Introduction

The Normothermic Regional Perfusion (NRP) Workgroup met via Citrix GoToMeeting teleconference on 11/10/2022 to discuss the following agenda items:

1. Reminder of Guidelines for Workgroup Discourse
2. Uncontrolled Scenarios & NRP
3. Open Forum & Next Steps

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

1. Reminder of Guidelines for Workgroup Discourse

The Chair reminded the workgroup of the rules of engagement and expectations for productive discussion between members.

2. Uncontrolled Scenarios & NRP

A workgroup member presented settings where uncontrolled NRP could occur, setting the background with the practice occurring in the U.K. and Spain. One major difference between the US and Spain is the assumed consent through their opt-out system, whereas the US has an opt-in and consent process that is required. The workgroup also considered the use of NRP for pediatric populations.

Summary of discussion:

Members discussed the challenge of sufficiently discussing and obtaining consent for NRP with the family when a patient enters the ER and is rapidly deteriorating. The group discussed quality of life considerations and was concerned about using extracorporeal membrane oxygenation (ECMO) for organ preservation after death declaration as opposed to using it for life-saving treatment. Members also expressed concern over optics, public perception, and the impact on public trust. Members noted that while this is not actively occurring in the US, it could be seen as a natural extension of controlled DCD. Other members noted the logistical complications and clinical feasibility of the practice. Ultimately, the workgroup came to the consensus that NRP after uncontrolled DCD is not ethically supportable at this time.

Pediatrics

Members considered whether there were additional ethical concerns that ought to be discussed when considering the possibility of using NRP for pediatric populations. Members mentioned that the only additional consideration they had was to the role of autonomy for pediatric patients, which is not unique to NRP. Ultimately, the workgroup felt there were not additional ethical considerations for pediatric populations that have not yet been discussed by the group.
3. Open Forum & Next Steps

The Chair offered an open forum discussion for members to share any additional questions, concerns, or feedback they would like to provide.

Summary of discussion:
A member inquired if there are ethical differences between thoraco-abdominal NRP (TA-NRP) and abdominal-NRP (A-NRP). Members noted the physiological difference but disagreed slightly on the ethical differences. A member suggested including a section in the white paper comparing TA-NRP and A-NRP, with A-NRP being potentially easier to endorse than TA-NRP. Members also mentioned the importance of comfort care and ensuring no harm is done, regardless of donation status.

Upcoming Meetings
- December 8, 2022
- January 26, 2023
- February 9, 2023
Attendance

- **Workgroup Members**
  - Andrew Flescher
  - Carrie Thiessen
  - Erin Halpin
  - Jonathan Fisher
  - Julie Spear
  - Keren Ladin
  - Lainie Ross
  - Matt Hartwig
  - Nader Moazami
  - Rosa Guajardo
  - Sanjay Kulkarni
  - Sophoclis Alexopoulos

- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi

- **SRTR Staff**
  - Bryn Thompson

- **UNOS Staff**
  - Cole Fox
  - James Alcorn
  - Kim Uccellini
  - Kristina Hogan
  - Laura Schmitt
  - Michelle Rabold
  - Stryker-Ann Vosteen