American Association for Cancer Research
FINDING CURES TOGETHER

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National Institutes of Health (NIH), Department of Health and Human Services (HHS)
Submitted to: https://rfi.grants.nih.gov/?s=6a2b1c22c3fcfda46e0badd2

RE: NOT-OD-26-088

Please provide your name. (optional)

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What is your institutional affiliation? (optional)

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Please provide input on proposed changes to reporting outcomes from NIH peer review (5000 characters)

The American Association for Cancer Research (AACR) appreciates the opportunity to comment on NIH's Request for Information regarding proposed changes to the reporting of peer review outcomes. While AACR supports NIH's goal of incorporating health priorities, scientific opportunities, workforce needs, available funds, and broader portfolio considerations into grant review rather than relying exclusively on paylines, AACR strongly opposes the proposed elimination of reporting final overall impact scores and percentile rankings to applicants, institutions, NIH program staff, Institute and Center leadership, and Advisory Councils.

NIH has already begun implementing the Unified Funding Strategy by removing fixed paylines while continuing to report scores and percentiles. NIH can achieve the stated objectives by further instructing program staff to consider the complete peer review record, including written critiques and panel discussion, together with programmatic and portfolio considerations without modifying reporting of peer review outcomes. Maintaining these metrics would preserve transparency and trust while allowing NIH the flexibility envisioned under the Unified Funding Strategy.

This proposal would significantly reduce transparency, accountability, and trust in the NIH grants process. AACR is concerned that the proposed approach would limit NIH's ability to

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evaluate and communicate the effectiveness, consistency, and fairness of its peer review system. Reviewers provide detailed written critiques, criterion scores, and discussion summaries, but overall impact score and percentile data have historically enabled analysis of review outcomes across scientific fields, applicant groups, and review panels. Eliminating access to this information removes an important component of the review record and limits applicants' ability to assess review outcomes as well as makes it more difficult to evaluate whether funding decisions are consistent with peer review assessments and identify potential concerns related to the integrity of the peer review system.

Investigators utilize score and percentile information to evaluate competitiveness, make resubmission decisions, and assess career development opportunities. The combination of summary statements and numerical scores are used by investigators to refine their grant proposals in response to specific concerns raised by reviewers. Replacing these quantitative measures with only three broad categories ("Most Competitive," "Competitive," and "Not Discussed") would substantially diminish the information available to applicants. For example, there are meaningful distinctions between applications in the 26–50% category. A grant in the 26th percentile and one in the 49th percentile would both be labeled “Competitive”, despite significant differences in how the applications were viewed by reviewers and the extent of revision needed before resubmission.

The proposed change would further strain NIH’s peer review system and staff. NIH has acknowledged an unprecedented volume of applications and has continued modified peer review practices through the January 2027 Advisory Council round, including a reduction in the number of applications discussed and simplified summary statements that remove narrative descriptions of panel discussion. Under these conditions, removing overall impact scores and percentiles would leave applicants with even less information. Moreover, the proposal states that eliminating scores would “empower program officials” to rely more heavily on their expertise, portfolio analyses, and judgment. While this may be feasible in some smaller Institutes and Centers, program officials at large Institutes such as NCI oversee substantial numbers of applications and complex research portfolios. They may not have sufficient time to attend every relevant review meeting or conduct an extensive, individualized assessment of reviewer critiques and summary statements, particularly when multiple panels meet simultaneously. NIH has not provided an assessment of the additional staff time and resources required to implement this approach or how the increased workload would affect the timeliness and consistency of funding decisions.

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AACR therefore recommends that NIH withdraw this proposal and retain reporting of final overall impact scores and percentile rankings to preserve transparency for applicants and institutions, provide useful information for resubmissions, and avoid unnecessary additional burdens on NIH staff while still allowing Institutes and Centers the flexibility to make holistic funding decisions. AACR appreciates NIH's willingness to seek stakeholder input before developing a formal policy and looks forward to continuing working with the agency. If AACR can provide any additional information or assistance to NIH, please contact Jon Retzlaff, Director of Science Policy and Legislative Affairs, at jon.retzlaff@aacr.org.