

KORELASI RESPONS TERAPI TRANSARTERIAL CHEMOEMBOLIZATION DENGAN GRADING SKOR ALBUMIN- BILIRUBIN PADA PASIEN KARSINOMA HEPATOSELULER

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INTISARI

Latar belakang : Karsinoma hepatoseluler (KHS) adalah keganasan hepar primer paling sering dengan prognosis yang buruk. Pilihan terapi dan prognosis pada pasien KHS sangat bergantung pada kondisi klinis dan stadium kanker pasien. *Transarterial chemoembolization* (TACE) adalah terapi pilihan khususnya pada KHS stadium *intermediate* kriteria *Barcelona Clinic Liver Cancer* (BCLC). Penelitian-penelitian sebelumnya mengkonfirmasi bahwa *grading* skor albumin-bilirubin (ALBI) dapat digunakan untuk memprediksi prognosis pasien KHS yang mendapatkan terapi TACE.

Tujuan penelitian : Mengetahui hubungan antara respons TACE dengan *grading* skor ALBI pada pasien KHS

Bahan dan Cara : Penelitian ini adalah penelitian observasional analitik uji korelasi *cross-sectional* dengan subjek dari data sekunder secara *consecutive nonrandom sampling*. Subjek penelitian adalah hasil CT scan abdomen 4 fase pasien KHS sebelum dan setelah menjalani TACE pertama kali dan nilai albumin-bilirubin sebelum tindakan TACE di RSUP Dr. Sardjito Yogyakarta periode Juni 2016 – Juni 2021. Respons TACE dikelompokkan dalam empat kategori yakni *complete response* (CR), *partial response* (PR), *progressive disease* (PD), dan *stable disease* (SD). Untuk *grading* skor ALBI dikelompokkan dalam tiga kategori yakni *grade 1*, *grade 2*, dan *grade 3*. Dilakukan uji korelasi Somers'd antara respons terapi TACE dengan *grading* skor ALBI.

Hasil : Diperoleh 33 subjek, berjenis kelamin laki-laki 75,8% dan perempuan 24,2%. Rentang usia dari 42 hingga 78 tahun dengan rerata usia $57,272 \pm 10,329$ tahun. Etiologi KHS lebih banyak disebabkan oleh infeksi VHB 55,8%. Jumlah tumor soliter pada sebelum TACE 78,8% dan setelah TACE 72,7%. Besar ukuran tumor rerata $104,424 \pm 33,704$ mm sebelum TACE dan $79,151 \pm 44,666$ mm setelah TACE. *Grading* skor ALBI pada ALBI *grade 2* 60,6%, *grade 1* 33,3% dan *grade 3* 6,1%. Respons terapi TACE kategori PR dan SD masing-masing 39,4 %, PD 15,1% dan CR 6,1%.

Kesimpulan: Tidak terdapat korelasi yang bermakna secara statistik antara *grading* ALBI dengan respons terapi TACE pada KHS ($p = 0,447$). Penelitian lebih lanjut diperlukan untuk mengkonfirmasi kemampuan prediksi *grading* ALBI dengan respons terapi TACE pada KHS

Kata kunci : karsinoma hepatoseluler, *transarterial chemoembolization*, *grading* skor albumin-bilirubin

CORRELATION OF TRANSARTERIAL CHEMOEMBOLIZATION THERAPY RESPONSE WITH ALBUMIN-BILIRUBIN GRADE IN HEPATOCELLULAR CARCINOMA PATIENTS

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ABSTRACT

Background: Hepatocellular carcinoma (HCC) is the most common primary liver malignancy with a poor prognosis. The choice of therapy and prognosis in HCC patients is highly dependent on the clinical condition of the patient and the stage of cancer. Transarterial chemoembolization (TACE) is the treat of choice, especially in the intermediate stage HCC criteria for Barcelona Clinic Liver Cancer (BCLC). Previous studies confirmed that the albumin-bilirubin (ALBI) grade can be used to predict the prognosis of HCC patients receiving TACE therapy.

Objective: To determine the relationship between TACE response and ALBI grade in HCC patients.

Materials and Methods: This study is an analytic observational study with a cross-sectional correlation test with subjects from secondary data with non-random consecutive sampling. The research subjects were the results of abdominal CT scan 4 phases of HCC patients before and after undergoing TACE for the first time and albumin-bilirubin values before the TACE procedure at Dr. Sardjito Hospital Yogyakarta period June 2016 – June 2021. TACE responses are grouped into four categories, complete response (CR), partial response (PR), progressive disease (PD), and stable disease (SD). For grading the ALBI scores, they are grouped into three categories, grade 1, grade 2, and grade 3. A correlation test with Somers'd was conducted between the response to TACE therapy and the ALBI grade.

Results: There were 33 subjects, 75.8% male and 24.2% female. The age range is from 42 to 78 years with a mean age of $57,272 \pm 10,329$ years. The etiology of KHS was mostly caused by HBV infection 55.8%. The number of solitary tumors before TACE was 78.8% and after TACE was 72.7%. The mean tumor size was $104,424 \pm 33,704$ mm before TACE and $79,151 \pm 44,666$ mm after TACE. The ALBI grade was at ALBI grade 2 60.6%, grade 1 33.3%, and grade 3 6.1%. Response to TACE therapy for PR and SD categories were 39.4%, PD 15.1%, and CR 6.1%, respectively.

Conclusion: There was no statistically significant correlation between ALBI grade and response to TACE therapy in HCC ($p = 0.447$). Further studies are needed to confirm the predictive ability of ALBI grade with response to TACE therapy in HCC.

Keywords: hepatocellular carcinoma, transarterial chemoembolization, albumin-bilirubin grade