

BAB 5

KESIMPULAN DAN SARAN

5.1 Kesimpulan

Berdasarkan hasil penelitian yang berjudul Studi Biaya Kemoterapi Gemcitabine Kombinasi Cisplatin dengan Gemcitabine Kombinasi Carboplatin pada Pasien Kanker Paru di RSUD DR. Seotomo Surabaya selama periode Januari 2013 sampai Desember 2016 diperoleh kesimpulan sebagai berikut :

1. Besar biaya kemoterapi rata rata pasien kanker paru di RSUD Dr.Soetomo Surabaya yang diberikan kemoterapi gemcitabine kombinasi cisplatin adalah Rp21.483.870,00 pada tiga siklus pengobatan dan Rp28.103.588,00 pada empat siklus pengobatan. Besar biaya kemoterapi rata rata pasien kanker paru di RSUD Dr.Soetomo Surabaya yang diberikan kemoterapi gemcitabine kombinasi carboplatin adalah Rp18.819.109,00 pada tiga siklus pengobatan dan Rp20.802.204,00 pada empat siklus pengobatan.
2. Besar biaya medik langsung rata -rata pasien kanker paru yang diberikan kemoterapi gemcitabine kombinasi cisplatin di RSUD Dr.Soetomo Surabaya pada tiga siklus pengobatan yaitu Rp44.918.968,00 kelas perawatan I. Besar biaya medik langsung rata-rata pasien kanker paru yang diberikan kemoterapi gemcitabine kombinasi cisplatin di RSUD Dr.Soetomo Surabaya pada empat siklus pengobatan yaitu Rp37.895.834,00 kelas perawatan III. Besar biaya medik langsung rata -rata pasien kanker paru yang diberikan kemoterapi gemcitabine kombinasi carboplatin di RSUD Dr.Soetomo Surabaya pada tiga siklus pengobatan yaitu Rp41.934.530,00 kelas perawatan II dan

Rp28.512.342,00 kelas perawatan III. Besar biaya medik langsung rata-rata pasien kanker paru yang diberikan kemoterapi gemcitabine kombinasi carboplatin di RSUD Dr. Soetomo Surabaya pada empat siklus pengobatan yaitu Rp81.012.315,00 kelas perawatan VIP, Rp87.714.981,00 kelas perawatan UTM, Rp49.257.495,00 kelas perawatan 1, Rp43.173.970,00 kelas perawatan II, dan Rp34.628.993,00 pada kelas perawatan III.

3. Terdapat perbedaan biaya kemoterapi regimen Gem/Cis dan regimen Gem/Carb dengan selisih yaitu Rp2.6644.761,00 pada tiga siklus pengobatan dan Rp Rp7.301.384,00

5.2 *Saran*

1. Perlu dilakukan analisis lanjutan yaitu analisis efektifitas biaya untuk mengetahui dan menentukan dengan pasti terapi yang paling efektif dan efisien diantara kedua kemoterapi.
2. Pada penelitian selanjutnya diperlukan penambahan jumlah sampel.

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