

DAFTAR PUSTAKA

- Anh, L.T.N., M. V. Kumar, A., Ramaswamy, G., et al. 2020. High Levels of Treatment Success and Zero Relapse in Multidrug-Resistant Tuberculosis Patients Receiving a Levofloxacin-Based Shorter Treatment Regimen in Vietnam. *Trop Med Infect Dis.* 10;5(1):43.
- Ateba-Ngoa, U., Edoa, J.R., Adegbite, B.R., et al. 2019. Implementation of multidrug-resistant tuberculosis (MDR-TB) treatment in Gabon: lessons learnt from the field. *Infection. Epub.* 47(5): 811–816.
- Aung, K.J.M., Deun, A.V., Declercq, E., et al. 2014. Successful ‘9-month Bangladesh regimen’ for multidrug- resistant tuberculosis among over 500 consecutive patients. *Int J Tuberc Lung Dis.* 18(10):1180-7.
- Borisov, S., Danila, E., Maryandyshev, A., et al. 2019. Surveillance of adverse events in the treatment of drug-resistant tuberculosis: First global report. *Eur. Respir. J.* 54(6):1901522.
- Chiang, C.Y., Trébucq, A., Piubello, A., et al. 2018. Should gatifloxacin be included in the model list of essential medicines? *Eur. Respir. J.* 51.
- Christoph, D.C., Jan H., Chi C., et al. 2018. Drug-resistant tuberculosis: An update on disease burden, diagnosis and treatment. *Official Journal of the Asia Pacific Society of Respirology.* 23: 656-673.
- Das, P.K and Ganguly, S.B., 2020. Effectiveness of the Shorter MDR Regimen in the Management of Tuberculosis: Shortfall in the Outcome of Disease a Multidimensional Approach and Evaluation for a Better Alternative. *Biomed Biotechnol Res J.* 4:143-7.
- Grosset, J.H., Tyagi, S., Almeida, D.V., et al. 2013. Assessment of clofazimine activity in a second-line regimen for tuberculosis in mice. *Am. J. Respir. Crit. Care Med.* 188: 608–612.
- Gumbo, T., Louie, A., Parsons, L.M., et al. 2004. Selection of a moxifloxacin dose that suppresses drug resistance in *Mycobacterium tuberculosis*, by use of an in vitro

pharmacodynamic infection model and mathematical modeling. *J. Infect. Dis.* 190: 1642–1651.

Harouna, S.H., Ortuno-Gutierrez, N., Souleymane, M.B., et al. 2019. Short-course treatment outcomes and adverse events in adults and children-adolescents with MDR-TB in Niger. *Int J Tuberc Dis.* 23(5):625–630.

Kemenkes RI, 2020. *TB MDR Indonesia. TBC Indonesia.* URL: <https://tbindonesia.or.id/informasi/teknis/tb-mdr/> (diakses tanggal 10 Oktober 2020).

Kuaban, C., Noeske, J., Rieder, H.L., et al. 2015. High effectiveness of a 12-month regimen for MDR-TB patients in Cameroon. *Int J Tuberc Lung Dis.* 19(5):517-24.

Lempens, P., Decroo, T., Aung, K.J.M., et al. 2020. Initial resistance to companion drugs should not be considered an exclusion criterion for the multidrug-resistant tuberculosis shorter treatment regimen. *International Journal of Infectious Diseases.* 100: 357-365.

Moodley, R., Godec, T.R., 2016. Short-course treatment for multidrug-resistant tuberculosis: the STREAM trials. *European Respiratory Review.* 25: 29–35.

Nunn, A.J., Phillips, P.P.J., Meredith, S.K., et al. 2019. A Trial of a Shorter Regimen for Rifampin-Resistant Tuberculosis. *N Engl J Med.* 380(13):1201-1213.

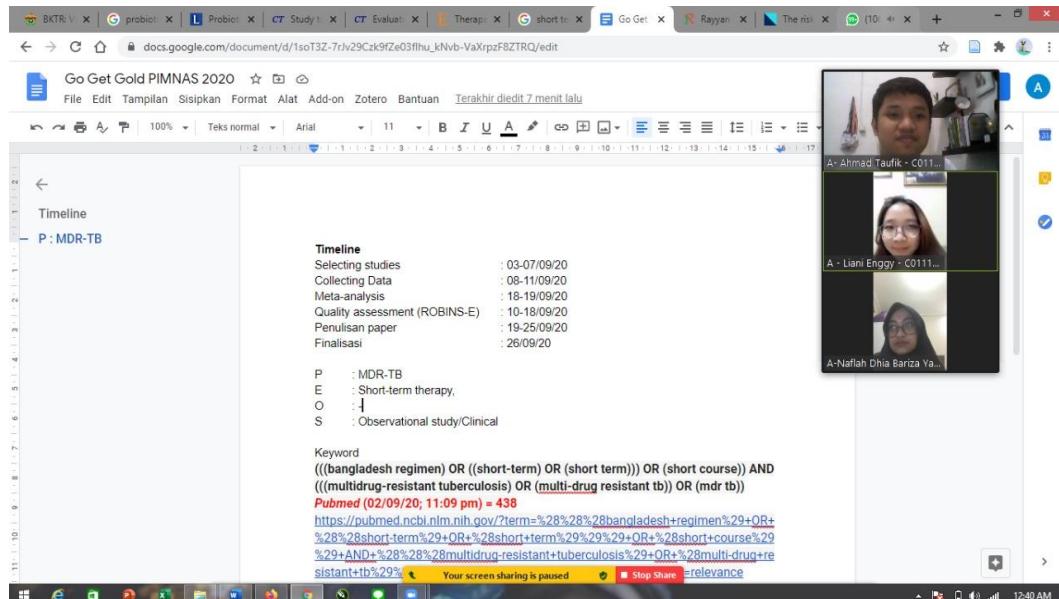
Piubello, A., Harouna, S.H., Souleymane, M.B., et al. 2014. High cure rate with standardised short-course multidrug- resistant tuberculosis treatment in Niger: no relapses. *Int J Tuberc Lung Dis.* 18(10): 1188-94.

Trébucq, A., Schwoebel, V., Kashongwe, Z., et al. 2018. Treatment outcome with a short MDR-TB regimen among patients with rifampicin-resistant TB in nine African countries. *Int. J. Tuberc. Lung Dis.* 22: 17–25.

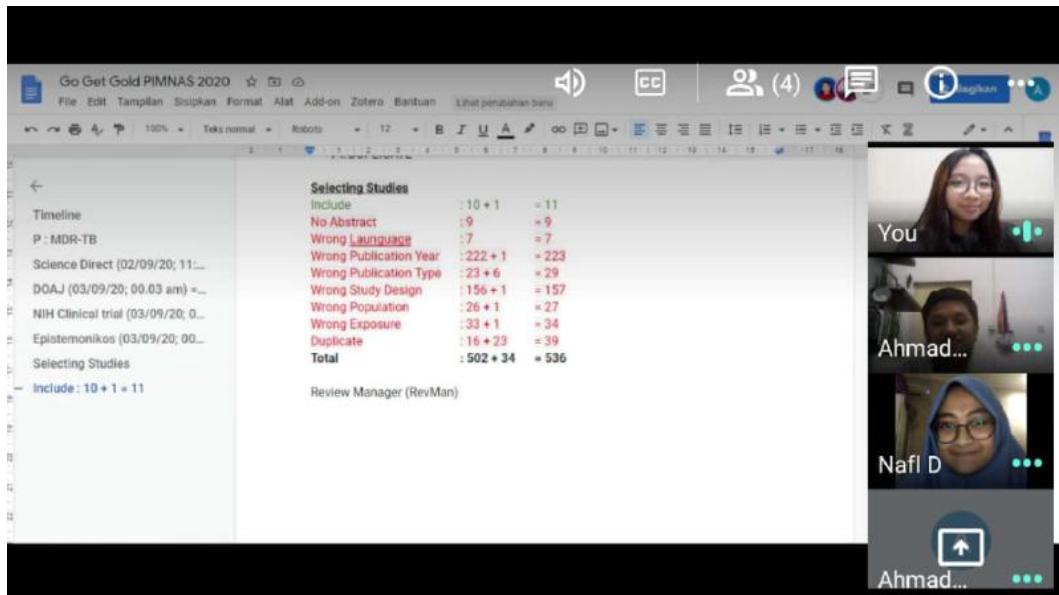
Van Deun , A., et al. 2010. Short, highly effective, and inexpensive standardized treatment of multidrug-resistant tuberculosis. *Am J Respir Crit Care Med.* Vol. 182(5): 684– 92.

- Van Deun, A., Decroo, T., Piubello, A., et al. 2018. Principles for constructing a tuberculosis treatment regimen: The role and definition of core and companion drugs. *Int. J. Tuberc. Lung Dis.* 22: 239–245.
- Wang, Q., Zhang, C., Guo, J., et al. 2015. Super-compact treatment with a high dose of moxifloxacin in patients with drug-resistant tuberculosis and its resistance mechanisms. *Experimental and therapeutic medicine*. 9(4): 1314–1318.
- World Health Organization. 2016. *The Shorter MDR-TB Regimen*. URL: https://www.who.int/tb/Short_MDR_regimen_factsheet.pdf (diakses tanggal 23 Oktober 2020).
- World Health Organization. 2018. *What is Multidrug-resistant Tuberculosis and How do we control it?*. URL: [https://www.who.int/westernpacific/news/q-a-detail/what-is-multidrug-resistant-tuberculosis-\(mdr-tb\)-and-how-do-we-control-it](https://www.who.int/westernpacific/news/q-a-detail/what-is-multidrug-resistant-tuberculosis-(mdr-tb)-and-how-do-we-control-it) (diakses tanggal 23 Oktober 2020).
- World Health Organization. 2019. *Global Tuberculosis Report 2019*. WHO: Geneva, Switzerland.
- World Health Organization. 2020. Tuberculosis. URL: <https://www.who.int/news-room/fact-sheets/detail/tuberculosis> (diakses tanggal 22 Oktober 2020).

Lampiran 1. Dokumentasi Kegiatan



Menyusun rancangan detail review setelah melihat ketersediaan jurnal dan topik



Membahas hasil review abstrak dan lanjut ke full text untuk menyusun text

	E	F	G	H	I	J	K	L	M	N	
	sex, and high-level Pseudonomonas (P) and Pyrazinamide (PZA) resistance										
1	Participant	sample size	Mean age/range	Recruit (follow-up) year	Exposure	Outcome	Success rate and failure	Adverse event	factors to unsuccessful outcome	krishna	
2	MDR-TB previously untreated with second-line drugs	65	31 [16-66]	2008-2010	Case Intervall 4 bulan: kanamycin (XM), prothionamide (PA), medium-high dose isoniazid (H), ethambutol (EMB), pyrazinamide (PZA), rifampicin (R), isoniazid (INH). Pyrazinamide (PZA) (Dianjut 8 bulan bila smear masih positif). Case Kontinuasi 8 bulan: GH, CPZ, EMB dan PZA	Treatment outcome, Adverse drug reactions,	Vinomiting (1), heping (1), hepatitis (1), metaplasia (1), gastritis (1), Artralgia (4), Depresi (1), depresi parfer (1), pigmentasi kulit (2), heuritis optik (2)	NA	3) Patients with secondary drug resistance, months and disease individualized treatment. Pregnant women were excluded from this study.	Aliengggg zoom	
3	MDR-TB	515	12-76 tahun	2005-2008	Case Intervall 4 bulan: high-dose pyrazinamide (P), Ethambutol (EMB), Pyrazinamide (PZA), docefloxacin (CPZ), kanamycin (XM), prothionamide (PA), dan isoniazid (INH). Case Kontinuasi 5 bulan: GH, EMB, PZA, dan CPZ.	Treatment success, Time required to complete treatment, adverse drug events, bacteriology results, number of patients completing treatment, Risk factors for an unfavorable treatment outcome	Success rate 84.8% (435/515)	Vomiting (111)	sex, and high-level Pseudonomonas (P) and Pyrazinamide (PZA) resistance	Patients were excluded from analysis if 1) culture identified only environmental mycobacteria and Mycobacterium avium complex (MAC), 2) if the patient had a history of previous treatment failure, 3) if the patient was lost to follow-up, or 4) if the laboratory laboratory could not confirm RMPB plus non-resistant TB (i.e., MDR-TB).	outcome of the Bangladeshi regimen was largely successful. Bacteriological treatment failures and relapses were rare, except among patients with initial drug resistance, notably in the presence of PZA resistance
4	MDR-TB	92	Group A (11,237,56) Group B (11,1518,10)	2011-2013	Group A: moxifloxacin (d) + rifabutin, amikacin, paucisulf, pyrazinamide, rifabutin, paucisulf and propylpyrazinamide (isopropylamine salicilate) 6 bulan. Group B: d, rifabutin (d) berserta obat yang sama dengan group A selama 6 bulan	curative rate, sputum negative conversion, foot absorption and cavity closure, reduction in cavity size, adverse reaction, level expression C800 and C400, and mHA-D expression	The curative rate in group A was 82.64% and that in group B was 84.76%. There was no statistically significant difference in curative rate between the two groups (95%CI)	Reduction of IBC: Group A (1,1,171) vs Group B (1,0,876); Liver damage Group A (1,0,10) vs Group B (0,737); GI symptoms Group A (1,0,876) vs Group B (0,491); neurological symptoms Group A (1,0,10) vs Group B (0,076)	mendapatkan ADI selama 1 tahun dan (+) smear result, pada pasien dengan pasien dengan 2 atau 3 sputum test setiap minggu: pada saat yang digunakan dalam treatment ini, lesi TB paru terdeteksi	(+) smear result, response after 2 weeks of treatment, and the number of sputum test setiap minggu: during treatment, TB lesions in the lungs can be detected	

Diskusi *full text* jurnal

Lampiran 2. Supplementary Data Seleksi Studi

Timeline

Selecting studies	: 03-07/09/20
Collecting Data	: 08-11/09/20
Meta-analysis	: 18-19/09/20
Quality assessment (ROBINS-E)	: 10-18/09/20
Penulisan paper	: 19-25/09/20
Finalisasi	: 26/09/20

P : MDR-TB

E : Short-term therapy

O : -

S : Observational study/Clinical

Keyword

((bangladesh regimen) OR ((short-term) OR (short term))) OR (short course)) AND (((multidrug-resistant tuberculosis) OR (multi-drug resistant tb)) OR (mdr tb))

Pubmed (02/09/20; 11:09 pm) = 442

<https://pubmed.ncbi.nlm.nih.gov/?term=%28%28bangladesh+regimen%29+OR%28%28short-term%29+OR+%28short+term%29%29+OR+%28short+course%29%29+A ND%28%28multidrug-resistant+tuberculosis%29+OR+%28multi-drug+resistant+tb%29%29+OR+%28mdr+tb%29%29&size=100&ac=no&sort=relevance>

Science Direct (02/09/20; 11:42 pm) = 64

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DOAJ (03/09/20; 00.03 am) = 11

[https://doaj.org/search?ref=homepage-box&source=%7B%22query%22%3A%7B%22query_string%22%3A%7B%22query%22%3A%22%5C%5C\(bangladesh%20regimen%5C%5C\)%20and%20%5C%5C\(multidrug%20resistant%20tuberculosis%5C%5C\)%20%22%2C%22default_operator%22%3A%22AND%22%7D%7D%7D](https://doaj.org/search?ref=homepage-box&source=%7B%22query%22%3A%7B%22query_string%22%3A%7B%22query%22%3A%22%5C%5C(bangladesh%20regimen%5C%5C)%20and%20%5C%5C(multidrug%20resistant%20tuberculosis%5C%5C)%20%22%2C%22default_operator%22%3A%22AND%22%7D%7D%7D)

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DUPLICATE
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NIH Clinical trial (03/09/20; 00.12 am) = 9

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4. <https://clinicaltrials.gov/ct2/show/NCT04062201?term=short-course&cond=Multi+Drug+Resistant+Tuberculosis&draw=2&rank=4> WRONG PUBLICATION TYPE
5. <https://clinicaltrials.gov/ct2/show/NCT01618422?term=short-course&cond=Multi+Drug+Resistant+Tuberculosis&draw=2&rank=5> WRONG POPULATION

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 WRONG PUBLICATION TYPE

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Selecting Studies

Include	: 12	
No Abstract	: 9	= 9
Wrong Launguage	: 7	= 7
Wrong Publication Year	: 222 + 1	= 223
Wrong Publication Type	: 23 + 6 + 1	= 29 = 30
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Wrong Exposure	: 33 + 1 + 1	= 34 = 35
Duplicate	: 16 + 23	= 39

Total : 540

Review Manager (RevMan)

Pendahuluan

- MDR-TB
- Masalah MDR-TB (Waktu terapi yang lama)

Hasil

- Hasil pencarian dan Penyaringan studi (PRISMA Chart)
- Karakteristik Studi Inklusi (Tabel karakteristik)
- Tingkat keberhasilan *short regimen* MDR-TB
- Faktor-faktor kegagalan *short regimen* MDR-TB
- *Adverse drug reaction*
- *Follow-up after treatment*

Lampiran 3. Data Diri Peneliti

CURRICULUM VITAE

Nama	: Liani Elisabeth Enggy
Nama Panggilan	: Liani
Tempat, Tanggal Lahir	: Ujung Pandang, 17 Februari 1999
Jenis Kelamin	: Perempuan
Agama	: Katolik
Alamat	: Jalan Monumen Emmy Saelan no. 25A
No. Telpon	: 082290359944
Email	: lianienggy@gmail.com
Motto	: "You are your only limit, vibe higher"



Riwayat Pendidikan

a. SD	: SD St. Joseph Rajawali Makassar
b. SMP	: SMP Frater Makassar
c. SMA	: SMA Rajawali Makassar
d. Universitas	: Fakultas Kedokteran Universitas Hasanuddin

Riwayat Organisasi

2018 – 2019	Anggota Membership and Development Asian Medical Students' Association (AMSA) Fakultas Kedokteran Unhas
2018 – 2019	Anggota Research team Asian Medical Students' Association – Indonesia (AMSA)
2018 – 2019	Anggota Departemen Science and Research Medical Youth Research Club (MYRC) Fakultas Kedokteran Unhas
2017 – Sekarang	Anggota Orang Muda Katolik St. Fransiskus Asisi (OMK)
2018 – Sekarang	Anggota Lectio St. Fransiskus Asisi
2019 – 2020	Asisten Dosen Departemen Anatomi Fakultas Kedokteran Universitas Hasanuddin

Riwayat Kepanitiaan

1. Anggota Divisi Acara Baksos KEMA FK Unhas 2018.
2. Koordinator Acara Asian Medical Student's Exchange Program Indonesia x Thailand 2018
3. Chief of Delegation Musyawarah Nasional AMSA Indonesia 2018

4. Anggota Divisi Welcoming and Farewell Party National Action Event AMSA Indonesia 2018
5. Koordinator Acara Open Recruitment AMSA Unhas 2019
6. Anggota Divisi Liason Officer Hasanuddin Scientific Fair 2019
7. Mentor Basic Learning Skills Character and Creativity (BALANCE) Universitas Hasanuddin 2019
8. Anggota Divisi Acara Seminar Kewirausahaan BEM FK Unhas 2019
9. Anggota Divisi Acara Event Of The Year (EOTY) AMSA Unhas 2019
10. Steering Committee Open Recruitment AMSA Unhas 2020
11. Anggota Divisi Acara AORTA 2020
12. Steering Committe Hasanuddin Scientif Fair 2020

Riwayat Pelatihan

1. Basic Student Leadership Training (BEM FK Unhas) 2017
2. Training of Trainer Basic Learning Skills Character and Creativity (BALANCE) Universitas Hasanuddin 2019
3. SDGs Coordinator academic session from SDSN Youth 2019

Prestasi Akademik dan Non Akademik

1. Juara 2 Lomba Pidato Bahasa Inggris Sulsel UNM 2011
2. Juara 2 Duta Baca Pelajar Kota Makassar 2012
3. Juara 1 English Contest Se-kota Makassar SMK 8 2012
4. 2nd place winner of Story Telling Competition by Gramedia 2012
5. Finalist Literature Review Pasific Festival (Pasfest) Fakultas Kedokteran Universitas Padjajaran 2018
6. 2nd place white paper and video Pre PCC AMSC 2019 Singapore
7. Juara 2 Literature Review Hasanuddin Scientific Fair 2020
8. Juara 2 Literature Review Ar-razi Competition Unismuh 2020
9. Finalis pendanaan Program Kreativitas Mahasiswa cabang Penelitian Ekstakta (PKM-PE) 2020