

# Normothermic Regional Perfusion (NRP) Workgroup: Meeting Summary

## Meeting Information: Agenda and Attendees

Monday, January 12, 2026 | 1:00–2:00 p.m. ET | Location of Event: Teams

The following are meeting minutes from the Normothermic Regional Perfusion (NRP) workgroup meeting, which took place on **January 12, 2026, 1:00–2:00 p.m. ET**.

### Agenda

- Introductions
- Administrative Updates
  - Transition to New Board Support Team
  - Box Overview
- Workgroup Background, Progress to Date, and Updates
  - Authorization & Consent + Donor Patient Safety Reporting
  - Surgical Standards and Procedures
  - Neuromonitoring
- Next Steps
- Adjourn

### Attendees

Attendee Name(s)	Affiliation
PJ Geraghty, John Magee, Brendan Parent, David Foley, Joseph Turek, Kara Monday, Lara Schaheen, Lori Markham, Steve Weitzen	NRP Workgroup
Ray Lynch	HRSA
Christine Jones, Doug Fesler, Rachel Shapiro, Amy Lin, Rebecca Fritz Sophie To, Taylor Melanson, Zulma Solis	OPTN Board Support

## Meeting Summary

### Introductions

NRP Workgroup Chair PJ Geraghty welcomed attendees and acknowledged that this was the first NRP workgroup meeting of the new year. OPTN Board President John Magee emphasized the continuity of work despite the transition in contractor support teams and reassured members that all mission-critical

functions will continue uninterrupted. HRSA shared that coordination between the outgoing and incoming support teams is underway to ensure a seamless transition.

### ***Administrative Updates***

The Board Support team introduced key members who will be supporting the NRP workgroup, including staff who will assist with facilitation, documentation, and logistics.

The Board Support team walked through the NRP workgroup folders on Box, which will serve as the interim document management and file-sharing platform until the OPTN 360 platform goes live. The Box folder is organized into four primary sections:

- Meeting Materials and Recordings
- Background Documentation
- NRP Literature
- Redacted NRP Protocols

The Board Support team set up an internal email distribution list for the NRP workgroup support staff to streamline NRP-related communication for workgroup members.

### ***Workgroup Background, Progress to Date, and Updates***

The workgroup chair revisited the HRSA directive that established the NRP workgroup, summarizing the directive issued in September 2025, the formation of the workgroup in October 2025, and the kickoff meeting held in November 2025. This context reiterated the workgroup's charge to develop standards and policy recommendations addressing:

- Use of NRP to support patient safety and family experience
- Aortic arch vessel clamping and thoracic aorta management
- Venting practices
- Neuromonitoring approaches
- Pre-mortem cannulation considerations

The group reviewed progress made across its subgroups during intensive weekly meetings from November through December 2025, noting substantial advancements.

### ***Authorization & Consent + Donor Patient Safety Reporting***

The subgroup discussed alignment with the current donation after circulatory death (DCD) policy proposal out for public comment. Members agreed that existing DCD policy language—such as rationale for NRP, likelihood of organ function resumption, and safeguards to prevent cerebral perfusion—covers many minimum requirements for NRP authorization. Key points included:

- **Disclosure Scope.** NRP should always be disclosed to families, regardless of whether abdominal-only or thoracoabdominal NRP is planned. However, thoracoabdominal NRP (TA-NRP) does not need to be discussed if it is definitively not part of the planned procedure.

- **Plain Language.** Authorization discussions must occur in plain, accessible language (approximately 6th-grade level), with appropriate interpretation services as needed. The group noted the technical nature of NRP and the importance of translating concepts rather than terminology.
- **Separate Consent Forms.** The group favored leaving the decision about separate NRP consent forms to organ procurement organization (OPO) discretion, provided the authorization process clearly documents that NRP was explained and approved.
- **Risk Disclosure.** Material risks—such as potential inadvertent cerebral perfusion due to technical failure—should be disclosed as part of authorization, alongside explanations of safeguards and monitoring.
- **Patient Safety Reporting.** The group discussed whether NRP-specific events (e.g., clamp slippage, suspected cerebral flow) should be reported through existing patient safety mechanisms rather than creating a new reporting structure.

### ***Surgical Standards and Procedures***

The subgroup focused on expectations for pre-procurement huddles, communication among participating teams, and how to structure requirements in policy versus guidance. Members emphasized the need for consistent communication while avoiding policy mandates that could create enforcement challenges or burden OPOs with responsibilities outside their control. Key points included:

- **Huddle Timing.** The group supported two huddles for NRP cases:
  - A pre-departure huddle before surgical teams travel; and
  - An on-site huddle at the donor hospital prior to recovery.
- **Purpose.** Huddles are intended to establish a shared understanding of the recovery plan, including the planned NRP modality, roles, withdrawal location, and key logistics, particularly to avoid late-stage surprises.
- **Attendance.** OPO staff and recovery teams should participate in both huddles; however, the group debated whether transplant center surgeons should be mandated to attend and raised concerns about feasibility, accountability, and burden on OPOs.
- **Third-Party Recovery Teams.** Members acknowledged increasing complexity due to third-party vendors and emphasized the need for clear communication, while cautioning against policy language that would unfairly hold OPOs responsible for non-attendance by transplant center surgeons.
- **Policy vs. Best Practice.** While communication expectations should be emphasized, overly prescriptive mandates in OPTN policy could create enforcement challenges. Some operational elements may be better suited for guidance or best-practice documents.
- **Disagreements on NRP Modality.** The group noted persistent challenges when organ teams disagree on the appropriate NRP modality (e.g., heart vs. lung teams on TA-NRP use). The workgroup chair suggested adapting principles from multi-organ transplant policy to guide decision-making rather than leaving OPOs to mediate in real-time.

### ***Neuromonitoring***

The subgroup reported that, after reviewing available technologies and methods, no neuromonitoring approach currently meets criteria to be required in OPTN policy. Members noted insufficient evidence to mandate specific monitoring modalities. The group also discussed priming NRP circuits with anesthetic agents but concluded that further study is needed before recommending requirements.

### ***Next Steps***

The workgroup agreed it has sufficient consensus to begin drafting plain-language policy intent statements and bullet-point outlines describing what NRP policies should accomplish. These will be handed off to HRSA and the Board Support team for translation into formal OPTN policy language.

The workgroup chair noted that the upcoming federal holiday—Martin Luther King Jr. Day—falls on the next scheduled meeting date, January 19, 2026. The Board Support team will circulate a poll to assess the workgroup’s availability.

### ***Action Items***

- **Board Support:** Circulate a scheduling poll to identify a new meeting time for the workgroup, targeting January 20 or January 21 (week of January 20, 2026).
- **Board Support:** Distribute the NRP Box folder link, NRP support email distribution list, and post-meeting materials (agenda, slide deck, meeting summary) to workgroup members.
- **Workgroup Members:** Begin drafting high-level policy intent statements and content outlines across subgroups.