

Normothermic Regional Perfusion (NRP) Workgroup: Meeting Summary

Meeting Information: Agenda and Attendees

Monday, February 2, 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 **February 2, 2026, 1:00–2:00 p.m. ET**.

Agenda

- Welcome
- Discussion and Review of Drafted Policy Elements
 - Revise draft text
 - Address group members’ remaining comments/questions
- Next Steps and Adjourn

Attendees

Attendee Name(s)	Affiliation
PJ Geraghty, John Magee, Bill Ryan, Bob Truog, Brendan Parent, David Foley, Joseph Turek, Kris Croome, Lori Markham, Rachel Beekman, Steve Weitzen, Kara Monday	NRP Workgroup
Ray Lynch, Annie Tor	HRSA
Christine Jones, Rachel Shapiro, Doug Fesler, Amy Lin, Rebecca Fritz, Sophie To, Taylor Melanson, Tennille Daniels, Zulma Solis	OPTN Board Support

Meeting Summary

NRP Workgroup Chair PJ Geraghty opened the meeting by briefly reviewing the agenda. The workgroup chair shared that the intent of the session is to continue substantive review of the draft NRP policy elements and resolve outstanding comments and questions in the document.

Discussion and Review of Drafted Policy Elements

The Board Support team shared the draft policy elements document during the meeting and captured edits and discussion of the draft elements in real time. The Board Support team will upload the document with comments reflecting this meeting’s discussion to Box and disseminate the document to the workgroup.

The workgroup chair walked through comments from the workgroup and led discussion on each comment.

- The workgroup discussed whether the draft elements aligned with a prior Organ Procurement and Transplantation Network (OPTN) safety notice issued in November.
 - Workgroup members generally agreed that no substantive inconsistencies were identified. OPTN policy on NRP, once enacted, will supersede the prior safety notice.
- The workgroup agreed that “cardiac death” should be replaced with “circulatory death” throughout the document. The Board Support team will make this change.
- The workgroup discussed flush techniques and the risk of inadvertent cerebral reperfusion.
 - Blood-based flushes (e.g., cardioplegia solutions) may be used in some contexts, but the workgroup emphasized the importance of arterial transection above the clamp to prevent any possibility of cerebral perfusion.
 - There was consensus that the policy language should emphasize consistency of technique rather than mandate a single technical approach. A workgroup member will draft suggested language clarifying this topic.
- The workgroup addressed how NRP-related authorization and consent should be incorporated into OPTN policy.
 - The workgroup agreed that NRP only occurs within the context of donation after circulatory death (DCD) and should therefore be addressed within the DCD policy framework, not as a standalone authorization.
 - The workgroup favored avoiding duplicative authorization sections and incorporating NRP-specific elements into the existing DCD authorization language and then referring to the DCD authorization section in the NRP policy.
- The workgroup chair will work with the Health Resources and Services Administration (HRSA) to review DCD public comments that address NRP.
- The workgroup agreed that routine neuromonitoring is not supported by current evidence and is not feasible or reliable in the operating room environment. An electroencephalogram (EEG) was specifically noted to be insufficient for assessing brainstem activity.
 - The group favored relying on existing physiologic evidence rather than mandating monitoring technologies with unclear interpretation or feasibility.
 - There was consensus that the policy should state that current techniques are designed to prevent cerebral reperfusion and encourage further research into neuromonitoring in the context of NRP.
- The workgroup discussed the prevalence and usage of pre-mortem cannulation.
 - Cannulation is declining in use and introduces operational, ethical, and consent-related complexity. Ultimately, the workgroup did not support banning pre-mortem cannulation; however, less invasive alternatives should be considered and encouraged. Complications related to pre-mortem cannulation should be reported when known, recognizing that organ procurement organizations (OPOs) may not always be notified if donors do not expire within the expected timeframe.

- On the topic of cannulation, the workgroup discussed who should obtain consent for pre-mortem procedures. Intensive care unit (ICU) teams may not be comfortable consenting for specialized cannulation procedures, and involving transplant surgeons pre-mortem raises concerns about perceived conflicts of interest.
- No single model was endorsed by the workgroup. Members agreed that institutions should determine their own protocols that clearly delineate roles.
- The workgroup discussed whether the policy should require OPOs to provide written informational materials about NRP.
 - Many OPOs already have informational sheets or materials. The OPTN should not create or mandate a standardized form, but policy could recommend that OPOs maintain written educational materials available for families upon request.
- The workgroup debated whether NRP requires separate written consent.
 - Some workgroup members favored separate written consent forms due to public scrutiny, media attention, and evolving norms, while others cautioned against overburdening families during acute grief.
 - NRP itself is a post-mortem procedure. For OPOs that conduct NRP on all DCD donors, combining written consent to NRP and DCD may be more efficient than two consent forms.
 - There was agreement that families should be informed and given the opportunity to decline NRP. Policy language must be clear about expectations without unnecessarily complicating the donation process.
- The workgroup revisited the use of paralytics during NRP.
 - Workgroup members expressed concerns about optics, public trust, and the possibility of masking signs of inadvertent cerebral reperfusion.
 - Workgroup members noted that the use of paralytics differs between DCD and donation after brain death (DBD) cases.
 - The workgroup will return to the topic of paralytics in their next meeting.

Next Steps

The workgroup chair noted that the workgroup will reconvene next week.