# Kejadian demam neutropenia pada pasien kanker payudara setelah pemberian regimen kemoterapi TAC dan FAC di RSUP Dr. Hasan Sadikin Bandung = Incidence of febrile neutropenia in breast cancer patients after receiving TAC and FAC chemotherapy regimens at RSUP Dr. Hasan Sadikin Bandung

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Abstrak

Demam neutropenia merupakan efek samping yang sering terjadi setelah kemoterapi. Demam neutropenia dapat menyebabkan penundaan dosis kemoterapi sehingga dapat mengurangi efektivitas terapi. Kejadian demam neutropenia paskakemoterapi dapat dicegah dengan pemberian Granulocyte-colony Stimulating Factor (G-CSF). Regimen kemoterapi yang digunakan dapat memengaruhi kejadian demam neutropenia. Selain itu, usia, stadium kanker, riwayat kemoterapi dan kadar hemoglobin sebelum kemoterapi merupakan faktor risiko demam neutropenia paskakemoterapi.

Penelitian ini bertujuan untuk mengetahui perbandingan kejadian demam neutropenia regimen TAC (dosetaksel, doksorubisin, siklofosfamid) dengan profilaksis primer G-CSF dan regimen FAC (fluorourasil, doksorubisin, siklofosfamid) pada pasien kanker payudara di RSUP Dr. Hasan Sadikin Bandung periode Januari 2017-Juni 2019.

Desain penelitian adalah cross sectional uji dua populasi. Jumlah sampel sebanyak 61 regimen TAC dan 102 regimen FAC. Kejadian demam neutropenia dianalisis menggunakan chi-square.

Hasil penelitian menunjukkan kejadian demam neutropenia paskakemoterapi lebih banyak terjadi pada regimen TAC dengan profilaksis primer G-CSF dibandingkan dengan regimen FAC. Kejadian demam neutropenia 12 kali lebih banyak terjadi pada regimen TAC dengan GCSF dibanding regimen FAC. Usia, stadium kemoterapi, riwayat kemoterapi dan kadar hemoglobin sebelum kemoterapi secara statistik tidak signifikan memengaruhi kejadian demam neutropenia paskakemoterapi.

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Febrile Neutropenia is a common side effect of chemotherapy. Febrile neutropenia can cause delayed chemo doses that can reduce the effectiveness of therapy. The incidence of febrile neutropenia can be prevented by administering Granulocyte-colony Stimulating Factor (G-CSF). The chemotherapy regimen can affect the incidence of febrile neutropenia. In addition, age, stage of cancer, history of chemotherapy and prechemotherapy hemoglobin level are risk factors for febrile neutropenia.

This study aimed to compare the incidence of febrile neutropenia between TAC (docetaxel, doxorubicin, cyclophosphamide) regimen with G-CSF primary prophylaxis and FAC regimen (fluorouracil, doxorubicin, cyclophosphamide) in breast cancer patients at RSUP Dr. Hasan Sadikin Bandung period January 2017 - June 2019.

The study design was cross sectional test of two populations. The sample consisted of 61 TAC regimen and 102 FAC regimen. The incidence of febrile neutropenia were analyzed using chi-square.

The results showed that the incidence of post-chemotherapy febrile neutropenia is more common in TAC regimen with G-CSF primary prophylaxis than FAC regimen. The incidence of neutropenia is 12 times more common in TAC regimens with G-CSF than FAC regimen. Age, stage of chemotherapy, history of

chemotherapy and pre-chemotherapy hemoglobin levels did not statistically significantly influence the incidence of febrile neutropenia.