

On the cost-utility of methylene blue-photoactivated plasma versus quarantine plasma in Spain

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Dear Sir,

In the report on the cost-utility of methylene blue-photoactivated plasma (MBPIP) versus quarantine plasma (QP) in Spain, Babigumira *et al.*¹ assume that MBPIP is more effective than QP. We would like to point out that such assumption is based on an incomplete evaluation of all the available data.

Studies conducted in Spain and elsewhere have shown that MBPIP is actually less effective than QP in some of the main indications for plasma transfusion. In thrombotic thrombocytopenic purpura, the use of MBPIP as the replacement fluid for plasma exchange yielded worse clinical results than QP². In a large university hospital in Spain, the introduction of MBPIP increased the demand for plasma and plasma derivatives, probably to compensate for the reduced haemostatic capacity of MBPIP³. In a model of massive transfusion in trauma patients, pathogen-inactivated blood products - including plasma - were linked to poorer outcomes and increased transfusion⁴.

We conjecture that had the authors taken into account these data, then QP would have dominated MBPIP in most scenarios. Moreover, inclusion of additional costs derived from the increased compensatory demand for plasma and plasma derivatives would have turned the cost equation against MBPIP in all scenarios. Lack of consideration of the above cited reports, even in sensitivity analyses, has unfairly biased the conclusion by Babigumira *et al.*¹ against QP.

The Author declare no conflicts of interest.

References

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