2ND ASIA PACIFIC PHARMACY EDUCATION WORKSHOP 2011

8 — 9th December 2011

Management & Science University

Shah Alam, Selangor, Malaysia

ORGANIZERS

msu management & science university

UNITED NATIONS UNIVERSITY
UNU-IIGH
International Institute for Global Health

USM
UNIVERSITI SAINS MALAYSIA

MQA
Agensi Kelayakan Malaysia
Malaysian Qualifications Agency

Website : http://pharmed.msu.edu.my Email : afpsc2011@msu.edu.my

ASIAN FEDERATION for PHARMACEUTICAL SCIENCES CONFERENCE 2011

9th—12th December 2011

Renaissance Hotel

Kuala Lumpur, Malaysia

Organized by

msu management & science university

THE NAGAI FOUNDATION TOKYO 1986

JU

Co — organizer

UNITED NATIONS UNIVERSITY
UNU-IIGH
International Institute for Global Health

AFPS
Federation for Pharmaceutical Sciences

Supported by

Ministry of Health Malaysia

Sponsor

FERRON

Website : http://pharmed.msu.edu.my Email : afpsc2011@msu.edu.my

2ND ASIA PACIFIC PHARMACY EDUCATION WORKSHOP 2011

8 — 9th December 2011

Management & Science University

Shah Alam, Selangor, Malaysia

ORGANIZERS

msu management & science university

UNITED NATIONS UNIVERSITY
UNU-IIGH International Institute for Global Health

USM UNIVERSITI SAINS MALAYSIA

MQA Agensi Kelayakan Malaysia Malaysian Qualifications Agency

Website : http://pharmed.msu.edu.my Email : afpsc2011@msu.edu.my

2nd ASIA PACIFIC PHARMACY EDUCATION WORKSHOP

ORGANIZING COMMITTEE

Patrons

Prof. Dato' Wira Dr. Mohd Shukri Ab. Yajid
Tan Sri Dato' Dr Mohamed Salleh Mohamed Yasin

Advisors

Prof. Dato' Dr. Junainah Abdul Hamid
Prof. Dato' Dr. Asbi Ali
Prof. Dr. Mohd. Zainul Fithri Othman

Chairman

Assoc. Prof. Dr. Eddy Yusuf
(MSU, Malaysia)

Co-chairman

Assoc. Prof. Syed Azhar Syed Sulaiman
(USM, Malaysia)

Secretariat

Assoc. Prof. Erni P. Kolopaking
Norazrin Jamel Abdul Jamil
Ibrahim Abdullah
Suzainur Kulop Abdul Rahman
Lau Sue Ying
Nurul Asyira Roslin
Sharmala Ernest
Tamilselvi Antony

Scientific

Assoc. Prof. Erni P. Kolopaking
Sri Budiasih
Dr. Santosh Fattepur
Dr. Jiyauddin Khan
Wesam R. Kadhum

Technical

Jawad Akram
Mohd Amlie Sardi Mohd Khomsa
Mohammed Kaleemullah

Marketing/ Publicity

Mohd Fadli Asmani

Finance

Wesam R. Kadhum
Dr. Santosh Fattepur

Events

Yasohdha Anne
Tulsikrsna Sivalingam
Mohd Zaidi Abdul Malik
Kavitha Kanthasamy
Loshini Appalasamy
Tan Poh Yeen
Nadia bt Abu Bakar
Rodgne Alexius
Shangkari Sivamurthy
Ezrin binti Anuar
Nur Syafinaz bt asmuni
Nurul Musfirah bt Mafauzy
Syafirah Khairuddin
Floriya Arulanathm
Mageswary Velayutham
Sharmilee Sandrasegaran
Shoniya Jayasegaran
Fathin Atikah binti Mat Jusoh
Nur Asyikin bt Mat Aris
Amy Tan Szi Sze
Syafiqah bt Jaafar
Golusul Marisia bt Alla Pitchai

2nd ASIA PACIFIC PHARMACY EDUCATION WORKSHOP

INTERNATIONAL COMMITTEE

Prof. Ian Bates
Prof. Dr. Kenji Sugibayashi
Dr. Joseph I Sigit, Apt, MSi
Dr. Berna Elya, Apt, MSi
Dr. Akhmad Kharis Nugroho, Apt, MSc
Dr. Retno Sari, Apt, MSc
Dr. Teti Indrawati, Apt, MS
Drs. Hadi Sunaryo, Apt, MSi
Dr. Nurkhasanah Mahfudh, Apt, MSi
Drs. Saepudin, Apt, MSi
Assoc. Prof. Dr. Imelda G. Pena
Assoc. Prof. Dr. Watcharee Khunkitti
Prof. Dr. Abdullah Dayo
Assoc. Prof. Gulam Khan, MPharm
Mohammed Shukry Zawahir, M Clinical Epidemiology

ASIAN FEDERATION FOR PHARMACEUTICAL SCIENCES CONFERENCE

PROGRAMME OUTLOOK

9th December 2011		
2.00 – 5.00 PM	**Registration (Conference Office, Level 1, West Wing)**	
10th December 2011		
9.00 – 9.45 AM	Opening Ceremony Speech by Assoc. Prof. Eddy Yusuf, Chairman of OC and Vice President of AFPS Speech by Prof. Dato' Wira Dr. Mohd Shukri Ab. Yajid, President of MSU Speech by YB Dato' Sri Liow Tiong Lai, Minister of Health, Malaysia	
9.45 –10.30 AM	"Nagai Distinguished Scientist" Award Lecture by Prof. Vincent H.L. Lee (Chinese University of Hong Kong)	
10.30 –10.45 AM	"Nagai Distinguished Scientist" Award Presentation by Prof. Tsuneji Nagai	
10.45 – 11.00 AM	**Tea Break**	
11.00 – 12.45 PM	Keynote Lectures • Prof. Dr. Hiroaki Okada, JAPAN – *The Cytosol-Sensitive Transcellular DDS for siRNA Therapy* • Dr. Metin Celik, USA – *Impact of Pharmaceutical Science for the Pharmaceutical Industry* Chairman : Prof. Dr. Paul Heng	
12.45 – 2.00 PM	**Lunch Break ("Temptations Restaurant" East Wing)**	
2.00 – 3.45 PM	Concurrent Symposium : Regulatory Science and Basic / Clinical (BA/BE) Study) Chairman: Prof. Dr. Syed Azhar Syed Sulaiman	Concurrent Symposium : Current Pharmaceutical Aspects of CAM Chairman : Dr. Joshita Djajadisastra
3.45 – 4.00 PM	**Tea Break**	
4.00 – 5.45 PM	Concurrent session of Oral Presentation	
5.45 – 6.15 PM	Poster presentations	
8.00 – 10.00 PM	**GALA DINNER : Saloma Theatre Restaurant** **Guest Speaker :** YB Datuk Rosnah bt. Haji Abdul Rashid Shirlin, Deputy Minister of Health, Malaysia Prof. Dato' Wira Dr. Mohd Shukri Ab. Yajid, President MSU	

POSTER PRESENTATION
JUDGING TIME: 11 DEC 2011 at 10:15 – 10:45 AM

REGULATORY SCIENCE AND BASIC/CLINICAL STUDY

Code	Title	Country
DP-001	Evaluation of the inhibition of hepatic cytochorme p450 by fermented herbal extracts, *Ssang-Hwa-Tang* ***Sang Yoon Lee**, Kye Sook Lee, Bong Hee Kim, Sang Kyum Kim* College of Pharmacy,Chungnam National University,Korea, Republic of	Korea, Republic of
DP-002	A peptide moiety of human α1-acid glycoprotein is recognized by the hemoglobin ß-chain on mouse liver parenchymal cells ***Ayaka Suenaga**, Koji Nishi, Hisakazu Komori, Mari Kikuchi, Nao Uehara, Naoko Fukunaga, Kazuaki Matsumoto, Hiroshi Watanabe, Keisuke Nakajou, Toru Maruyama, Masaki Otagiri* Department of Biopharmaceutics, Graduate School of Pharmaceutical Sciences, School of Pharmacy, Kumamoto University, Japan	Japan
DP-003	Cardio-protective effect of n-acetyl cysteine in sub chronic exposure of malathion in wistar rats ***Madhavan Nampoothiri G**, Joyamma Varkey and Noufal C V* Department of Pharmacology, Manipal College of Pharmaceutical Sciences, Manipal University, Manipal, Karnataka, India	India
DP-004	Interaction between p-cresyl sulfate and indoxyl sulfate during body disposition can influence their serum free concentrations in chronic kidney disease ***Hiroshi Watanabe**, Yohei Miyamoto, Tsuyoshi Noguchi, Ayaka Suenaga, Daisuke Kadowaki, Masaki Otagiri, Toru Maruyama* Department of Biopharmaceutics, Graduate School of Pharmaceutical Sciences and Center for Clinical Pharmaceutical Sciences, School of Pharmacy, Kumamoto University, Japan	Japan
DP-005	Does written intervention have an impact on physician prescribing? ***Retnosari Andrajati**, Restu Restalita, Sriyanti* Pharmacy Department, FMIPA Universitas Indonesia, Indonesia	Indonesia
DP-006	Survey of undergraduate education in pharmacy school about over-the-counter medicine in Japan ***Akemi Shinno**, Minae Isawa, Masatoshi Tomi, Mayumi Mochizuki and Emi Nakashima* Division of Pharmaceutics, Faculty of Pharmacy, Keio University, Japan	Japan
DP-007	Quantitative assessment of cysteinylated human serum albumin using ESI-TOF/MS and its clinical significance in chronic liver disease ***Kohei Nagumo**, Tsuyoshi Sugimori, Naoyuki Yamada, Kazuyuki Kubota , Yu Ishima, Hiroshi Watanabe, Motohiko Tanaka, Yutaka Sasaki, Toru Maruyama and Masaki Otagiri* Department of Biopharmaceutics, Graduate School of Pharmaceutical Sciences, Kumamoto University, Japan	Japan
DP-008	Assessment of generic medicines development and entry decisions by the Malaysian generic pharmaceutical industries ***Omotayo Fatokun**, Mohamed Izham Mohamed Ibrahim, Mohamed Azmi Hassali* School of Pharmaceutical Sciences, Universiti Sains Malaysia, and Faculty of Pharmaceutical Sciences, UCSI University, Malaysia	Malaysia

DP-009	Carbon monoxide bound red blood cells prevent alteration of hepatic cytochrome p450 activity after hemorrhagic shock and resuscitation ***Shigeru Ogaki**, Kazuaki Taguchi, Hiroshi Watanabe, Ayaka Suenaga, Masaki Otagiri and Toru Maruyama* Department of Biopharmaceutics, Graduate School of Pharmaceutical Sciences, School of Pharmacy, Kumamoto University, Japan	Japan
DP-010	*In vitro* and *in vivo* viral inhibitory activity of *Hypericum* species against Newcastle disease virus ***Ashish Wadhwani**, Viral Patel, Manish Kumar and Vijayan Pottekad* Department of Pharmaceutical Biotechnology, J.S.S. College of Pharmacy, (Off Campus J.S.S. University, Mysore) Tamil Nadu, India.	India
DP-011	Elucidation of catalytic property and structural feature of human carboxylesterase2 ***Sou Tanoue**, Kouske Tanaka, Seiya Fujihara, Kayoko Ohura and Teruko Imai* School of Pharmacy, Kumamoto University, Japan	Japan
DP-012	Functional characterization of rat plasma membrane Monoamine transporter (PMAT) in the blood-brain and blood-cerebrospinal fluid barriers ***Takashi Okura**, Sayaka Kato, Riyo Morimoto, Satoru Yui, Atsushi Yamashita, Tetsuya Terasaki and Yoshiharu Deguchi* Department of Drug Disposition & Pharmacokinetics, School of Pharmaceutical Sciences, Teikyo University, Japan	Japan
DP-013	Developed HPTLC-densitometric for therapeutic drug monitoring ***I Made Agus Gelgel Wirasuta**, Rai Gunawan, Ni Made Pitri Susanti, Ni Putu Linda Laksmiani* Department of Pharmacy, Faculty of Basic Sciences, Udayana University, Kampus Bukit Jimbaran. Indonesia	Indonesia
DP-014	OAT4/SLC22A11-mediated uptake of 16α-hydroxy dehydroepiandrosterone sulfate at the placental barrier ***Masatoshi Tomi**, Mayuko Ozaki, Kei Higuchi, Tomohiro Nishimura, Emi Nakashima* Faculty of Pharmacy, Keio University, Tokyo, Japan	Japan
DP-015	Relationship between hypotaurine concentration and expression levels of EZRIN and SLC6A13 shinnotransporter in mice placenta during pregnancy ***Yuki Sugita**, Kei Higuchi, Kanako Kamata, Tomohiro Nishimura, Noriko Kose, Yoshimichi Sai, Masatoshi Tomi, Emi Nakashima* Division of Pharmaceutics, Faculty of Pharmacy, Keio University, Tokyo, Japan	Japan
DP-016	Evaluation of p-glycoprotein-mediated transport of ester prodrugs and expression of esterases in LLC-GA5-COL300 cells ***Kayoko Ohura** and Teruko Imai* Graduate School of Pharmaceutical Sciences, Kumamoto University, Japan	Japan
DP-017	Estrogen receptor alpha induction by mitoxantrone increases ABCG2 expression in rat placental cells ***Kenji Oda**, Tomohiro Nishimura, Noriko Kose, Masatoshi Tomi, Emi Nakashima* Division of Pharmaceutics, Faculty of Pharmacy, Keio University, Tokyo, Japan	Japan

DP-018	In vivo techniques for the evaluation of passages From Matarnal and Fetal sides across the placental bar ***Takashi Asada**, Tatsuya Takanohashi, Tomohiro Nishimura, Masatoshi Tomi, Emi Nakashima* Division of Pharmaceutics, Faculty of Pharmacy, Keio University, Japan	Japan
DP-019	Direct costs inpatient treatment of Ovarian Cancer hospital on education in South Jakarta ***Lili Musnelina**, Pipit Triyundasari* Department of Pharmacy, Institute of Science and Technology of National, Jakarta, Indonesia	Indonesia
DP-020	Effect of acetaminophen on progression of renal damage in adenine-induced renal failure model rat ***Daisuke Kadowaki**, Satomi Sumikawa, Yuki Narita, Kazuaki Taguchi, Yoichi Ishitsuka, Tetsumi Irie, Toru Maruyama, Masaki Otagiri, Sumio Hirata* Graduate School of Pharmaceutical Sciences and Center for Clinical Pharmaceutical Sciences, Kumamoto University, Japan	Japan
DP-021	Diphenhydramine active uptake at the blood-brain barrier and its interaction with oxycodone in vitro and in vivo ***Yoshiharu Deguchi**, Takashi Okura, Sayaka Kato, Muhammad Waqas Sadiq, Tetsuya Terasaki and Margareta Hammarlund-Udenaes* Department of Drug Disposition & Pharmacokinetics, School of Pharmaceutical Sciences, Teikyo University, Japan	Japan
DP-022	Human serum albumin-thioredoxin fusion protein with long blood retention property is effective in suppressing lung injury ***Yu Ishima**, Masaki Otagiri, Masato Furukawa, Ryota Tanaka, Victor Tuan Giam Chuang, Kazuaki Taguchi, Hiroshi Watanabe, Toru Maruyama* Department of Biopharmaceutics, Graduate School of Pharmaceutical Sciences and Center for Clinical Pharmaceutical Sciences, School of Pharmacy, Kumamoto University, Japan	Japan
DP-023	Factors affecting effectiveness of influenza vaccine among dental staff and students of Universiti Kebangsaan Malaysia ***H Rashwan**, Lee S H, I Isahak, M H Jafar and H M Hussaini* Faculty of Pharmacy, UiTM, Malaysia	Malaysia
DP-024	Immunostimulant Activity of Ethanolic Extract of *Sarang Semut Tubers* (*Myrmecodia archboldiana* Merr. & L.M. Perry) in White Male Rat ***Santi Purna Sari**, Katrin, Annisa Rahma Hendarsula* Pharmacy Department, Faculty of Mathematics and Natural Sciences, University of Indonesia, Indonesia	Indonesia
DP-025	Immunization side effects in Iraqi children younger than two years ***Omer Q.B. Al-lela** , Mohd Baidi Bahari, Mustafa G. Al-abbassi, Muhannad R.M. Salih, Amena Y. Basher* School of Pharmaceutical Sciences, Universiti Sains Malaysia	Malaysia
DP-026	Japan regulatory requirements for variation procedures and GMP inspection *V.Santosh Kumar, S.T.Bhagawati and **Krishnamurthy Bhat*** Department of Pharmaceutical Quality Assurance, Manipal college of Pharmaceutical Sciences, Manipal University, Manipal, India	India

Archives of Pharmacy Practice
Abstract Conference Proceedings
2nd Asia Pacific Pharmacy Education (PharmED) Workshop
ISSN 2045-080X Vol. 3, Issue 1, 2012

DP-019

DIRECT COSTS INPATIENT TREATMENT OF OVARIAN CANCER HOSPITAL ON EDUCATION IN SOUTH JAKARTA

Lili Musnelina and Pipit Triyundasari
Department of Pharmacy, Institute of Science and Technology of National, Jakarta, Indonesia
Email : dkn.fmipa.istn@gmail.com

ABSTRACT

Ovarian cancer is the cause of death from all gynecological cancers. Nearly 70% of epithelial ovarian cancer are not diagnosed until the advanced stages. High mortality due to this disease are asymptomatic. Assessment of ovarian cancer treatment costs largely unknown and not yet widely applied. Thus it has done research on the magnitude of the average cost of treatment based on treatment classes, the average cost of medical expenses per patient/ day action, and total costs of treatment of patients with ovarian cancer in inpatient teaching hospital in South Jakarta. By using analytic descriptive retrospective method. Data were obtained from medical records to see the condition of clinic patients and a memorandum of payment ovarian cancer patients who are hospitalized in the period January 2008 - August 2009. The data collected are then processed by using a percentage calculation.Of the 50 patients with ovarian cancer showed that, the age of ovarian cancer patients are generally found at the age of 45-64 years (58%) with duration of patient care on average 1-9 days. Class treatment room that has been chosen is a class III (52%). The average cost of treatment based on the largest class in the class I care for Rp.12.520.069 / patient / day (30%). Total cost of treatment for all patients is equal Rp. 911 880 070, -. which consists of the room, physician fees, drug costs and expenses of medical action. The average cost is the biggest cost of medical action of Rp. 1,424,325 / patient / day and drug costs Rp. 423 626, - / patient / day. The average cost of treatment per patient / day amounting to Rp. 2.026.602, -. The high cost of treatment and the existence of price differences in the treatment of patients with ovarian cancer can be caused by different patient conditions and already at an advanced stage.

DIRECT COST INPATIENT TREATMENT OF OVARIAN CANCER HOSPITAL ON EDUCATION IN SOUTH JAKARTA

Lili Musnelina, Pipit Triyundasari

Departement of Pharmacy, Institute of Science and Technology of National, Jakarta, Indonesia
dkn.fmipa.istn@gmail.com, musnelina.lili@gmail.com

Abtract

Ovarian cancer is the cause of death from all gynecological cancers. Nearly 70% of epithelial ovarian cancer are not diagnosed until the advanced stages. High mortality due to this disease are asymptomatic. Assessment of ovarian cancer treatment costs largely unknown and not yet widely applied. Thus it has done research on the magnitude of the average cost of treatment based on treatment classes, the average cost of medical expenses per patient/ day action, and total costs of treatment of patients with ovarian cancer in inpatient teaching hospital in South Jakarta. By using analytic descriptive retrospective method. Data were obtained from medical records to see the condition of clinic patients and a memorandum of payment ovarian cancer patients who are hospitalized in the period January 2008 - August 2009. The 50 patients with ovarian cancer showed that, the age of ovarian cancer patients are generally found at the age of 45-64 years (58%) with duration of patient care on average 1-9 days. Class treatment room that has been chosen is a class III (52%). The average cost of treatment based on the largest class in the class I care for Rp.12.520.069 / patient / day (30%). Total cost of treatment for all patients is equal Rp. 911 880 070, -. which consists of the room, physician fees, drug costs and expenses of medical action. The average cost is the biggest cost of medical action of Rp. 1,424,325 / patient / day and drug costs Rp. 423 626, - / patient / day. The average cost of treatment per patient / day amounting to Rp. 2.026.602, -. The high cost of treatment and the existence of price differences in the treatment of patients with ovarian cancer can be caused by different patient conditions and already at an advanced stage.

Key words : direct cost, ovarian cancer, average cost

Introduction

Ovarian cancer is the cause of a death from all gynecological cancers. the high mortality is due to this disease is initially asymptomatic and only cause complaints if the metastasis has occurred, so that 60%-70% of patient present at an advanced stage, so the disease is also called the " a silent killer". The incidence of this disease in Indonesia is not yet known with the certainty because if the recording and a reporting of the disease in our country are poor. Preview at Hospital found to be approximately 50 patients each year based on medical record data in 2007/2008. Ovarian cancer is closely associated with the woman who has low fertility. Epidemiological studies claimed several important risk factors as a cause of ovarian cancer are women, giving a birth the first time at the age above 35 years

and women who have the family history of ovarian cancer, breast cancer or colon cancer. Women with a history of a first pregnancy occurred at an age below 25 years, the use of the contraceptive pill and a breast feeding will reduce as much as 30-60% of ovarian cancer. Environmental factors such as the use of talc, a galactosse consumption and the sterilization did not have any impact on the development of this disease. [3,7]

The cost analysis is broader than the cost of the quest (a cost finding). Search costs in this limited sense only in a trouble to find the cost of health the care unit. Search trouble cost is basically done by using a system known as the allocation of costs. In simple terms the allocation of costs presently's an attempt to transfer the indirect costs of an s service to the direct costs of other units. The cost analysis is the process of re-arrange the data information contained in financial statements to gain the proposed cost of sanatorium services, with other words the cost analysis is the distribution of unit costs of a conservation, operation units, and other public services unit to the care, an emergency room, or the central sanatorium profit from services handed to cases.[6,8,12]

Method

The research conducted is a descriptive study using secondary data from a retrospective view of medical records ovarian cancer patients and bill payment ovarian cancer patients who underwent inpatient at the General Hospital Center, South Jakarta period January 2008 – August 2009. The number of patients within the time span of patients selected according to the inclusion criteria.

Results

Table.1
The Distribution of patients with ovarian cancer who underwent hospitalization by age group

NO	Age (Years)	Number of Patients (person)	Percent (%)
1	15 – 24	5	10
2	25 - 44	14	28
3	45 – 64	29	58
4	≥65	2	4
Total		50	100

The percentages of ovarian cancer patients in different age groups showed that the largest proportion was 45-64 years old, accounting for 58%, and the youngest age group ≥65 years accounted for 45%. These results supported the study epidemiology that states that an important risk factor as a cause of ovarian cancer is women who first gave birth at the age above 35 years and who have a family history of ovarian cancer, breast or colon, whereas women with a history of first pregnancy occurred at age under 25 years, the use of

the contraceptive pill and breastfeeding will reduce as much as 30-60% of ovarian cancer. Delayed patient come to an early examination of the symptoms experienced at first due to this disease are asymptomatic and only cause complaints if metastasis has occurred, so that 60%-70% of patients present at an advanced stage at stage III and IV.[3,5,7]

Table.2
The distribution of day care on the number of patients with ovarian cancer

NO	Leght of stay (Days)	Number of People (Persons)	Percentage (%)
1	1 – 9	31	62
2	10 - 19	16	32
3	20 – 29	3	6
Total		50	100

The percentage of long-day care of the number of patients with ovarian cancer who underwent hospitalization was the biggest percentage was 1-9 days to 62% and the smallest percentage was 20-29 days at 6%. This is probably the patient during treatment in a condition that requires intensive treatment and the stage of disease suffered by patients is a state of advanced stage, while in the care of 1-9 days, this may be due to undergoing surgery and recovery and therapy or chemotherapy in a row until otherwise recovered.[13,15]

Table.3
Percentage of total class treatments of ovarian cancer inpatients

NO	Classroom	NO Number of Patient (people)	Percentage (%)
1	VIP	4	8
2	I	10	20
3	II	10	20
4	III	26	52
Total		50	100

The percentage of classes based on the number of treatment rooms for ovarian cancer patients who underwent inpatient hospital in South Jakarta in the period January 2008-August 2009, showed that the largest percentage of class III (52%). This is because the economic crisis that hit Indonesia so that the patient chooses treatment is class III-class service with a difference that is not too far away to the other class (the only difference being the treatment room facilities), it is clear that in the service class III may have a health condition enough room rental costs affordable for people with middle to lower, so that may ovarian cancer patients choose to grade III.[1,11,13]

Table.4
Average inpatient ward of class of ovarian cancer inpatients

Class room	Number of patients	Leght of stay (Days)	Average Leght of stay (Days)
VIP	4	29	7
I	10	115	11
II	10	90	9
III	26	236	9
Total	50	470	9

Average inpatient care for the class, showing that the average hospitalization is the largest in class I for 11 days. This is because, in the health care class, I might have a health condition that is good enough to rent a room at an affordable cost for people in the medium, so that many ovarian cancer patients choose the class I. On inpatient services in hospitals, there is a variety of classes that the tariff treatment tailored to classes of treatments available in hospitals that care classes affect the cost incurred by the patient's hospitalization.

Table.5
The cost of medical action based on the age of inpatients with ovarian cancer

NO	Age (Years)	Number of Patients	Average Cost Per-person medical action Per-Day (Rp)	Percentage (%)
1	15-24	5	173.592	34
2	25-44	14	119.043	23
3	45-64	29	201.658	40
4	≥65	2	16.752	3
Total		50	511.045	100

The cost of medical action based on the age of ovarian cancer patients who underwent inpatient hospital teaching in Jakarta in the period January 2008-August 2009, showed that the average cost of medical action is the largest age group above 45-64 years, with the cost of Rp. 201.658/day. The average of the largest medical action is above the age group of 45-64 years, each for a cost of Rp. 201.658/day. With increasing age, the patients receiving medical action types will be more complex because the function of working power organs will decrease, so that intensive care is needed to overcome them.[5,6,15]

Table.6
The cost of medical action based long day care inpatients with ovarian cancer

NO	Lenght of stay (day)	Number of Patients	The average cost of treating/ patient/Day	Percentage (%)
1	1-9	31	166.581	34
2	10-19	16	274.180	55
3	20-29	3	56.962	11
Total		50	497.723	100

The cost of medical treatment, based on the long days of inpatient treatment, showed that the cost of medical treatment measures the average per person, which is the largest in the long days 10-19 days, at a cost of Rp.274.180/day and a cost of rp.274.180/ a day. This may be due to the patient during treatment in a condition that requires intensive treatment and a stage of disease suffered by patients in a state of advanced stage. Long-day treatment resulting in increased medical action should be given, which in turn will affect the high cost of patients.[1,10]

Table.7
Total Medical Costs by age of ovarian cancer inpatients

NO	Age (Years)	Number of Patients	Average Cost of treating Per-Per-Day/Patient (Rp)	Percentage (%)
1	15-24	5	1.512.227	15
2	25-44	14	2.693.620	26.6
3	45-64	29	5.528.547	54.7
4	≥65	2	372.027	3.7
Total		50	10.106.421	100

The cost of treatment based on age of ovarian cancer patients showed that the average cost of treatment is the largest age group above 45-64 years, with the cost of Rp. 5.528.547/day/patient. In view of the cost of treatment, over 45 years, of the 29 patients, an average of the highest treatment of Rp. 5.528.547/day, when compared with other age groups, because with age, the patient who received the type of treatment will be more complex organs the function of organs power will decrease, it would require more intensive treatment to overcome it.[16,17]

Table.8
Total treatment costs based long day care inpatients with ovarian cancer

NO	Leght of stay (day)	Number of Patients	The average cost of treating/ patient/Day	Percentage (%)
1	1-9	31	1.774.057	59
2	10-19	16	827.429	29
3	20-29	3	392.203	13
Total		50	2.993.689	100

The cost of treatment based on the long days showed that the average medical cost per person is the highest in the old days, at a cost of Rp. 1.774.057/day. The study found that long day care the most is 1-9 days with an average treatment cost of Rp. 1.774.057/day/patient. This may be due to the patient during treatment in a condition that requires intensive treatment and a stage of disease suffered by patients in a state of advanced stage. Long days of treatment have resulted in increased therapy given doctors increased costs for doctors, which will ultimately affect the high cost of total treatment of patients.[16,18]

Table.9
Average treatment cost per day based on the class room treatment of ovarian cancer

Class	Number of Patients	Average Medical Costs/patient/day (Rp)	Percentage (%)
VIP	4	8,578,125	21
I	10	12,520,069	30
II	10	11,653,012	28
III	26	8,818,375	21
Total	50	41,569,581	100

The average medical cost per day based on the class room treatment of ovarian cancer patients who underwent inpatient, ie, the average cost of class I of Rp.12.520.069/patient/day. The results obtained by processing research that show most bird classes are selected by ovarian cancer patients is class I with a percentage of 30%. It is clear that in the health care class I might have a health condition, it is good enough to rent a room at an affordable cost for people with medium health, so that many patients with ovarian cancer are in the class I choose. On inpatient services in hospitals, there is a variety of classes so that the treatment room tariff classes are tailored to the kinds of treatments available in hospitals, which care classes affect the cost incurred by the patient's hospitalization. This fact is in accordance with the average number of patients in class I and II are the same the biggest cost in the first year this is due to the results of calculations which show that the class of treatment effect on the high cost of treatment ovarian cancer who underwent ambulatory inpatient Hospital.[1,2,18]

Conclusion

1. Age of ovarian cancer patient hospitalized in the Hospital Jakarta which many are in patients aged 45-64 years with a percentage of 58% with a total cost of RP. 5.528.547/patient/day (54.7%).

2. The class treatment room that has been chosen is a class III (52%) with average cost of Rp. 1.424.325/ a patient/ the day. The average drug cost of Rp. 423 626/ a patient / a day and the cost of treatment / a patient rate Rp. 2.026.602,-.

3. Total cost of treatment for all patients is equal Rp. 939. 189 070, -. which consists of the room, physician fees, drug costs and expenses of medical action

4. High cost of treatment and the presence of price differences in a cancer the therapy attribute to differences and the level of the patient's condition.

Bibliography

1. Bermen, Howard, J., et. Al., "The Financial Management of Hospital", 6th Ed., Health Administration Press, Michigan, 1986.
2. Bootman., Ph.D., " Principles of Pharmacoeconomics", 2th Ed., Wharlay Whitney Books, 1996.
3. Collection of Papers Indonesia Cancer Foundation Training Programme., "Gynecologic cancer", Laila Nuranna., FK UI, Jakarta, p.: 70-10.
4. Comis, RL, et.al., "Chemotheraphy for Non-Small Cell Lung Cancer: New Approaches," p.. 6-23.
5. Donna Dowson., "Women's cancers", Diatkus. London, 1990, p. :47-68.
6. Gan, S., Pharmacology and Therapeutics, 4th ED., Faculty of Medicine, University of Indonesia, Jakarta, 2005, p.. 686-687.
7. Gani, Dr., "Diagnosis and Treatment of Cancer Types Ten Most In Indonesia", Book Medical Publishers, p.. 149-167
8. Harahap, E. Rustam, gynecologic cancer, Publisher PT. Scholastic Indonesia, Jakarta, 2000, p.. 1-183.
9. Ibrahim, E., " Hospital Services Reform Efforts Through Proactive Concept", Medical, 26, No. 9, September, 2000, p.. 598-604.
10. Nadjib, M., "Economic Analysis in the Health Sector", Public Health Indonesia, 16, No.2, 1998, p.. 70-72.
11. Riyanti., "Analysis of Cost Similar to Standard Rate Service", Panel Discussion Into 40 Hospital Jakarta, 6 November, 1991.
12. Rasjidi I. "Gynaecological Cancer Chemotherapy In Everyday Practice" Publisher CV. Sagung Seto, Malang, 2007, p. 1-37.
13. Sjaaf, Amal., "Cost Analysis Health Services Hospitals' , Medical, 17,No. October, 1991, p.. 819-820.

14. Susworo and Tjarta, “Prevention and Early Detection of Cancer”. FK UI, Jakarta, 2000, p.: 142-152.
15. Sonar, Dr., Et.al., “Early Detection of Cancer “, Faculty of Medicine, University of Indonesia, p.. 113-121
16. Sulistiadi, Revelation., “Financing and Tariff Rational Service Hospital”, Medical Indonesia, 48, No. 3, March, 1998, p.. 141-143.
17. Thabrany, H., “Public Role in Financing Health”, Medical Indonesia, 52, No. 1, Januari, 2022, p.. 1-6.
18. Viggo Jonsson., “Pharmacoeconomics Aspeets in the Treatment of Curable and Incurable Cancer”, PharmacoEconomics, 8, No.. 4, 1995, p.. 275-276.

Organized by

Co – organizer

Supported by

Sponsor

Certificate of Attendance

This is to certify

Lili Musnelina

has attended the

ASIAN FEDERATION for PHARMACEUTICAL SCIENCES CONFERENCE

as

Poster Presenter

on

9th - 12th December 2011

at

Renaissance Hotel Kuala Lumpur, Malaysia

Assoc. Prof. Eddy Yusuf, PhD
Chairman of the Organizing Committee

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

Submission author:	Lili Musnelina
Assignment title:	No Repository
Submission title:	DIRECT COST INPATIENT TREATMENT OF OVARIAN CANCER ...
File name:	Prosiding_3_-_Lili_Musnelina_-_rephrase.docx
File size:	40.83K
Page count:	7
Word count:	2,625
Character count:	13,139
Submission date:	12-Apr-2022 12:21AM (UTC-0400)
Submission ID:	1808525229

DIRECT COST INPATIENT TREATMENT OF OVARIAN CANCER HOSPITAL ON EDUCATION IN SOUTH JAKARTA

Lili Musnelina, Pipit Triyundasari

Department of Pharmacy, Institute of Science and Technology of National, Jakarta, Indonesia
dkn.fmipa.istn@gmail.com, musnelina.lili@gmail.com

Abstract

Ovarian cancer is the cause of death from all gynecological cancers. Nearly 70% of epithelial ovarian cancer are not diagnosed until the advanced stages. High mortality due to this disease is asymptomatic. Assessment of ovarian cancer treatment costs is largely unknown and not yet widely applied. Thus it has researched the magnitude of the average cost of treatment based on treatment classes, the average cost of medical expenses per patient/ day action, and the total costs of treatment of patients with ovarian cancer and in inpatient teaching hospitals in South Jakarta. By using the analytic descriptive retrospective method. Data were obtained from medical records to see the condition of clinic patients and a memorandum of payment for ovarian cancer patients who are hospitalized from the period January 2008– to August 2009. The 50 patients with ovarian cancer showed that the age of ovarian cancer patients is generally found at age 45-64 years (58%) with the duration of patient care on average 1-9 days. A class treatment room that has been chosen is class III (52%). The average cost of treatment is based on the largest class in the class I care for Rp.12.520.069 patients/day (30%). The total cost of treatment for all patients is equal to Rp. 911 880 070, -. which consists of the room, physician fees, drug costs, and expenses of medical action. The average cost is the biggest cost of medical action of Rp. 1,424,325 / patient / day and drug costs Rp. 423 626, - / patient / day. The average cost of treatment per patient/day amounts to Rp. 2.026.602, -. The high cost of treatment and the existence of price differences in the treatment of patients with ovarian cancer can be caused by different patient conditions and are already at an advanced stage.

Keywords: direct cost, ovarian cancer, the average cost

Introduction

Ovarian cancer is the cause of death from all gynecological cancers. the high mortality is due to this disease being initially asymptomatic and only causing complaints if the metastasis has occurred, so that 60%-70% of patients present at an advanced stage, so the disease is also called the "silent killer". The incidence of this disease in Indonesia is not yet known with certainty because the recording and reporting of the disease in our country are poor. Preview at Hospital found to be approximately 50 patients each year based on medical record data in 2007/2008. Ovarian cancer is closely associated with a woman who has low fertility. Epidemiological studies claimed several important risk factors as a cause of ovarian cancer are women, giving birth for the first time at above 35 years and

AFPSC, Kuala Lumpur, 9-12 Desember 2011 1

DIRECT COST INPATIENT TREATMENT OF OVARIAN CANCER HOSPITAL ON EDUCATION IN SOUTH JAKARTA

by Lili Musnelina

Submission date: 12-Apr-2022 12:21AM (UTC-0400)
Submission ID: 1808525229
File name: Prosiding_3_-_Lili_Musnelina_-_rephrase.docx (40.83K)
Word count: 2625
Character count: 13139

DIRECT COST INPATIENT TREATMENT OF OVARIAN CANCER HOSPITAL ON EDUCATION IN SOUTH JAKARTA

Lili Musnelina, Pipit Triyundasari

Department of Pharmacy, Institute of Science and Technology of National, Jakarta, Indonesia
dkn.fmipa.istn@gmail.com, musnelina.lili@gmail.com

Abstract

Ovarian cancer is the cause of death from all gynecological cancers. Nearly 70% of epithelial ovarian cancer are not diagnosed until the advanced stages. High mortality due to this disease is asymptomatic. Assessment of ovarian cancer treatment costs is largely unknown and not yet widely applied. Thus it has researched the magnitude of the average cost of treatment based on treatment classes, the average cost of medical expenses per patient/ day action, and the total costs of treatment of patients with ovarian cancer and in inpatient teaching hospitals in South Jakarta. By using the analytic descriptive retrospective method. Data were obtained from medical records to see the condition of clinic patients and a memorandum of payment for ovarian cancer patients who are hospitalized from the period January 2008– to August 2009. The 50 patients with ovarian cancer showed that the age of ovarian cancer patients is generally found at age 45-64 years (58%) with the duration of patient care on average 1-9 days. A class treatment room that has been chosen is class III (52%). The average cost of treatment is based on the largest class in the class I care for Rp.12.520.069 patients/day (30%). The total cost of treatment for all patients is equal to Rp. 911 880 070, -. which consists of the room, physician fees, drug costs, and expenses of medical action. The average cost is the biggest cost of medical action of Rp. 1,424,325 / patient / day and drug costs Rp. 423 626, - / patient / day. The average cost of treatment per patient/day amounts to Rp. 2.026.602, -. The high cost of treatment and the existence of price differences in the treatment of patients with ovarian cancer can be caused by different patient conditions and are already at an advanced stage.

Keywords: direct cost, ovarian cancer, the average cost

Introduction

Ovarian cancer is the cause of death from all gynecological cancers. the high mortality is due to this disease being initially asymptomatic and only causing complaints if the metastasis has occurred, so that 60%-70% of patients present at an advanced stage, so the disease is also called the “silent killer”. The incidence of this disease in Indonesia is not yet known with certainty because the recording and reporting of the disease in our country are poor. Preview at Hospital found to be approximately 50 patients each year based on medical record data in 2007/2008. Ovarian cancer is closely associated with a woman who has low fertility. Epidemiological studies claimed several important risk factors as a cause of ovarian cancer are women, giving birth for the first time at above 35 years and

women who have a family history of ovarian cancer, breast cancer, or colon cancer. For women with a history of a first pregnancy occurring at an age below 25 years, the use of the contraceptive pill and breastfeeding will reduce as much as 30-60% of ovarian cancer. Environmental factors such as the use of talc, galactose consumption, and sterilization did not have any impact on the development of this disease. [3,7]

The cost analysis is broader than the cost of the quest (a cost finding). Search costs in this limited sense only in a trouble to find the cost of health the care unit. Search trouble cost is basically done by using a system known as the allocation of costs. In simple terms, the allocation of costs presently's an attempt to transfer the indirect costs of an s service to the direct costs of other units. The cost analysis is the process of re-arrange the data information contained in financial statements to gain the proposed cost of sanatorium services, with other words the cost analysis is the distribution of unit costs of a conservation, operation units, and other public services unit to the care, an emergency room, or the central sanatorium profit from services handed to cases.[6,8,12]

Method

The research conducted is a descriptive study using secondary data from a retrospective view of medical records of ovarian cancer patients and bill payment ovarian cancer patients who underwent inpatient at the General Hospital Center, South Jakarta period January 2008– to August 2009. The number of patients within the period of patients was selected according to the inclusion criteria.

Results

Table.1
The Distribution of patients with ovarian cancer who underwent hospitalization by age group

NO	Age (Years)	Number of Patients (person)	Percent (%)
1	15 – 24	5	10
2	25 - 44	14	28
3	45 – 64	29	58
4	≥65	2	4
Total		50	100

The percentages of ovarian cancer patients in different age groups showed that the largest proportion was 45-64 years old, accounting for 58%, and the youngest age group ≥ 65 years accounted for 45%. These results supported the study epidemiology that state that an important risk factor as a cause of ovarian cancer is women who first gave birth at the age of 35 years and who have a family history of ovarian cancer, breast or colon, whereas women with a history of first pregnancy occurred at age under 25 years, the use of the contraceptive pill and breastfeeding will reduce as much as 30-60% of ovarian cancer.

The delayed patient comes to an early examination of the symptoms experienced at first due to this disease are asymptomatic and only cause complaints if metastasis has occurred, so that 60%-70% of patients present at an advanced stage at stage III and IV.[3,5,7]

Table.2
The distribution of daycare on the number of patients with ovarian cancer

No.	Length of stay (Days)	Number of Patients (Persons)	Percentage (%)
1	1 – 9	31	62
2	10 - 19	16	32
3	20 – 29	3	6
Total		50	100

The percentage of long-day care of the number of patients with ovarian cancer who underwent hospitalization was the biggest percentage was 1-9 days to 62% and the smallest percentage was 20-29 days at 6%. This is probably the patient during treatment in a condition that requires intensive treatment and the stage of disease suffered by patients is a state of advanced stage, while in the care of 1-9 days, this may be due to undergoing surgery and recovery and therapy or chemotherapy in a row until otherwise recovered.[13,15]

Table.3
Percentage of total class treatments of ovarian cancer inpatients

No.	Classroom	Number of Patients (people)	Percentage (%)
1	VIP	4	8
2	I	10	20
3	II	10	20
4	III	26	52
Total		50	100

The percentage of classes based on the number of treatment rooms for ovarian cancer patients who underwent inpatient hospital in South Jakarta in the period January 2008-August 2009, showed the largest percentage of class III (52%). This is because of the economic crisis that hit Indonesia at the patient chooses treatment is class III-class service with a difference that is not too far away from the other class (the only difference being the treatment room facilities), it is clear that in the service as a class III may have a health condition enough room rental costs affordable for people with middle to lower, so that may ovarian cancer patients choose to grade III.[1,11,13]

Table.4
Average inpatient ward of a class of ovarian cancer inpatients

Classroom	Number of patients	length of stays (days)	The average length of Stay (Days)
VIP	4	29	7
I	10	115	11
II	10	90	9
III	26	236	9
Total	50	470	9

Average inpatient care for the class, showing that the average hospitalization is the largest in class I for 11 days. This is because, in the health care class, I might have a health condition that is good enough to rent a room at an affordable cost for people in the medium, so many ovarian cancer patients choose a class I. In inpatient services in hospitals, there is a variety of classes that the tariff treatment tailored to classes of treatments available in hospitals that care classes affect the cost incurred by the patient's hospitalization.

Table.5
The cost of medical action based on the age of inpatients with ovarian cancer

No.	Age (Years)	Number of Patients	Average Cost Per-person medical action Per-Day (Rp)	Percentage (%)
1	15-24	5	173.592	34
2	25-44	14	119.043	23
3	45-64	29	201.658	40
4	≥ 65	2	16.752	3
Total		50	511.045	100

The cost of medical action based on the age of ovarian cancer patients who underwent inpatient hospital teaching in Jakarta in the period January 2008- to August 2009, showed that the average cost of medical action is the largest age group above 45-64 years, with the cost of Rp. 201.658/day. The average of the largest medical action is above the age group of 45-64 years, each for a cost of Rp. 201.658/day. With increasing age, the patients receiving medical action types will be more complex because the function of working power organs will decrease, so intensive care is needed to overcome them.[5,6,15]

Table 6
The cost of medical action based on long daycare in patients with ovarian cancer

No.	Length of stay (day)	Number of Patients	The average cost of treating/ patient/Day	Percentage (%)
1	1-9	31	166.581	34
2	10-19	16	274.180	55
3	20-29	3	56.962	11
Total		50	497.723	100

The cost of medical treatment, based on the long days of inpatient treatment, showed that the cost of medical treatment measures the average per person, which is the largest in the long days 10-19 days, at a cost of Rp.274.180/day and a cost of Rp.274.180/day. This may be due to the patient during treatment in a condition that requires intensive treatment and a stage of disease suffered by patients in a state of advanced stage. Long-day treatment resulting in increased medical action should be given, which in turn will affect the high cost for patients. [1,10]

Table.7
Total Medical Costs by age of ovarian cancer in patients

NO	Age (Years)	Number of Patients	Average Cost of treating Per-Per-Day/Patient (Rp)	Percentage (%)
1	15-24	5	1.512.227	15
2	25-44	14	2.693.620	26.6
3	45-64	29	5.528.547	54.7
4	≥65	2	372.027	3.7
Total		50	10.106.421	100

The cost of treatment based on the age of ovarian cancer patients showed that the average cost of treatment is the largest age group above 45-64 years, with the cost of Rp. 5.528.547/day/patient. Because of the cost of treatment, over 45 years, of the 29 patients, an average of the highest treatment of Rp. 5.528.547/day, when compared with other age groups, because with age, the patient who received the type of treatment will be more complex organs the function of organs power will decrease, it would require more intensive treatment to overcome it.[16,17]

Table.8
Total treatment costs based on long daycare in patients with ovarian cancer

NO	Length of stay (day)	Number of Patients	The average cost of treating/ patient/Day	Percentage (%)
1	1-9	31	1.774.057	59
2	10-19	16	827.429	29
3	20-29	3	392.203	13
Total		50	2.993.689	100

The cost of treatment based on the long days showed that the average medical cost per person is the highest in the old days, at Rp. 1.774.057/day. The study found that long daycare the most is 1-9 days with an average treatment cost of Rp. 1.774.057/day/patient. This may be due to the patient during treatment in a condition that requires intensive treatment and a stage of disease suffered by patients in a state of advanced stage. Long days of treatment have resulted in increased therapy given doctors increased costs for doctors, which will ultimately affect the high cost of total treatment of patients. [16,18]

Table.9
Average treatment cost per day based on the classroom treatment of ovarian cancer

Class	Number of Patients	Average Medical Costs/patient/day (Rp)	Percentage (%)
VIP	4	8,578,125	21
I	10	12,520,069	30
II	10	11,653,012	28
III	26	8,818,375	21
Total	50	41,569,581	100

The average medical cost per day is based on the classroom treatment of ovarian cancer patients who underwent inpatient, ie, the average cost of class I of Rp.12.520.069/patient/day. The results obtained by processing research that show most bird classes are selected by ovarian cancer patients is class I with a percentage of 30%. It is clear that in the health care class I might have a health condition, it is good enough to rent a room at an affordable cost for people with medium health so that many patients with ovarian cancer are in the class I choose. In inpatient services in hospitals, there is a variety of classes so that the treatment room tariff classes are tailored to the kinds of treatments available in hospitals, which care classes affect the cost incurred by the patient's hospitalization. This fact follows in accordance with the average number of patients in classes I and II being the samas e the biggest cost in the first year this is due to the results of calculations which show that the class of treatment affect the high cost of treating ovarian cancer who underwent ambulatory inpatient Hospital. [1,2,18]

Conclusion

1. Age of ovarian cancer patients hospitalized in the Hospital Jakarta which many are patients aged 45-64 years with a percentage of 58% with a total cost of RP. 5.528.547/patient/day (54.7%).

2. The class treatment room that has been chosen is a class III (52%) with an average cost of Rp. 1.424.325/ a patient/ the day. The average drug cost of Rp. 423 626/ a patient / a day and the cost of treatment / a patient rate Rp. 2.026.602,-.

3. The total cost of treatment for all patients is equal Rp. 939.189 070, -. which consists of the room, physician fees, drug costs, and expenses of medical action

4. The high cost of treatment and the presence of price differences in cancer therapy is attributed to differences and the level of the patient's condition.

Bibliography

1. Bermen, Howard, J., et. Al., "The Financial Management of Hospital", 6th Ed., Health Administration Press, Michigan, 1986.
2. Bootman., Ph.D., " Principles of Pharmacoeconomics", 2th Ed., Wharlay Whitney Books, 1996.
3. Collection of Papers Indonesia Cancer Foundation Training Programme., "Gynecologic cancer", Laila Nuranna., FK UI, Jakarta, pp. 70-10.
4. Comis, RL, et.al., "Chemotheraphy for Non-Small Cell Lung Cancer: New Approaches," pp. 6-23.
5. Donna Dowson., "Women's cancers", Diatkus. London, 1990, pp. 47-68.
6. Gan, S., Pharmacology and Therapeutics, 4th ED., Faculty of Medicine, University of Indonesia, Jakarta, 2005, pp. 686-687.
7. Gani, Dr., "Diagnosis and Treatment of Cancer Types Ten Most In Indonesia", Book Medical Publishers, pp. 149-167
8. Harahap, E. Rustam, gynecologic cancer, Publisher PT. Scholastic Indonesia, Jakarta, 2000, pp. 1-183.
9. Ibrahim, E., " Hospital Services Reform Efforts Through Proactive Concept", Medical, 26, No. 9, September, 2000, pp. 598-604.
10. Nadjib, M., "Economic Analysis in the Health Sector", Public Health Indonesia, 16, No.2, 1998, pp. 70-72.
11. Riyanti., "Analysis of Cost Similar to Standard Rate Service", Panel Discussion Into 40 Hospital Jakarta, 6 November, 1991.
12. Rasjidi I. "Gynaecological Cancer Chemotherapy In Everyday Practice" Publisher CV. Sagung Seto, Malang, 2007, pp. 1-37.
13. Sjaaf, Amal., "Cost Analysis Health Services Hospitals", Medical, 17, No. October, 1991, p.. 819-820.
14. Susworo and Tjarta, "Prevention and Early Detection of Cancer". FK UI, Jakarta, 2000, pp: 142-152.
15. Sonar, Dr., Et.al., "Early Detection of Cancer", Faculty of Medicine, University of Indonesia, pp. 113-121
16. Sulistiadi, Revelation., "Financing and Tariff Rational Service Hospital", Medical Indonesia, 48, No. 3, March, 1998, pp. 141-143.
17. Thabrany, H., "Public Role in Financing Health", Medical Indonesia, 52, No. 1, January, 2022, pp. 1-6.
18. Viggo Jonsson., "Pharmacoeconomics Aspeets in the Treatment of Curable and Incurable Cancer", Pharmaco Economics, 8, No. 4, 1995, pp. 275-276.

DIRECT COST INPATIENT TREATMENT OF OVARIAN CANCER HOSPITAL ON EDUCATION IN SOUTH JAKARTA

ORIGINALITY REPORT

5%	5%	2%	1%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	healthdocumentsblog.blogspot.com Internet Source	2%
2	ucs.sulsellib.net Internet Source	1%
3	repository.unism.ac.id Internet Source	1%
4	libmast.utm.my Internet Source	1%
5	"abstracts", International Journal of Gynecological Cancer, 9/2004 Publication	1%

Exclude quotes	Off	Exclude matches	Off
Exclude bibliography	On		