

BAB 5

KESIMPULAN DAN SARAN

5.1 Kesimpulan

Berdasarkan hasil penelitian yang dilakukan dengan metode *Literature Review* yang berjudul Kajian literatur penggunaan obat Oxaliplatin, 5-Fluorouracil dan Leucovorin pada responden kanker kolorektal diperoleh kesimpulan sebagai berikut :

1. Dosis kemoterapi kombinasi oxaliplatin, 5-fluorouracil, dan leucovorin pada responden kanker kolorektal pada tiga kelompok berbeda yaitu oxaliplatin $85 \text{ mg} / \text{m}^2$, 5-fluorouracil $400 \text{ mg} / \text{m}^2$, leucovorin $200 \text{ mg} / \text{m}^2$. Dengan rute pemberian obat oxaliplatin $85 \text{ mg} / \text{m}^2$ di berikan bersamaan dengan leucovorin $200 \text{ mg} / \text{m}^2$ secara bolus intravena selama 2 jam di hari pertama, dan di lanjutkan dengan 5-fluorouracil $400 \text{ mg} / \text{m}^2$ secara bolus di hari pertama, kemudian pada hari ke dua dan hari ke tiga 5-fluorouracil $1200 \text{ mg} / \text{m}^2 / \text{hari}$ dengan total lama pemberian 42-48 jam secara terus menerus melalui bolus intravena. Durasi siklus pemberian mempengaruhi tingkat toksisitas atau efek samping yang terjadi yaitu neuropati perifer. Dari hasil yang didapatkan pemberian kemoterapi selama 3 siklus menunjukkan tingkat terjadinya efek samping lebih rendah dibandingkan pada pemberian kemoterapi selama 6 siklus.

2. Efek samping yang sering terjadi pada pemberian rejimen terapi mFolfox yaitu gangguan neuropati perifer, neutropenia, trombositopenia, anemia, hepatotoksitas, dan neuropati orofasial

5.2 Saran

1. Diperlukan pemeriksaan laboratorium lebih lanjut sehingga dapat mengurangi tingkat toksisitas dan efek samping terkait penggunaan mFolfox seperti halnya pemeriksaan hematologi baik sebelum di lakukan kemoterapi dan setelah dilakukan kemoterapi agar di dapatkan data penunjang untuk monitoring dan evaluasi terapi.
2. Diharapkan farmasis berperan dalam memberikan informasi dan edukasi terkait efek samping yang terjadi sehingga efektivitas terapi dapat dicapai secara maksimal dan kualitas hidup penderita menjadi lebih baik.

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