

## Faktor prognostik klinis Yang mempengaruhi kesintasan pasien dengan glioblastoma multiform = Clinical prognostic factors affecting survival in patients with glioblastoma multiform

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### Abstrak

Tujuan: Menilai kesintasan pasien Glioblastoma Multiform (GBM) di RSCM dan mengidentifikasi faktor-faktor yang dapat mempengaruhi kesintasan pasien dengan GBM. Metode: dilakukan studi retrospektif pada 55 pasien GBM yang terdiagnosa secara histopatologis dan menjalani radiasi/kemoradiasi di RSCM pada Januari 2015-Desember

2019. Hasil: Mayoritas pasien adalah laki-laki dengan rasio 1,3:1 dibandingkan perempuan, rerata usia 45 tahun. Lokasi tumor tersering di lobus frontal (31,5%), lobus parietal (26,3%) dan lobus temporal (24,2%). Median ekstensi reseksi tumor (EOR) 77% dan median volume residu tumor 50cm<sup>3</sup>. Median interval operasi-radiasi 42 hari dengan median total dosis radiasi 60 Gy. 69,1% telah mendapatkan terapi sesuai dengan panduan penatalaksanaan kanker (PPK). Median kesintasan hidup keseluruhan (OS) 13 bulan dan median kesintasan bebas progresifitas (PFS) 9 bulan. Median OS pasien dengan RTOG RPA kelas III, kelas IV dan kelas V-VI adalah 18 bulan, 13 bulan dan 6,7 bulan ( $p<0,001$ ). Faktor yang memperburuk OS adalah usia  $\geq 50$  tahun ( $p=0,02$ ), KPS $<70$  ( $p<0,001$ ), volume residu tumor  $>20,4\text{cm}^3$  ( $p=0,001$ ), interval waktu operasi-radiasi  $<4$  minggu ( $p=0,01$ ) dan letak tumor di lobus parietal ( $p=0,02$ ) pada uji univariat. Faktor yang memperburuk PFS adalah KPS  $<70$  ( $p=0,001$ ), volume residu tumor  $>20,4\text{cm}^3$  ( $p=0,02$ ), terapi yang tidak sesuai PPK ( $p=0,004$ ) dan letak tumor di lobus parietal ( $p=0,03$ ). KPS merupakan faktor independen yang mempengaruhi OS dan PFS pada uji multivariat.

Kesimpulan: KPS merupakan faktor prognostik independen yang mempengaruhi kesintasan pasien GBM.

.....Aims: This study was done to assess the survival of patients with glioblastoma multiform in RSCM and to identify factors that can affect patient survival. Materials and methods: From January 2015 to December 2019, 55 patients with histopathologically confirmed glioblastoma multiform and received adjuvant radiation/chemoradiation in our department were retrospectively analyzed. Results: Most of the patients in this study were men 1,3 times compared to women. Mean ages was 45 years old. The most common tumors site was frontal lobe (31,5%) followed by parietal lobe (26,3%) and temporal lobe (24,2%). Median extend of resection (EOR) was 77% with median residual tumor volume was 50cm<sup>3</sup>. Most of the patients (69,1%) already treated according to practice guidelines. The median total radiation dose was 60Gy. Median time to initiate adjuvant radiotherapy was 42 days. Median overall survival (OS) was 13 months and median progression free survival (PFS) was 9 months. Median OS in patients with RTOG RPA class III, class IV and class V-VI were 18 months, 13 months and 6,7 months respectively ( $p<0,001$ ). Age $\geq 50$  ( $p=0,02$ ), KPS $<70$  ( $p<0,0001$ ), residual tumor volume  $>20,4\text{cm}^3$  ( $p=0,001$ ), time

to initiate adjuvant radiotherapy <4 weeks ( $p=0,01$ ) and parietal lobes tumor site ( $p=0,02$ ) were significantly associated with unfavorable OS in univariate analysis. KPS<70 ( $p=0,001$ ), residual tumor volume >20,4cm<sup>3</sup> ( $p=0,02$ ), treatment that not in accordance with practice guidelines ( $p=0,004$ ) and parietal lobes tumor site ( $p=0,03$ ) associated with unfavorable PFS in univariate analysis. KPS was found to be the only independent factor that affected OS and PFS in multivariate analysis. Conclusions: The only factor that independently affected OS and PFS was KPS.