

INTISARI

Rokok merupakan faktor risiko dari berbagai jenis kanker. Pada banyak negara, telah dilakukan estimasi beban kanker akibat rokok yang menjadi bukti ilmiah dampak buruk rokok. Indonesia, negara berkembang dengan jumlah perokok tertinggi keempat di dunia, akan menanggung beban kanker akibat rokok yang sangat besar. Penelitian mengenai estimasi beban kanker akibat rokok belum pernah dilakukan di Indonesia. Oleh karena itu, perlu dilakukan penelitian tentang beban kanker akibat rokok sebagai bukti ilmiah beban kanker akibat rokok.

Estimasi beban kanker akibat rokok tahun 2012 menggunakan metode *prevalence-based*. Indikator beban kanker akibat rokok, yaitu angka kesakitan penyakit kanker akibat rokok dan *Years Lived with Disability* (YLD). Angka kesakitan penyakit kanker akibat rokok diperoleh dari perkalian nilai *Smoking-Attributable Fraction* (SAF) dengan jumlah kesakitan penyakit kanker di Indonesia, dimana nilai SAF didapatkan dari hasil perkalian prevalensi merokok di Indonesia dengan *relative risk* dari masing-masing penyakit kanker. YLD diperoleh dari hasil perkalian angka kesakitan penyakit kanker akibat rokok, *disability weight*, dan durasi kesakitan.

Nilai SAF tertinggi baik pada laki-laki maupun perempuan adalah pada kanker paru-paru (84,60% ; 19,28%), kanker laring (80,49% ; 15,21%), dan kanker faring lainnya (79,90% ; 14,73%). Angka kesakitan penyakit kanker akibat rokok tertinggi adalah kanker paru-paru (23.229 kasus), kanker nasofaring (3.807 kasus), dan kanker hati (3.804). Nilai YLD tertinggi adalah pada kanker paru-paru (294.369 *person-years*), kanker nasofaring (43.848 *person-years*), dan kanker hati (27.918 *person-years*). Kanker paru-paru merupakan penyakit kanker akibat rokok dengan beban tertinggi di Indonesia. Dibutuhkan upaya pengendalian rokok yang lebih ketat untuk mengurangi beban penyakit kanker akibat rokok.

Kata kunci : kanker, rokok, angka kesakitan, YLD, Indonesia

ABSTRACT

Tobacco use is a well-established risk factor for many types of cancers. Many countries have estimated burdens of cancer attributed to smoking as scientific evidence of adverse effect of smoking. Indonesia, a developing country with the fourth highest number of smokers in the world, will bear high burden of cancer attributed to smoking. Research on estimation of the burden of cancer attributed to smoking has never been done in Indonesia. Therefore, it is necessary to research on cancer burden attributed to smoking as scientific evidence burden of cancer attributed to smoking.

Estimation of cancer burden in 2012 attributed to smoking use prevalence-based method. Indicators of cancer burden attributed to smoking are morbidity of cancer attributed to smoking and Years Lived with Disability (YLD). Morbidity of cancer attributed to smoking is estimated by multiplying the value of Smoking-Attributable Fraction (SAF) by the morbidity of cancer in Indonesia, which SAF value obtained by multiplying the prevalence of smoking in Indonesia by the relative risk of each cancer. YLD is estimated by multiplying morbidity of cancer attributed to smoking, disability weight, and duration of cancer.

The highest SAF value both in men and women is in lung cancer (84,60%; 19,28%), larynx cancer (80,49%; 15,21%), and other pharynx cancer (79,90 %; 14,73%). The highest morbidity of cancer attributed to smoking is lung cancer (23. 229 cases), nasopharynx cancer (3.807 cases), and liver cancer (3.804). The highest YLD value is in lung cancer (294.369 person-years), nasopharynx cancer (43.848 person-years), and liver cancer (27.918 person-years). Lung cancer has the highest cancer burden attributed to smoking in Indonesia. Therefore, it is necessary to initiate stricter national tobacco control policies in Indonesia to reduce the burden of cancer attributed to smoking.

Keywords: cancer, smoking, morbidity, YLD, Indonesia