

**US ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND (USAMRDC)
 CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP)
 FISCAL YEAR 2023 (FY23)
 TUBEROUS SCLEROSIS COMPLEX RESEARCH PROGRAM (TSCRCP)**

DESCRIPTION OF REVIEW PROCEDURES

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

- Clinical Translational Research Award
- Exploration – Hypothesis Development Award
- Idea Development Award

Applications were received for these three PAs in July 2023 and peer reviewed in September 2023. Programmatic review was conducted in November 2023.

In response to the Clinical Translational Research Award PA, five compliant applications were received and two (40.0%) were recommended for funding for a total of \$3.05 million (M).

In response to the Exploration – Hypothesis Development Award PA, 22 compliant applications were received and four (18.2%) were recommended for funding for a total of \$0.89M.

In response to the Idea Development Award PA, 28 compliant applications were received and four (14.3%) were recommended for funding for a total of \$3.08M.

Submission and award data for the FY23 TSCRCP are summarized in the table below.

Table 1. Submission/Award Data for the FY23 TSCRCP*

Topic Area	Compliant Applications Received	Applications Recommended for Funding (%)	Total Funds
Clinical Translational Research Award	3	0 (0.0%)	\$0.0M
Clinical Translational Research Award – Patterning PI Option	2	2 (100%)	\$3.05M
Exploration – Hypothesis Development Award	22	4 (18.2%)	\$0.89M
Idea Development Award – Established Investigator	15	2 (13.3%)	\$1.54M
Idea Development Award – New-to-the-Field-Investigator	13	2 (15.4%)	\$1.54M
Total	55	10 (18.2%)	\$7.02M

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

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

Peer reviews were conducted for the Idea Development Award and Clinical Translational Research Award by three panels (22 scientists and five consumer reviewers) and for the Exploration – Hypothesis Development Award by one panel (13 scientists and two consumer reviewers).

Each peer review panel included a Chair, an average of 12 scientific reviewers, an average of three 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 tuberous sclerosis complex 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: adherence to the intent of the award mechanism; program portfolio composition; relative impact; innovation (Idea Development Award and Exploration – Hypothesis Development Award only); and relative clinical translational potential (Clinical Translational Research Award only). After programmatic review, the applications recommended for funding were sent to the Commanding General, USAMRDC, for approval.