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Global Normothermic Organ Perfusion Systems for Transplantation Supply, Demand and Key Producers, 2026-2032

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Abstracts

The global Normothermic Organ Perfusion Systems for Transplantation market size is expected to reach $ 1489 million by 2032, rising at a market growth of 15.1% CAGR during the forecast period (2026-2032).

Normothermic Organ Perfusion Systems for Transplantation are medical device platforms designed to preserve, assess and support donor organs outside the body under near-physiological temperature conditions, generally around 35–37°C. Unlike static cold storage, these systems maintain active circulation and oxygenation and can provide nutrients, temperature control and real-time physiological monitoring, enabling donor organs to remain metabolically active during preservation and evaluation. Commercial systems typically consist of a reusable perfusion console, pumping and oxygenation modules, temperature-control and monitoring units, organ-specific chambers and single-use perfusion circuits, with dedicated perfusates and other consumables forming an important recurring-revenue component. Current commercial applications are concentrated in liver, heart, lung and kidney transplantation, with deployment models ranging from center-based perfusion to transport-enabled platforms that can maintain active perfusion between donor recovery and recipient implantation. The market is primarily driven by the need to extend preservation windows, improve organ viability assessment, increase utilization of donation after circulatory death and marginal donor organs, and reduce the constraints associated with ischemic injury.

Key Findings

In 2025, the average selling price of commercial normothermic organ perfusion

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systems worldwide was approximately US$150,000–250,000 per unit.

The industry's overall gross margin remained at approximately 55%–70% in 2025.

Liver normothermic perfusion remained the largest commercial organ segment.

North America remained the largest value market globally.

Organ preservation and transplant preparation remained the largest application segment.

Market Trends

The principal technology trend is the transition from passive preservation toward active organ management. Normothermic perfusion maintains donor organs in a functioning or near-functioning physiological state and creates a time window in which clinicians can observe hemodynamic, metabolic and organ-specific parameters before implantation. This is changing the role of preservation technology from simple time extension to a broader combination of preservation, functional assessment and potentially therapeutic intervention. The commercial direction is also shifting toward organ-specific protocols built on common platform architectures, enabling manufacturers to leverage pumps, monitoring, temperature control, software and disposable technologies across multiple transplant indications.

A second trend is the integration of perfusion technology with procurement and transportation infrastructure. Portable systems reduce the dependence of transplant activity on conventional cold ischemic time and make longer-distance organ recovery more practical. In Europe, investments announced in 2025–2026 indicate that integrated transplantation networks combining perfusion, clinical teams and dedicated ground and air logistics are moving beyond the U.S. model. Product development is also expanding toward kidney perfusion, greater automation and remote monitoring, which could broaden NMP from relatively concentrated liver, heart and lung use toward much larger transplant populations over the longer term.

Market Dynamics

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Drivers

The central market driver is the persistent shortage of transplantable donor organs. U.S. transplant activity reached 46,750 solid-organ procedures in 2024, while 167,230 unique patients were present on transplant waiting lists during the year. At the same time, a meaningful proportion of recovered organs remain unused, including 29.3% of recovered kidneys and 11.3% of recovered lungs in 2024. Technologies that can provide functional assessment and improve confidence in marginal or DCD organs therefore have a direct clinical and economic rationale.

Restraints

High equipment and procedure-related costs remain the principal restraint. Commercial NMP requires not only a perfusion console but also organ-specific disposable sets, perfusion solutions, trained personnel and workflow integration. Adoption is consequently concentrated in high-volume transplant centers and healthcare systems capable of supporting specialized operating procedures and reimbursement requirements. Clinical evidence and regulatory approvals are also organ-specific, limiting the ability of manufacturers to transfer commercial success from one organ indication directly to another.

Opportunities

The largest structural opportunity lies in increasing utilization of organs that would otherwise be declined. DCD transplantation, extended-criteria donors, longer-distance donor recovery and objective viability assessment all enlarge the addressable procedure pool without requiring a proportional increase in donor availability. Kidney transplantation represents an especially significant longer-term opportunity because kidney transplant volumes are substantially larger than liver, heart or lung volumes, while current commercial NMP penetration remains limited. Next-generation platforms incorporating automation, continuous data collection and remote monitoring could also reduce operating complexity and extend the technology beyond a relatively small group of specialist centers.

Challenges

The industry must demonstrate that higher preservation costs translate into improved

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organ utilization, clinical outcomes or transplant-center productivity. Evidence requirements are substantial because performance must be established separately across organs, donor populations and clinical protocols. Operational reliability is also critical: the equipment supports viable donor organs during time-sensitive transplantation processes, so pump failure, temperature instability, disposable-set problems or logistical interruptions can carry unusually high consequences. Scaling manufacturing and clinical-support capacity while maintaining quality systems is therefore a major barrier for emerging suppliers.

Industry Chain Analysis

The upstream industry includes medical-grade pumps, oxygenators, heat exchangers, pressure and flow sensors, temperature-control components, sterile tubing, organ chambers, electronic control systems, embedded software and pharmaceutical-grade perfusion solutions. Because the system operates directly with transplantable organs, suppliers must meet stringent requirements for biocompatibility, sterility, reliability and traceability. Manufacturers typically retain control over core console design, organ-specific disposable circuits, software algorithms and clinical protocols, while sourcing selected pumps, sensors, plastics and electronic components from qualified medical-device supply chains.

The midstream consists of specialized organ perfusion system manufacturers responsible for system integration, regulatory approval, clinical validation, disposable manufacturing and technical support. Downstream users include transplant centers and hospitals, organ procurement and recovery organizations and, to a smaller extent, academic and research institutions. The increasing integration of organ recovery, perfusion management and logistics is making the boundary between medical-device manufacturing and transplant services more complex, although product revenue remains principally driven by installed platforms and procedure-linked consumables.

Value Chain Analysis

Value creation is concentrated less in conventional hardware manufacturing than in proprietary organ-specific perfusion protocols, clinical evidence, regulatory approvals, disposable ecosystems and transplant-center integration. Reusable consoles can be sold, leased or placed to accelerate installed-base expansion, while recurring disposable perfusion sets and dedicated solutions provide a more scalable source of

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revenue. XVIVO explicitly identifies disposable sales rather than machines as the primary profitability driver in both its thoracic and abdominal businesses, illustrating the importance of procedure-linked recurring consumption.

The highest-value platforms combine hardware, organ-specific consumables, software, clinical workflow support and logistics compatibility. Consequently, competitive advantage tends to strengthen as installed base and procedure volumes expand: more procedures create clinical data, support physician familiarity and increase recurring consumable demand. This creates relatively high switching barriers once a transplant center has established protocols, training and reimbursement processes around a particular platform.

Segment Insights

By target organ, liver represents the largest commercial segment, followed by heart and lung, while kidney NMP remains a comparatively early commercial opportunity. Liver NMP has established a particularly strong clinical proposition because viability can be assessed through multiple functional and biochemical indicators and because DCD liver transplantation has expanded rapidly. Heart perfusion represents a high-value application where transport time and DCD utilization are central considerations, while lung perfusion benefits from the established concept of ex vivo lung assessment. Kidney transplantation provides the largest procedure base but currently relies heavily on cold storage and hypothermic machine perfusion, leaving substantial room for NMP development.

By application, Organ Preservation & Transplant Preparation remains the largest category. Organ Viability Assessment is increasingly embedded into NMP workflows, particularly for organs with uncertain quality. Marginal Donor Organ Recovery is a smaller but strategically important growth segment because the commercial value of NMP increasingly depends on converting previously declined organs into transplantable grafts. Other applications include research, therapeutic conditioning and emerging organ-repair approaches, but these remain less commercialized.

Downstream Market Opportunities

High-volume transplant centers remain the most attractive downstream customers because system utilization directly determines disposable consumption and economic efficiency. Centers seeking to expand transplant volumes, accept organs from greater

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distances or increase DCD utilization have the strongest incentive to adopt active perfusion technologies. Organ procurement and recovery organizations also represent an increasingly important channel as transplantation shifts toward centralized recovery, specialist perfusion teams and coordinated logistics.

Longer term, the opportunity extends beyond preservation alone. Continuous physiological data generated during NMP may support more standardized organ acceptance decisions, treatment of donor organs outside the body and eventually data-driven or algorithm-assisted viability assessment. These capabilities could increase the value of perfusion platforms even without equivalent growth in the number of donor organs.

Regional Insights

North America remains the largest and most commercially developed market. The U.S. combines high transplant procedure volumes, established reimbursement pathways, rapid growth in DCD transplantation and broad adoption of integrated organ perfusion and procurement models. TransMedics disclosed that U.S. liver OCS penetration reached 36% and heart penetration 18% in 2025, illustrating that active perfusion has already moved beyond early clinical adoption in selected indications.

Europe represents the second major technology and commercialization cluster, with established capabilities in liver, lung and abdominal organ perfusion and a growing emphasis on integrated logistics. Asia Pacific remains comparatively early in commercial adoption but presents meaningful long-term potential because of large populations, expanding transplant capabilities and increasing domestic medical-device development. China has begun developing indigenous NMP equipment, although commercial scale and installed base remain considerably below those of North America and Europe.

Competitive Landscape Analysis

The market remains highly concentrated because clinical evidence, regulatory approvals, manufacturing quality systems and transplant-center training create substantial entry barriers. Competition is not based solely on hardware specifications. The leading competitive models include portable multi-organ warm-perfusion platforms integrated with procurement and logistics, liver-focused transport-enabled NMP

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systems, lung-centered ex vivo perfusion platforms and multi-temperature abdominal perfusion systems capable of supporting several machine-perfusion protocols.

Regional competition is structurally differentiated. North America has the deepest commercialization and integrated service infrastructure, Europe has a broader base of specialized organ preservation technologies and strong liver and lung perfusion expertise, while China is emerging from clinical translation toward domestic commercialization. Consolidation is also becoming more important: strategic acquisitions are allowing larger medical-device groups to enter organ preservation technology while providing specialized perfusion businesses with manufacturing scale, regulatory resources and international distribution. The result is likely to remain a relatively concentrated global supplier base even as procedure volumes and geographic adoption expand.

Report Scope

This report studies the global Normothermic Organ Perfusion Systems for Transplantation production, demand, key manufacturers, and key regions.

This report is a detailed and comprehensive analysis of the world market for Normothermic Organ Perfusion Systems for Transplantation and provides market size (US$ million) and Year-over-Year (YoY) Growth, considering 2025 as the base year. This report explores demand trends and competition, as well as details the characteristics of Normothermic Organ Perfusion Systems for Transplantation that contribute to its increasing demand across many markets.

Highlights and key features of the study

Global Normothermic Organ Perfusion Systems for Transplantation total production and demand, 2021-2032, (Units)

Global Normothermic Organ Perfusion Systems for Transplantation total production value, 2021-2032, (USD Million)

Global Normothermic Organ Perfusion Systems for Transplantation production by region & country, production, value, CAGR, 2021-2032, (USD Million) & (Units), (based on production site)

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Global Normothermic Organ Perfusion Systems for Transplantation consumption by region & country, CAGR, 2021-2032 & (Units)

U.S. VS China: Normothermic Organ Perfusion Systems for Transplantation domestic production, consumption, key domestic manufacturers and share

Global Normothermic Organ Perfusion Systems for Transplantation production by manufacturer, production, price, value and market share 2021-2026, (USD Million) & (Units)

Global Normothermic Organ Perfusion Systems for Transplantation production by Target Organ, production, value, CAGR, 2021-2032, (USD Million) & (Units)

Global Normothermic Organ Perfusion Systems for Transplantation production by Application, production, value, CAGR, 2021-2032, (USD Million) & (Units)

This report profiles key players in the global Normothermic Organ Perfusion Systems for Transplantation market based on the following parameters - company overview, production, value, price, gross margin, product portfolio, geographical presence, and key developments. Key companies covered as a part of this study include Terumo Corporation, TransMedics Group, Inc., XVIVO Perfusion AB, Aferetica S.r.l., Beijing TsingHan Medical Technology Co., Ltd., EBERS Medical Technology S.L., etc.

This report also provides key insights about market drivers, restraints, opportunities, new product launches or approvals.

Stakeholders would have ease in decision-making through various strategy matrices used in analyzing the World Normothermic Organ Perfusion Systems for Transplantation market

Detailed Segmentation:

Each section contains quantitative market data including market by value (US$ Millions), volume (production, consumption) & (Units) and average price (K US$/Unit) by manufacturer, by Target Organ, and by Application. Data is given for the years 2021-2032 by year with 2025 as the base year, 2026 as the estimate year, and

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2027-2032 as the forecast year.

Global Normothermic Organ Perfusion Systems for Transplantation Market, By Region:

United States

China

Europe

Japan

South Korea

ASEAN

India

Rest of World

Market Segmentation

Global Normothermic Organ Perfusion Systems for Transplantation Market, Segmentation by Target Organ:

Liver

Heart

Lung

Kidney

Others

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Global Normothermic Organ Perfusion Systems for Transplantation Market, Segmentation by Target Organ:

Blood-based Perfusate

Acellular Perfusate

Others

Global Normothermic Organ Perfusion Systems for Transplantation Market, Segmentation by Donor Type:

Donation after Brain Death DBD

Donation after Circulatory Death DCD

Others

Global Normothermic Organ Perfusion Systems for Transplantation Market, Segmentation by Application:

Hospitals Transplant Centers

Organ Procurement Organizations (OPOs)

Specialty Clinics

Research Laboratories

Others

Companies Profiled:

Terumo Corporation

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TransMedics Group, Inc.

XVIVO Perfusion AB

Aferetica S.r.l.

Beijing TsingHan Medical Technology Co., Ltd.

EBERS Medical Technology S.L.

Key Questions Answered

1. How big is the global Normothermic Organ Perfusion Systems for Transplantation market?
2. What is the demand of the global Normothermic Organ Perfusion Systems for Transplantation market?
3. What is the year over year growth of the global Normothermic Organ Perfusion Systems for Transplantation market?
4. What is the total value of the global Normothermic Organ Perfusion Systems for Transplantation market?
5. Who are the Major Players in the global Normothermic Organ Perfusion Systems for Transplantation market?
6. What are the growth factors driving the market demand?

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