

BAB VI

KESIMPULAN DAN SARAN

6.1 Kesimpulan

Multiparitas merupakan satu-satunya faktor yang berhubungan dengan mortalitas pada pasien dengan kanker serviks. Peningkatan Ekspresi COX-2 tidak memiliki hubungan dengan variabel apapun dalam penelitian ini.

6.2 Saran

1. Dibutuhkan penelitian lanjutan multisenter dengan sampel yang jauh lebih besar dan waktu lebih lama. Penelitian dilakukan untuk tipe kanker serviks yang spesifik yakni adenocarcinoma atau adenosquamous carcinoma.
2. Desain penelitian disarankan untuk menggunakan kohort.
3. Penilaian biomarker lain yang dapat mempengaruhi ekspresi COX-2 disarankan pada penelitian selanjutnya.
4. Dilakukan penelitian lanjutan terkait faktor prognostik dalam menilai *outcome* pada COX-2.
5. Dilakukan penelitian lanjutan terkait suplementasi COX-2 inhibitor dengan menilai *outcome* atau progresifitas dari kanker serviks.



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LAMPIRAN 1. Formulir persetujuan mengikuti penelitian



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FORMULIR PERSETUJUAN SETELAH PENJELASAN (INFORMED CONSENT)

Assalamualaikum wr.wb

Saya adalah mahasiswa program pendidikan dokter spesialis bidang obstetri dan ginekologi pada Universitas Hasanuddin Makassar. Kami sedang melakukan penelitian tentang Hubungan Ekspresi Gen *Cyclooxygenase-2* (COX-2) dengan Gambaran Histopatologik Kanker Serviks Uteri. Ekspresi *Cyclooxygenase-2* yang meningkat turut mempengaruhi dan memperberat progresivitas dari kanker serviks. Semua hasil pengukuran bersifat rahasia.

Pemeriksaan imunohistokimia diambil bersamaan dengan pemeriksaan histopatologi jaringan serviks untuk mendiagnostik keganasan pada mulut Rahim dan jaringan di pemeriksaan Imunohistokimia untuk mendeteksi Ekspresi COX-2, dan akan kami analisa. Hasil penelitian ini akan disajikan pada Forum Ilmiah Program Pendidikan Dokter Spesialis-I Obstetri dan Ginekologi Fakultas Kedokteran Universitas Hasanuddin Makassar.

Semua pendanaan dalam penelitian ini sepenuhnya ditanggung oleh peneliti.

Perlu ibu ketahui bahwa ibu mempunyai hak untuk menolak ikut dalam penelitian ini. Demikian pula bila terjadi hal-hal yang tidak memungkinkan ibu untuk terus ikut dalam penelitian ini maka ibu berhak mengundurkan diri. Penolakan ibu tidak mempengaruhi tindakan atau pengobatan yang seharusnya dilakukan pada ibu, tetapi kesediaan ibu akan memberi manfaat yang besar. Kami akan sangat menghargai keikutsertaan ibu terhadap pengembangan ilmu kedokteran ini.

Kami menjamin keamanan dan kerahasiaan semua data yang ada dalam penelitian ini. Data penelitian ini akan dikumpulkan dan disimpan tanpa menyebutkan nama ibu dalam arsip tertulis atau elektronik yang tidak bisa dilihat oleh orang lain selain tim peneliti. Kami akan kembali meminta izin menggunakan data ibu secara anonim apabila diperlukan dikemudian hari. Apabila Ibu merasa masih ada hal yang belum jelas atau belum dipahami dengan baik, maka ibu dapat meminta penjelasan lebih lanjut pada saya : dr. Ayu Fatmawati (Tlp. 085333102038).



pabila ibu bersedia berpartisipasi, silakan menandatangani surat
ian mengikuti penelitian. Atas kesedian ibu meluangkan waktu untuk
i penjelasan ini, kami mengucapkan terima kasih.

LAMPIRAN 2. Persetujuan Setelah Penjelasan

KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN
 UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
 KOMITE ETIK PENELITIAN KESEHATAN
 RSPTN UNIVERSITAS HASANUDDIN
 RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR
 Sekretariat : Lantai 2 Gedung Laboratorium Terpadu
 JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.
 Contact Person: dr. Agussalim Bukhari.,MMed,PhD, SpGK TELP. 081241850858, 0411 5780103, Fax :
 0411-581431

**FORMULIR PERSETUJUAN SETELAH PENJELASAN**

Saya yang bertandatangan di bawah ini :

Nama :
 Umur :
 Masa Kerja :
 Alamat :

setelah mendengar/membaca dan mengerti penjelasan yang diberikan mengenai tujuan, manfaat, dan apa yang akan dilakukan pada penelitian ini, menyatakan setuju untuk ikut dalam penelitian ini secara sukarela tanpa paksaan.

Saya tahu bahwa keikutsertaan saya ini bersifat sukarela tanpa paksaan, sehingga saya bisa menolak ikut atau mengundurkan diri dari penelitian ini. Saya berhak bertanya atau meminta penjelasan pada peneliti bila masih ada hal yang belum jelas atau masih ada hal yang ingin saya ketahui tentang penelitian ini.

Saya juga mengerti bahwa semua biaya yang dikeluarkan sehubungan dengan penelitian ini, akan ditanggung oleh peneliti. Saya percaya bahwa keamanan dan kerahasiaan data penelitian akan terjamin dan saya dengan ini menyetujui semua data saya yang dihasilkan pada penelitian ini untuk disajikan dalam bentuk lisan maupun tulisan.

Dengan membubuhkan tandatangan saya di bawah ini, saya menegaskan keikutsertaan saya secara sukarela dalam studi penelitian ini.

	Nama	Tanda tangan	Tgl/Bln/Thn
Responden.
Saksi 1
Saksi2.



ung Jawab Penelitian/ Medis
 dr. Ayu Fatmawati
 Vila Racing Center Blok J no.9
 085333102038

LAMPIRAN 3. Kuisoner penelitian**KUISIONER**

Diisi Oleh Petugas

RS / tanggal Pengisian : /

DATA IDENTITAS PASIEN

1. Nama Pasien :
2. Umur :
3. Rumah Sakit/No. RM :
4. Tanggal MRS :
5. Pekerjaan :
6. Pendidikan :
7. Alamat :
8. No. HP/Telepon :

DATA UMUM PASIEN

1. Riwayat menikah :
2. Paritas :
3. Pekerjaan pasangan :
4. Riwayat Kontrasepsi :
5. Hasil PA :

Hasil Pengukuran Ekspresi COX-2 :



LAMPIRAN 4. Surat persetujuan etik



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
KOMITE ETIK PENELITIAN UNIVERSITAS HASANUDDIN
RSPITN UNIVERSITAS HASANUDDIN
RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR
Sekretariat : Lantai 2 Gedung Laboratorium Terpadu
JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.
Contact Person: dr. Agussalim Bukhari.,MMed,PhD, SpGK TELP. 081241850858, 0411 5780103, Fax : 0411-581431



REKOMENDASI PERSETUJUAN ETIK
Nomor : 210/UN4.6.4.5.31/ PP36/ 2023

Tanggal: 4 April 2023

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No Protokol	UH22120759		No Sponsor	
Peneliti Utama	dr. Ayu Fatmawati		Protokol	
Judul Peneliti	EKSPRESI CYCLOOXYGENASE-2 (COX-2) PADA KANKER SERVIKS BERDASARKAN STADIUM, TIPE HISTOLOGI DAN DERAJAT DIFERENSIASI			
No Versi	2	Tanggal	24 Maret 2023	
No Versi PSP	2	Tanggal	24 Maret 2023	
Tempat Penelitian	RS Universitas Hasanuddin,RSUP Wahidin Sudirohusodo Dan RS Ibnu Sina Makassar			
Jenis Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal		Masa Berlaku	Frekuensi review
			4 April 2023 sampai 4 April 2024	lanjutan
Ketua KEP Universitas Hasanuddin	Nama Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)		Tanda tangan 	
Sekretaris KEP Universitas Hasanuddin	Nama dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)		Tanda tangan 	

Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 jam dan dilengkapi dalam 7 hari dan Laporan SUSAR dalam 72 jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
- Menyerahkan laporan akhir setelah Penelitian berakhir
- Melaporkan penyimpangan dari prokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan



LAMPIRAN 5. Surat Izin Penelitian



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET & TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KEDOKTERAN
DEPARTEMEN OBSTETRI & GINEKOLOGI

Jl. P. Kemerdekaan Km. 11 RS Pendidikan Unhas Lt.3 Tamalanrea Makassar 90245
 Telp : (0411) 585859 Fax. 585688 E-mail : unhasobgin@gmail.com

No : 10057/UN4.6.7/PT.01.04/2022 Makassar, 09 Mei 2022
 Hal : Permohonan Surat Kelaikan Etik
 (Ethical Clearance)

Yth. **Ketua Komisi Etik**
Fakultas Kedokteran UNHAS
 Makassar

Dengan hormat disampaikan bahwa salah satu Peserta Pendidikan Dokter Spesialis (PPDS) Departemen Obstetri dan Ginekologi Fakultas Kedokteran Universitas Hasanuddin :

Nama : dr. Ayu Fatmawati
 Nim : C055192003

Bermaksud melakukan penelitian dengan judul :

**" EKSPRESI CYCLOOXYGENASE-2 (COX-2) PADA KANKER SERVIKS
 BERDASARKAN STADIUM, TIPE HISTOLOGI DAN DERAJAT DIFERENSIASI"**

Maka bersama ini kami mohon bantuan kiranya dapat diberikan ijin untuk melakukan penelitian pada wanita dengan kanker serviks di RSUP Dr. Wahidin Sudirohusodo dan semua Jejaring Rumah Sakit pendidikan Departemen Obstetri & Ginekologi FK. Unhas Makassar, mulai 1 Mei 2022 sampai sampel terpenuhi.

Demikian permohonan kami, atas perhatian dan kerjasamanya kami ucapkan banyak terima kasih.



Departemen,

Prof. Dr.dr. Svahrul Rauf, SpOG(K)
 Np. 19621116 198903 1 003

Tembusan Kepada Yth ;

1. Ketua Koordinator KPPS FK. Unhas
2. Pembimbing Tesis
3. Yang bersangkutan
4. Arsip



Metode Skoring

Intensitas	0	Negatif
	1	Lemah
	2	Sedang
	3	Kuat
Proporsi sel terwarnai	0	<6%
	+1	6-25%
	+2	26-50%
	+3	51-75%
	+4	76-100%

