

**US ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND (USAMRDC)
CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP)
FISCAL YEAR 2022 (FY22) COMBAT READINESS – MEDICAL RESEARCH
PROGRAM (CRRP)**

DESCRIPTION OF REVIEW PROCEDURES

The programmatic strategy implemented by the FY22 CRRP called for applications in response to funding opportunity announcements (FOAs; a broad agency announcement for extramural applicants and a program announcement for intramural applications) for one award mechanism released in May 2022:

- Rapid Development and Translational Research Award (RDTRA)

Pre-applications were received for this mechanism in June 2022 and screened in July 2022 to determine which investigators would be invited to submit a full application. Pre-applications were screened based on the evaluation criteria specified in the FOAs.

In response to the RDTRA FOAs, 161 pre-applications were received and the Principal Investigators (PIs) of 61 of these were invited to submit a full application. Forty-six (46) compliant applications were received and 4 (8.7%) were recommended for funding for a total of \$8.6 million (M).

FY22 CRRP RDTRA applications were required to address one of three Focus Areas: (1) solutions to enhance Warfighter readiness (Solutions for Readiness); (2) solutions to enhance combat care delivery throughout the far-forward environment (Solutions for Combat Care); and (3) wound care solutions for complex trauma and tissue regeneration that span the operational medical care continuum or roles of care (Solutions for Combat Care). Submission and award data for the FY22 CRRP are summarized in the tables below.

Table 1. Submission/Award Data for the FY22 CRRP*

Mechanism	Pre-Applications Received	Pre-Applications Invited (%)	Compliant Applications Received	Applications Recommended for Funding (%)	Total Funds
RDTRA	161	61 (37.8%)	46	4 (8.7%)	\$8.6M [§]

*These data reflect funding recommendations only. Pending FY22 award negotiations, final numbers will be available after September 30, 2023.

§A total of \$8.6M will be allocated from the FY22 CRRP budget to fund the base period of performance. For applications that include an Option period, Options may be exercised for continued performance a subsequent option year, with \$1.97M from future CRRP budgets, if appropriated, to fund the options, contingent on the criteria outlined in the FY22 FOAs.

Table 2. FY22 CRRP Application Data by RDTRA Focus Area

Focus Area	Compliant Applications Received	Applications Recommended for Funding	Total Funds
Solutions for Combat Care	26	3	\$6.4M
Solutions for Readiness	6	0	\$0.0M
Solutions for Wound Care	14	1	\$2.2M
Totals	46	4	\$8.6M

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

RDTRA applications were peer reviewed via videoconference in November 2022 by three panels of researchers, clinicians, and consumer advocates based on the evaluation criteria specified in the FOAs.

Each peer review panel included a Chair, an average of 10 scientific reviewers, 1 or 2 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 FOA.

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 FOA. 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 FOA. 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 January 2023 by the FY22 Programmatic Panel that was comprised of a diverse group of basic and clinical scientists and consumer advocates, each contributing special expertise or interest in combat medical readiness research. 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 FOAs were as follows: ratings and evaluations of the scientific peer review panels and relevance to the mission of the Defense Health Program and FY22 CRRP, as evidenced by adherence to the intent of the award mechanism, program portfolio composition, relevance to military health, and relative impact and translatability. After programmatic review, the applications recommended for funding were sent to the Commanding General, USAMRDC, for approval.