

I: What have been your main responsibilities in the Vogas project?

R: Actually, you mean my personal or our group? Of course, it's a bit of overlap there, but we mainly have been involved in designing the clinical studies and coordinating the clinical studies and, of course, furthermore, conducting the clinical studies in Latvia.

I: OK, then we can move on to the second question. What challenges have you faced during these projects? For example, limits or ethical considerations that had to be taken into account?

R: Well, there have been significant challenges, but I think the main challenges are not related to ethical considerations. Main challenges have been related to COVID and to the technological solutions with the instrumentation. And actually, some of the major challenges that also might be related to ethical aspects is that, in the case you are measuring the patient's samples, breath, , and then, after having recruited number of patients, you recognize that the technology is not working because of one reason or the other. Then of course, it's either medical or ethical aspects.

I: third question: what are the main lessons that you have learnt during this project? And this could really be anything.

R: Probably, that's nothing new than from the previous lessons, but to promise less than you anticipate. For instance, the risk assessment previously was usually done very formally, and in those cases, with COVID and war in Ukraine, definitely, you cannot anticipate any of this when putting the project together. I think that's one thing. And then also, we were really expecting that the Vogas project is going to move the technology much closer to the clinical applications, and now we learnt that it is still longer way to go to clinical applications if to compare to what we anticipated. So once more, probably this big decrease, I won't say the optimism, but at least not promising impossible things.

I: As the final question: thinking of the present and looking to the future, how do you think digital health tools and Vogas could improve health equality?

R: I think we have been discussing, theoretically the breath testing approach could be a very easy to perform test and be acceptable to the target populations. So definitely, that could be one of the good possibilities to get various patients or subjects included to the evaluations. We have been positioning this that it could be a screening tool, screening means investigations. We have been testing subjects without any complaints, without any problems, and these equality issues in all the screening programmes, the topic that is really discussed very extensively for all the screening programmes. Because usually, the lower social classes are not attending,

and so from that point, this is definitely important aspect, and definitely Vogas will not solve this aspect as such. Nevertheless, the technology as it is, if it is easy to be performed, in this case, it could help achieving equality. In the case if there are confounding factors, and if we ask the subjects in the study to avoid maybe certain aspects, like smoking, alcohol intake, not eating, fasting in the morning, and things like this. In this case, that might create some barriers for certain classes really to attend.