REVIEW RESULTS

General comments:

It is always an exciting topic to conduct research related to patient's Quality of Life. This paper added another interesting fact about QoL in neuropathic patients. I personally think this paper has the potential for publication. However, there are some suggestions might be relevant to improve the quality of the paper as the following:

1. Content is not formatted double-spaced, with margins of at least 2.5 cm. All pages should be numbered.
2. Details of ethics approval from appropriate ethics review committee were not disclosed. There is a need to explain whether ethics approval was obtained or perhaps waived for this study. In addition, there was limited information whether informed consent was obtained from the patient when analyzing QoL from the patient.
3. The authors failed to comply manuscript organization: Manuscripts should be divided into Title page, Abstract, Introduction, Methods, Results, Discussion, Conclusion etc. Please look at the current version which combines Results and Discussion
4. Abstract that should not exceed 150 words and in structured format
5. Tables should be inserted on separate pages within the file and should be consecutively numbered with Roman numerals. Indicate in the margin where tables should be inserted

With respect to the content, there are some improvements necessary to the paper as the following:

Introduction

6. Please provide a stronger and more sound evidence in the rationale of the study. There should be previous studies which raised issues about QoL in the neuropathic patients. The comparison uses of Gabapentin and Pregabalin for treating neuropathy is not also a novel case. Therefore, more reference are needed to support authors' concept

Methods

7. How many were the actual population in the hospital? I am quite concern with the small sample size in this study
8. What did you mean by positive sampling technique? Were you referring to purposive sampling technique?
9. How did you obtain consent from the patient? There is no ethical clearance for this study
10. This study used EQ-5D-3L and EQ-VAS as the instruments for measuring QoL. Please explain whether they were in English or in Bahasa Indonesia. Did you do any development or modification on the instrument?

Results and Discussions

11. Please discuss more about potential factors why there is no significant difference in the QoL between group of patients. I did not see much discussion about this as the discussion predominantly focused on showing the results

12. I suggest adding limitation of this study. Authors are also welcomed to put strength point of the paper and how it may be distinctive with the already published papers.

Please amend the manuscript in order to be accepted for publication.

Category: Clinical Pharmacy (CP)

Comparing the Quality of Life of Neuropathic Patients Treated with Gabapentin and Those Treated with Pregabalin at The Neuropathic Poly of The NTB Provincial Hospital In 2019

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Abstract

Neuropathic pain originates from the malfunctioning of the central nervous system or peripheral nerves, which is attributed to spinal disease degenerative, diabetes, herpes zoster, AIDS, surgery, and stroke. The chronic pain that frequently takes place often leads to patients' frustration and thus decreases the patient's quality of life. The severity of this condition is the main reason for the need of drugs to help relieve the symptoms. This study aims to determine the quality of life of Neuropathic patients treated with Gabapentin compared to those treated with Pregabalin in neurological poly at the NTB Provincial Hospital in 2019. This study used a cross sectional research design. Data were collected by by filling out the questionnaire of EQ-5D-3L and EQ-VAS to see the level of patient's quality of life using Gabapentin to be compared to

those using Pregabalin. During a certain period of time, the study found 20 patients who were willing to participate in this study. There was no significant difference in the level of quality of life with a value of p=0,683 (p>0, 05) between the Gabapentin group and the Pregabalin group based on the EQ-5D-3L questionnaire. Similarly, there was no significant difference in the level of quality of life with a value of p=1,000 (p>0, 05) between the Gabapentin group and the Pregabalin group based on the EQ-VAS questionnaire.
Keywords: Neuropathic pain, Quality of Life, Gabapentin, Pregabalin, EQ-5D-3L

Introduction

Pain is an inseparable part of human life. Apart from causing suffering, pain is a defense response of the body. According to the International Association for the Study of Pain / IASP, pain is an unpleasant sensory and emotional experience related to tissue damage. Neuropathic pain is pain originating from or malfunctioning of the central nervous system or peripheral nerves, which can be caused by degenerative spinal diseases, diabetes, herpes zoster, AIDS, surgery, and stroke(Harden, 2005). The classification of neuropathic pain includes trigeminal neuralgia, neuropathic DM, post stroke, and post herpes. Trigeminal neuralgia or nerve pain is pain that occurs in the trigeminal nerve area and paroximal pain in some parts of the face. Such pain is caused by activities, such as eating, light touches, such as washing face, brushing teeth, talking, starting and stopping suddenly, and activities associated with anxiety(Reynolds, 2005). The European Federation of Neurological Societies (EFNS) recommends that therapy for the disease includes venlafaxin, duloxitine, amitriptyline, gabapentin, valproate, opioids (morphine sulfate, tramadole, oxycodone CR) and topicals(Argoff et al., 2006). Neuropathic pain usually responds poorly to the standard use of analgesics by the World Health Organization (WHO), such as nonsteroidal anti-inflammatory drugs (NSAIDs) and opioids(Centre for Clinical Practice at NICE (UK), 2013).

Antidepressant and antiepileptic drugs are the first-line drugs to treat neuropathic pain(Utami et al., 2013). Gabapentin as an antipileptic drug has been shown to have analgesic effects. Gabapentin has been approved by the Food and Drug Administration (FDA) as an adjunct therapy for partial epilepsy and the management of postherpetic neuralgia(*Horizant Monograph*, 2012). Pregabalin (PGB) is a substance structurally

analogous to gamma aminobutyric acid (GABA), which is lifophilic but functionally unrelated to the neurotransmitter GABA. Based on clinical evidence, PGB is useful for treating epilepsy, psychiatric disorders, fibromyalgia and neuropathic pain(G et al., 2016). Gabapentin and pregabalin have antihyperalgesic, antialodynamic and antinociceptive effects to reduce postoperative pain(Annisa, n.d.). The dose of pregabalin is 2-4 times smaller than that of gabapentin and is effectively used for neuropathic pain, namely at a dose of 150 mg(Annisa, n.d.). Neuropathic pain lasts a long time and makes patients frustrated, which thus decreases the patient's quality of life. This condition highlights the need for drugs that can help improve the quality of life of patients. This study aims to determine the quality of life of Neuropathic patients using the comparison between those administered with gabapentin and those treated with pregabalin at the Neuropathic Clinic of the NTB Provincial Hospital in 2019.

Method

This research is an analytic observational study using cross sectional method. Observational analysis is used to determine the causal relationship between two observational variables, where the form of the relationship can be: differences, relationships, or effects (Kukkar et al., 2013). This research aims to measure the level of quality of life of patients using the EQ-5D-3L and EQ-VAS questionnaires. This research was carried out at the Neurology Clinic of the Regional General Hospital of NTB Province in July-August 2019. The populations in this study were all neuropathic patients in the Neuropathic Clinic of the Regional General Hospital of NTB Province who experienced neuropathic pain. The affordable populations in this study were all neuropathic patients in the July-August 2019 period, which then led to the required milk samples. The sample in this study were all patients who experienced neuropathic pain at the Neurology Clinic of the Regional General Hospital of NTB Province in the period July to August 2019 according to what researchers needed, based on inclusion and exclusion criteria.

The samples in this study were selected through a positive sampling technique, by way of sorting out subjects who met the inclusion criteria and exclusion criteria. The number of subjects from July to August was the total sampling that would be used as the research sample. The independent variables in this study were administration of

gabapentin drug therapy and administration of pregabalin drug therapy. The dependent variable in this study was the patient's quality of life. The instrument used in this study were the EQ-5D-3L and EQ VAS questionnaires to measure the quality of life of the patients.

Results and Discussion

Research on the quality of life using the comparison between the neuropathic patients treated with gabapentin and those with pregabalin in the neurological clinic of the Regional General Hospital of West Nusa Tenggara Province was conducted from July to August 2019. In this study, 20 patients had met the inclusion and exclusion criteria respectively. 10 patients were treated with Gabapentin therapy; 10 patients were administered with Pregabalin therapy using the EQ-5D-3L Questionnaire and EQ VAS. The results of this data are presented based on the characteristics of research subjects grouped by sex, age and level of education. A total of 20 people was sampled in the study who met the inclusion and exclusion criteria. All research subjects had signed the informed consent. Characteristics of research subjects based on gender, age and education can be seen in the following table:

Table 1. Patient characteristics based on gender.

No	Gender	N	%
1	Male	8	40
2	Female	12	60
	Total	20	100

The table above indicates that there were 12 female respondents with neuropathic pain (60%), while 8 (40%) men were male. Several studies have shown varying results on the sex distribution. Men and women have the same chance to suffer from neuropathic pain. The research data regarding the patient’s age was categorized into 2 levels, namely age> 50 and ≤50 years. In the study results, there were 16 people aged >50 years and 4 people aged ≤50. The data is presented in table 2 below:

Table 2. Patient characteristics based on age.

No	Age	N	%
1	>50 years	16	80

2	≤50 years	4	20
	Total	20	100

Based on the table above, the characteristics of the respondents are classified based on their age. It is known that these respondent with neuropathic pain can be classified based on the following age group: the respondents of> 50 years amounted to 80% and those of 20% ≤50 years old. The results showed that their education level in this study can be divided into 2 categories, namely: ≤Senior High School and >Senior High School. In the category of respondents at ≤Senior High School level, there were 16 respondents and those at >Senior High School amounted to4 people. The percentage can be seen in the following table:

Table 3. Patient characteristics based on education.

No	Education	N	%
1	> Senior High School	4	20
2	≤ Senior High School	16	80
	Total	20	100

The table about the characteristics of respondents based on education indicatesthat the respondents with diabetic neuropathic pain were categorized as> 20% high school and 80% ≤Senior High School. The result is mainly predominated by patients with a level of education below high school. It is assumed that the level of education is influential in determining someone's way of responding to external forces. Someone with higher education will respond more rationally than those with middle or lower level of education (Asri, 2006). This fact is in accordance with the results of the study which showed that when viewed from the latest education level, the number of respondents with ≤Senior High School level was higher with 80% compared to those with >Senior High School level, namely with 20%.

This study used the EQ-5D questionnaire to determine the level of quality of life of respondents by looking at the total questionnaire. The EQ-5D questionnaire consists of 2 types of questionnaires, namely: The EQ-5D-3L questionnaire with 5 dimensions, namely the ability to walk/move, conduct the self-care, regular activities, feel pain/discomfort, and anxiety/depression. It also classified the patients' problems into 3

levels of problems, namely those having no problem, those having several problems, and those having an extreme problem.

Based on the results of the level of quality of life using the EQ-5D-3L questionnaire which has 5 dimensions and 3 levels of problem, the table shows that on average respondents with gabapentin therapy have some perceived problems. The highest problem felt was in self-care with 10%, and 10% of problem for the regular activities. For moderate problems, the highest level was in pain/discomfort with as much as 90%, the ability to walk/move as much as 50% and anxiety/depression as much as 50%, self-care 30% and 30% of the regular activities. Then, for not having any problem, the highest level was attained by the ability to walk/move and regular activities with 60%, followed by the ability to walk/move and anxiety/depression, namely with 50%, and lastly waspain/discomfort with 10%. This shows that even though the patients feel pain, they can still take care of themselves.

Furthermore, the relation between the use of pregabalin and the level of quality of life of patients was indicated by the level of problem severity from the ability to walk/move, do the self-care, and regular activities, feel pain/discomfort, and anxiety/depression as much as 0%. Then, those with moderate problems, the highest level was in pain/discomfort with 30%, followed by the ability to walk/move, do regular activities, feel anxiety/depression by 10%, and do self-care as much as 0%. Finally, for the level of quality of life for those not having any problem, the highest level was in self-care, with 100%, followed by the ability to walk/move and do regular activities with as much as 90%, and the last level was those feeling pain/discomfort with as much as 30%.

The resulting data were analyzed using SPSS 16.0. The data generated normal distribution in the normality test. Afterwards, they were analyzed by the Independent T-test to determine whether there was a difference or not in the mean (average) of the two independent data groups related to the use of gabapentin and pregabalin on the quality of life of neuropathic patients. The results of research conducted using the EQ-5D-3L questionnaire can be seen in table 4 below:

Table 4. Analysis of EQ-5D-3L questionnaire data

Group	N±Mean Rank	Normality	P
Gabapentin	15±16,20	0,046	0,683*

Pregabalin	15±14,80

This table shows that the results of each patient's answer based on the EQ-5D-3L questionnaire with data analysis using Maan Whitney U test data are not normally distributed after the use of gabapentin as compared to those with pregabalin which showed no significant difference in the quality of life of patients with neuropathic pain. This is also reinforced by previous researches, in that gabapentin and pregabalin have antihyperalgesic, antialodynamic, antinociceptive effects to reduce postoperative pain(Annisa, n.d.).

Neuropathic pain therapy generally aims to improve the quality of life of patients by taking a holistic approach, in the form of treatment of the pain triad, namely pain, sleep disorders and mood disorders carried out by a multidisciplinary team. Common pharmacological therapies for neuropathic pain sufferers are analgesics, adjuvant analgesics, and pharmacological interventions(Snedecor et al., 2014). Several different therapies for neuropathic pain have been studied. Based on these clinical studies, drugs are recommended as first-line therapy for neuropathic pain, including antidepressants (tricyclic antidepressant (TCA) and serotonin-norepinephrine reuptake inhibitors (SSRI)), calcium channel α2-δ ligands (gabapentin and pregabalin), and topical lidocaine(Boyle et al., 2012).

The development of second-generation anticonvulsant drugs, such asabapentin and pregabalin is considered to have a fairly good efficacy in dealing with neuropathic pain(Myr et al., 2015). Both of these drugs can be used as first-line therapy in patients with diabetic neuropathic pain who are contraindicated with the use of TCAs or do not respond(Backonja et al., 1998).

Gabapentin and pregabalin act by several mechanisms that can have pain-reducing effects in people with neuropathic pain. First, these two drugs are synthetic analogues of gamma-aminobutyric acid (GABA), which bind or act selectively on the α2δ subunit of the calcium channel(Myr et al., 2015). The effect is the inhibition of the release of excitatory neurotransmitters, such as glutamate and noradrenaline. It also modulates the release of substance P(Imdad et al., 2013). Another mechanism is that these two types of drugs are antagonistic to the receptors N-methyl-D-aspartate (NMDA) and alpha-amino-3-hydroxy-5methyl-4-isoxazolepropionic acid (AMPA)(Myr et al., 2015).

EQVAS is a scale for assessing the personal health of respondents on a 20cm vertical visual analog scale with the end point having a score of 100 labeled as ’the best health you can imagine’ and a score of 0 labeled as 'the worst health you can imagine (Hutapea et al., 2016). The resulting data is then inputted with SPSS 16.0. The resulting data normally are tested in the normality test and after that was analyzed by the Independent T-test to determine whether there was a difference in the mean (average) of the quality of life of the two groups of data of neuropathic patients that were independent or unrelated in terms of those treated with gabapentin and those with pregabalin. The results of research conducted using the EQ-VAS questionnaire can be seen in table 5 below:

Table 5. Analysis of EQ-VAS questionnaire data

Group	Mean±SD	P
Gabapentin	60,00±13,33	1,000*
Pregabalin	68,00±13,16	

The table above demonstrates that the average value of the quality of life of patients taking the drug Gabapentin as a whole was found to be 60.00 ± 13.33 while those who received pregabalin therapy obtained 68.00 ± 13.16. Systematically, there was no significant difference between the two groups, which was then strengthened by the result of p-value of 1,000 (p> 0.05). indicating that there is no statistical difference (significant). This result proves that there is no significant difference in the quality of life of neuropathic patients treated with gabapentin and and those with pregabalin based on the health imagined.

Conclusion

Based on the research conducted at the NTB Provincial Hospital, it is possible to conclude the following points:

1. There was no significant difference in the level of quality of life with p value = 0.683 (p> 0.05) between the gabapentin group and the pregabalin group based on the EQ-5D-3L questionnaire.

2. There was no significant difference in the level of quality of life with p = 1,000 (p> 0.05) between the gabapentin group and the pregabalin group based on the EQ-VAS questionnaire.

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Kepada

Yth. Bapak/Ibu Sejawat Apoteker

Peserta Presentasi Oral dan Poster

Pada PIT Virtual IAI 2020

Dengan hormat,

Bersama dengan email ini, kami ingin menyampaikan terima kasih dan penghargaan setinggi-tingginya atas partisipasi aktif sejawat dalam kegiatan PIT Virtual IAI 2020.

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5. Penulis harus melampirkan surat etik yang sudah disetujui oleh tim etik resmi jika penelitian yang melibatkan manusia atau hewan.

6. Penulis harus melampirkan bukti *proofreading* dari institusi layanan *proofreading* resmi.

7. Penulis harus melampirkan *copyright agreement* (form terlampir)

8. Penulis dikenakan biaya publikasi sebesar Rp.1.000.000 di transfer ke BNI (KK Tomang Raya), Account Name: Ikatan Apoteker Indonesia, Account Number: 0896150115.

9. Manuskrip beserta bukti proofreading dan bukti transfer di unggah ke https://forms.gle/JiANvtgkKb4gWkz5A

10. Manuskrip dikirim selambat-lambatnya tanggal 21 November 2020 dan tidak ada perpanjangan waktu.

Atas perhatiannya disampaikan terima kasih.

Panitia Ilmiah

PIT Virtual IAI 2020

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2 lampiran

Author Guidelines.pdf
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Gmail nurul qiyaam <nuqi.gra@gmail.com>

[PIT virtual IAI 2020] Decision on Manuscript Comparing the Quality of Life of Neuropathic Patients Treated with Gabapentin and Those Treated with Pregabalin at The Neuropathic Poly of The NTB Provincial Hospital In 2019

2 pesan

Rudi Hendra <rhendra@iai.id> 16 Februari 2021 19.26
Kepada: nuqi.gra@gmail.com

Dear Nurul Qiyaam

Your manuscript entitled "Comparing the Quality of Life of Neuropathic Patients Treated with Gabapentin and Those Treated with Pregabalin at The Neuropathic Poly of The NTB Provincial Hospital In 2019" which you submitted to the Pharmacy Education Journal in collaboration with The Indonesian Pharmacists association (IAI), has been reviewed and the reviewer comments are attached.

The reviews are in general favourable and suggest that, subject to **major correction**, your paper could be suitable for publication. Please consider these suggestions, and We look forward to receiving your revision.

When you revise your manuscript please highlight the changes you make in the manuscript by using the track changes mode in MS Word or by using bold or coloured text. To submit your revision, please click on the link below:

https://forms.gle/YtxXX7rpoo82Jk1q7

Due date: **March 2nd 2021**

Thank you

Sincerely

Scientific Committee
PIT Virtual IAI 2020

CHECK2_Manuscript_apt. Nurul Qiyaam, M.Farm., Klin_Clinical Pharmacy_2020.doc
159K

nurul qiyaam <nuqi.gra@gmail.com> 23 Februari 2021 16.27
Kepada: Aulia Amini <aulia.amini@hotmail.com>

[Kutipan teks disembunyikan]

CHECK2_Manuscript_apt. Nurul Qiyaam, M.Farm., Klin_Clinical Pharmacy_2020.doc
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Gmail **nurul qiyaam <nuqi.gra@gmail.com>**

[PE] New notification from Pharmacy Education

2 pesan

Sherly Meilianti <sherly@fip.org> 29 Juli 2021 00.41
Balas Ke: "Marwan El Akel (Managing Editor)" <pej@fip.org>
Kepada: Nurul Qiyaam <nuqi.gra@gmail.com>

You have a new notification from Pharmacy Education:

An issue has been published.

Link: https://pharmacyeducation.fip.org/pharmacyeducation/issue/current

Kind regards

Marwan El Akel (Managing Editor)

Pharmacy Education

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nurul qiyaam <nuqi.gra@gmail.com> 29 Juli 2021 12.41
Kepada: "Marwan El Akel (Managing Editor)" <pej@fip.org>, sherly@fip.org

Dear Editor

Here I send the article that I have corrected. Thank you for your attention.

Pada tanggal Kam, 29 Jul 2021 pukul 00.41 Sherly Meilianti <sherly@fip.org> menulis:
[Kutipan teks disembunyikan]

1438 Qiyaam_v2 .pdf
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Gmail **nurul qiyaam <nuqi.gra@gmail.com>**

[PIT Virtual IAI 2020] Your Manuscript has been published

3 pesan

Rudi Hendra <rhendra@iai.id> 29 Juli 2021 07.12
Kepada: adin.hakim@poltekkesjkt2.ac.id, afifah unjani <afifah@lecture.unjani.ac.id>, alvikusuma99@gmail.com, andi hermansyah <andi-h@ff.unair.ac.id>, Amal Fadholah <a.fadholah15@gmail.com>, annapradiningsih@gmail.com, asti rindarwati <asti.rindarwati@gmail.com>, ayukhariadini@ub.ac.id, baiqleny.nopitasari@gmail.com, Cyntiya Rahmawati <cyntiya.apt@gmail.com>, devioctavia1987@gmail.com, dewi@usd.ac.id, serlahwaty2@gmail.com, dimasdanangindriatmoko@gmail.com, Dina Christin Ayuning Putri <dinachristin@usd.ac.id>, Dolih Gozali <dolihgozali@gmail.com>, Erizal Zaini <erizal.ffua@gmail.com>, evanurinda@gmail.com, Fikri Alatas <fikrifaza@yahoo.co.id>, firmangustaman23@gmail.com, Fransiska Christianty <fransiska.farmasi@unej.ac.id>, fransiskussamuelrenaldi@gmail.com, helmina wati <republik.mina@gmail.com>, Husnul66@unlidrive.com, gekrai@angligan.com, ikanorcahyanti.unej@gmail.com, Ika Purwidyaningrum <ika_pur@setiabudi.ac.id>, Ika Puspitasari <ika.puspitasari@gmail.com>, ike.dhiah@staff.ubaya.ac.id, keni ida <keni.ida1992@gmail.com>, ledianasari@stfi.ac.id, lestyowulandari@unej.ac.id, Lusi Indriani <lusi.apoteker@gmail.com>, "Dr. apt. Lutfi Chabib, M.Sc." <lutfi.chabib@uii.ac.id>, noviayu.pharm@gmail.com, nuqi.gra@gmail.com, purwaniati@bku.ac.id, abielppump@gmail.com, felandj87@gmail.com, raharnis@yahoo.com, reynelda juliani sagala <reynelda.juliani@atmajaya.ac.id>, sinta.rachmawati@unej.ac.id, Nur Rahayuningsih <nur.rahayuridwan@gmail.com>, wahyuning setyani <wahyuningsetyani@gmail.com>, woro_yaning@yahoo.com, "Yulianto, S.Farm, Apt., M.P.H." <yulianto@uii.ac.id>, Yustina Sri Hartini <yustinahartini@usd.ac.id>, Zainul Islam <zainul_islam@uhamka.ac.id>
Cc: Sherly Meilianti <sherly@fip.org>

Dear Author,

We are pleased to notify you that your manuscript has now been **published online** at https ://pharmacyeducation.fip.org/pharmacyeducation/issue/view/67, along with the following Digital Object Identifier (DOI): #.

Sincerely yours,
PIT Virtual IAI 2020
Scientific Committee

Alvi Kusuma <alvi.kusuma99@gmail.com> 29 Juli 2021 07.26
Kepada: Rudi Hendra <rhendra@iai.id>
Cc: Amal Fadholah <a.fadholah15@gmail.com>, Cyntiya Rahmawati <cyntiya.apt@gmail.com>, Dina Christin Ayuning Putri <dinachristin@usd.ac.id>, Dolih Gozali <dolihgozali@gmail.com>, "Dr. apt. Lutfi Chabib, M.Sc." <lutfi.chabib@uii.ac.id>, Erizal Zaini <erizal.ffua@gmail.com>, Fikri Alatas <fikrifaza@yahoo.co.id>, Fransiska Christianty <fransiska.farmasi@unej.ac.id>, Husnul66@unlidrive.com, Ika Purwidyaningrum <ika_pur@setiabudi.ac.id>, Ika Puspitasari <ika.puspitasari@gmail.com>, Lusi Indriani <lusi.apoteker@gmail.com>, Nur Rahayuningsih <nur.rahayuridwan@gmail.com>, Sherly Meilianti <sherly@fip.org>, "Yulianto, S.Farm, Apt., M.P.H." <yulianto@uii.ac.id>, Yustina Sri Hartini <yustinahartini@usd.ac.id>, Zainul Islam <zainul_islam@uhamka.ac.id>, abielppump@gmail.com, adin.hakim@poltekkesjkt2.ac.id, afifah unjani <afifah@lecture.unjani.ac.id>, andi hermansyah <andi-h@ff.unair.ac.id>, annapradiningsih@gmail.com, asti rindarwati <asti.rindarwati@gmail.com>, ayukhariadini@ub.ac.id, baiqleny.nopitasari@gmail.com, devioctavia1987@gmail.com, dewi@usd.ac.id, dimasdanangindriatmoko@gmail.com, evanurinda@gmail.com, felandj87@gmail.com, firmangustaman23@gmail.com, fransiskussamuelrenaldi@gmail.com, gekrai@angligan.com, helmina wati <republik.mina@gmail.com>, ikanorcahyanti.unej@gmail.com, ike.dhiah@staff.ubaya.ac.id, keni ida <keni.ida1992@gmail.com>, ledianasari@stfi.ac.id, lestyowulandari@unej.ac.id, noviayu.pharm@gmail.com, nuqi.gra@gmail.com, purwaniati@bku.ac.id, raharnis@yahoo.com, reynelda juliani sagala <reynelda.juliani@atmajaya.ac.id>, serlahwaty2@gmail.com, sinta.rachmawati@unej.ac.id, wahyuning setyani <wahyuningsetyani@gmail.com>, woro_yaning@yahoo.com

Thanks a lot.
[Kutipan teks disembunyikan]

I Gusti Ayu Rai Widowati <gekrai@angligan.com> 29 Juli 2021 08.23
Kepada: Alvi Kusuma <alvi.kusuma99@gmail.com>

Cc: Rudi Hendra <rhendra@iai.id>, Amal Fadholah <a.fadholah15@gmail.com>, Cyntiya Rahmawati <cyntiya.apt@gmail.com>, Dina Christin Ayuning Putri <dinachristin@usd.ac.id>, Dolih Gozali <dolihgozali@gmail.com>, "Dr. apt. Lutfi Chabib, M.Sc." <lutfi.chabib@uii.ac.id>, Erizal Zaini <erizal.ffua@gmail.com>, Fikri Alatas <fikrifaza@yahoo.co.id>, Fransiska Christianty <fransiska.farmasi@unej.ac.id>, husnul66@unlidrive.com, Ika Purwidyaningrum <ika_pur@setiabudi.ac.id>, Ika Puspitasari <ika.puspitasari@gmail.com>, Lusi Indriani <lusi.apoteker@gmail.com>, Nur Rahayuningsih <nur.rahayuridwan@gmail.com>, Sherly Meilianti <sherly@fip.org>, "Yulianto, S.Farm, Apt., M.P.H." <yulianto@uii.ac.id>, Yustina Sri Hartini <yustinahartini@usd.ac.id>, Zainul Islam <zainul_islam@uhamka.ac.id>, abielppump@gmail.com, adin.hakim@poltekkesjkt2.ac.id, afifah unjani <afifah@lecture.unjani.ac.id>, andi hermansyah <andi-h@ff.unair.ac.id>, annapradiningsih@gmail.com, asti rindarwati <asti.rindarwati@gmail.com>, ayukhariadini@ub.ac.id, baiqleny.nopitasari@gmail.com, devioctavia1987@gmail.com, dewi@usd.ac.id, dimasdanangindriatmoko@gmail.com, evanurinda@gmail.com, felanDJ87@gmail.com, firmangustaman23@gmail.com, fransiskussamuelrenaldi@gmail.com, helmina wati <republik.mina@gmail.com>, ikanorcahyanti.unej@gmail.com, ike.dhiah@staff.ubaya.ac.id, keni ida <keni.ida1992@gmail.com>, ledianasari@stfi.ac.id, lestyowulandari@unej.ac.id, noviayu.pharm@gmail.com, nuqi.gra@gmail.com, purwaniati@bku.ac.id, raharnis@yahoo.com, reynelda juliani sagala <reynelda.juliani@atmajaya.ac.id>, serlahwaty2@gmail.com, sinta.rachmawati@unej.ac.id, wahyuning setyani <wahyuningsetyani@gmail.com>, woro_yaning@yahoo.com

Dear committee,

Thank you very much.
Stay safe and healthy.

Best regards,
Rai

> On 29 Jul 2021, at 07.26, Alvi Kusuma <alvi.kusuma99@gmail.com> wrote:
>
> [Kutipan teks disembunyikan]