

**US ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND (USAMRDC)  
CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP)  
FISCAL YEAR 2023 (FY23) OVARIAN CANCER RESEARCH PROGRAM (OCRP)**

**DESCRIPTION OF REVIEW PROCEDURES**

The programmatic strategy implemented by the FY23 OCRP called for applications in response to program announcements (PAs) for seven award mechanisms released in February – March 2023:

- Clinical Trial Award (CTA)
- Clinical Translational Research Award (CTRA)
- Investigator- Initiated Research Award (IIRA)
- Ovarian Cancer Academy – Early – Career Investigator Award (OCA-ECI)
- Ovarian Cancer Clinical Trial Academy – Leadership Award (OCCTA-LA)
- Pilot Award
- Teal Expansion Award (TEA)

Pre-applications were received for the IIRA, OCA-ECI, Pilot Award, and TEA PAs in April 2023 and screened in May 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 IIRA, OCA-ECI, Pilot Award, and TEA PAs in July 2023 and peer reviewed in September 2023. Programmatic review was conducted in November 2023.

Letters of Intent were received for the CTA, CTRA, and OCCTA-LA PAs in May 2023.

Applications were received for these CTA, CTRA, and OCCTA-LA PAs in July 2023 and peer reviewed in September 2023. Programmatic review was conducted in November 2023.

In response to the CTA PA, seven compliant applications were received, and two (28.6%) were recommended for funding for a total of \$5.7 million (M).

In response to the CTRA PA, nine compliant applications were received, but none (0.0%) were recommended for funding for a total of \$0.0M.

In response to the IIRA PA, 136 pre-applications were received, and the Principal Investigators (PIs) of 110 of these were invited to submit a full application. 94 compliant applications were received, and 16 (17.2%) were recommended for funding for a total of \$16.3M.

In response to the OCA-ECI PA, 22 pre-applications were received, and the PIs of 16 of these were invited to submit a full application. 14 compliant applications were received, and four (28.6%) were recommended for funding for a total of \$4.8M.

In response to the OCCTA-LA PA, one compliant application was received, and one (100.0%) was recommended for funding for a total of \$2.7M.

In response to the Pilot Award PA, 110 pre-applications were received, and the PIs of 81 of these were invited to submit a full application. 76 compliant applications were received, and 20 (24.7%) were recommended for funding for a total of \$8.7M.

In response to the TEA PA, 30 pre-applications were received, and the PIs of 27 of these were invited to submit a full application. 22 compliant applications were received, and two (9.1%) were recommended for funding for a total of \$1.4M.

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

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

<b>Mechanism</b>	<b>Pre-Applications Received</b>	<b>Pre-Applications Invited (%)</b>	<b>Compliant Applications Received</b>	<b>Applications Recommended for Funding (%)</b>	<b>Total Funds</b>
IIRA	136	110 (80.9%)	94	16 (17.2%)**	\$16.5M
OCA-ECI	22	16 (72.7%)	14	4 (28.6%)	\$4.8M
Pilot Award	110	81 (73.6%)	76	20 (26.3%)	\$8.7M
TEA	30	27 (90.0%)	22	2 (9.1%)	\$1.4M
<b>Total</b>	<b>298</b>	<b>234 (78.5%)</b>	<b>206</b>	<b>42 (20.4%)</b>	<b>\$31.4M</b>

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

\*\* 16 applications representing 22 potential awards.

**Table 2. Submission/Award Data for the FY23 OCRP\***

<b>Topic Area</b>	<b>Compliant Applications Received</b>	<b>Applications Recommended for Funding (%)</b>	<b>Total Funds</b>
CTA	7	2 (28.6%)	\$5.7M
CTRA	9	0 (0.0%)	\$0.0M
OCCTA-LA	1	1 (100.0%)	\$2.7M
<b>Totals</b>	<b>17</b>	<b>3 (17.6%)</b>	<b>\$8.4M</b>

## **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**

CTA, CTRA, IIRA, OCA-ECI, OCCTA-LA, Pilot Award, and TEA applications were peer reviewed in September 2023 by 15 panel(s) of researchers, clinicians, and consumer advocates based on the evaluation criteria specified in the PAs.

Peer review was conducted via teleconference for the CTA by a single panel (nine scientists and one consumer reviewer); for the CTRA by a single panel (five scientists and one consumer reviewer); for the IIRA and TEA by eight panels (72 scientists and 13 consumer reviewers); for the OCA-ECI and OCCTA-LA by a single panel (nine scientists and one consumer reviewer); and for the Pilot Award by four panels (31 scientists and eight consumer reviewers).

Each peer review panel included a Chair, an average of eight scientific 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 November 2023 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 ovarian 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 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.