

The American Association of Colleges of Pharmacy (AACP) is the national organization for pharmacy education, representing 141 accredited schools of pharmacy, their faculty, staff and learners. Research is crucial to their mission – according to NIH RePORT data, \$445 million in NIH awards went to pharmacy schools in FY25.

We appreciate NIH's concerns regarding evidence that peer review penalizes risky research while providing insufficient discrimination of future productivity. We also appreciate NIH's interest in addressing programmatic issues in its portfolio, e.g., supporting early-stage investigators and a broad array of scientific opportunities. However, we are concerned that the proposal to remove the final impact score from peer review reporting would significantly decrease transparency and confidence in NIH funding processes without providing benefits beyond those from the Unified Funding Strategy.

The approach proposed is coarse, with only three tiers. While there is evidence that scores are not highly predictive of productivity for well-rated proposals (within top 20%), there is evidence that productivity drops with score, which may become meaningful at lower fundable scores, e.g., below 40%. Yet the three tiers would bin proposals ranked at 26% and 50% together. As NIH officials have pointed out, the final impact score is just a small piece of the information that emerges from review, but the picture is incomplete without it. If proposals are to be tiered, there should be at least five tiers for greater informative and predictive value.

Consistent review across agencies may be a laudable goal but is complicated by differences in review structure and guidelines. NSF employs categorical reviews rather than scores to generate a 5-tier ratings system. Importantly, ratings are provided by reviewers rather than being imposed numerically based on hidden scores. This ensures that NSF proposals are rated as the expert peer review thinks is appropriate, with full transparency between peer and programmatic review. The current proposal will create information loss and potential misinterpretation between stages of review.

An additional challenge is that overall impact scores provide an important indicator to applicants of the relative weight of the strengths and weaknesses identified in review. Gauging this is important for determining whether a proposal is strong enough to be revised and resubmitted (e.g. a 28% ranking) or should be substantially reimagined (e.g., a 50%.) Criterion/factor scores will provide some insight but won't reflect the discussion and final scoring that resulted in the funding tier. A more granular tiering system could ameliorate this concern.

Another concern regards proposals that are unfunded for programmatic reasons, e.g., geographic balance, career stage, scientific mix. Will investigators be informed of this,

particularly if future submissions will also likely go unfunded? Investigators with top tier proposals with few weaknesses will likely resubmit. Will consideration be given to proposals that have already been passed over for programmatic purposes?

A significant concern is that removing the scores from peer review reporting will corrode trust in NIH's processes. Strong proposals that are unfunded will raise the specter of politicized funding decisions. Many in the research community already fear this, and this proposal as put forward will deepen those fears. With a less complete picture from peer review, program officials will rely more on other criteria which can be shaped by political or personal factors. Impact scores help program officials assess the appropriate weight of scientific and other considerations, know when they are funding low-scored proposals and weigh the risks and benefits of doing so. This proposal may also further dishearten reviewers, as it appears to deemphasize peer review and the expert input of the panel. Considering complete peer review results in the context of the Unified Funding Strategy should be sufficient for NIH to meet its policy objectives, while maintaining transparency and the integrity and full value of the peer review process.

NIH impact scores are also used by grantee institutions and other funders to guide assessment, reward and funding decisions. This allows many promising but unfunded proposals to garner internal or extramural funding outside NIH. The timeline of any change to NIH peer review reporting will hopefully be sufficient to allow organizations time to adapt their processes.

As a final note, it's difficult for investigators to adapt and respond to the rapid rollout of multiple policy changes. This is especially true for investigators at smaller institutions with less research support infrastructure. This affects their ability to develop effective grant writing and research program strategies. Changes to peer review reporting could further burden these researchers.