



October 7, 2026

Jon Lorsch, PhD
Director, Office of Extramural Research
National Institutes of Health
Bethesda, MD 20892

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

Dear NIH Leadership:

On behalf of the American Society of Nephrology (ASN) and its more than 20,000 members, ASN appreciates the opportunity to provide comments on NOT-OD-26-088, Request for Information (RFI) on Proposed Changes to Reporting Outcomes from NIH Peer Review.

ASN strongly opposes the proposed elimination of numerical Overall Impact Scores and percentiles from the information provided to applicants. ASN agrees that funding decisions should consider the full peer-review record, as well as scientific opportunity, public health priorities, workforce needs, portfolio considerations, and available resources. However, replacing numerical scores with broad categories would substantially reduce transparency, limit investigators' ability to understand and respond to peer review, and make the funding process less predictable and accountable.

Preserving Transparency in Scientific Peer Review

Under the proposal, NIH would continue to calculate a final Overall Impact Score for discussed applications but would no longer provide that score or the associated percentile to principal investigators, institutions, NIH program staff, Institute and Center leadership, or Advisory Councils. Instead, applications would be placed into one of three categories: "Most Competitive," "Competitive," or "Not Discussed." The "Most Competitive" category would encompass applications in the top 25 percent of scores, while "Competitive" would encompass applications in the 26th through 50th percentiles.

This approach significantly reduces transparency. NIH would retain the quantitative information while applicants would not have access to it. The broad categories also obscure meaningful differences between applications. Two applications could receive the same "Competitive" designation despite having substantially different peer-review outcomes.

ASN recognizes that numerical scores should not solely be used mechanically to determine funding. However, the appropriate response to concerns of overreliance on scores is to ensure

that funding decisions consider the complete peer-review record—not to withhold information from applicants.

Concrete Consequences for Kidney Researchers

The consequences of this change would be particularly significant for investigators working in specialized fields such as nephrology, where research questions may involve relatively small patient populations, rare diseases, complex clinical trials, and emerging technologies.

Example 1: An early-stage investigator transitioning to independence.

Consider a nephrologist who submits an R01 application after completing a K award to study a novel intervention to slow progression of kidney diseases. The application is reviewed favorably but receives a “Competitive” designation. Under the current system, the investigator might learn that the application received, for example, a score corresponding to the 26th percentile. That information would indicate that the application was fairly competitive and narrowly missed the most competitive group (which would have a cutoff of 25th percentile). Under the proposed system, the investigator would simply know that the application was “Competitive.” The investigator would not know whether the application was near the top of the funding pool or near the 50th percentile. The absence of a numerical Overall Impact Score makes it difficult to determine whether the identified weaknesses materially affected the application's competitiveness or whether the application was simply in a highly competitive funding pool.

That distinction could materially affect the decision to resubmit or seek funding from other sources. An investigator whose application was near the 25th percentile might appropriately make targeted revisions addressing specific reviewer concerns. An investigator whose application was near the 50th percentile might need to reconsider the central scientific strategy. This distinction is important because applications require substantial time and resources to revise. The proposed system deprives both investigators of information that could help them make that determination and more efficiently use their time and resources moving forward.

Example 2: Research on a rare kidney disease.

Consider a proposal investigating a rare genetic kidney disease affecting a relatively small patient population. The scientific premise may be strong, but the proposal could receive a less favorable score because of challenges related to patient recruitment, availability of biospecimens, or the feasibility of generating sufficient data within the proposed funding period. Under the current system, the investigator could use the score and percentile, together with the written critiques, to understand whether the application was viewed as scientifically strong but limited by feasibility concerns. Under the proposed system, a “Competitive” designation would not reveal the degree to which those concerns affected the application's overall standing. For rare diseases, where relatively small investigator communities may already face limited funding opportunities, this loss of information could discourage researchers from pursuing scientifically important but inherently challenging questions.

Particularly Significant Implications for Early-Stage Investigators

The loss of quantitative feedback could disproportionately affect investigators who are establishing independent research programs. An established investigator may have multiple sources of information, including prior grants, extensive interactions with program staff, and a long history of NIH funding, to assess the competitiveness of a proposal. An early-stage investigator has far less institutional knowledge and may rely heavily on the peer-review outcome to understand how to navigate the NIH funding system.

For example, a first-time R01 applicant who receives a “Competitive” designation may reasonably ask: Was the proposal close to the top of the pool? Were there fundamental concerns about the science? Did the application narrowly miss funding because of the number of highly meritorious applications? Or did reviewers identify weaknesses that require a major change in direction? The written critiques are essential, but they do not always answer these questions. The numerical score and percentile provide important context for interpreting the critiques and determining the appropriate next step.

The Proposal Could Reduce, Rather Than Increase, Accountability

ASN understands NIH's objective of preventing numerical scores from becoming a substitute for thoughtful programmatic decision-making. The RFI states that the proposed change is intended to empower program officials to consider peer review alongside scientific priorities, strategic plans, workforce considerations, portfolio balance, and available resources.

ASN supports that objective. However, withholding scores does not prevent program officials from considering them. Instead, it prevents applicants from knowing the quantitative outcome of the peer-review process while NIH retains that information internally. This creates an avoidable imbalance between NIH and the research community that inhibits researchers from making informed decisions about how to efficiently use their time and resources. As funding decisions incorporate an increasing number of considerations beyond peer review, transparency about the peer-review outcome becomes even more important.

For example, an NIH Institute might determine that a kidney research proposal should not be funded because available resources are directed toward another scientific priority, despite the proposal receiving an exceptionally strong peer-review outcome. Under the current system, the investigator can distinguish between “the science was not competitive” and “the science was highly competitive but was not selected for funding.” Under the proposed system, both outcomes could be obscured behind the same broad category. That distinction matters for investigators, institutions, philanthropic funders, and policymakers attempting to understand where scientific opportunities exist and where additional investment may be needed.

ASN also supports preserving flexibility for funding decisions in the hands of NIH's scientific leadership, including Institute and Center program staff and Advisory Councils. These individuals and bodies are closest to the scientific portfolios they oversee and are best positioned to weigh peer-review results alongside emerging scientific opportunities, public health needs, portfolio balance, and Institute and Center priorities. As NIH considers approaches that provide greater flexibility beyond numerical scores, ASN believes that discretion should remain within NIH's

established scientific and advisory structures rather than be transferred to a centralized or external decision-making body removed from the Institutes and Centers and their scientific expertise. Preserving this role for NIH staff and Advisory Councils would allow funding decisions to reflect both rigorous peer review and informed scientific judgment while maintaining appropriate accountability within NIH.

ASN Recommendations

ASN urges NIH not to implement the proposed elimination of numerical Overall Impact Scores and percentiles. If NIH proceeds with changes to peer-review reporting, ASN recommends that NIH:

1. **Retain quantitative measures while emphasizing the full peer-review record and continue providing applicants with the numerical Overall Impact Score and percentile, when applicable.** NIH can achieve its stated goal by instructing Institutes and Centers not to use scores as automatic funding cutoffs while continuing to provide scores and percentiles as important context for applicants and program officials alike.
2. **Provide sufficient information to support meaningful resubmissions and clearly distinguish scientific peer-review outcomes from funding decisions.** Investigators should be able to distinguish between an application that was highly competitive but not funded and one that requires substantial scientific revision. Applicants should receive meaningful information about the scientific assessment of their applications even when applications are not selected because of programmatic priorities, portfolio considerations, or available resources. The overall impact score does, and should continue to, provide this information.
3. **Evaluate the effects of the proposed change on early-stage investigators.** NIH should specifically assess whether reduced transparency would disadvantage investigators who are establishing independent research programs.

ASN strongly supports a rigorous, independent, and transparent peer-review system. Peer review is one of the most important safeguards ensuring that taxpayer-supported biomedical research is evaluated based on scientific merit. The process should provide investigators with meaningful information that allows them to improve their research, pursue promising ideas, and develop the next generation of scientific leaders.

The proposed change risks making NIH funding decisions less transparent without demonstrating a corresponding scientific benefit from withholding information that NIH will continue to calculate internally. For kidney research, where investigators frequently pursue specialized, clinically important, high-risk, and relatively small-population research questions, the ability to interpret peer-review outcomes is particularly important.

ASN therefore urges NIH to retain the current reporting of numerical Overall Impact Scores and percentiles while pursuing other approaches to ensure that funding decisions appropriately consider the full peer-review record and NIH's broader scientific priorities.

Thank you for considering ASN's comments and for your continued commitment to advancing biomedical research and improving human health. To discuss this letter, ASN's position on this issue, or the society, please contact ASN Senior Manager of Policy and Government Affairs at rmurray@asn-online.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Sam M. Parikh". The signature is fluid and cursive, with the first name "Sam" and middle initial "M." clearly visible, followed by a stylized last name.

Samir M. Parikh, MD, FASN
President