

Breast-conserving treatment versus mastectomy in T1-2N0 breast cancer: which one is better for Indonesian women?

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Abstrak

Latar belakang: Tujuan penelitian ini adalah untuk membandingkan hasil pengobatan antara penggunaan pengobatan konservasi payudara (breast conserving therapy, BCT) dan mastektomi pada pasien kanker payudara T1-2N0.

Metode: Penelitian retrospektif ini dilakukan pada pasien kanker payudara T1-2N0 yang menerima pengobatan antara Januari 2001 dan Desember 2010 di Departemen Radioterapi Rumah Sakit Cipto Mangunkusumo dan Jakarta Breast Center. Hasil akhir penelitian ini adalah kesintasan (OS), kekambuhan lokal (LR), kanker payudara kontra lateral (CBC), metastasis jauh (DM), dan disease free survival (DFS).

Hasil: Diantara 262 pasien yang memenuhi kriteria, 200 (76,3%) pasien menjalani BCT sedangkan 62 (23,7%) pasien menjalani mastektomi. Tidak ada perbedaan antara kelompok BCT dan mastektomi dalam hal kesintasan 5 tahun (5-year-overall-survival) 5-Y OS (88,2% vs 86,7%, $p = 0,743$), LR (7,4% vs 2,7%, $p = 0,85$), CBC (3,4% vs 5,3%, $p = 0,906$), DM (17,7% vs 37,7%, $p = 0,212$), dan DFS (78,5% vs 60,7%, $p = 0,163$). Dalam analisis multivariat, grade 3 dikaitkan dengan OS lebih buruk (HR 2,79, 95% CI 1,08-7,21, $p = 0,03$) dan DFS (HR 2,32, 95% CI 1,06-5,06). Wanita premenopause dikaitkan dengan risiko penurunan DM (HR 0,37, 95% CI 0,17-0,80) dan DFS (HR 0,38, 95% CI 0,19-0,78).

Kesimpulan: BCT dan mastektomi menunjukkan hasil yang sama dalam hal OS, LR, CBC, DM, dan DFS.

Background: This study aimed to compare the treatment outcomes between the use of breast-conserving treatment (BCT) and mastectomy for T1-2N0 breast cancer patients.

Methods: This study retrospectively reviewed T1-2N0 breast cancer patients who received treatment between January 2001 and December 2010 at Department of Radiotherapy Cipto Mangunkusumo Hospital and Jakarta Breast Center. The endpoints of this study were overall survival (OS), local recurrence (LR), contra-lateral breast cancer (CBC), distant metastasis (DM), and disease-free survival (DFS).

Results: Among the 262 eligible patients, 200 (76.3%) patients underwent BCT while 62 (23.7%) patients underwent mastectomy. There were no differences between BCT and mastectomy groups in 5-Y OS (88.2% vs 86.7%, $p = 0,743$), LR (7.4% vs 2.7%, $p = 0,85$), CBC (3.4% vs 5.3%, $p = 0,906$), DM (17.7% vs 37.7%, $p = 0,212$), and DFS (78.5% vs 60.7%, $p = 0,163$). In multivariate analysis, grade 3 was associated with worse OS (HR 2.79; 95% CI 1.08 ? 7.21, $p = 0,03$) and DFS (HR 2.32; 95% CI 1.06 ? 5.06). Premenopausal women were associated with decreased risk of DM (HR 0.37; 95% CI 0.17 ? 0.80) and DFS (HR 0.38; 95% CI 0.19 ? 0.78).

Conclusion: BCT and mastectomy showed similar outcome in terms of OS, LR, CBC, DM, and DFS.</i>