PERBANDINGAN ANGKA KEKAMBUHAN PADA PENDERITA KANKER PAYUDARA LOKAL LANJUT PASKA MASTEKTOMI YANG MEMPEROLEH TERAPI *AROMATASE INHIBITOR* STEROID DENGAN NONSTEROID

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ABSTRAK

Pendahuluan : Kanker payudara merupakan masalah yang masih dihadapi di seluruh dunia. Angka kejadian kanker di Indonesia menempati urutan ke-8 di Asia Tenggara. Insiden kanker payudara pada wanita adalah 42,1 per 100.000 penduduk. Inhibitor aromatase adalah terapi hormonal yang digunakan pada kanker payudara pascamenopause dengan ER positif dan/atau PR positif. Inhibitor aromatase generasi ketiga dibagi menjadi 2 kategori, yaitu agen non-steroid yang bersifat reversibel dan agen steroid yang bersifat ireversibel. Berdasarkan penelitian yang ada, belum ada hasil penelitian yang konsisten mengenai kejadian kekambuhan setelah terapi aromatase inhibitor, baik steroid maupun nonsteroid.

Metode : Penelitian ini merupakan penelitian observasional analitik dengan desain cross-sectional retrospektif dengan menggunakan data sekunder dari rekam medis. Penelitian dilakukan di Klinik Bedah RSUD dr. Soetomo Surabaya pada tanggal 1 Oktober 2020 sampai dengan selesai dengan subjek pasien LABC di POSA Bedah RSUD Dr. Soetomo yang telah menjalani mastektomi dan radioterapi serta telah mendapatkan terapi adjuvant hormonal aromatase inhibitor selama 2 tahun terhitung sejak Januari 2018 sampai dengan Januari 2020

Result : Pada kelompok inhibitor aromatase nonsteroid, 18 subjek (60%) mengalami kekambuhan dan 16 subjek pada kelompok inhibitor aromatase steroid (32%) dengan OR sebesar 0,314 (0,12-0,81; p=0,014). Berdasarkan hasil analisis multivariat, ditemukan bahwa peningkatan risiko kekambuhan hanya dipengaruhi secara signifikan oleh pemberian inhibitor aromatase p=0,052

Kesimpulan : Wanita dengan kanker payudara stadium lanjut lokal setelah mastektomi yang menerima terapi steroid aromatase inhibitor memiliki risiko kekambuhan 0,314 kali lebih rendah dibandingkan mereka yang menerima terapi aromatase inhibitor non-steroid
Kata Kunci : Kanker payudara, steroid penghambat aromatase, penghambat aromatase non-steroid, kekambuhan

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COMPARISON OF RECURRENCE RATES IN PATIENTS WITH LOCALLY ADVANCED BREAST CANCER AFTER MASTECTOMY WHO RECEIVED AROMATASE INHIBITOR THERAPY WITH STEROIDS AND NONSTEROIDS

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Abstract

Introduction: Breast cancer is a problem that is still faced throughout the world. The incidence of cancer in Indonesia is at number 8 in Southeast Asia. The incidence of breast cancer in women is 42.1 per 100,000 population. Aromatase inhibitors are hormonal therapy used in postmenopausal breast cancer with positive ER and/or positive PR. The third generation aromatase inhibitors are divided into 2 categories, namely non-steroidal agents that are reversible and steroid agents that are irreversible. Based on existing studies, there are no consistent research results regarding the incidence of recurrence after aromatase inhibitor therapy, both steroids and non-steroidal.

Methods: This study is an analytical observational study with a retrospective cross-sectional design using secondary data from medical records. The research was carried out at the Surgical Clinic of RSUD dr. Soetomo Surabaya on October 1, 2020 until the end with the subject of LABC patients at POSA Surgery RSUD Dr. Soetomo who has undergone mastectomy and radiotherapy and has received adjuvant hormonal aromatase inhibitor therapy for 2 years from January 2018 to January 2020.

Results: In the nonsteroidal aromatase inhibitor group, 18 subjects (60%) experienced recurrence and 16 subjects in the steroid aromatase inhibitor group (32%) with an OR of 0.314 (0.12-0.81; p=0.014. Based on the results of multivariate analysis, it was found that the increased risk of recurrence was significantly affected only by the administration of aromatase inhibitor p= 0.052

Conclusion: Women with locally advanced breast cancer after mastectomy who received aromatase inhibitor steroid therapy had a 0.314 times lower risk of recurrence than those who received non-steroidal aromatase inhibitor therapy.

Keywords: Breast cancer, *aromatase inhibitor steroid, aromatase inhibitor non-steroid,* recurrence