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IN MEMORIAM

SEYMOUR PERRY, MD, MACP

It was an honor to have known and worked with Seymour Perry, MD, MACP, and to have witnessed his many accomplishments and contributions in several fields—cancer research, government administration, the development and promotion of procedures for evaluating health technologies, particularly consensus development, and leadership in fostering national and international collaboration in health technology assessment—representing a sustained effort in which both quantitative and qualitative benefits have been demonstrated.

The most recent of his many achievements were those in the field of health technology assessment, which seeks to provide for the optimal utilization of limited medical resources through the critical evaluation of healthcare technologies for safety, efficacy, effectiveness, cost-effectiveness, and for social and ethical concerns. Such assessments promote the appropriate use of diagnostic techniques, drugs, medical devices, surgical procedures and other therapeutic technologies, thereby enhancing the quality of health care and improving the quality of life. These accomplishments were based on a lifetime of patient care and research and policy assessment and development.

After receiving his medical degree from the University of Southern California School of Medicine, Dr. Perry served his residency in internal medicine at the Los Angeles County General Hospital. While pursuing a fellowship in hematology, Dr. Perry embarked upon studies of tumor cell growth characteristics particularly in human leukemia, which led him to the National Cancer Institute (NCI), which had just begun to recognize the relevance of tumor cell kinetics to effective anti-cancer therapy.

Beginning in 1961, while at the NCI, Dr. Perry made several fundamental observations on tumor growth characteristics and cell kinetics, serving as senior investigator and in subsequent years in increasingly responsible administrative positions. His work on tumor cell kinetics helped elucidate the growth characteristics of white blood cells, especially leukemic cells, and was useful in the design of anti-tumor drug regimens. In addition, he successfully directed two major projects: the development of a germ-free portable unit for managing patients at high risk for infection and, in collaboration with researchers from IBM and other scientists at the National Institutes of Health (NIH), the design of a continuous-flow cell separator for the collection of cellular components of blood for transfusion to patients with depressed leukocyte or platelet counts. Both devices are now used worldwide in the supportive care of cancer patients and others at risk for infection. The cell separator is also used for plasmapheresis to rid the body of drugs or other toxins. In addition, modified variations of the cell separator are essential in the operation of blood banks. These contributions play an important role in improving patient outcome and, in many instances, are life-saving.

For his work in the field of cancer research, Dr. Perry received several U.S. Public Health Service (PHS) awards. Moreover, Dr. Perry's international recognition was confirmed by two awards from the government of Peru: in 1971 he received the Orden al Merito por Servicios Distinguidos, and in 1984 he was given the Orden Hipolito Unanue en el Grado de Oficial for his work under a bilateral agreement between the United States and Peru to establish a cancer research clinic in Lima.

As associate director for program planning at the NCI between 1971 and 1974, Dr. Perry administered studies of anti-cancer drugs and other therapeutic approaches in the Division of Cancer Therapy. Subsequently, Dr. Perry served as deputy director of this division, where he planned, directed, and budgeted research activities and administered a total drug development program that encompassed activities ranging from drug acquisition to clinical trials.

In 1974, Dr. Perry joined the office of the director of the NIH to serve as liaison between the NIH and the President's Biomedical Research Panel, a committee mandated by Congress to review biomedical and behavioral research in the United States. As special assistant to the director, he also chaired both the NIH Clinical Trials Coordinating Committee and the NIH Nutrition Coordinating Committee. Two years later he was appointed to head an NIH committee to develop a process for evaluating medical technologies. The committee produced an NIH position paper on technology transfer, outlining the concept of consensus development and leading to the establishment of the NIH Consensus Development Program, with Dr. Perry as its first director.

Since the first NIH Consensus Development Conference in 1977, this process of convening professionals, industry leaders, government officials, and the public to arrive at a general agreement on the safety and effectiveness of medical technologies has been emulated in many different countries. The NIH prototype process and Dr. Perry's leadership in the critical evaluation of technologies used in health care were important in ushering in an era of increasing interest in technology assessment. The creation of the NIH Consensus Development Program seemed to catalyze many countries in the developed world to establish national agencies for evaluating technologies within health care: Canada, France, Sweden, the Netherlands, Spain, and Italy are among those that have created such entities. Furthermore, the work of Dr. Perry and others led to an understanding of the benefits and risks, costs, and other issues raised by medical technologies, and in so doing provided the foundation for the development of practice guidelines, which are inherent in studies of medical effectiveness.

In 1978 Dr. Perry was appointed an NIH associate director (for medical applications of research), providing policy guidance and leadership to bureau, institute, and division heads on the consensus development program at the NIH. As a focal point for the coordination, facilitation, and overview of the activities of medical applications of research, he successfully introduced to the healthcare system knowledge pertaining to disease prevention, detection, diagnosis, treatment, and rehabilitation on such widely varying topics as breast cancer screening, educational needs of physicians and public regarding asbestos exposure, benefits and risk of dental implants, mass screening for colorectal cancer, treatable brain diseases in the elderly, indications for tonsillectomy and adenoidectomy, availability of insect sting kits to nonphysicians, mass screening for lung cancer, supportive therapy in burn care, and surgical treatment of morbid obesity.

In that same year, the National Center for Health Care Technology (NCHCT) was created in the Public Health Service in response to congressional demands for comprehensive examination of emerging medical technologies. As the founding director of NCHCT, Dr. Perry provided overall leadership and direction for the conduct of activities in the area of healthcare technology assessment and coordinated such efforts throughout the Department of Health and Human Services (DHHS). While at the NCHCT, Dr. Perry established the Technology Coordinating Committee, the first government-wide forum where representatives of all pertinent components of the DHHS and other federal government departments and agencies could discuss and exchange information concerning medical technologies. The committee included representatives from such agencies as the Department of Defense, the Department of Education, the Department of Energy, and the Veteran's Administration, and served to provide recommendations to the secretary of the DHHS for use in setting

reimbursement policy for departmental healthcare financing programs. Dr. Perry negotiated a memorandum of understanding under the direction of the Assistant Secretary for Health (Julius Richmond) with the Health Care Financing Administration to create a formal mechanism to advise the Medicare program on coverage policies and issues—for the first time standardizing Medicare's procedures for coverage decision making. Dr. Perry was awarded the PHS Meritorious Medal in 1980 for his innovative leadership in technology assessment.

While serving as the director of the NCHCT, Dr. Perry was appointed assistant surgeon general in the PHS in 1980. In addition, he was appointed governor of the American College of Physicians, representing the U.S. Public Health Service, serving through the mid-1980s. In 1982 he was elected to the Institute of Medicine, National Academy of Sciences. Dr. Perry served as a member of the Institute of Medicine's Committee for Evaluating Medical Technologies in Clinical Use as well as the Council on Health Care Technology, helping to produce several valuable reports and serving as a national resource on health technology issues.

In 1983 Dr. Perry joined the Department of Community and Family Medicine at Georgetown University, with dual appointments in that department and in the Department of Medicine. In 1990, he was named chairman of the Department of Community and Family Medicine. As the deputy director of Georgetown's Institute for Health Policy Analysis, he continued his work on technology assessment.

Dr. Perry's work assumed an increasingly international focus when, in 1983, he was a founder and the first president of the International Society of Technology Assessment in Health Care (ISTAHC). Today, with 900 members representing over 40 countries, ISTAHC is the only organization in the world that serves as a forum for the international exchange of information on technology assessment issues in health care. Dr. Perry was elected twice to its board of directors, serving the society continuously for more than 10 years.

In 1984 he convened a major meeting, the International Conference on the Reuse of Disposable Medical Devices in the 1980s. The meeting raised for the first time the issues of device reprocessing and other technical concerns in an international context. A second meeting was held 2 years later to focus on legal and public policy issues such as clinical effectiveness and outcome, patient safety, informed consent, and litigation. These two conferences were considered landmark meetings for government agencies, health industry manufacturers, patients, and other concerned groups both in the United States and abroad.

In 1993 Dr. Perry joined the Medical Technology and Practice Patterns Institute (MTPPI), a nonprofit health policy and technology assessment organization. As a senior scholar at MTPPI, Dr. Perry recently collaborated with the Mexican Foundation for Health (*Fundacion Mexicana para la Salud*) to identify organizations involved in health technology assessment worldwide and to ascertain their funding sources, methods of assessment, objectives, audiences for their results, and other pertinent issues. This effort updates a study conducted by the Institute of Medicine in the 1980s, with the results to be published in the near future. The project was partially funded by a grant awarded by the U.S.-Mexico Foundation for Science under a bilateral agreement between the United States and Mexico. The immediate objective was to provide Mexico with prototype technology assessment models which it might consider for possible adoption in its healthcare system. Furthermore, Dr. Perry recently organized and moderated an international conference that addressed the implications of the North American Free Trade Agreement (NAFTA) for trade in healthcare technology. The meeting brought together healthcare professionals, government officials, and industry leaders from the United States, Canada, and Mexico to establish a starting point for active involvement in future opportunities engendered by NAFTA.

Dr. Perry continued to stimulate interest in promoting the application of health technology assessment in developing countries to enhance the quality of health care in those

nations. As the principal consultant on technology assessment to the World Health Organization (WHO), Dr. Perry recently produced a special volume of the *International Journal of Technology Assessment in Health Care*, distributed to more than 700 individuals and organizations, that will be instrumental in assisting developing countries in the adoption of healthcare practices and policies appropriate to their needs. For example, in 1994 he played a key role in organizing meetings for WHO in Alexandria, Egypt, and in Copenhagen, Denmark, involving representatives of developing countries to assist those countries in technology assessment, an integral part of their healthcare systems.

Through Dr. Perry's efforts, MTPPI was designated on June 23, 1995 by the director-general of WHO as a WHO Collaborating Center in Health Technology Assessment. It is the first such center to be named; two others, one in Canada and the other in South Africa, are now in place. With Dr. Perry as its director, the role of the new center included information exchange and networking in health technology assessment, analysis, and adaptation of technology assessment methods to meet regional or national needs in the developing world, and assisting and working with developing countries in establishing programs of technology assessment to improve quality of their healthcare systems.

Dr. Perry authored or participated in the publication of over 245 publications in promoting and implementing pioneering approaches to the critical evaluation of healthcare technologies. In 1990 he was recognized as one of the University of Southern California School of Medicine's 10 most distinguished alumni, and in April 1996 Dr. Perry was named a master of the American College of Physicians.

As a world leader in health technology assessment, Dr. Perry played a major role in demonstrating to healthcare professionals, industry leaders, and policymakers the enormous benefits of the development and application of new technologies as well as the importance of evaluating those technologies for their effectiveness, cost, safety, and efficacy. His guidance in this field fostered a climate of more careful examination of medical technologies to provide better quality of care for individuals both at home and abroad, assisting both the industrialized and developing nations of the world to appreciate the benefits of applying technology assessment for appropriate health resource utilization.

I will always remember Dr. Perry as a trusted friend, a mentor, and a colleague. His leadership in conceiving, promoting, and implementing pioneering approaches to the critical evaluation of healthcare technologies, improving the quality of care nationally and internationally, and his contributions in many other health fields will be truly missed.

DENNIS J. COTTER
President
Medical Technology and
Practice Patterns Institute
Bethesda, MD
USA

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