DEFENSE HEALTH AGENCY RESEARCH & DEVELOPMENT-MEDICAL RESEARCH AND DEVELOPMENT COMMAND (DHA R&D-MRDC) CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP) FISCAL YEAR 2025 (FY25) PEER REVIEWED MEDICAL RESEARCH PROGRAM (PRMRP)

DESCRIPTION OF REVIEW PROCEDURES

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

- Clinical Trial Award
- Technology/Therapeutic Development Award

The PRMRP received applications for the Clinical Trial Award and Technology/Therapeutic Development Award in July 2025, and they underwent peer review in September and October 2025. The PRMRP conducted programmatic review in December 2025.

In response to the Clinical Trial Award PA, the PRMRP received 227 compliant applications and recommended funding 5 (2.20%) for a total of $29.16 million (M).

In response to the Technology/Therapeutic Development Award PA, the PRMRP received 753 compliant applications and recommended funding 14 (1.86%) for a total of $47.87M.

Tables 1 and 2 show submission and award data summarized for the FY25 PRMRP.

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

Mechanism	Compliant Applications Received	Applications Recommended for Funding (%)	Total Funds
Clinical Trial Award	227	5 (2.20%)	$29.16M
Technology/Therapeutic Development Award	753	14 (1.86%)	$47.87M
Totals	**980**	**19 (1.94%)**	**$77.03M**

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

Table 2. FY25 PRMRP Application Data by Topic Area

Topic Area	Compliant Applications Received	Applications Recommended for Funding (%)	Total Funds
Angelman Syndrome	1	0	-
Autism	19	0	-
Burn Pit Exposure	7	0	-
Cardiac Health	79	1 (1.27%)	$3.46M
Celiac Disease	4	0	-
Congenital Cytomegalovirus	10	0	-
Congenital Heart Disease	17	0	-
Dystonia	7	0	-
Eating Disorders	4	0	-
Eczema	3	0	-
Ehlers-Danlos Syndrome	5	0	-
Endometriosis	12	0	-
Epidermolysis Bullosa	4	0	-
Far-UVC Germicidal Light	4	0	-
Fibrous Dysplasia/ McCune-Albright Syndrome	2	1 (50%)	$3.50M
Focal Segmental Glomerulosclerosis	5	0	-
Food Allergies	4	0	-
Fragile X	3	0	-
Frontotemporal Degeneration	6	1 (16.67%)	$3.50M
Guillain-Barre Syndrome	5	0	-
Hepatitis B	6	1 (16.67%)	$3.50M
Hereditary and Acquired Ataxia	10	0	-
Hermansky-Pudlak Syndrome	1	0	-
Hydrocephalus	11	0	-
Inflammatory Bowel Disease	49	1 (2.04%)	$2.52M
Interstitial Cystitis	2	1 (50%)	$3.50M
Malaria	27	0	-
Maternal Mental Health	12	1 (8.33%)	$3.04M
Menopause	8	1 (12.5%)	$3.35M
Mitochondrial Disease	10	0	-
Multiple Sclerosis	22	1 (4.55%)	$3.50M
Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome	4	0	-
Myotonic Dystrophy	7	0	-
Nephrotic Syndrome	3	1 (33.33%)	$5.91M
Neurofibromatosis	11	0	-
Orthotics and Prosthetics Outcomes	44	1 (2.27%)	$3.27M
Pancreatitis	10	0	-

Topic Area	Compliant Applications Received	Applications Recommended for Funding (%)	Total Funds
Parkinson's	25	0	-
Peripheral Neuropathy	31	1 (3.23%)	$3.47M
Polycystic Kidney Disease	14	0	-
Post-Acute Sequelae of SARS CoV-2 Infection	16	1 (6.25%)	$8.00M
Proteomics	42	1 (2.38%)	$3.49M
Pulmonary Fibrosis	26	1 (3.85%)	$4.73M
Reconstructive Transplantation	16	0	-
Respiratory Health	62	1 (1.61%)	$8.00M
Rett Syndrome	3	0	-
Scleroderma	6	1 (16.67%)	$3.33M
Sickle-Cell Disease	11	0	-
Sleep Disorders and Restrictions	16	0	-
Suicide Prevention	22	0	-
Tick-Borne Disease	26	0	-
Traumatic Brain Injury and Psychological Health	165	2 (1.21%)	$6.98M
Tuberculosis	25	0	-
Tuberous Sclerosis Complex	5	0	-
Vision	29	0	-
Von Hippel-Lindau Disease	2	0	-
Totals	**980**	**19 (1.94%)**	**$77.03M**

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 PRMRP conducted peer review of Clinical Trial Award and Technology/Therapeutic Development Award applications in September and October 2025 utilizing 77 panels 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 six scientific reviewers, an average of two consumer reviewers, an average of one Technology Transfer Specialist, an average of one

biostatistician, and average of one bioethicist, and a nonvoting Scientific Review Officer. 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 PRMRP 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 PRMRP 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 December 2025. The panel included a diverse group of basic and clinical scientists and consumer advocates. 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, relative [clinical] impact, relevance to the FY25 PRMRP Topic Areas, relevance to the FY25 PRMRP Strategic Goals, relevance to military health, program portfolio composition, and relative outcomes from the PI's previous CDMRP-/PRMRP-funded research, if applicable. After programmatic review, the PRMRP routed the applications recommended for funding to a designated official for review and approval.