## 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:

- 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). 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. The World Apheresis Association (WAA) registry data update of over 15,000 cTPE procedures reported:

- 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% to 94.6% of cases
- TPE with peripheral venous access instead of a central venous catheter (CVC) reduces the risk of infection up to 80%

In some patients, peripheral venous access may not be feasible.

**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.

- 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
References


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