AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

September 13, 2024

The American Geriatrics Society (AGS) has responded to the National Institute on Aging's (NIA) Request for Information (RFI) on the strategic priorities for research and provided input on the *Strategic Directions for Research* document for 2026-2030. Our recommendations are below.

What emerging research needs and future opportunities that reflect the next five years should be included in the *Strategic Directions for Research, 2026-2030* document?	The American Geriatrics Society (AGS) appreciates the opportunity to comment on the *Strategic Directions for Research, 2026-2030* document.
	We recommend adding the following specific objectives to Goal C:
	• Improve our understanding of how to optimize care processes and systems and navigate trade-offs in clinical care for older adults with one or more of the "5M's": challenges with cognition ("mentation"), medications, goals of care ("what matters most"), mobility, and multimorbidity.
	• Improve our understanding of how aging and geriatric syndromes (e.g., frailty, multimorbidity, polypharmacy) modify the benefits and harms of diagnostic tests and treatments.
	For Goal D, the AGS suggests including support for research that advances our current understanding of the prevalence and evolution of brain health biomarkers (e.g., digital, imaging, fluid, blood) across different populations where the current evidence base is limited. Examples include cognitively normal individuals across age and sex groups with varying levels of genetic propensity for Alzheimer's disease (AD), frontotemporal dementia (FTD), or other dementing illnesses, the oldest-old individuals with high morbidity burden or specific conditions that may affect AD biomarker levels, and historically underrepresented racial, ethnic, socioeconomic, age, or geographically defined groups.
	It would also be critically important to advance our understanding of the impact of biomarker-based diagnosis and staging of AD across different populations as well as any potential or unintended harms, including inequities in

| | diagnosis and care, particularly for the historically marginalized populations that have been disproportionately affected by AD and disproportionately understudied and underdiagnosed.

The AGS also suggests supporting implementation science focused on determining and promoting the most responsible approaches for disseminating the medical breakthroughs and rapid clinical advances occurring in the AD and related dementia field. This includes promoting ethical and responsible dissemination of new diagnostic frameworks, diagnostic tests, and therapeutic options.

Additionally, we recommend that goal E-3 be expanded to the following:

- Improve our understanding of how health systems and means of delivering care can be modified to improve clinical and quality of life outcomes for older adults and their caregivers. |
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| **What research needs and opportunities reflected in the *Strategic Directions for Research, 2020-2025* document should be modified or removed because of progress over the past five years?** | For Goal G-2, the American Geriatrics Society (AGS) recommends adding partnership with other National Institutes of Health (NIH) Institutes and Centers to achieve the goals of across the lifespan for the entirety of the NIH to improve our understanding of the disease and disorders of all Americans across the life course and improving the healthspan of the American public.

The AGS suggests that goal G-3 be expanded to include "from diverse backgrounds." The modified language is below.

- G-3: Train and attract the workforce necessary for rigorous research on aging, including new, midcareer, and senior investigators from diverse backgrounds.

The AGS also believes that additional support is needed for the aging research workforce, and we recommend the following language be added to G-3:

- Support institutional and national networks, groups, and mentoring efforts aiming to help advance the aging research workforce.
- Support the development of researchers with leadership experience and an ability to position aging research in broader scientific portfolios. |

	• Invigorate efforts to attract scientists from underrepresented groups to sustain careers in aging research.
	We strongly suggest a greater emphasis on training future scientists and clinician investigators, in terms of T32s, GEMSSTAR and similar awards, career development awards, loan repayment, as well as implementation of educational programs for individuals pursuing academic research careers that will increase their knowledge and understanding of topics important in aging research, including multi-morbidity, frailty, geroscience, age-friendly, principles, chronic diseases, and whole-person focus across the lifespan.

The AGS recommends adding a specific reference to "deprescribing" in the 2020-2025 Section C-1 (P15) given robust ongoing research in this important area. The modified language is below:

    • Improve the safe use of medications by older adults. Managing medications can be complex for older adults; their medications are often prescribed by more than one physician, for multiple health problems. Complications include adverse drug interactions and interactions with dietary supplements coupled with the physiological and functional changes associated with aging or age-related diseases. Research supported and conducted by NIA will improve our understanding and maximize the effectiveness of medications, **develop evidence-based approaches to optimize medication regimens including through deprescribing of potentially harmful and/or unnecessary medications,** develop new technical aids for physicians to monitor drug use, and provide new technologies and information to enable patients to manage medications better and avoid adverse reactions.

The AGS believes Goal I-2 may be strengthened by encouraging coordination and collaboration research efforts across NIH Institutes and Centers as well as other agencies and research organizations and in particular, focus on how to get new innovations implemented into practice to have impact (i.e., focus on aging-related implementation science) across different population groups given the increasing diversity among older people. |

Please provide any additional input not captured above that may be relevant to the development of NIA's *Strategic Directions for Research, 2026-2030* document.	No further comments.