

**OPTN Operations & Safety Committee
Normothermic Regional Perfusion (NRP) Workgroup
Meeting Summary
November 3, 2025
Conference Call**

PJ Geraghty, MBA, CPTC, Chair

Introduction

The Normothermic Regional Perfusion (NRP) Workgroup (the Workgroup) met via Microsoft Teams teleconference to discuss the following agenda items:

1. Welcome and October 27th Meeting Recap
2. Finalize Draft of Initial NRP Communication
3. OPTN Member Solicitation Request – NRP Policies and Practices

The following is a summary of the Workgroup's discussions.

1. Welcome and October 27th Meeting Recap

Summary of discussion:

The Chair welcomed the Workgroup members to the meeting and outlined the goals for the call. The Chair then provided a recap of the previous Workgroup meeting, which occurred on October 27th, 2025. During the previous meeting, the Workgroup reviewed the first draft of the initial NRP communication, decided to combine the first communication with the solicitation request for OPTN Members' policies and practices related to NRP, and noted interest in reviewing the policies and practices for specific items related to NRP procedures.

The Chair highlighted the updated timelines for providing deliverables related to the directed actions.

Next steps:

No next steps were identified.

2. Finalize Draft of Initial NRP Communication

The Workgroup reviewed and provided feedback on an updated draft of the initial NRP communication, as outlined in the September 26 letter from HRSA to the OPTN.

Summary of discussion:

Contractor staff noted that the Workgroup Chair and OPTN Board of Directors President had made updates to the draft communication since the last meeting. The OPTN President indicated support for the addition of a sentence highlighting the September 26 letter. The Chair supported including a link to the OPTN critical comments and directives webpage on the OPTN website.

A Workgroup member suggested including language to distinguish between abdominal-NRP (A-NRP) and thoraco-abdominal NRP (TA-NRP), specifically related to the ligation/transection/venting of aortic arch vessels in TA-NRP compared to the thoracic aorta in A-NRP. The Workgroup supported the inclusion of this distinction.

The Workgroup agreed to give members 7 days to submit their NRP policies and practices after the communication is sent but noted that they'd still review documents submitted after that deadline.

Next steps:

The Workgroup did not have any further suggested edits to the proposed communication, which will be provided to HRSA and the OPTN Board of Directors for review.

3. OPTN Member Solicitation Request – NRP Policies and Practices

The Workgroup discussed details related to the submission of NRP policies and practices from OPTN members.

Summary of discussion:

The Chair reminded the Workgroup of the 7-day timeframe for submission and that the Workgroup would only review anonymous policies. The Chair suggested that the Workgroup could follow up with additional data collection after an initial review of the submitted policies and practices. The Chair continued by saying that the analysis of the policies and practices will depend on the number of documents submitted. The OPTN President suggested using artificial intelligence to analyze themes in the submitted documents.

OPTN Contractor staff asked if the Workgroup wanted to allow members to submit documents anonymously or if there should be some required data elements about general member demographic information. The Chair felt that there won't be many anonymous submissions and it would be better to provide a pathway for anonymous submission than to not provide it as an option.

One Workgroup member suggested asking OPOs what the barriers are to using NRP at donor hospitals and asking transplant programs what the barriers are to their use of NRP. Another Workgroup member suggested asking who was involved in developing each member's NRP policies. The OPTN President and Chair suggested that these would be good potential questions for a subsequent survey.

A Workgroup member noted that some OPTN members will not have an NRP policy and asked if it would be possible to solicit this information. The Workgroup then discussed collecting some basic demographic data including OPTN Region and OPTN member type (e.g. transplant program, OPO, or third-party contractor).

A Workgroup member suggested asking OPOs what credentialing they require for surgeons to perform NRP or if there should be minimum training criteria to perform NRP, as part of the subsequent survey.

The Chair suggested adding a question to the first survey that would ask members to indicate if they do not have an NRP policy.

The Workgroup confirmed the initial solicitation should start with a question asking if the member has an NRP policy and if yes, require an answer to both OPTN member type and OPTN region. The member would then have the option to provide their OPTN code, but it would not be required.

A Workgroup member asked about the rationale for not requiring members to respond to the solicitation request. The Chair noted that such data collection has been required in the past but felt that a less compulsive posture would elicit additional collaboration.

The Workgroup then confirmed that the solicitation request should be a part of the initial communication about NRP.

The OPTN President provided an overview of the history of the NRP critical comment and the concerns related to the potential for re-perfusion of the brain. The OPTN President continued by suggesting that

the Workgroup consider certain topics, such as ligation and venting of the cerebral vessels to establish there is no re-perfusion of the brain. Other issues, such as requirements around neuromonitoring, may take longer to consider and develop.

A Workgroup member noted that requiring ligation and venting has been discussed by some of the transplant societies. The Workgroup member then noted that the Workgroup should be careful to clarify that re-perfusion of the brain does not negate declaration of death, but that re-perfusion of the brain needs to be avoided nonetheless.

Another Workgroup member suggested that the times that each vessel is occluded, vented, or ligated should be documented, as a means to ensure the proper precautions have been taken to prevent re-perfusion. A member noted that much of this information is already recorded.

A Workgroup member stated that all of these steps need to be incorporated into OPTN Policy and available to the public.

A Workgroup member asked if it is allowable to tell members of the public about the Workgroup. The OPTN President and a HRSA rep stated that it is allowable to inform the public about the Workgroup and that they are having productive meetings intended to address concerns with NRP.

Next steps:

The solicitation request will move forward as part of the initial communication about NRP.

Upcoming Meetings

- November 10, 2025
- November 17, 2025
- November 24, 2025

Attendance

- **Workgroup Members**
 - Brendan Parent
 - John Magee
 - Kris Croome
 - Steve Weitzen
 - PJ Geraghty
 - Kara Monday
 - David Foley
 - Lara Schaheen
- **HRSA Representatives**
 - Ray Lynch
 - Luke Neureiter
 - Annie Tor
 - Adriana Alvarez
- **UNOS Staff**
 - Cole Fox
 - Keighly Bradbrook
 - Matt Cafarella
 - Meghan McDermott
 - Susan Tlusty
 - Joann White
 - Melissa Gilbert
 - Houlder Hudgins
- **Other Attendees**
 - Doug Fesler