AGA's remarks on ARPA-H – Public Listening Session (Aug 3, 2021)

Thank you so much for the opportunity to provide comments on the development of the ARPA-H. My name is Bishr Omary, and I am currently at Rutgers University. I have the privilege to be here representing the American Gastroenterological Association (aka, AGA), which is the trusted voice of the GI community serving patients. AGA represents 16,000 members from around the globe who are involved in all aspects of the science, practice, and advancement of gastroenterology.

AGA's **mission** is to empower clinicians and researchers to improve digestive health, with the **vision** to create a world free from digestive diseases. Based on a 2019 publication in the journal *Gastroenterology*, health care expenditures for GI diseases were $136 billion, with 242,000 GI cancer and non-cancer related deaths. Given this health burden and AGAs mission and vision, we wholeheartedly support the creation of ARPA-H, because it will no doubt drive transformational innovation and breakthroughs in health-related research. I will very briefly share AGA's thoughts on structure, funding and areas of focus for the proposed entity.

First, some remarks on structure. During the development of this new division, hopefully within NIH, AGA recommends that ARPA-H leadership aim for **transparency and collaboration**.

Transparency in the agency's selection criteria, decision-making process for its goals, and investment strategies.

And **collaboration** with stakeholders, as is taking place here, to identify areas of focus and to ensure ARPA-H's goals result in maximum impact.
Moreover, as ARPA-H's structure begins to take shape, AGA recommends that decision-makers adopt similar approaches to DARPA as nicely articulated in the recent commentary by Drs Collins, Schwetz, Tabak and Lander published 3 weeks ago in *Science*.

Moving on to funding … AGA recommends that ARPA-H be funded at a substantial level at its inception to ensure programs and initiatives have the necessary support.
Consistent and sustainable increases in federal funding should be provided annually to ensure that ARPA-H can continue its mission.
Importantly, ARPA-H funding should not impact the funding levels of other federally supported research efforts at NIH or others.

Regarding priorities, AGA recommends ARPA-H leaders and project managers focus on areas with significant impact on global communities, like GI diseases and cancers, diabetes, obesity, and other disorders. Several GI cancers are considered "deadliest cancers" and exemplify areas where medical practice and preventive care would be dramatically changed through technologies and platforms developed under ARPA-H.

Specifically, we recommend that the principles ARPA-H uses to prioritize funding decisions incorporate a definition of "need" that includes mortality rates and areas where tools are lacking, instead of solely focusing on incidence. Prime examples of this are colorectal, pancreatic, gastric, and esophageal cancers, which are impacting patients in lower age cohorts and broadening to patients in communities of color. Moreover, GI diseases, like nonalcoholic fatty liver disease and inflammatory bowel disease are increasing in similar populations and

further exacerbating the health disparities that plague underserved and underinsured populations and communities of color.

Lastly, we suggest including with ARPA-H funding for career development. In this regard the support for K, F and T NIH grants has not kept up (percentage-wise) with total NIH research support. So, ARPA-H presents an opportunity to also invest in a future diverse group of researchers who would carry on NIH and ARPA-H's missions.

Thank you again for this terrific opportunity to provide remarks on behalf of AGA and the GI profession.