

**US ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND (USAMRDC)
CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP)
FISCAL YEAR 2023 (FY23) CHRONIC PAIN MANAGEMENT RESEARCH
PROGRAM (CPMRP)**

DESCRIPTION OF REVIEW PROCEDURES

The programmatic strategy implemented by the FY23 CPMRP called for applications in response to program announcements (PAs) for four award mechanisms released in July 2023:

- Clinical Exploration Award (CEA)
- Clinical Outcomes Research Award (CORA)
- Investigator-Initiated Research Award (IIRA)
- Pain Management Collaborative Clinical Research Award (PMCCRA)

Pre-applications were received for these four PAs in August 2023 and screened in September 2023 to determine which investigators would be invited to submit a full application. Pre-applications were screened based on the evaluation criteria specified in the PAs.

Applications were received for these four PAs in November 2023 and peer reviewed in January 2024. Programmatic review was conducted in March 2024.

In response to the CEA PA, 36 pre-applications were received and the Principal Investigators (PIs) of 26 of these were invited to submit a full application. 18 compliant applications were received and 4 (22.2%) were recommended for funding for a total of \$1.41 million (M).

In response to the CORA PA, 11 pre-applications were received and the PIs of 10 of these were invited to submit a full application. 9 compliant applications were received and 2 (22.2%) were recommended for funding for a total of \$3.43M.

In response to the IIRA PA, 88 pre-applications were received and the PIs of 43 of these were invited to submit a full application. 35 compliant applications were received and 5 (14.3%) were recommended for funding for a total of \$6.96M.

In response to the PMCCRA PA, 6 pre-applications were received and the PIs of 3 of these were invited to submit a full application. 3 compliant applications were received and 1 (33.3%) was recommended for funding for a total of \$0.753M.

Submission and award data for the FY23 CPMRP are summarized in the table(s) below.

Table 1. Submission/Award Data for the FY23 CPMRP*

Mechanism	Pre-Applications Received	Pre-Applications Invited (%)	Compliant Applications Received	Applications Recommended for Funding (%)	Total Funds
Clinical Exploration Award	36	26 (72.2%)	18	4 (22.2%)	\$1.41M
Clinical Outcomes Research Award	11	10 (91.0%)	9	2; 4 awards (22.2%)	\$3.43M
Investigator-Initiated Research Award	88	43 (48.9%)	35	5; 7 awards (14.3%)	\$6.96M
Pain Management Collaborative Clinical Research Award	6	3 (50.0%)	3	1; 2 awards (33.3%)	\$0.75M
Total	141	82 (58.2%)	65	12; 17 awards (18.5%)	\$12.55M

*These data reflect funding recommendations only. Pending FY23 award negotiations, final numbers will be available after September 30, 2024.

THE TWO-TIER REVIEW SYSTEM

The USAMRDC developed a review model based on recommendations of the 1993 Institute of Medicine (IOM) (now called the National Academy of Medicine) of the National Academy of Sciences report, *Strategies for Managing the Breast Cancer Research Program: A Report to the Army Medical Research and Development Command*. The IOM report recommended a two-tier review process and concluded that the best course would be to establish a peer review system that reflects not only the traditional strengths of existing peer review systems, but also is tailored to accommodate program goals. The Command has adhered to this proven approach for evaluating competitive applications. An application must be favorably reviewed by both levels of the two-tier review system to be funded.

THE FIRST TIER—Scientific Peer Review

Clinical Exploration Award, Clinical Outcomes Research Award, Investigator-Initiated Research Award, and Pain Management Collaborative Clinical Research Award applications were peer reviewed in January 2024 by six panel(s) of researchers, clinicians, and consumer advocates based on the evaluation criteria specified in the PAs.

Each peer review panel included a Chair, an average of five scientific reviewers, an average of three specialist reviewers, an average of two consumer reviewers, and a nonvoting Scientific Review Officer. The primary responsibility of the panelists was to review the technical merit of each application based upon the evaluation criteria specified in the relevant PA.

Individual Peer Review Panels

The Chair for each panel presided over the deliberations. Applications were discussed individually. The Chair called upon the assigned reviewers for an assessment of the merits of each application using the evaluation criteria published in the appropriate PA. Following a panel discussion, the Chair summarized the strengths and weaknesses of each application, and panel members then rated the applications confidentially.

Application Scoring

Evaluation Criteria Scores: Panel members were asked to rate each peer review evaluation criterion as published in the appropriate PA. A scale of 1 to 10 was used, with 1 representing the lowest merit and 10 the highest merit, using whole numbers only. The main reasons for obtaining the criteria ratings were to (1) place emphasis on the published evaluation criteria and provide guidance to reviewers in determining an appropriate overall score, and (2) provide the applicant, the Programmatic Panel, and the Command with an informed measure of the quality regarding the strengths and weaknesses of each application. The evaluation criteria scores were not averaged or mathematically manipulated in any manner to connect them to the global or percentile scores.

Overall Score: To obtain an overall score, a range of 1.0 to 5.0 was used (1.0 representing the highest merit and 5.0 the lowest merit). Reviewer scoring was permitted in 0.1 increments. Panel member scores were averaged and rounded to arrive at a two-digit number (1.2, 1.9, 2.7, etc.). The following adjectival equivalents were used to guide reviewers: Outstanding (1.0–1.5), Excellent (1.6–2.0), Good (2.1–2.5), Fair (2.6–3.5), and Deficient (3.6–5.0).

Summary Statements: The Scientific Review Officer on each panel was responsible for preparing a Summary Statement reporting the results of the peer review for each application. The Summary Statements included the evaluation criteria and overall scores, peer reviewers' written comments, and the essence of panel discussions. This document was used to report the peer review results to the Programmatic Panel. It is the policy of the USAMRDC to make Summary Statements available to each applicant when the review process has been completed.

THE SECOND TIER—Programmatic Review

Programmatic review was conducted in March 2024 by the FY23 Programmatic Panel that was comprised of a diverse group of basic and clinical scientists and consumer advocates, each contributing special expertise or interest in chronic pain management. Programmatic review is a comparison-based process that considers scientific evaluations across all disciplines and specialty areas. Programmatic Panel members do not automatically recommend funding applications that were highly rated in the technical merit review process; rather, they carefully

scrutinize applications to allocate the limited funds available to support each of the award mechanisms as wisely as possible. Programmatic review criteria published in the PAs were as follows: ratings and evaluations of the scientific peer review panels; adherence to the intent of the award mechanism; programmatic portfolio composition; relative impact; relative clinical impact (Pain Management Collaborative Clinical Research Award only); relative innovation (Clinical Exploration Award and Investigator-Initiated Research Award only); and relevance to military health. After programmatic review, the applications recommended for funding were sent to the Commanding General, USAMRDC, for approval.