OPTN Operations & Safety Committee
Normothermic Regional Perfusion (NRP) Workgroup
Meeting Summary
November 24, 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 November 17th Meeting Recap
2. Outside Expert Presentation

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

1. Welcome and November 17th Meeting Recap

The Chair welcomed members of the Workgroup and summarized the previous meeting. During the November 17th, 2025 meeting, the Workgroup reviewed and finalized a draft NRP Safety Alert which was sent to the community on November 21st. The Workgroup discussed preference for additional organ procurement organization (OPO) and ethicist representation.

Summary of discussion:

The OPTN President stated that NRP Safety Alert included a set of recommendations designed to prioritize donor safety while the Workgroup continues to develop a formal policy proposal. The OPTN President stated that the OPTN is working with HRSA on disseminating the NRP Safety Alert further and discussing ways to inform donor hospitals as well.

The OPTN President emphasized the importance of involving a wide range of experts with differing opinions for the development of solutions that the Workgroup is producing. The OPTN President noted that engaging the community will be critical. The Chair agreed and stated that the NRP Safety Alert was an important first step but having the Workgroup develop policy for OPTN members will be critical. The Chair supported that engaging the public through public comment is beneficial for developing a final product.

A member reminded the Workgroup of their concerns about utilizing TA-NRP in the pediatric population given the guidelines set forth in the NRP Safety Alert. The member stated they have spoken to colleagues who noted that TA-NRP may become less viable in both pediatric and adult donors given the provided guidelines. The member stated this is an unintended consequence the Workgroup will need to consider and monitor when developing policy. The OPTN President suggested the Workgroup may need to add additional thoracic surgeons to help navigate discussions related to this topic.

2. Outside Expert Presentation

The Workgroup received a presentation and engaged in a discussion with a subject matter expert on practical ethics, rights of deceased donors, and development of NRP policy. The subject matter expert

provided the presentation to represent the interests of people on the organ donor registry and anyone whose family may authorize deceased donation for them.

Summary of presentation:

The presentation offered a critical perspective on NRP practices. The presenter questioned whether donor registry authorization truly covers all procurement techniques and critiqued the lack of informed consent and risk disclosure to donors and families. The absence of error rate data and the reliance on surgeon self-verification was highlighted, arguing for the necessity of objective neuromonitoring and calling for a moratorium or reclassification of NRP as research until safety can be assured. The presentation cited international literature and ethical standards, advocating for greater transparency and respect for donor rights.

The presenter expressed concern regarding the representation of the Workgroup citing that many of the members may be aligned in their perspectives. The presenter argued that literature on the ethics and safety of NRP rests on minimal data, not a lot of consideration of donor rights, and the premise that surgeons are infallible. The presenter emphasized that the literature produced inside the country's transplant system compared to outside the transplant system, and internationally, presents strong discrepancies in terms of ethical treatment of donors, testing, and use of cerebral monitoring.

Summary of discussion:

A member asked for more information on the cases of cranial reperfusion that the presenter referenced. The presenter provided more detail and emphasized how protocol failures or lack of oversight led to cranial reperfusion. The presenter stated that current monitoring is insufficient and stressed that only objective neuromonitoring could provide assurance. The presenter stated that relying on a surgeon or other healthcare professionals' confirmation is not enough, especially due to the considerable external pressures.

The member asked if requiring neuromonitoring would be a sufficient solution. The presenter responded that it was not their intention to propose solutions but rather to urge the essentiality of conducting research on the best monitoring method and advocated that the community must stop assuming donor safety without having adequate evidence.

The presenter reiterated that they are advocating on behalf of donors because they believe that the rights of donors are not being adequately protected and that the transplant community cannot continue to assure families that they are carrying out the core tenant of doing no harm without objective evidence.

Another member voiced agreement with most of the presenter's critique and noted that while their work was often quoted as an opposing voice, their own views have evolved. The member stated agreement that more transparency with donor families is needed, more rigorous neuromonitoring is needed, and more standardized protocols are needed. The presenter disagreed that the member's view has evolved because they have not seen evidence of it in recent publications.

The OPTN President clarified that the development of NRP policies is ongoing and it is important to include all perspectives during project development. The presenter noted their frustration with the process of having their perspective heard in these forums noting that it has taken them 14 months to be given an opportunity to express their concerns to the OPTN.

The meeting ended with a consensus that the issues raised, especially around informed consent, objective monitoring, and ethical transparency, would be taken into account and revisited in future

meetings during project development. There was a shared recognition that the transplant community must balance operational realities with the highest ethical standards, and that ongoing dialogue is necessary for progress.

Next steps:

The Workgroup will incorporate the presented critiques into upcoming discussions.

Upcoming Meetings

- December 1, 2025
- December 8, 2025

Attendance

- **Workgroup Members**
  - Brendan Parent
  - David Foley
  - John Magee
  - Joseph Turek
  - Lori Markham
  - PJ Geraghty
  - Sarah Koohmaraie
  - Steve Weitzen
- **HRSA Representatives**
  - Annie Tor
  - Brianna Doby
  - Ray Lynch
  - Shannon Dunne
- **UNOS Staff**
  - Cole Fox
  - Houlder Hudgins
  - Lindsay Larkin
  - Matt Cafarella
  - Meghan McDermott
  - Tory Boffo
- **Other Attendees**
  - Claire Morgan
  - Doug Fesler