

**US ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND (USAMRDC)
 CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP)
 FISCAL YEAR 2024 (FY24) TRAUMATIC BRAIN INJURY AND PSYCHOLOGICAL
 HEALTH RESEARCH PROGRAM (TBIPHRP)**

DESCRIPTION OF REVIEW PROCEDURES

The FY24 TBIPHRP called for applications in response to program announcements (PAs) for 1 award mechanism released in May 2024:

- Health Services Research Award

The TBIPHRP received Letters of Intent for the Health Services Research Award in June 2024.

The TBIPHRP received applications for this PA in July 2024, and they underwent peer review in September 2024. The TBIPHRP conducted programmatic review in December 2024.

In response to the Health Services Research Award PA, the TBIPHRP received 35 pre-applications. The TBIPHRP received 27 compliant applications and recommended funding five (18.5%), representing six awards, for a total of \$14.6 million (M).

Table 1 summarizes submission and award data for the FY24 TBIPHRP.

Table 1. Submission/Award Data for the FY24 TBIPHRP*

Mechanism	Compliant Applications Received	Applications Recommended for Funding (%)	Total Funds
Health Services Research Award [±]	27	5 (18.5%, 6 awards)	\$14.6M

*These data reflect funding recommendations only. Pending FY24 award negotiations, final numbers will be available after September 30, 2025.

[±]The Health Services Research Award had an Early-Career Investigator Partnering Option; five applications were recommended for funding, representing six total awards.

Table 2. FY24 TBIPHRP Application Data by Topic Area

Topic Area	Compliant Applications Received	Applications Recommended for Funding (%)	Total Funds
Prevent and Assess - Development and evaluation of approaches or tools to prevent or reduce risk of psychological health conditions and/or TBI.	8	2 (25.0%)	\$5.85M
Prevent and Assess - Development and evaluation of crosscutting prevention approaches to address multiple adverse outcomes such as suicide, interpersonal violence and psychological health.	1	0 (0.0%)	\$0.00M
Prevent and Assess - Identification and validation of biomarkers or other objective markers for diagnosis, prognosis or monitoring of psychological health conditions and/or TBI and associated sequelae of these conditions.	9	3 (33.3%)	\$8.72M
Prevent and Assess - Development and evaluations of solutions to support military and family readiness and increase psychological resilience in individuals to the potential negative impacts of specific military life stressors.	0	0 (0.0%)	\$0.00M
Treat - Health services research to improve provider adoption of evidence-based practices, improve access and reduce barriers; factors that influence treatment engagement, follow-up care and improvement of long-term outcomes are of interest.	5	0 (0.0%)	\$0.00M
Treat - Interventions that promote sustained functional recovery, including interventions administered acutely, during the post-acute phase or the chronic phase of injury.	4	0 (0.0%)	\$0.00M
Treat - Development of postvention strategies to support individuals in workplace or community environments following a sexual assault, suicide event, or other trauma.	0	0 (0.0%)	\$0.00M
Totals	27	5 (18.5%)	\$14.57M

THE TWO-TIER REVIEW SYSTEM

The USAMRDC 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 Command 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 TBIPHRP conducted peer review of the Health Services Research Award applications in September 2024 utilizing three 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 seven scientific reviewers and an average of one consumer reviewer, one biostatistician, one tech transfer specialist, 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 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, 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 TBIPHRP 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 essence of panel discussions. The TBIPHRP staff used this document to report the peer review results to the Programmatic Panel. In accordance with USAMRDC policy, Summary Statements are available to each applicant after completion of the review process.

THE SECOND TIER—Programmatic Review

The FY24 Programmatic Panel conducted programmatic review in December 2024. The panel included a diverse group of basic and clinical scientists and consumer advocates, each of whom contributed special expertise or interest in TBI or psychological health. 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 award mechanism; program portfolio composition; relative impact; and military benefit. After programmatic review, the TBIPHRP sent the applications recommended for funding to the Commanding General, USAMRDC, for approval.