

2025 CSR Incoming Chair Orientation

Bruce Reed, Ph.D.
Acting Director
Center for Scientific Review

September 11, 2025



Agenda

2:30 – 2:50 pm

Introductions, NIH Peer Review 2025

2:50 – 3:20 pm

The Role of Study Section Chair – Dr. Emily Foley

3:20 – 4:30 pm

Discussion – Facilitators Drs. Emily Foley and Elia Ortenberg



Emily Foley, Ph.D.

Acting Division Director
Division of Neuroscience,
Development and Aging
(DNDA)



Elia Ortenberg, Ph.D.

Chief
Division of AIDS, Behavioral and
Population Sciences (DABP)

Thank You and Introductions



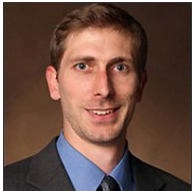
Dr. Martin Burke
Maximizing Investigators' Research Award B (MRAB)
SRO: Dr. Sudha Veeraraghavan
College of Liberal Arts & Sciences
Department of Chemistry
University of Illinois at Urbana-Champaign



Dr. Kim Green
Cellular and Molecular Biology of Glia (CMBG)
SRO: Dr. Sung-Wook Jang
Charlie Dunlop School of Biological Sciences
Department of Neurobiology and Behavior
University of California, Irvine



Dr. Ronen Marmorstein
Maximizing Investigators' Research Award E (MRAE)
SRO: Dr. Vandana Kumari
Perelman School of Medicine
Department of Biochemistry and Biophysics
University of Pennsylvania



Dr. Brett Byram
Imaging Technology Development (ITD)
SRO: Dr. Guo Feng Xu
Vanderbilt University School of Engineering
Department of Biomedical Engineering
Vanderbilt University



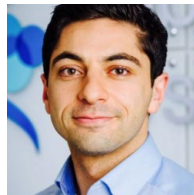
Dr. Ming Chen Hammond
Enabling Bioanalytical and Imaging Technologies (EBIT)
SRO: Dr. Kenneth Ryan
Department of Chemistry
The University of Utah



Dr. Ignacio Tapia
Biobehavioral Medicine and Health Outcomes (BMHO)
SRO: Dr. Mark Vosvick
Miller School of Medicine
Department of Pediatrics
University of Miami



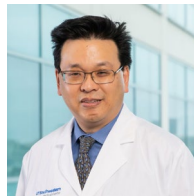
Dr. Guido Frank
Adult Lifespan Psychopathology (ALP)
SRO: Dr. Benjamin Shapero
Department of Psychiatry
University of California San Diego



Dr. Benjamin Izar
Translational Immuno-oncology (TIO)
SRO: Dr. Maria Cardenas-Corona
Columbia Vagelos College of Physicians and Surgeons
Division of Hematology/Oncology
Columbia University



Dr. Ashley Webb
Cellular Mechanisms in Aging and Development (CMAD)
SRO: Dr. Beverly Doran
The Buck Institute for Research on Aging



Dr. Andrew Koh
Interspecies Microbial Interactions and Infections (IMI)
SRO: Dr. Irene Ramos-Lopez
Harold C. Simmons Comprehensive Cancer Center
Department of Pediatrics and Microbiology
The University of Texas Southwestern Medical Center

NIH Peer Review 2025

- **Consolidation of all NIH peer review of scientific merit at CSR**
- **Implementation of the Simplified Review Framework**

Background

- Until 2025, NIH ran 24 distinct review shops, CSR plus 23 institute/center (IC) review branches.
 - CSR reviewed 77% of applications (66,700 in 2024), IC review branches managed 23% (20,033 in 2024)
 - All 24 units had standing study sections, all 24 ran SEPs.
 - CSR did 94% of R01s, 85% of Fs, 85% of small business. ICs did more Ks, multi-component (P01, P30, etc.), IC-specific initiatives (RFAs) and loan repayment.
- Large differences in per application review costs had been recognized for years. NIH announced in March 2025 that it would consolidate all review, noting that it would improve the efficiency of review.

Maximizing efficiency in NIH peer review

- “Efficiencies of scale” applies to review. It is more efficient to have one large operation than 1 large plus many small.
- CSR was **much** larger than any IC review branch:
 - In 2024 CSR reviewed 66,697. The largest IC branch reviewed 4,273.
 - Most review branches reviewed far fewer than that, with some as low as 200 or 300 applications per year.
- With consolidation, management, support and training functions can be more efficient.
- Smaller review loads → smaller meetings, which make less efficient use of NIH staff and reviewers (who sometimes served on multiple panels/round).
- Expertise of IC review staff was not fully utilized.
- Other benefits:
 - Broader competition
 - Greater standardization of review practices

Going forward

- CSR plans to restructure to increase number of review branches and study sections.
- Existing standing study sections will stay largely the same. “Largely” because the influx of applications has overloaded some study sections and we will need to adjust them accordingly.
- Implementation of the fall review meetings is well underway. We expect an essentially normal round of peer review.
- **This gives us the opportunity to focus on the Simplified Review Framework**

Main Goals of the Simplified Review Framework (SRF)

- **Refocus first-level peer review on its singular role of providing advice to the agency regarding the scientific/technical merit of grant applications**
 - Reframes criteria to focus reviewer attention on 3 key questions
 - Removes distractions of certain administrative compliance items

Facilitate the overarching goal of peer review: identification of the strongest, potentially highest-impact research

Implementation of the new framework is an opportunity to address other long-standing concerns

- Inadequate attention to Significance/Innovation
- Over-emphasis on technical minutiae in the Approach
- Tendency for reviewers to be risk averse, potentially overlooking innovative research
- Undue influence of reputation of the Investigator and Environment, making it harder for investigators/institutions less well known to NIH reviewers to be competitive

Chair's critical role in implementing SRF (simplified review framework)

- SRF will have an impact only if it is actively integrated into reviewer presentations and discussions at meetings.
- Old style discussions using SRF language will not effect change.
- Biggest challenge: thoughtful differentiation of applications on Factor 1.
 - Factor 1 allows **importance** of the proposed research to take on a much greater role in determining scores but only if reviewers use a wide range of Factor 1 scores
 - *e.g. Specifically judge the potential impact, importance of the project results.*
- Managing this change is a partnership between SRO and Chair. **Chairs, as discussion leaders can have a major impact.**

Thank You!

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