

5 Myths of Plasma Exchange

MYTH #1: Plasma exchange is inconvenient

REALITY:

Many hospitals have established standard processes to ensure that plasma exchange is available through inpatient or outpatient services. One study of 134 myasthenia gravis patients receiving TPE showed:¹

- ➔ 75% of TPE courses were successfully performed using peripheral venous access
- ➔ Of the 100 patients receiving TPE via peripheral venous access, 65% were treated as outpatients

MYTH #2: All plasma exchange is the same

REALITY:

The plasma removal efficiency for centrifugal therapeutic plasma exchange (cTPE) is higher than that for membrane TPE (mTPE).^{2,3,4,5,6,7,8} This can have an important impact on the patient experience, allowing shorter procedure times and lower flow rates to enable peripheral access.

Mean plasma removal efficiency is 83% for cTPE versus 38% for mTPE.

MYTH #3: Plasma exchange is unsafe

REALITY:

Plasma exchange is known to be safe and well-tolerated, with the majority of reactions being mild to moderate, easily treated and of limited duration.⁹ The World Apheresis Association (WAA) registry data update of over 15,000 cTPE procedures reported:¹⁰

93.9% of patients did not experience any adverse events (AEs)

For the 6.1% of patients who did experience AEs:

- 1.6% were mild
- 3.8% were moderate
- 0.7% were severe

MYTH #4: Plasma exchange is invasive and requires central access

REALITY:

Plasma exchange on the Spectra Optia system offers multiple venous access options.

- In several studies, apheresis procedures were performed peripherally in 64.3%¹⁰ to 94.6%¹¹ of cases¹²
 - TPE with peripheral venous access instead of a central venous catheter (CVC) reduces the risk of infection up to 80%¹⁵
- In some patients, peripheral venous access may not be feasible.^{13,14}

MYTH #5: Plasma exchange is expensive

REALITY:

In a 2017 literature review, 11 of out 15 publications showed that plasma exchange was more cost-efficient than intravenous immunoglobulin (IVIg) and costs were on average 53% lower.¹⁶

- 11 found TPE was more cost-efficient than IVIg, 3 were undecided, 1 reported IVIg was more cost-efficient than TPE
- Expected health outcomes were identical
- Depending on the publication, potential savings varied greatly
- The weighted average savings was based on all 15 publications

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