# US ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND (USAMRDC) CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP) FISCAL YEAR 2023 (FY23) PROSTATE CANCER RESEARCH PROGRAM (PCRP)

### **DESCRIPTION OF REVIEW PROCEDURES**

The FY23 PCRP called for applications in response to the Health Equity Research and Outcomes Improvement Consortium (HEROIC) Award program announcement (PA) released in September 2023.

Principal Investigators (PIs) submitted a letter of intent before submitting a full application. The PCRP received applications for the HEROIC Award in February 2024, and these underwent peer review in March 2024. The PCRP conducted programmatic review of these applications in April 2024.

In response to the HEROIC Award PA, the PCRP received two compliant applications representing 10 potential awards and recommended funding these applications (representing 10 awards, 100%) for a total of \$25.6 million (M).

Table 1 shows submission and award data for the FY23 PCRP.

Mechanism	Compliant Applications Received	Applications Recommended for Funding (%)	Total Funds
HEROIC Award	$2^{\pm}$	2 (100%)	\$25.6M
Total	2	2 (100%)	\$25.6M

Table 1. Submission/Award Data for the FY23 PCRP\*

#### THE TWO-TIER REVIEW SYSTEM

The USAMRDC developed a review model based on recommendations 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 report recommended a two-tier review process that reflects not only the traditional strengths of existing peer review systems but is also tailored to accommodate program goals. The Command adheres 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

The PCRP conducted peer review for the HEROIC Award via teleconference in March 2024, utilizing a single panel of one researcher, three clinician scientists and one consumer advocate. The panel also included one nonvoting Scientific Review Officer. One clinician scientist was designated as the Chair. The panelists' primary responsibility was to review the technical merit of each application based upon the evaluation criteria specified in the relevant PA.

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

<sup>&</sup>lt;sup>±</sup> Two applications representing 10 potential awards were received and recommended for funding.

#### **Individual Peer Review Panels**

The Chair for the panel presided over the deliberations. The panel discussed each individual application. The Chair called on 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 the panel members then rated the applications confidentially.

## **Application Scoring**

Evaluation Criteria Scores: The panel members rated each application based on the peer review evaluation criteria published in the HEROIC Award PA. The panel members used a scale of 10 to 1, with 10 representing the highest merit and 1 the lowest merit, using whole numbers only. The purpose of obtaining the criteria ratings was 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, panel members used a range of 1.0 to 5.0 (1.0 representing the highest merit and 5.0 the lowest merit), with scoring permitted in 0.1 increments. The PCRP averaged the panel member scores and rounded them to arrive at a two-digit number (1.2, 1.9, 2.7, etc.) that corresponds to the following adjectival equivalents 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 the peer review 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. The PCRP staff used this document to report the peer review results to the Programmatic Panel. In accordance with USAMRDC policy, Summary Statements are available to each applicant after completion of the review process.

# **THE SECOND TIER—Programmatic Review**

The FY23 Programmatic Panel conducted programmatic review in April 2024. The panel included a diverse group of basic and clinical scientists and consumer advocates, each of whom contributed special expertise or interest in prostate cancer. 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 received high scores in the technical merit review process; rather, they closely examine the eligible applications to allocate as wisely as possible the limited funds available. The programmatic review criteria published in the PAs were as follows: relevance to the mission of the Defense Health Program and FY23 PCRP as evidenced by adherence to the intent of the award mechanism; relative impact; accomplishments and outcomes from the phase 1 HEROIC Award; program portfolio composition; and programmatic relevance to the FY23 PCRP overarching challenges. After programmatic review, the PCRP sent the applications

recommended for funding to the Commanding General, USAMRDC, for approval.