

I: as the first question, I wanna ask you what have been your main responsibilities in the Vogas project.

R: Together with my VTT team, we are responsible for implementing the RRI framework in Vogas. So, the RRI framework consists of five pillars, and it's about science education, open access, gender equality, public engagement and governance. These are the five pillars of the RRI framework that we were aiming to implement in Vogas in these last years that the project has been ongoing. So, the framework was already implemented in the project preparation phase. So the planning phase before the project even started. And then it followed the whole innovation process of Vogas, and now also towards the end it's implementation and what the project aims to achieve after it ends.

I: Okay, could you tell us a bit more about why this is an important framework to implement and what is has included in practise.

R: The responsible research innovation framework goes a bit beyond the basic ethics that's implemented in every research project, so we aim that the whole research content, but also the research innovation process is responsible in a way that it includes the visions of different stakeholders, of the target groups, for example. So in the case of Vogas, gastric cancer patients, that their interests are included during the whole innovation process, it has been considered. We deal also with the questions of the innovation and research itself being open for the public and following also the public interest. So you do research in a way societally responsive and responsible. So it goes according to the needs of society.

I: So, moving on to the challenges. It's been a long project and the circumstances have been exceptional to say the least, but would you like to raise up some of the key challenges that you face in this project.

R: I think as expected by many research project that are ongoing during the covid times, I think the covid pandemic was a big challenge. For instance in our activities we planned many face to face activities that we could have real engagement with different stakeholders or with the public, which we couldn't do for obvious reasons. So we had to adapt to make some activities virtually or then include more service that could be done on different sites, for instance different clinical sites that the project was happening and the tool was being tested. So we had to reallocate, rearrange the logistics and the whole planning of how we were going to do our responsible research and innovation activities in Vogas, due to the covid pandemic. So I think this was one of the main challenges that we had, this adaptation to the circumstances that were not foreseeing when we started and planned this project.

I: Were there any challenges that weren't directly related to covid activities or to the results or causes of covid that you would like to bring up?

R: I think that we had to rethink how we were going to make for instance the engagement. And also how we were going to promote our science education activities for example. But fortunately everyone was in the same situation so people were flexible and also the project partners they were flexible to understand and then after giving them specific guidance that we had to create, for instance an interview guideline based on the RRI that we had to create. Reading the proper guidance, they could do the activities for us there on site that we couldn't be there.

I: Okay, well now that you navigate this quite exceptional situation for a few years, what would you say would be the main lessons that you learned and picked up during this project? So if you had to do it all again, what would be the take home?

R: Well, it's difficult in the case of covid that you can have this in mind when you are doing for instance the risk planning of the project. So I don't think this could be a lesson learned in a sense. Unless you expect the apocalypse while you are doing the project proposal you can prepare for it. But I think what we have learned considering the RRI approach and framework it's that when developing health technologies like the Vogas, that it's a point-of-care diagnosis tool. It's really needed this approach, it's not just an extra, a bonus to have in a project, for filling check boxes for instance, it's really necessary. Because of course researchers and medical doctors, they are used to the basic principles of ethics and code of conduct, but the RRI brings reflections that are way deeper and way beyond that basic ethics or code of conduct can bring. And especially considering the question of health equity and universal access to health that it's one of the main advantages of health technologies. So this is something I think is a lesson learned. While we are doing this project, we understood together with the partners involved in the Vogas development that it was very much necessary. And especially to have many events let's say this way, so workshops or meetings with the project partners we could align our interests and have this discussion so they could also have clarity and understand importance of this framework pillars, while doing their more technical or clinical work.

I: I think the intro action aspect has really been raised to the surface during this covid era on how important it is to regularly engage with your project partners and other associates. Thinking to the present and looking to the future. How would you think that digital health tools such as Vogas could improve health equality?

R: I think this is something that I understood together with our VTT team, but also on the partners of the project brought up. The main quality, the main asset of this kind of point-of-care health technologies, such as the Vogas is that you can implement in different sites. Especially hard to reach areas. So if you are thinking a very remote place, for instance in the Amazonian jungle, where it's very difficult to have access to a full infrastructure of a hospital. You can bring to the people the technology that can provide them access to early diagnosis for gastric cancer for example. Which is a total game changer when it comes to their life expectancy for

instance. In the case of gastric cancer, the earlier you diagnose, the better. So I think technologies such as the Vogas can bring more universal access to health and directly improve peoples quality of life. If it's done the right way. So if you identify clearly who are the people who are most in need, and you need to put all your efforts to reach them. Which is beneficial, not only for the people who are in need, mostly of them vulnerable people, for different reasons, they are in a situation of vulnerability. But also for the business aspect of the tool. Because once you know better who are the main targets and the main users. Of course you can design a business plan that it will also bring more profits, because you too will be better accepted. So I think looking for the future, these e-health technologies have a huge potential to improve the quality of life of various people across the world.

I: So it's not only about reaching the well-off people in more developed countries but also the remote communities that might not have access to the same level of health care.

R: Absolutely. I think this is definitely one of the main assets, one of the main qualities of this kind of technology.