

INTISARI

Latar Belakang: Angka ketahanan hidup penderita kanker kolon di Indonesia masih sangat rendah dibandingkan negara barat. Beberapa faktor diketahui memengaruhi hal ini, diantaranya adalah ketepatan terapi berdasarkan pedoman. Di Amerika Serikat praktik berbasis bukti secara independen berhubungan dengan peningkatan angka ketahanan hidup penderita kanker. Di Indonesia belum ada data tentang ketepatan penatalaksanaan berdasarkan pedoman pada penderita kanker, termasuk kanker kolon.

Tujuan: Mengetahui ketepatan penatalaksanaan penderita kanker kolon dengan *setting* adjuvan berdasarkan pedoman *European Society for Medical Oncology* (ESMO) dan hubungannya dengan angka ketahanan hidup.

Metode: Penelitian kohort retrospektif dilakukan pada penderita kanker kolon yang diterapi dengan *setting* adjuvan, dimana data diambil dari *organ-specific cancer registry* Klinik Kanker Terpadu "Tulip", RSUP Dr. Sardjito Yogyakarta tahun 2007-2011. Pedoman ESMO yang digunakan adalah pedoman yang sesuai dengan tahun saat pasien terdiagnosis. Analisis ketahanan hidup dilakukan menggunakan metode Kaplan-Meier dan analisis multivariat dilakukan dengan *Cox's Proportional Hazard Model*.

Hasil: Dari 41 data pasien kanker kolon yang memenuhi kriteria, terdapat 1 pasien (3%) tidak tepat indikasi & durasi, 1 pasien (3%) tidak tepat regimen, 3 pasien (7%) tidak tepat regimen & durasi, dan 10 pasien (24%) tidak tepat durasi (total kelompok tepat adalah 26 pasien, 63%). Angka ketahanan hidup 3 tahun secara keseluruhan adalah 63%. Ketahanan hidup 3 tahun pada kelompok tepat adalah 69% dan kelompok tidak tepat adalah 51% ($p = 0,413$). Ketepatan kemoterapi adjuvan berdasarkan pedoman ESMO tidak mempengaruhi angka ketahanan hidup secara signifikan, dimana kelompok tidak tepat memiliki risiko kematian lebih tinggi 1,255 kali (95% CI: 0,446-3,535) dibandingkan kelompok tepat.

Kesimpulan: Ketepatan kemoterapi berdasarkan pedoman masih belum mampu membuktikan peningkatan angka ketahanan hidup. Perlu dilakukan analisis pengaruh ketepatan bedah berdasarkan pedoman secara khusus terhadap ketahanan hidup.

Kata kunci: Kanker kolon - *setting* adjuvan - ketepatan terapi - pedoman ESMO - ketahanan hidup

ABSTRACT

Background: Survival rate of colon cancer patients in Indonesia is still very low compared to western countries. Several factors are known to affect this, including the adherence of therapy based on the guidelines. In the United States, best evidence-based practices are independently associated with increased survival rate of cancer patients. In Indonesia, there are no data on adherence of therapy based on guidelines in patients with cancer, including colon cancer.

Objective: To determine the adherence of the management of colon cancer patients with adjuvant setting based on the European Society for Medical Oncology (ESMO) guidelines and its association with survival rate.

Methods: A retrospective cohort study was performed in patients with colon cancer who were treated with adjuvant setting, where the data was taken from the organ-specific cancer registry Integrated Cancer Clinic "Tulip", DR. Sardjito General Hospital, Yogyakarta in 2007-2011. ESMO guidelines used were in accordance with the guidelines when patients were diagnosed. Survival analysis was performed using the Kaplan-Meier method and multivariate analysis was performed with Cox's Proportional Hazard Model.

Results: Of the 41 colon cancer patient data that met the criteria, there were 1 patient (3%) who had inappropriate indication and duration, 1 patient (3%) who had inappropriate regimen, 3 patients (7%) had inappropriate regimen and duration, and 10 patients (24%) who had inappropriate duration (total adherence groups were 26 patients, 63%). Overall 3-year survival rate was 63%. 3-year survival rate in adherence groups was 69% and non-adherence groups was 51% ($p = 0.413$). The adherence of adjuvant chemotherapy based on ESMO guidelines did not affect the survival rate significantly, which non-adherence groups had mortality risk 1,255 times higher (95% CI: 0.446 to 3.535) compared to adherence groups.

Conclusion: The adherence of chemotherapy based on guidelines is still not able to prove the increase in survival rate. Need to analyze the effect of surgical adherence based on guidelines in particular on survival.

Keywords: Colon cancer - adjuvant therapy setting - adherence of therapy - ESMO guidelines - survival