The American Society for Clinical Pharmacology and Therapeutics (ASCPT) appreciates the opportunity to comment on NOT-OD-26-088, "Request for Information on Proposed Changes to Reporting Outcomes from NIH Peer Review." ASCPT supports the National Institutes of Health (NIH)'s goal of ensuring that funding decisions consider the full substance of peer review together with scientific opportunities, public health needs, portfolio balance, strategic priorities, and available resources. We also recognize that numerical scores are imperfect estimates of scientific merit and thus should not be treated as precise measures capable of distinguishing reliably between closely ranked applications. Nevertheless, ASCPT strongly opposes the proposal to withhold final overall impact scores and percentile rankings from applicants, NIH program staff, Institute and Center leadership, and NIH Advisory Councils.

The current grant funding system is transparent, fair, and, importantly, successful. While written comments are only provided by 3 reviewers, everyone on the study section panel gets a vote, so the scores reflect the broader study section input. The NIH funds the best research in the world, in part because scores and reviews are transparent and therefore allow applicants to refine the grant for resubmission with full knowledge of how and why the decision was made. Under the proposed system, reviewers' scores would determine whether an application is classified as "most competitive," "competitive," or "not discussed." The underlying score would therefore continue to influence the application's disposition, but scores would no longer be available to the individuals responsible for evaluating, funding, overseeing, or improving the proposed research. Withholding existing information does not strengthen peer review or improve funding decisions. Transparency is especially important when NIH Institutes and Centers have greater discretion to fund applications outside traditional score or percentile order. Programmatic judgment is an essential component of responsible grant portfolio management, but that judgment should be exercised with access to the complete peer-review record. Preserving access to scores allows NIH to identify and explain instances in which programmatic priorities appropriately lead to funding decisions that differ from peer-review rankings.

Clinical and translational pharmacology grant applications often cross disciplines and NIH Institute boundaries. Their value may not be fully captured by a single study section or by narrowly defined programmatic priorities. ASCPT is concerned that the proposed changes would disadvantage multidisciplinary, translational, rare-disease, small-field, or emerging-area research.

NIH program staff and Advisory Councils have distinct and essential responsibilities in the second level of review. They deserve access to the complete results of scientific peer review, including overall impact scores and percentiles. Preventing these individuals from seeing information that NIH has already collected and used to categorize applications would unnecessarily constrain their ability to assess proposed funding plans and provide meaningful oversight. Applicants also need scores and percentiles to interpret reviewer feedback, assess the competitiveness of an application, and decide whether and how to revise and resubmit. Written critiques are indispensable, but they do not fully communicate the panel's overall assessment or provide the comparative context conveyed by a score and percentile.

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Removing scores could also make it more difficult to identify systematic bias in funding decisions. Researchers and oversight bodies must be able to evaluate whether similarly reviewed applications receive equitable consideration across investigators, scientific fields, and career stages. Broad categories encompassing large portions of the applicant pool would substantially reduce the ability to detect potential bias or inconsistent decision-making.

ASCPT recommends NIH:

1. Continue reporting overall impact scores and percentiles to applicants, NIH program staff, Institute and Center leadership, and Advisory Councils.
2. Require transparent documentation of the scientific and programmatic rationale when final funding decisions depart substantially from peer-review rankings.
3. Regularly analyze and publicly report aggregate relationships among peer-review outcomes, funding decisions, investigator and institutional characteristics, scientific portfolios, and subsequent research outcomes.

NIH can reduce reliance on numerical rankings while preserving the transparency, accountability, and oversight necessary to sustain confidence in the nation's biomedical research enterprise. ASCPT therefore urges NIH not to implement the proposed nondisclosure of overall impact scores and percentiles.

Sincerely,

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