

**US ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND (USAMRDC)
CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP)
FISCAL YEAR 2022 (FY22) OVARIAN CANCER RESEARCH PROGRAM (OCRP)**

DESCRIPTION OF REVIEW PROCEDURES

The programmatic strategy implemented by the FY22 OCRP called for applications in response to program announcements (PAs) for six award mechanisms released in March 2022:

- Investigator-Initiated Research Award (IIRA)
- Ovarian Cancer Academy – Early-Career Investigator Award (OCA-ECI)
- Pilot Award
- Clinical Trial Award (CTA)
- Teal Expansion Award (TEA)
- Proteogenomics Research Award (PGRA)

Pre-applications were received for the IIRA, OCA-ECI, Pilot Award, and PGRA in May 2022 and screened in June 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 PAs.

Applications were received for these four PAs in August 2022 and peer reviewed in October 2022. Programmatic review was conducted in December 2022.

Pre-applications were received for the TEA and CTA in June 2022.

Applications were received for these two PAs in August 2022 and peer reviewed in October 2022. Programmatic review was conducted in December 2022.

In response to the IIRA PA, 142 pre-applications were received, and the Principal Investigators (PIs) of 112 of these were invited to submit a full application. The OCRP received 106 compliant applications, and 21 (19.8%) were recommended for funding for a total of \$22.0 million (M).

In response to the OCA-ECI PA, 22 pre-applications were received, and the PIs of 19 of these were invited to submit a full application. The OCRP received 18 compliant applications, and 3 (16.6%) were recommended for funding for a total of \$3.2M.

In response to the Pilot Award PA, 125 pre-applications were received, and the PIs of 95 of these were invited to submit a full application. The OCRP received 71 compliant applications, and 13 (18.3%) were recommended for funding for a total of \$5.2M.

In response to the CTA PA, 17 pre-applications were received, and the PIs of 9 of these were invited to submit a full application. The OCRP received eight compliant applications, and two (25%) were recommended for funding for a total of \$4.1M.

In response to the TEA PA, 28 pre-applications were received, and the PIs of 18 of these were invited to submit a full application. The OCRP received 18 compliant applications, and 6 (33.3%) were recommended for funding for a total of \$4.1M.

In response to the PGRA PA, 11 pre-applications were received, and the PIs of 11 of these were invited to submit a full application. The OCRP received nine compliant applications, and 0 (0%) were recommended for funding for a total of \$0M.

Submission and award data for the FY22 OCRP are summarized in the table(s) below.

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

Mechanism	Pre-Applications Received	Pre-Applications Invited (%)	Compliant Applications Received	Applications Recommended for Funding (%)	Total Funds
IIRA	142	112 (42.4%)	106	21 (46.67%)	\$22.03
OCA-ECI	22	19 (7.2%)	18	3 (6.67%)	\$3.22
Pilot Award	125	95 (36%)	71	13 (28.89%)	\$5.17
CTA	17	9 (3.4%)	8	2 (4.44%)	\$4.11
TEA	28	18 (7%)	18	6 (13.33%)	\$4.13
PGRA	11	11 (4%)	9	0 (0.00%)	\$0M
Total	354	264 (100%)	230	45 (100%)	\$38.66M

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

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

The IIRA, OCA-ECI, Pilot Award, CTA, TEA, and PGRA applications were peer reviewed in October 2022 by 16 panels of researchers, clinicians, and consumer advocates based on the evaluation criteria specified in the PAs.

Peer review was conducted via teleconference for the IIRA and the TEA by seven panels (66 scientists, 14 consumers and 2 specialist reviewers), for the OCA-ECI by a single panel (6 scientists and 2 consumer reviewers), for the Pilot Award by five panels (30 scientists and 7 consumer reviewers), for the CTA by two panels (11 scientists, 3 consumers, and 2 specialist reviewers), and for the PGRA by a single panel (four scientists and one consumer reviewer).

Each peer review panel included a Chair, an average of seven scientific reviewers, an average of one or 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 on 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 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 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 essences of the 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 December 2022 by the FY22 Programmatic Panel, which is comprised of a diverse group of basic and clinical scientists and consumer advocates, each contributing special expertise or interest in ovarian cancer 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 PAs were as follows: ratings and evaluations of the scientific peer review panels; programmatic relevance; relative impact; program portfolio composition; and adherence to the intent of the award mechanism. After programmatic review, the applications recommended for funding were sent to the Commanding General, USAMRDC, for approval.