

CSR Update

Noni Byrnes, Ph.D. Director Center for Scientific Review September 23, 2024



Welcome: Continuing CSR Advisory Council Members



Anton Bennett, Ph.D.

Dorys McConnell Duberg Professor of Pharmacology **Professor of Comparative Medicine** Director, Yale Center for Molecular and Systems Metabolism Director, BBS Minority Affairs



Christine Hendon, Ph.D.

Vice Dean of Diversity and Strategic Partnerships Associate Professor Department of Electrical Engineering Columbia University



Leopoldo Cabassa, Ph.D.

Professor Co-Director of the Center for Mental Health Services Research Washington University in St. Louis



Lynn Yee, M.D., M.P.H.

Thomas J. Watkins Memorial Professor of Obstetrics and Gynecology Associate Professor of Obstetrics and Gynecology (Maternal Fetal Medicine) Feinberg School of Medicine Northwestern University



Jonathan Epstein, M.D.

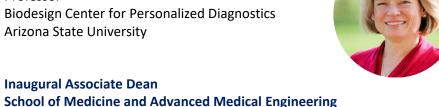
Interim Executive Vice President, University of Pennsylvania for the Health System Dean, Raymond and Ruth Perelman School of Medicine University of Pennsylvania





Karen Anderson, M.D., Ph.D.

Professor **Biodesign Center for Personalized Diagnostics** Arizona State University



Donna Ginther, Ph.D.

Roy A. Roberts & Regents Distinguished **Professor of Economics** Director, Institute for Policy and Social Research University of Kansas

Inducted as AAAS Fellow



A special welcome to

Our newest member

And our September 2024 ad-hocs



Rodney Kiplin Guy, Ph.D.

Dean and Professor

Department of Pharmaceutical Sciences

College of Pharmacy

University of Kentucky



Manuel Ares, Jr., Ph.D.

HHMI Professor
Distinguished Professor
Department of Molecular, Cell and
Developmental Biology
University of California, Santa Cruz



Blake Wiedenheft, Ph.D.

Professor
Department of Microbiology
and Cell Biology
Montana State University



Elizabeth Zuniga-Sanchez, Ph.D.

Assistant Professor
Department of Ophthalmology
Baylor College of Medicine



A big THANK YOU to our retiring members!



Matthew Carpenter, Ph.D.

Professor, Endowed Chair
Departments of Psychiatry and
Behavioral Sciences
Medical University of South Carolina

Congratulations!
Joseph W. Cullen Memorial
Award - American Society of
Preventive Oncology

- Reviewer Evaluation Working Group
- Simplifying Review Criteria (Clinical Trials) Working Group
- ENQUIRE 18: Social and Behavioral Studies



Michelle Janelsins-Benton, Ph.D.

Professor, Division of Supportive Care
Gary R. Morrow Distinguished Professor of
Supportive Care
University of Rochester

- Reviewer Recognition Working Group
- Simplifying Review Criteria (Clinical Trials) Working Group
- Simplifying Review Criteria (Non-Clinical Trials) Working Group
- ENQUIRE 8: Developmental and Regenerative Biology
- ENQUIRE 14: Microbiology and Infectious Diseases
- ENQUIRE 3: Brain Disorders: Clinical, Translational, and Neurotechnology



Narasimhan Rajaram, Ph.D.

Associate Professor

Department of Biomedical Engineering
University of Arkansas at Fayetteville

- Reviewer Evaluation Working Group
- Fellowship Review Working Group
- Bias Awareness Training Working Group
- ENQUIRE 13: Immunology and Respiratory Systems



News



Leadership Transitions at NIH



Kathleen M. Neuzil, M.D.
Director
Fogarty International Center



Carolyn M. Hutter, Ph.D.Director
NIH Office of Strategic Coordination



Geri R. Donenberg, Ph.D.Director
NIH Office of AIDS Research (OAR)

Ongoing Searches: Directors - National Institute of Mental Health, National Library of Medicine



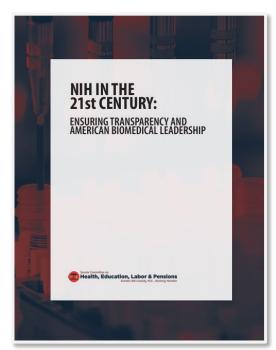
FY25 Appropriations Bills

House Appropriations Bill

- NIH \$48.6B (increase over FY24 enacted level of \$47.1B)
- 2024 Reforming the NIH: Framework for Discussion (House Energy and Commerce Chair McMorris Rodgers)
 - 27 institutes/centers to 15

Senate Appropriations Bill

- NIH \$50.3B
- 2024 NIH in the 21st Century: Ensuring
 Transparency and American Biomedical
 Leadership (Senate HELP Committee Ranking Member Cassidy)
 - Term limits for IC Directors (10 yrs)







Reestablishment of the Scientific Management Review Board (SMRB)

- The board advises and makes recommendations to the HHS Secretary and the NIH Director on the use of organizational authorities to establish or abolish institutes/centers (IC), reorganize offices within the Office of the Director, reorganize within and across ICs.
- Nominated by the HHS Secretary, the SMRB comprises a few IC Directors and individuals from NIH-funded institutions or with broad expertise regarding the biomedical research enterprise.
- Deliberations will be informed by the two reform reports.



https://www.nih.gov/scientific-management-review-board



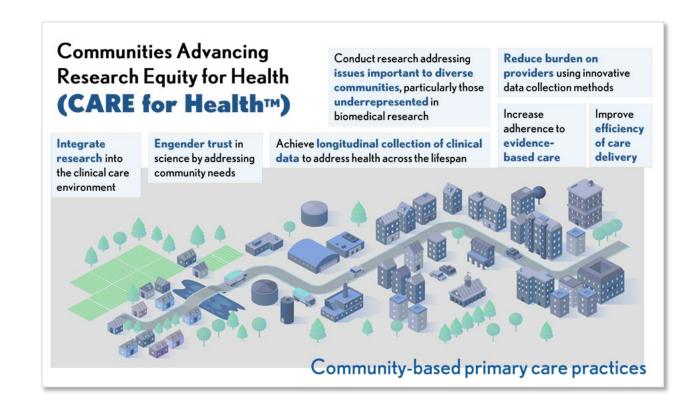
NIH CARE for Health

Goals

- Establish a primary-care focused clinical research network that is disease-agnostic, facilitating clinical research in mission areas across all ICs.
- Integrate innovative research with routine clinical care in real-world settings
- Create a foundation for sustained engagement with communities underrepresented in clinical research
- Focus on rural communities

Anticipated Budget

- \$5M in FY24, \$25M in FY25;
- anticipate increase to \$50-100M/year after assessing feasibility and budget requirements



https://commonfund.nih.gov/clinical-research-primary-care



Engagement and Access for Research Active Institutions (EARA) A UNITE-Inspired Initiative



https://diversity.nih.gov/build/engagement-and-access-research-active-institutions-eara

Goal: increase engagement of NIH ICs with institutions having <\$25M/yr in NIH funds

- Increase awareness and utilization of NIH resources and funding opportunities
- Increase networks/connections of faculty/leadership with scientifically-relevant NIH IC staff
- Build a long-term relationship

CSR integrally involved in providing guidance and support for navigating peer review and application submission EARA Advisory Committee (Byrnes); EARA Working Group (Kristin Kramer and Vonda Smith)



Re-envisioning NIH-Supported Postdoctoral Training Advisory Committee to the NIH Director (ACD) Working Group (WG)

Major recommendation:

Increase pay and benefits for all NIH-supported postdoctoral scholars –
 recommended an increase to a \$70K NRSA post-doctoral stipend in 2024

NIH Commitment:

- Stipend increased by 4% for predocs (to \$28K), 8% for postdocs (to \$61K) in FY24
- NIH is committed to reaching the target stipend of \$70K over the next 3-5 years, as appropriations and budgets allow.



Donna Ginther, Ph.D.Member of ACD WG

Request for Information seeking public input on some of the other recommendations - by October 23, 2024



CSR Update



CSR Scientific Leadership/Management Transitions

Promotions



Sulagna Banerjee, Ph.D. Review Branch Chief Clinical Neuroscience



Sharon Gubanich, Ph.D.
Associate Director
Division of Receipt & Referral



Brian Scott, Ph.D.
Referral Officer
Division of Receipt & Referral



Jimok Kim, Ph.D.
Referral Officer
Division of Receipt & Referral

Retirements



Chris Melchior, Ph.D.
Senior Advisor
Office of the Director



CSR's Mission

To ensure that NIH grant applications receive fair, independent, expert, and timely scientific reviews - free from inappropriate influences - so NIH can fund the most promising research.

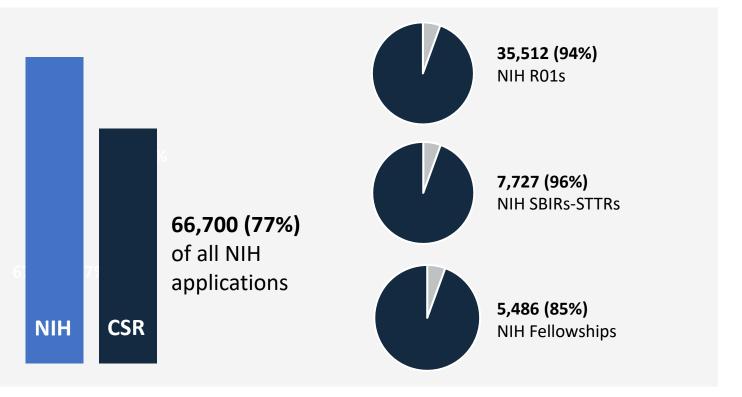
CSR Snapshot (FY24 numbers)

~19,000 reviewers

~255 Scientific Review Officers

~1200 review meetings

~550 standing study sections ~650 special emphasis panels



Plus, CSR reviewed **164 special initiatives**, such as:

















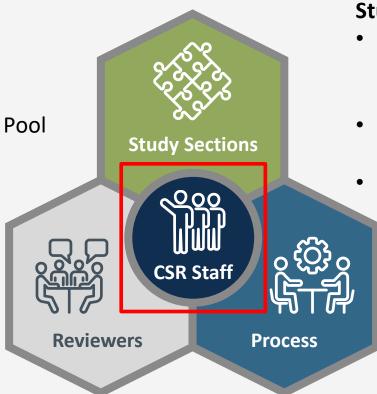




CSR's Strategic Framework -> Quality, Fairness and Integrity of Peer Review

Reviewers

- Reviewer Training
- Broaden/Diversify Reviewer Pool
- Incentivizing service
- Reviewer Evaluation



Study Sections

- Scientific scope (relevance, adapting to emerging areas, not perpetuating stale science)
- Output (identification of meritorious science)
- Size appropriate for competition

Process

- Confidentiality/Integrity
- Fairness/bias mitigation
- Assignment/Referral of Applications
- Review Criteria and Scoring System



Transparency



Data-driven decisions



Stakeholder engagement



Staff engagement, training, development



Today's Update for Council

The changing landscape of NIH peer review

Successes and challenges in implementing large-scale culture change to optimize the quality of peer review



Thoughts on quality of NIH peer review

Ideal measurement of peer review quality = ability to prospectively identify the most promising, impactful research of the future.

- Some possible measures, such as publication numbers; patents; journal impact factors; citation; Relative Citation Ratio (RCR); H-index; etc. can be subject to manipulation and field-specific variability.
- Many thoughtful research publications on this topic [e.g. Ginther and Heggeness, Res Policy. 2020 May; 49(4): 103953]
- No validated measure of the output of peer review

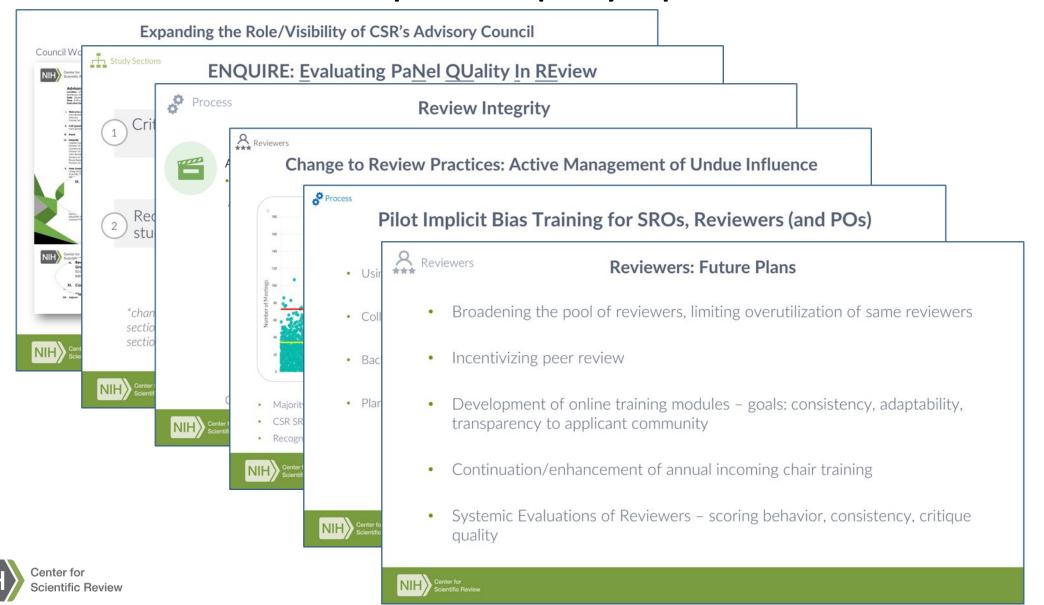
NIH peer review has been criticized for at least two decades (since the NIH budget doubling ended).

- Alternatives to "peer" review are proposed and are sometimes intriguing (random selection of awards by NIH, or use of AI/ML to select grant applications). However, investigators are less comfortable with experimenting with other approaches when it comes to their own applications.
- Novel approaches in peer review in other agencies, other countries, foundations, etc. are also intriguing. The scale of NIH review makes broad implementation of those cumbersome, but several are being used in smaller, targeted programs in CSR and NIH.
- NIH peer review, albeit imperfect, remains the most credible gold standard across the world.

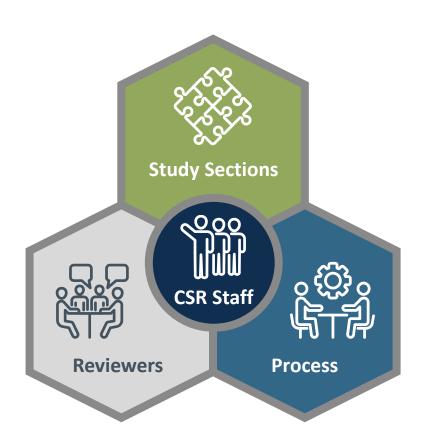
Optimizing the <u>quality of the output</u> of peer review \rightarrow <u>optimizing the process of peer review</u> to maximize competition and ensure a level playing field to enable the most promising, impactful research to be identified.



In 2019, at the CSR Advisory Council meeting, a number of new initiatives were proposed to improve the quality of peer review



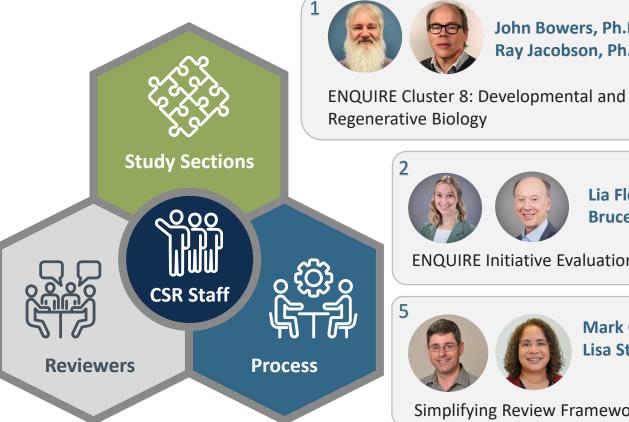
Since then, many CSR initiatives have been implemented – all focused on improving the quality of the output of scientific peer review



- ENQUIRE study section restructuring to ensure maximum competition, incorporation of emerging science
- Simplified Review Framework (Research Project Grants) to reduce burden and distraction of administrative compliance, better focus on the science and identify the most promising research projects without undue influence of institutional reputation or investigator pedigree
- Revised Review Criteria (Fellowships) to reduce biases in the review process, allowing identification of the most promising research scientists of the next generation, sponsored by scientists across all career stages, from a broad range of institutions
- Bias Awareness & Mitigation Training to enable all reviewers to identify bias in the peer review process, and provide tools for intervention, allowing the best science to emerge
- **Review Integrity Training** to ensure that all reviewers learn how violation of confidentiality or inappropriate influence seriously undermines the ability of peer review to identify the best scientific ideas, and provide them with reporting tools
- · Broadening the reviewer pool
- Direct Bias/Unfair Review Reporting mailbox



Today's Council presentations report on progress of many of the initiatives







Reviewer Evaluation



Delia Olufokunbi Sam, Ph.D.

Lynn Yee, M.D., MPH

Miriam Mintzer, Ph.D.

Office of Training and

Development Update

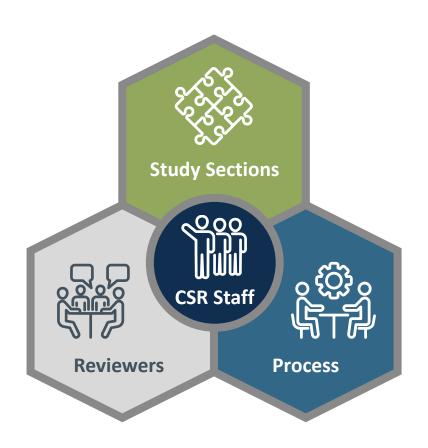


Mufeng Li, Ph.D. Lystranne Maynard-Smith, Ph.D.

John Bowers, Ph.D. Ray Jacobson, Ph.D.

Revisions to Fellowship Review and Application

The change that has, perhaps, caused the most disruption in the status quo



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How does a broader reviewer pool improve quality?

 Infuses fresh perspectives into NIH study sections to inform output of peer review

• Limits scientific gatekeeping by any individual or group of individuals to ensure that no one school of thought or ideology dominates the panel in any given field, which can prevent identification of new, emerging science

 Allows NIH peer review to draw from a broader range of qualified scientific experts, providing diversity of perspective in many dimensions (scientific, demographic/gender, career stage, level of experience in peer review)



The "Anecdata"

"the quality of critiques now is worse"

"more rookie mistakes"

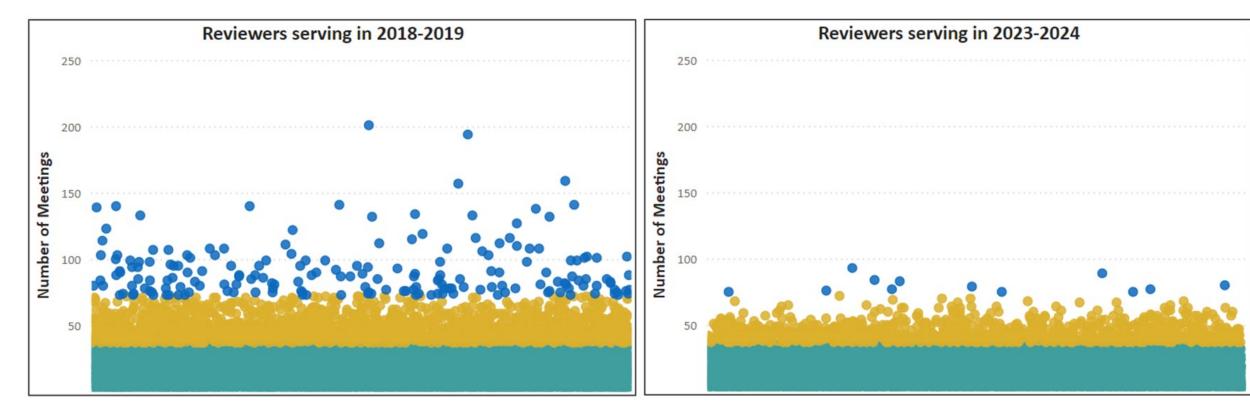
"CSR doesn't have senior scientists on its study sections anymore"

"too many assistant professors on study sections"

"a lot more people are complaining about the review quality"



The Data: Addressing Undue Influence



1-36 meetings
[36 = on average, once/round each round for 12 yrs]

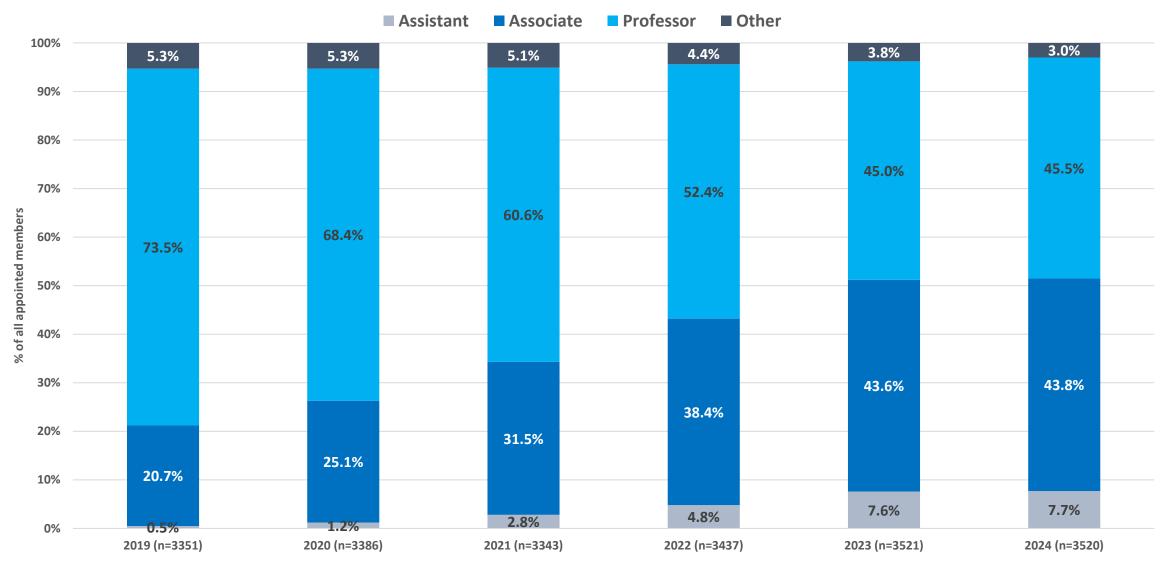
37-72 meetings
[72= on average, twice/round each round for 12 yrs]

73+ meetings

Myth-busting: A majority of CSR reviewers served in 1-5 meetings, before and after – the major change occurred in those with the very highest service levels.



The Data: Academic Rank of Study Section Members 2019-2024





External input on nomination slates – CSR will not act upon generalized concerns and angst about qualified junior faculty

"My only concern about [nominee 1] and [nominee 2] — they are quite early in their careers and may not have the experience needed to serve on a study section at this point in time."

"In my opinion, all proposed nominees are appropriate, except for [nominee] ...[nominee] has not played a prominent role participating in original research articles as corresponding or last author, to indicate a leadership role."

"IC has concerns about nominations for very junior faculty, in particular [Nominee 1] and [Nominee 2]. Membership at this point in their careers may/could be detrimental to their career progression and IC suggests that they can serve ad-hocs on occasion until they are in a less vulnerable position. IC recommends keeping this in mind, in general, in future selections for slates."

- Nominee 1, Asst Prof for 5 years, has 2 active R01s and a P20
- Nominee 2, Asst Prof for 5 years, has an active R01
- Nominee, Asst Prof, has 21 publications in the last 5 yrs, with 9 as first/last author, many in high impact journals
- Active R37, R03, K08
- Both Asst Profs, R01-supported, wellpublished, did excellent job as ad hocs.

I also want to mention that I am "fundamentally opposed" to having young faculty sit as regular study section members...they generally don't have the breadth of expertise needed.

These examples do not reflect a majority of the usually positive, laudatory comments on nomination slates



External input on nomination slates – CSR will act if there is credible concern regarding expertise or bias

Concerns about scientific bias

"I have found [proposed nominee] to be quite biased in his opinions and not open enough to new concepts that run counter to his own established 'dogma'. These concerns prevent me from recommending him as a reasonable panel member."

"I have real concerns about [proposed nominee] tends to have highly entrenched scientific views and, in my opinion, does not provide fair reviews when a proposal potentially conflicts with those views. I have observed this over the years both in grant and manuscript reviews, the latter as an editor."

After conversation with external vetter, and subsequent internal discussion among staff, CSR agreed and removed the nominee from the slate.

Input from external members of the scientific community and from within NIH was consistent and suggested a scientific bias. We **removed nominee** from the slate.

Comments on expertise – match between nominees and study section

"....examining his publication record, a number of the papers appear to be more superficial and a big part of his research portfolio is not focused on [scientific focus of new ENQUIRE-driven study section]. I would have concerns about his experience."

These concerns led to conversations with another standing member, and observations of the nominee at a review meeting by CSR staff. We **removed the nominee from the slate**.



A recent, major change in peer review [as of 2021] is the ability to directly report a flawed or biased review to CSR - allows potential corrective action without the delay of an appeal

reportbias@csr.nih.gov

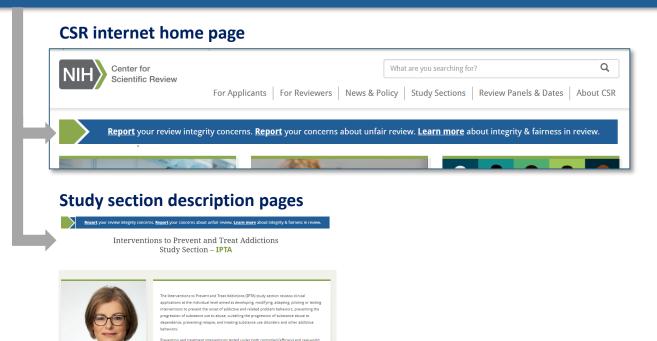
- Every allegation is carefully investigated by CSR senior management
- If we agree re: biased/flawed review CSR will re-review application in same council round.
- If we don't agree, the official NIH appeals process through IC council remains available to all investigators.
- Follow-up with reviewer and actions, as necessary, by CSR Scientific Division Director → foster culture change in review community



We publicize the reporting avenue in many ways

Prominent banner on CSR web landing page and highly-trafficked individual study section pages

<u>Report</u> your review integrity concerns. **<u>Report</u>** your concerns about unfair review. **<u>Learn more</u>** about integrity & fairness in review.



ness) conditions are included. All studies are in human populations. Applications wi

In every outreach presentation by CSR SROs



Included in email signature of all CSR staff

Fairness matters. Say something! For possible violations of peer review integrity, contact your Scientific Review Officer (SRO), the CSR Review Integrity Officer at csrrio@mail.nih.gov or the NIH Review Policy Officer at reviewpolicyofficer@mail.nih.gov. For issues related to respectful interactions, bias or anything else that could affect the fairness of the review process, contact your SRO or send a message to reportbias@csr.nih.gov.



Dr. Izabella Zandberg

The data – are complaints increasing?

- 1) There's **no comparison available**. Prior to 2020, there was no reporting avenue, no tracking of complaints, and very few re-reviews by CSR.
- 2) For the last three years, CSR has had an established and highly-publicized reporting avenue reportbias@csr.nih.gov and clear process for redress/re-review without the delay of an appeal.
- 3) The numbers: In the last fiscal year:
 - CSR SROs identified, checked qualifications, recruited, trained and worked with >19,000
 expert reviewers
 - CSR SROs screened >200,000 reviewer critiques
 - CSR SROs managed the entire peer review process for nearly 67,000 applications
 - Approximate # of complaints received by CSR (includes formal appeals, bias box or direct complaints to CSR staff or leadership) were >6.7 (0.01%), <67 (0.1%).

Generalized complaints are not helpful.

CSR welcomes notification of specific concerns as soon as possible to allow us to take corrective action.



Some recent examples of CSR's response to specific complaints

From: [CSR Scientific Division Director]

Sent: Friday, September 20, 2024 3:16 PM

To: [Applicant]

Subject: RE: Formal complaint about a reviewer critique

From: [CSR Scientific Review Division Director]

Dear Dr. [Applic Sent: Wednesday, February 28, 2024 10:19 AM

To: [Applicant]

Thank you for c Cc: CSR Report Bias < reportbias@csr.nih.gov >

summary stater Subject: RE: Concern Frame (CCR Sci

second reviewe reviewer bias

should be done Importance: High

review of the ar

application (Gra Dear Dr. [Applicant]

If, in the future, soon as you ide

Thank you for reaching application. We've to concerns. We do not working with a prograyour resubmission ar

From: [CSR Scientific Division Director]

Sent: Wednesday, March 13, 2024 10:10 AM

To: [Applicant]

Subject: Follow Up: Concerns of reviewer bias

Dear Dr. [Applicant]

First I want to thank you for reporting your concerns about the fairness of the review of the application at the meeting you recently attended. I have spoken to the branch chief of the MCST review branch and the Scientific Review Officer about your concerns. There was agreement among all staff who were involved that the text you identified from Reviewer 3 suggesting English not being the applicant's first language was not appropriate and cannot be a basis for assessing the application. CSR views the review of this application as having been flawed and we will take appropriate actions to correct that.

Please don't hesitate to reach out to me if you have any questions. Thank you again for alerting us to this.



Challenges remain in getting the word out about recent changes in NIH peer review

- Countering misinformation or outdated perceptions of peer review
 - Often from well-meaning senior faculty who last served years ago ("pink sheet")
 - Advice based on old information, perpetuates outdated practices, and personal experience from years past inadvertently suppresses applications
- Getting people's attention about the changing landscape of NIH peer review
- Encouraging those who feel they got an unfair review to reach out to reportbias@csr.nih.gov as soon as possible to allow us to re-review if needed



Internally at CSR, the pace of change has been rapid, requiring major shifts in both organizational structure and culture

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Our SROs are part of the broader scientific community, and their active engagement was critical for changing internal practices

From a 2020 presentation

Shifting the internal culture at CSR

- Diversity as a "requirement" → recognition of the critical need for the NIH to hear diverse (race/ethnicity, gender, career-stage, scientific fields) perspectives to identify the best, most disruptive, novel science.
- Focus on selection of chairs, and tackling pockets of lingering historical practices (avuncular "protection" of highly-qualified women and minority scientists) or arbitrary gatekeeping (e.g. "is an assistant professor"; "has fed funding but not from NIH"; "has only one RO1")
- Shining a light on SEP diversity: Increased staff awareness, data-sharing already moving the needle
- Overhaul of SRO training framework/curriculum to focus on "passive SRO" problem
- Engagement and conversations All-SRO sessions to share and discuss real examples of bias in review; SRO-to-SRO sharing of best practices; innovative strategies to identify diverse reviewers ["hackathon"]
- Discouraging old habits of the "mental rolodex" approach to recruitment providing tools to make it easier for SROs to find "lesser-known" qualified reviewers







CSR SROs are now on the leading edge of culture change across extramural NIH

- Have a nuanced understanding of diversity and balance appreciate the importance and multidimensional nature of diversity, can communicate this out and push back against false dichotomies (diversity versus quality) that persist among some in the broader community
- Have heightened awareness, good gut instincts, and strong training to promote integrity and confidentiality in the review process
- Are welcoming of transparency and accountability examine the review process objectively, with an acknowledge/fix/learn approach regarding errors vs. a "must avoid appeals" mindset
- Participate in all-SRO forums (like M&M in medicine) during the post-meeting period each council round – to openly share specific issues with each other and disseminate lessons learned, with a goal of continuous improvement

Many of the changes in NIH peer review are a direct result of the tremendous work of our SROs



Building foundational capacity in communications, training, data analytics played a critical role in the development/implementation of new initiatives

Office of Communications & Outreach [2020]



Fostering engagement, transparency, easier access to information for the scientific community Division of Planning, Analysis and Information Management [2021]



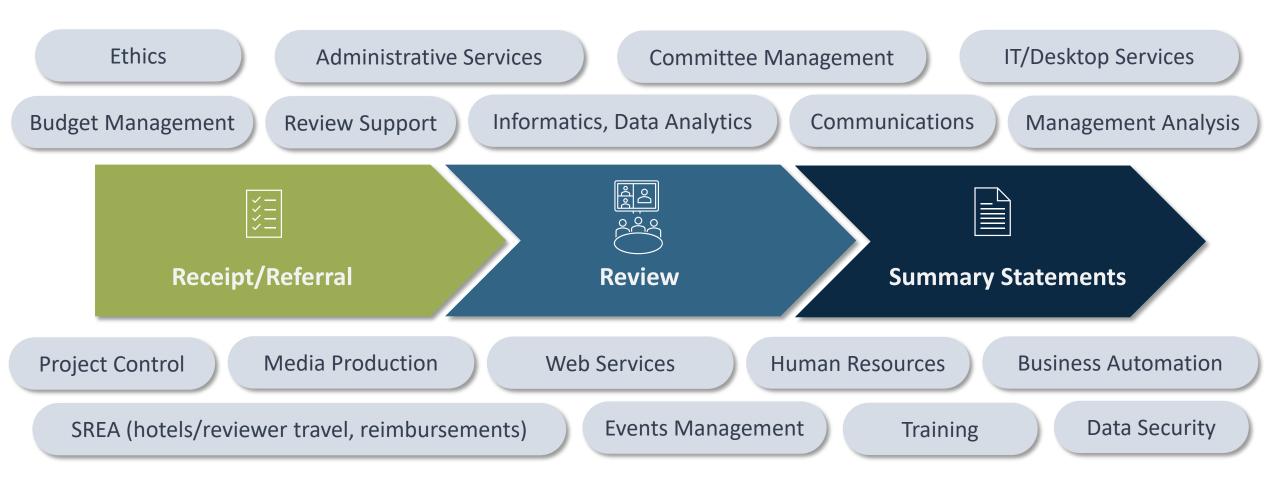
Centralized operation to provide analytics, tools to support datadriven decision-making Office of Training & Development [2022]



Centralized, multimedia training resources for study section chairs, reviewers, SROs



Accomplishment of CSR's important peer review mission requires a multifaceted team with expertise in a broad range of functional areas





Special Acknowledgment: CSR's Scientific Review Branch Chiefs





CSR's outstanding team of scientific, administrative and technical professionals



















Discussion

