

**DEFENSE HEALTH AGENCY RESEARCH & DEVELOPMENT-MEDICAL
RESEARCH AND DEVELOPMENT COMMAND (DHA R&D-MRDC)
CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP)
FISCAL YEAR 2025 (FY25) DUCHENNE MUSCULAR DYSTROPHY RESEARCH
PROGRAM (DMDRP)**

DESCRIPTION OF REVIEW PROCEDURES

The FY25 DMDRP called for applications in response to program announcements (PAs) for two award mechanisms released in May 2025:

- Clinical/Translational Research Award (CTRA)
- Idea Development Award (IDA)

The DMDRP received applications for the CTRA and IDA in August 2025, and they underwent peer review in October 2025. The DMDRP conducted programmatic review in February 2026.

In response to the CTRA PA, the DMDRP received 42 compliant applications representing 50 potential awards and recommended funding six (14.3%) representing eight awards for a total of \$9.5 million (M).

In response to the IDA PA, the DMDRP received 90 compliant applications and recommended funding 3 (3.3%) for a total of \$1.5M.

Table 1 shows submission and award data summarized for the FY25 DMDRP.

Table 1. Submission/Award Data for the FY25 DMDRP*

Mechanism	Compliant Applications Received	Applications Recommended for Funding (%)	Total Funds
CTRA Funding Level 1	10 [†]	1 (10.0%)	\$0.91M
CTRA Funding Level 2	32 [‡]	5 ⁺ (15.6%)	\$8.55M
IDA	90	3 (3.3%)	\$1.50M
Totals	132	9[^] (6.8%)	\$10.96M

* These data reflect funding recommendations only. Pending FY25 award negotiations, final numbers will be available after September 30, 2026.

[†] 10 applications representing 11 potential awards

[‡] 32 applications representing 39 potential awards

⁺ 5 applications representing 7 awards

[^] 9 applications representing 11 awards

THE TWO-TIER REVIEW SYSTEM

The CDMRP 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 CDMRP 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 DMDRP conducted peer review of the Idea Development Award and Clinical/Translational Research Award applications in October 2025 utilizing seven panel(s) of researchers, clinicians and consumer advocates. The panel members based their evaluations on the criteria specified in the PAs.

Each peer review panel included a Chair, an average of nine scientific reviewers, an average of two consumer reviewers, and a nonvoting Scientific Review Officer. The CTRA panels also included a biostatistician. The panelists' primary responsibility 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. The panels 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: Panel members rated each application based on the peer review evaluation criteria published in the appropriate 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 CDMRP 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 DMDRP 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 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. The DMDRP staff used this document to report the peer review results to the Programmatic Panel. In accordance with DHA R&D-MRDC policy, Summary Statements are available to each applicant after completion of the review process.

THE SECOND TIER—Programmatic Review

The FY25 Programmatic Panel conducted programmatic review in February 2026. The panel included a diverse group of basic and clinical scientists and consumer advocates, each of whom contributed special expertise or interest in Duchenne muscular dystrophy. 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: ratings and evaluations of the scientific peer review panels, adherence to the intent of the funding opportunity, program portfolio composition, relative impact, innovation (Idea Development Award only) and relevance to military health. After programmatic review, the DMDRP routed the applications recommended for funding to a designated official for review and approval.