

October 13, 2026

Meaningful Lives As We Age

Re: Request for Information on Proposed Changes to Reporting Outcomes from NIH Peer Review, NOT-OD-26-088

To Whom It May Concern:

The Gerontological Society of America (GSA) appreciates the opportunity to comment on the National Institutes of Health (NIH) Request for Information on Proposed Changes to Reporting Outcomes from NIH Peer Review, NOT-OD-26-088.

GSA is the nation's oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging. Our members work across biological, behavioral, social, clinical, health services, and policy disciplines to advance understanding of aging and improve health and well-being across the life course.

GSA recognizes the concern NIH is seeking to address. Numerical overall impact scores can imply a degree of precision beyond what peer review can consistently provide, and small differences in scores should not be interpreted as definitive distinctions in scientific merit. GSA also appreciates NIH's goal of giving appropriate weight to written critiques, panel discussions, scientific opportunities, workforce considerations, Institute and Center priorities, and the broader research portfolio.

At the same time, the proposed three-category framework may be too broad to communicate meaningful differences identified through scientific review. Under the proposal, NIH would continue to calculate final overall impact scores but would report applications only as "Most Competitive," "Competitive," or "Not Discussed." Final scores and percentiles would no longer be available to applicants, institutions, NIH program staff, Institute and Center leadership, or Advisory Councils, although written critiques, criterion or factor scores, and discussion summaries would continue to be provided.

GSA recommends that NIH refine and pilot the proposed reporting framework before broad implementation. The central purpose of the pilot should be to determine whether a revised categorical approach can reduce false precision while preserving the ability of expert reviewers to communicate meaningful distinctions in scientific merit, identify high-risk/high-benefit research, and support consistent application of NIH-wide priorities, particularly policies supporting Early Stage Investigators.

Preserve the value of expert scientific review

GSA agrees that peer review scores should not be treated as precise measurements or automatic funding decisions. However, acknowledging the limitations of numerical scoring should not lead to undervaluing the ability of scientific review panels to distinguish among applications.

The proposed categories encompass wide ranges of applications. Placing the top 25 percent of discussed applications in one category and the next 25 percent in another may obscure meaningful differences recognized by reviewers and may provide applicants with insufficient guidance about the panel's overall assessment.

GSA encourages NIH to begin by refining the categorical framework so that it reduces false precision while still communicating meaningful distinctions in scientific merit. Options could include additional categories, narrower ranges, structured narrative findings, or another approach that better reflects the panel's collective judgment.

The final overall impact score also conveys the collective judgment of all voting reviewers, while written critiques primarily reflect the assigned reviewers. If NIH no longer reports the score, it should establish another clear and consistent way to communicate the full panel's assessment.

Recognize high-risk/high-benefit research

A framework based primarily on relative competitiveness may not adequately identify applications with substantial scientific promise accompanied by significant uncertainty. Such applications may not be viewed as the “most competitive” under conventional review standards, yet they may offer opportunities for transformative advances.

NIH should preserve an explicit mechanism through which reviewers can identify high-risk/high-benefit research and explain both its uncertainty and potential significance. Such a mechanism is necessary to ensure that applications offering transformative possibilities are not obscured within a broad category based primarily on conventional competitiveness. It could take the form of a separate designation, a structured panel finding, or another component of the review record.

This consideration is especially relevant to emerging, interdisciplinary, and translational science. A revised reporting framework should not unintentionally favor incremental extensions of established paradigms over innovative research that carries greater scientific risk.

Provide applicants with meaningful information

Investigators use peer review outcomes to understand the strengths and weaknesses of their applications, determine whether and how to revise them, consult with mentors and program staff, and make decisions about future research directions.

Written critiques and discussion summaries are essential, but they may not always communicate how the full review panel regarded an application. If overall impact scores and percentiles are no longer reported, NIH should ensure that applicants receive other sufficiently clear and consistent information about the panel’s collective assessment.

- Establish standards for clear, useful, and consistent discussion summaries.
- Explain what each category communicates about the review outcome.
- Provide guidance on how applicants should use categorical outcomes and narrative feedback when considering resubmission.
- Evaluate whether applicants at institutions with differing levels of grant-support infrastructure are equally able to interpret and act on the information provided.

Preserve NIH-wide support for Early Stage Investigators

NIH should clearly explain how Early Stage Investigator considerations would operate within the proposed categories and subsequent funding decisions. NIH-wide workforce policies should remain visible, consistent, and accountable. Their application should not depend solely on differing practices among individual Institutes, Centers, or programs.

More broadly, NIH should consider how the proposed changes may affect mentoring, career planning, resubmission strategies, and investigator retention. Early-career investigators and those at institutions with more limited grant-support resources may rely especially heavily on transparent and interpretable review outcomes.

Bring an aging and interdisciplinary lens to implementation

Aging research frequently spans multiple NIH Institutes and Centers; integrates biological, behavioral, clinical, social, and policy sciences; relies on interdisciplinary collaboration; and requires sustained investment, shared infrastructure, and long time horizons.

GSA encourages NIH to assess whether a categorical reporting system would affect research that crosses disciplinary and organizational boundaries. Evaluation should specifically consider aging-related, interdisciplinary, translational, emerging, and high-risk/high-benefit research.

Strengthen transparency and accountability

Transparency involves more than the disclosure of numerical scores. It also requires clarity about how peer review informs final funding decisions and how programmatic considerations are applied.

GSA recognizes that peer review outcomes do not determine funding decisions automatically. However, preserving a meaningful record of scientific review is important precisely because funding decisions also incorporate programmatic, portfolio, workforce, and budget considerations.

- How scientific merit and programmatic considerations are balanced.
- How Institute and Center priorities influence funding recommendations.
- How NIH-wide scientific and workforce priorities are applied consistently.
- How decisions will be documented and reviewed.
- What information Advisory Councils will receive to fulfill their oversight responsibilities.

NIH should maintain an auditable record of the complete peer review outcome, including the underlying scores used to assign categories, to support oversight, evaluation, and accountability. Aggregate public reporting should allow the research community to understand how review categories relate to funding outcomes while protecting applicant confidentiality.

Pilot and evaluate before broad implementation

Because the proposal represents a substantial change in how peer review outcomes are communicated, GSA recommends that NIH first refine the framework and then conduct a time-limited pilot before NIH-wide implementation. The pilot should focus principally on the concerns identified above: preserving meaningful scientific distinctions, recognizing high-risk/high-benefit research, and maintaining consistent NIH-wide consideration of Early Stage Investigators.

The pilot could compare the proposed category-only model with alternative approaches, including a more informative categorical framework and a hybrid model that reports categories alongside final overall impact scores and percentiles. The goal should not be to preserve a particular reporting mechanism, but to determine empirically which approach best preserves the value of expert review while providing applicants, program staff, Institute and Center leadership, and Advisory Councils with useful information.

The pilot should include a representative range of Institutes and Centers, scientific disciplines and review groups, grant mechanisms, investigator career stages, interdisciplinary and cross-Institute applications, and institutions with differing levels of research infrastructure.

NIH should define the pilot period and establish its evaluation measures in advance, using consistent criteria across participating Institutes, Centers, review groups, and funding mechanisms.

NIH should evaluate whether the new framework:

- Provides applicants with sufficient information to understand review outcomes.
- Supports informed revision and resubmission decisions.
- Preserves meaningful distinctions identified by reviewers.
- Recognizes high-risk/high-benefit and transformative research.
- Maintains consistent consideration of Early Stage Investigators.
- Affects aging-related or interdisciplinary research differently from other fields.
- Increases demands on program staff or creates other administrative burdens.
- Maintains confidence in peer review and funding decisions.

Before implementation, NIH should publish an operational impact analysis addressing applicant inquiries, program staff workload, Advisory Council oversight, administrative burden, and anticipated effects on resubmission behavior. NIH should also provide clear implementation guidance and sufficient transition time.

NIH should publish the design and aggregate results of the pilot, seek additional stakeholder input, and use the findings to determine whether the framework should be adopted, revised, or reconsidered.

Throughout the pilot, NIH should preserve the underlying scores and percentiles needed to compare reporting approaches, evaluate the consistency of decisions, and identify unintended effects.

Conclusion

GSA understands NIH's goal of reducing inappropriate reliance on numerical scores and encouraging consideration of the full peer review record. Numerical scores should not be treated as more precise than the underlying review process allows.

However, the proposed three-category system may not adequately preserve the value of scientific review, communicate meaningful distinctions among applications, identify high-risk/high-benefit research, or ensure consistent implementation of NIH-wide priorities such as support for Early Stage Investigators.

GSA therefore recommends that NIH refine, pilot, and evaluate a revised reporting framework before broad implementation. The revised approach should address the central concerns raised by GSA's review: preserving meaningful distinctions identified by expert reviewers, creating a clear mechanism to recognize high-risk/high-benefit and transformative research, and maintaining consistent NIH-wide workforce priorities, particularly support for Early Stage Investigators. It should also provide applicants with clear and actionable feedback; protect aging-related and interdisciplinary science; explain how peer review and programmatic considerations inform funding decisions; and preserve appropriate transparency, oversight, and accountability.

Thank you for the opportunity to comment. GSA looks forward to continued engagement with NIH as it considers how best to strengthen peer review, support the scientific workforce, and maintain confidence in the biomedical, behavioral, and social science research enterprise.

Respectfully submitted,

A handwritten signature in black ink that reads "James C. Appleby". The signature is written in a cursive, flowing style.

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Chief Executive Officer