



/CORRECTION â?? Bridge to Life, Ltd./

Descrizione

COMUNICATO STAMPA â?? CONTENUTO PROMOZIONALE

In the news release, UK NICE Issues Guidance Recommending Routine NHS Funding for Bridge to Lifeâ??s VitaSmartâ?¢ Hypothermic Oxygenated Perfusion System, issued 27-Aug-2026 by Bridge to Life, Ltd. over PR Newswire, we are advised by the company that changes have been made. The complete, corrected release follows, with additional details at the end:

DULUTH, Ga, and LONDON, Aug. 27, 2026 /PRNewswire/ â?? Bridge to Lifeâ?¢ Ltd., a global leader in organ preservation solutions and perfusion technologies, today highlighted the recent release of new HealthTech guidance by the United Kingdomâ??s National Institute for Health and Care Excellence (NICE), recommending routine National Health Service (NHS) funding for ex-situ machine perfusion devices, including Bridge to Lifeâ??s VitaSmartâ?¢ Hypothermic Oxygenated Perfusion (HOPE) System, to preserve deceased donor livers for transplantation.

Following a rigorous evaluation, NICE determined that advanced perfusion systems deliver clear clinical benefits over traditional static cold storage both clinically and financially, further noting that hypothermic oxygenated perfusion was associated with improved graft survival and fewer biliary complications. Additional details can be found in NICEâ??s full guidance: Ex-situ machine perfusion devices to preserve deceased donor livers for transplantation (Reference number: HTG780. Published: August 20, 2026).

â??NICEâ??s recommendation marks a milestone towards establishing hypothermic oxygenated perfusion as the standard of care in liver transplantation,â?• said Don Webber, CEO and President of Bridge to Lifeâ?¢ Ltd. â??Europe has embraced HOPE for well over a decade, demonstrating its value for perfusion therapy across the region. Validation from a respected body like NICE provides additional confidence in HOPEâ??s clinical and economic advantages at a time when U.S. physicians are being introduced to this technology following our FDA De Novo clearance. VitaSmartâ?¢ was specifically engineered to deliver these clinically proven results in a simple, scalable, and cost-efficient format.â?•

The VitaSmart® system utilizes HOPE to supply an oxygenated solution to donor livers prior to transplantation. Built for operational simplicity, ease of adoption, and capital efficiency, VitaSmart® seamlessly integrates into clinical workflows without the operational complexity or heavy cost structure associated with normothermic systems. In addition to the U.S. and U.K., VitaSmart® is available in Europe, Saudi Arabia, India, and in all countries accepting the CE mark.

“Routine NHS funding for systems like VitaSmart signals a new era for liver transplantation programs in the UK,” said Rebeca Sanabria Mateos, Consultant Liver Transplant Surgeon at University Hospitals Birmingham NHS Foundation Trust. “Having equitable access to efficient, user-friendly perfusion technology allows our surgical teams to safely and confidently utilize extended-criteria donor organs, streamline operating room logistics, and ultimately deliver better outcomes for our patients.”

With broad international adoption across Europe and rapid commercial growth in the U.S. following its Food and Drug Administration (FDA) De Novo clearance, Bridge to Life remains committed to advancing evidence-based preservation science that expands the donor pool and improves patient care worldwide.

About Bridge to Life® Ltd. Bridge to Life® Ltd. is a global leader in organ preservation and perfusion technology. Driven by a commitment to science-based innovation, the company empowers transplant teams with advanced tools that expand the donor pool, streamline clinical workflows, and improve patient outcomes worldwide. VitaSmart® joins a preservation franchise anchored by Belzer UW®®, widely regarded as the global gold standard in cold static preservation and the most extensively used cold flush solution in abdominal organ transplantation. Together, the portfolio gives Bridge to Life a differentiated position spanning both established preservation and next-generation machine perfusion.

Correction: The name “Rebecca” mentioned in the 5th paragraph has been corrected to “Rebeca”.

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