



September 01, 2021

Re: ASH Comments on NIDDK Strategic Plan

The American Society of Hematology (ASH) appreciates the opportunity to provide input on this draft strategic plan. Representing over 17,000 members from nearly 100 countries, ASH remains committed to partnering with NIDDK as the organizations collectively work to meet the Society's mission to "further the understanding, diagnosis, treatment, and prevention of disorders affecting the blood, bone marrow, and the immunologic, hemostatic and vascular systems, by promoting research, clinical care, education, training, and advocacy in hematology."

The Society supports many areas of the plan, including those that align closely with ASH's own [scientific priorities](#). These include but are not limited to the need to embrace data science and artificial intelligence in the conduct of research; the need to improve the conduct of clinical trials, including the recruitment of patients from traditionally underrepresented patient groups to these trials; the need to develop a more diverse workforce for both basic and clinical research; and the need to advance personalized/precision medicine through additional variant analyses and other steps. ASH also appreciates the plan's recognition of professional societies as valuable partners with NIDDK; the Society suggests that some aspects of these partnerships might be best pursued through grants to societies (through an expanded R25 portfolio, for instance) and encourages NIDDK to consider this as it operationalizes the plan.

The Society would offer the three following comments to inform improvements to the strategic plan:

1. Inasmuch as there is some value in planning and executing programs across all of NIDDK or across the Division of Kidney, Urologic, and Hematologic Diseases, there will often be times when each discipline within NIDDK would benefit from programs developed uniquely for that discipline. In particular, the alignment of KUH does at times make sense but can, at times, feel like aligning circles and squares. Planning for and addressing the unique needs and opportunities of each discipline deserve some recognition in the report.
2. Due to NIH's overall organization, hematology research is funded through a number of ICs, including NIDDK, NHLBI, and NCI. There are likely many times that research into hematology related areas at both the foundational and clinical levels might benefit from alignment between NHLBI and NIDDK's hematology portfolios, for example. Such opportunities for inter-institute work should be mentioned in the plan.
3. The plan appropriately notes the importance of mentorship and early exposure to careers in research as vital efforts to improve the diversity of the research workforce. However, the plan sidesteps mentioning the major bottleneck in diversifying the workforce, the admissions processes for medical schools and graduate programs. These processes require



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significant changes to reflect the need for diversity while working within the byzantine network of regulations, court decisions, and laws that influence them. While direct action on this front may not fall to NIDDK, referencing these bottlenecks in such an important place should help raise them on the radars of those who might be able to facilitate change.

ASH looks forward to working with NIDDK on the implementation of this ambitious plan.

Martin Tallman, MD

President