

**DISEASE FREE SURVIVAL, KUALITAS HIDUP DAN DIRECT MEDICAL COST
PENDERITA KANKER PAYUDARA HER2 POSITIF STADIUM AWAL
YANG MENJALANI KEMOTERAPI ADJUVAN ANTI HER2
DI RSUP DR SARDJITO 2007-2014**

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Intisari

Latar belakang: Kanker payudara HER2 positif dilaporkan 15-20 % dari semua kanker payudara di dunia. Di Indonesia diperkirakan jumlah tersebut lebih tinggi 30%-40% dan dijumpai pada usia 10 tahun lebih muda dibanding ras kaukasoid. Kanker payudara HER2 positif berhubungan dengan hasil terapi yang buruk namun saat ini perkembangan terapi menggunakan antibodi monoklonal anti HER2 memberikan prognosis yang lebih baik. Terapi antiHER2 diberikan 6 bulan (8 kali) atau 12 bulan (16 kali), *Disease Free Survival* penderita yang diberi terapi 12 bulan (93,8%) lebih baik daripada yang diberi 6 bulan (91,1%) (HR 1,28, 95% CI 1,05-1,56, p=0,29). Pada tahun 2007-2014 ASKES menjamin terapi antiHER2 sebanyak 8 kali. Meskipun penatalaksanaan kanker payudara HER2 positif stadium awal dengan menggunakan antiHER2 efektif, namun terdapat faktor-faktor yang mempengaruhi luaran terapi, antara lain faktor penderita, penyakit, pemeriksaan patologi dan radioterapi, pembedahan radioterapi dan kemoterapi.

Tujuan: Mengkaji perbedaan *Disease Free Survival*, kualitas hidup dan *Direct Medical Cost* penderita kanker payudara stadium awal yang mendapatkan terapi antiHER2 selama kurang atau sama dengan 6 bulan (suboptimal) dan yang lebih dari 6 bulan (optimal).

Metode: Penelitian ini merupakan penelitian observasional, kohort retrospektif. Subyek adalah penderita kanker payudara HER2 positif stadium awal yang mendapatkan trastuzumab. Subyek dikelompokkan menjadi 2 yaitu yang mendapatkan terapi antiHER2 selama kurang atau sama dengan 6 bulan (kelompok 1) dan yang lebih dari 6 bulan (kelompok 2).

Hasil: *Disease Free Survival* penderita kanker payudara HER2 positif stadium awal yang mendapatkan trastuzumab di RSUP DR Sardjito 2007-2014 adalah 68,7%. *Disease Free Survival* kelompok 2 lebih baik dibandingkan kelompok 1 (72,1 % dibanding 65%; log rank=5,012; p=0,082). Kualitas hidup penderita kanker payudara stadium awal yang mendapatkan terapi antiHER2 yang diukur sebelum kemoterapi sampai saat penelitian pada 3 kelompok tidak berbeda (p=0,290). Biaya yang paling banyak kemoterapi (92,89%), diikuti biaya radioterapi (2,61%). Terdapat perbedaan *direct medical cost* pada 2 kelompok.

Kesimpulan:

Tidak ada perbedaan *Disease Free Survival* penderita kanker payudara stadium awal yang mendapatkan terapi antiHER2 pada kelompok 1 dibandingkan dengan kelompok 2. Tidak ada perbedaan kualitas hidup penderita kanker payudara stadium awal yang diukur sebelum kemoterapi sampai saat penelitian pada kedua kelompok. *Direct medical cost* penderita kanker payudara stadium awal yang mendapatkan terapi antiHER2 optimal lebih tinggi dibanding yang suboptimal.

Kata kunci: kanker payudara stadium awal, HER2, *Disease Free Survival*, kualitas hidup, *direct medical cost*.

**DISEASE FREE SURVIVAL, QUALITY OF LIFE, AND DIRECT MEDICAL COST
OF EARLY STAGE HER2 POSITIVE BREAST CANCER PATIENTS
UNDERWENT ANTI HER2 ADJUVANT CHEMOTHERAPY
COVERED BY ASKES IN 2007 – 2014 AT DR. SARDJITO HOSPITAL**

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ABSTRACT

Background: HER2 positive breast cancer was reported to be 15-20% among all cases of breast cancer worldwide. In Indonesia, it is estimated that the incidence is higher, around 30%-40%, and occurred in population which is ten years younger than Caucasian. HER2 positive breast cancer is associated with worse therapy outcome. However, the development of anti HER2 monoclonal antibody as therapy gives a better prognosis. AntiHER2 therapy is administered for 6 months (8 times) or 12 months (16 times). Disease free survival in patients who received 12 months therapy (93,8%) is better than those who received 6 months therapy (91,1%) (HR 1,28, 95% CI 1,05-1,56, p=0,29). In 2007-2014, ASKES covered antiHER2 therapy for 8 times. Although the management of early stage HER2 positive breast cancer using antiHER2 is effective, there are several factors interfering therapy outcomes, such as patients factors, diseases, pathology results, radiotherapy, surgery, and chemotherapy.

Aim: To learn the difference in disease free survival, quality of life, and direct medical cost between early stage breast cancer patients who received antiHER2 therapy for 6 months (suboptimal) compared with 12 months (optimal).

Method: This study is an observational, retrospective cohort study. The subjects are early stage positive HER2 breast cancer patients who received trastuzumab. Subjects are classified into two categories. The first group consists of patients who received antiHER2 therapy for less than or equal to 6 months (suboptimal) and the second group are patients who received antiHER2 therapy for more than 6 months (optimal).

Result: The disease free survival of early stage HER2 positive breast cancer patients who received trastuzumab at Dr. Sardjito Hospital in 2007-2014 is 68.7%. The disease free survival in the second group is better than the first group (72.1%; vs 65% log rank=5.012; p=0.082). Between 2 groups, the quality of life in early stage breast cancer patients who received antiHER2 therapy which was measured before chemotherapy until this study was conducted is not significantly different (p=0.290). The cost for chemotherapy is the highest (92.89%), followed by radiotherapy (2.61%). The direct medical cost in the second group is higher than the first group

Summary: The disease free survival between early stage breast cancer patients in first group (suboptimal) and second group (optimal) is not significantly different. There is no significant difference in quality of life in early stage breast cancer patients who received suboptimal and optimal antiHER2 therapy which was measured before chemotherapy until this study was conducted. The direct medical cost in early stage breast cancer patients who received optimal antiHER2 therapy is higher compared to those who received suboptimal antiHER2 therapy.

Keywords: early stage breast cancer, HER2, disease free survival, quality of life, direct medical cost.