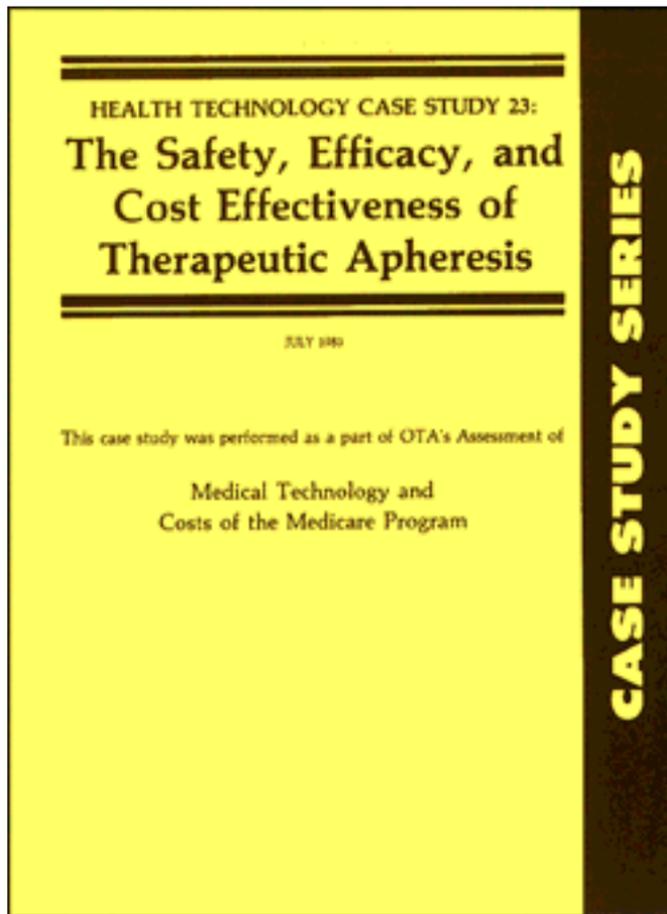


*The Safety, Efficacy, and Cost Effectiveness
of Therapeutic Apheresis*

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Preface

The Safety, Efficacy, and Cost Effectiveness of Therapeutic Apheresis is Case Study #23 in OTA's Health Technology Case Study Series. It was prepared in response to a request by the Senate Finance Committee, Subcommittee on Health, and is part of OTA's project on *Medical Technology and Costs of the Medicare Program*, requested by the House Committee on Energy and Commerce and its Subcommittee on Health and the Environment. A listing of other case studies in the series is included at the end of this preface.

OTA case studies are designed to fulfill two functions. The primary purpose is to provide OTA with specific information that can be used in forming general conclusions regarding broader policy issues. The first 19 cases in the Health Technology Case Study Series, for example, were conducted in conjunction with OTA's overall project on *The Implications of Cost-Effectiveness Analysis of Medical Technology*. By examining the 19 cases as a group and looking for common problems or strengths in the techniques of cost-effectiveness or cost-benefit analysis, OTA was able to better analyze the potential contribution that those techniques might make to the management of medical technology and health care costs and quality.

The second function of the case studies is to provide useful information on the specific technologies covered. The design and the funding levels of most of the case studies are such that they should be read primarily in the context of the associated overall OTA projects. Nevertheless, in many instances, the case studies do represent extensive reviews of the literature on the efficacy, safety, and costs of the specific technologies and as such can stand on their own as a useful contribution to the field.

Case studies are prepared in some instances because they have been specifically requested by congressional committees and in others because they have been selected through an extensive review process involving OTA staff and consultations with the congressional staffs, advisory panel to the associated overall project, the Health Program Advisory Committee, and other experts in various fields. Selection criteria were developed to ensure that case studies provide the following:

- examples of types of technologies by function (preventive, diagnostic, therapeutic, and rehabilitative);
- examples of types of technologies by physical nature (drugs, devices, and procedures);
- examples of technologies in different stages of development and diffusion (new, emerging, and established);
- examples from different areas of medicine (e.g., general medical practice, pediatrics, radiology, and surgery);
- examples addressing medical problems that are important because of their high frequency or significant impacts (e.g., cost);
- examples of technologies with associated high costs either because of high volume (for low-cost technologies) or high individual costs;
- examples that could provide information material relating to the broader policy and methodological issues being examined in the particular overall project; and
- examples with sufficient scientific literature.

Case studies either are prepared by OTA staff, are commissioned by OTA and performed under contract by experts (generally in academia), or are written by OTA staff on the basis of contractors' papers.

OTA subjects each case study to an extensive review process. Initial drafts of cases are reviewed by OTA staff and by members of the advisory panel to the associated project. For commissioned cases, "comments are provided to authors, along with OTA's suggestions for revisions. Subsequent drafts are sent by OTA to numerous experts for review and comment. Each case is seen by at least 30, and sometimes by 80 or more outside reviewers. These reviewers may be from relevant Government agencies, professional societies, consumer and public interest groups, medical practice, and academic medicine. Academicians such as economists, sociologists, decision analysts, biologists, and so forth, as appropriate, also review the cases.

Although cases are not statements of official OTA position, the review process is designed to satisfy OTA of each case study's scientific quality and objectivity. During the various stages of the review and revision process, therefore, OTA encourages, and to the extent possible requires, authors to present balanced information and recognize divergent points of view.

Health Technology Case Study Series^a

Case Study series number	Case study title; author(s); OTA publication number	Case Study Series number	Case study title; author(s); OTA publication number^b
1	Formal Analysis, Policy Formulation, and End-Stage Renal Disease; Richard A. Rettig (OTA-BP-H-9(1)) ^c		Richard M. Scheffler and Morgan Delaney (OTA-BP-H-9(12))
2	The Feasibility of Economic Evaluation of Diagnostic Procedures: The Case of CT Scanning; Judith L. Wagner (OTA-BP-H-9(2))	13	Cardiac Radionuclide Imaging and Cost Effectiveness; William B. Stason and Eric Fortess (OTA-BP-H-9(13))
3	Screening for Colon Cancer: A Technology Assessment; David M. Eddy (OTA-BP-H-9(3))	14	Cost Benefit/Cost Effectiveness of Medical Technologies: A Case Study of Orthopedic Joint Implants; Judith D. Bentkover and Philip G. Drew (OTA-BP-H-9(14))
4	Cost Effectiveness of Automated Multichannel Chemistry Analyzers; Milton C. Weinstein and Laurie A. Pearlman (OTA-BP-H-9(4))	15	Elective Hysterectomy: Costs, Risks, and Benefits; Carol Korenbrot, Ann B. Flood, Michael Higgins, Noralou Roos, and John P. Bunker (OTA-BP-H-9(15))
5	Periodontal Disease: Assessing the Effectiveness and Costs of the Keyes Technique; Richard M. Scheffler and Sheldon Rovin (OTA-BP-H-9(5))	16	The Costs and Effectiveness of Nurse Practitioners; Lauren LeRoy and Sharon Solkowitz (OTA-BP-H-9(16))
6	The Cost Effectiveness of Bone Marrow Transplant Therapy and Its Policy Implications; Stuart O. Schweitzer and C. C. Scalzi (OTA-BP-H-9(6))	17	Surgery for Breast Cancer; Karen Schachter Weingrod and Duncan Neuhauser (OTA-BP-H-9(17))
7	Allocating Costs and Benefits in Disease Prevention Programs: An Application to Cervical Cancer Screening; Bryan R. Luce (Office of Technology Assessment) (OTA-BP-H-9(7))	18	The Efficacy and Cost Effectiveness of Psychotherapy; Leonard Saxe (Office of Technology Assessment) (OTA-BP-H-9(18)) ^d
8	The Cost Effectiveness of Upper Gastrointestinal Endoscopy; Jonathan A. Showstack and Steven A. Schroeder (OTA-BP-H-9(8))	19	Assessment of Four Common X-Ray Procedures; Judith L. Wagner (OTA-BP-H-9(19)) ^e
9	The Artificial Heart: Cost, Risks, and Benefits; Deborah P. Lubeck and John P. Bunker (OTA-BP-H-9(9))	20	Mandatory Passive Restraint Systems in Automobiles: Issues and Evidence; Kenneth E. Warner (OTA-BP-H-15(20)) ^f
10	The Costs and Effectiveness of Neonatal Intensive Care; Peter Budetti, Peggy McManus, Nancy Barrant, and Lu Ann Heinen (OTA-BP-H-9(10))	21	Selected Telecommunications Devices for Hearing-Impaired Persons; Virginia W. Stern and Martha Ross Redden (OTA-BP-H-16(21)) ^g
11	Benefit and Cost Analysis of Medical Interventions: The Case of Cimetidine and Peptic Ulcer Disease; Harvey V. Fineberg and Laurie A. Pearlman (OTA-BP-H-9(11))	22	The Effectiveness and Costs of Alcoholism Treatment; Leonard Saxe, Denise Dougherty, Katharine Esty, and Michelle Fine (OTA-CS-H-22)
12	Assessing Selected Respiratory Therapy Modalities: Trends and Relative Costs in the Washington, D.C. Area;	23	The Safety, Efficacy, and Cost Effectiveness of Therapeutic Apheresis; John C. Langenbrunner (Office of Technology Assessment)

^aAvailable for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington, D. C., 20402, and by the National Technical Information Service, 5285 Port Royal Road, Springfield, Va., 22161. Call OTA's Publishing Office (224-8996) for availability and ordering information.

^bOriginal publication numbers appear in parentheses.

^cThe first 17 cases in the series were 17 separately issued cases in *Background Paper #2: Case Studies of Medical Technologies*, prepared in conjunction with OTA's August 1981 report *The Implications of Cost-Effectiveness Analysis of Medical Technology*.

^dBackground Paper #3 to *The Implications of Cost-Effectiveness Analysis of Medical Technology*.

^eBackground Paper #5 to *The Implications of Cost-Effectiveness Analysis of Medical Technology*.

^fBackground Paper #1 to OTA's May 1982 report *Technology and Handicapped People*.

Background Paper #2 to *Technology and Handicapped People*.

OTA Staff for Case Study #23

H. David Banta, Assistant *Director*, *OTA Health and Life Sciences Division*

Clyde J. Behney, *Health Program Manager*

John C. Langenbrunner, *Study Director*

Anne Kesselman Bums, *Project Director*

Cynthia King, *Analyst*

Pamela Simerly, *Research Assistant*

Kerry Britten Kemp, *Division Editor*

Virginia Cwalina, *Administrative Assistant*

Jennifer Nelson, *Secretary*

Mary Walls, *Secretary*

OTA Publishing Staff

John C. Holmes, *Publishing Officer*

John Bergling

Kathie S. Boss

Debra M. Datcher

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Glenda Lawing

Linda Leahy

Donna Young

Advisory Panel on Medical Technology and Costs of the Medicare Program

Stuart Altman, *Panel Chair*
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Frank Baker
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Johns Hopkins University
School of Hygiene and Public Health

James Mongan
Executive Director
Truman Medical Center
Kansas City, Mo.

Robert Derzon
Vice President
Lewin & Associates
Washington, D. C'.

Seymour Perry
Institute for Health Policy Analysis
Washington, D. C.

Howard Frazier
Director
Center for the Analysis of Health Practices
Harvard school of Public Health

Robert Sigmond
Blue Goss of Greater Philadelphia

Clifton Gaus
Center for Health Policy Stud-es
Washington, D.C.

Anne Somers
Department of Evironment and
Community and Family Medicine
Rutgers University

Jack Hadley
Urban Institute
Washington, D. C.

Kate Ireland
Chairman, Board of Governors
Frontier Nursing Service
Wendover, Ky.

Paul Torrens
UCLA School of Public Health

Judith Lave
Graduate School of Public Health
University of Pittsburgh

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Group Vice President
AMI
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