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

### **DESCRIPTION OF REVIEW PROCEDURES**

The programmatic strategy implemented by the FY23 PCARP called for applications in response to program announcements (PAs) for two award mechanisms released in April 2023\* and for one award mechanism released in June 2023\*\*:

- Idea Development Award (IDA)\*
- Translational Research Partnership Award (TRPA)\*
- Focused Pilot Award (FPTA)\*\*

Pre-applications were received for the IDA and TRPA PAs in July 2023 and screened in August 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.

Letters of intent were received for the FPTA PA in September 2023.

Applications were received for all three PAs in October 2023 and peer reviewed in December 2023. Programmatic review was conducted in February 2024.

In response to the IDA PA, 186 pre-applications were received and the Principal Investigators (PIs) of 56 of these were invited to submit a full application. Forty-eight compliant applications were received and seven (14.5%) were recommended for funding for a total of \$6.15 million (M).

In response to the TRPA PA, 29 pre-applications were received and the PIs of 20 of these were invited to submit a full application. Thirteen compliant applications were received and five (38.5%) were recommended for funding for a total of \$6.11M.

In response to the FPTA PA, 20 compliant applications were received and three (15.0%) were recommended for funding for a total of \$0.81M.

Submission and award data for the FY23 PCARP are summarized in Table 1.

Pre-Pre-Compliant **Applications** Total Mechanism **Applications Applications Applications Recommended for** Funds Received Invited (%) Received Funding (%) 56 (30.1%) 7 (14.5%) **IDA** 186 48 \$6.15M TRPA 29 20 (68.9%) 5 (38.5%) 13 \$6.11M **FPTA** 44† 44 (100%) 20 3 (15.0%) \$0.81M 249 76 (31%) 81 15 (18.5%) \$13.07M Total

Table 1. Submission/Award Data for the FY24 PCARP≠

<sup>&</sup>lt;sup>\*</sup>These data reflect funding recommendations only. Pending FY23 award negotiations, final numbers will be available after September 30, 2023.

<sup>†</sup>This mechanism only required an LOI for the pre-application. Applicants for this mechanism did not require invitations to submit full proposals.

#### 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

Idea Development Award, Translational Research Partnership Award, and Focused Pilot Award applications were peer reviewed in December 2023 by six panel(s) of researchers, clinicians, and consumer advocates based on the evaluation criteria specified in the PAs.

Each peer review panel included a Chair, an average of seven to 11 scientific reviewers, an average of one to 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 February 2024 by the FY23 Programmatic Panel, comprised of a diverse group of basic and clinical scientists and consumer advocates, each contributing special expertise or interest in pancreatic 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 IDA PA were as follows: ratings and evaluations of the peer reviewers; adherence to the intent of the award mechanism; program portfolio balance; programmatic relevance to the FY23 PCARP Focus Areas; and relative impact and innovation.

Programmatic review criteria published in the TRPA PA were as follows: ratings and evaluations of the peer reviewers; adherence to the intent of the award mechanism; programmatic relevance to the FY23 PCARP Focus Areas; partnership and synergy; and relative impact.

Programmatic review criteria published in the FPTA PA were as follows: ratings and evaluations of the peer reviewers; adherence to the intent of the award mechanism; relative innovation; relative impact on pancreatic cancer; and program portfolio balance and composition.

After programmatic review, the applications recommended for funding were sent to the Commanding General, USAMRDC, for approval.