EGFR mutations. Categorical data statistical tests were performed with chi square tests. Survival analysis using Kaplan Meier analysis and log-rank test. Cox regression multivariate analysis test was performed to evaluate confounding factors.

Results. Of 184 study subjects, 87 subjects without EGFR mutations and 97 subjects with EGFR mutations. There was difference in mean survival rate between groups without EGFR mutations and with EGFR mutations, but not statistically significant (25,696 months vs 25,394 months; HR 0.990; 95%CI 0.633-1.550, p=0.966). Male sex (p=0.009), and performance status 1-3 (p=0,000) were confounding variables to survival rate. In group without EGFR mutations, female sex, no history of COPD, ECOG performance status 1-3 had better OS. Whereas in group with EGFR mutations, better OS found in patients with TB history, COPD history, without infection, ECOG performance status 1-3, single metastasis location, and time-to-treatment < 30 days.

Conclusion. NSCLC adenocarcinoma type stage IV patients with EGFR mutations did not have better survival rate than patients without EGFR mutations.

Keywords: adenocarcinoma, lung cancer, EGFR, overall survival