

NIH RFI on Proposed Changes to Reporting Outcomes from NIH Peer Review

The American College of Radiology (ACR) – a professional association representing more than 40,000 physicians practicing diagnostic radiology, interventional radiology, radiation oncology, and nuclear medicine, as well as medical physicists – appreciates the opportunity to provide comments to the National Institutes of Health (NIH) regarding the August 14, 2026, Request for Information, *Proposed Changes to Reporting Outcomes from NIH Peer Review*. The NIH proposes replacing grant application overall impact scores and percentiles with three merit categories (“most competitive,” “competitive,” and “not discussed”) when reporting the results of reviews back to investigators. Details on how grants are prioritized would also be withheld from applicants, NIH program staff, Institute and Center leadership, and Advisory Councils.

The ACR has significant concerns with this proposed approach, which would potentially augment the weight of other factors over scientific review, increase risks associated with tiered review outcomes including lack of expert discussion, and reduce the clarity and transparency of reviewer feedback.

NIH's peer review system has long been effective because evaluations of scientific merit are conducted independently by subject matter experts. While NIH and its Institutes and Centers establish broad research priorities, funding decisions have been guided by a process that preserves investigator-initiated science and expert-driven review. Any change that increases the role of political appointees or introduces non-scientific considerations into funding decisions could undermine the integrity, consistency, and predictability of the peer review system. For researchers to remain committed to pursuing federally funded research, they must have confidence in the integrity and fairness of the review process used to evaluate their applications.

U.S. innovation in research has generally been driven by individual researchers and institutions with novel ideas and concepts that might not align with any policy priorities. Maintaining the separation between scientific merit review and policy or political considerations is essential to preserving the credibility and effectiveness of the NIH research enterprise.

ACR is concerned that the proposal to categorize applications into three broad funding tiers decreases opportunities for meaningful exchange during expert deliberation. Under the current peer review system, study section discussions often result in score revisions based on the collective expertise of reviewers. Applications that initially appear to be outside a funding range may improve significantly following consideration of diverse scientific perspectives. Limiting further reviews of applications near funding thresholds could inadvertently put innovative proposals at a disadvantage, discourage subsequent improvement and resubmissions, and increase the likelihood that meritorious science is overlooked.

ACR believes that detailed reviewer critiques, scores, and summary statements are essential components of the NIH peer review process. Investigators rely on this feedback to strengthen future submissions, refine research strategies, and make informed decisions about whether to continue, modify, or redirect research projects. Reducing the availability of detailed review information could diminish transparency and hinder investigators' ability to improve their applications. This concern is particularly important for early-stage investigators, whose research programs, institutional support, and career advancement often rely on a clear understanding of strengths and weaknesses identified during peer review. New investigators bring fresh perspectives, innovative ideas, and creative approaches that drive scientific discovery. Preserving access to detailed reviewer feedback is critical for both applicant development and maintaining the overall rigor, quality, and long-term success of the biomedical research enterprise. Over time, the pool of investigators pursuing federally funded research could be reduced, and NIH's impact on advancing medical discoveries and improving health outcomes might be diminished.

In summary, ACR emphasizes that any reforms to NIH peer review should prioritize transparency, preserve scientific merit, and maintain reviewer accountability. Changes that reduce access to detailed evaluations, limit expert deliberation, or weaken the independence of scientific funding decisions may ultimately discourage innovation and decrease U.S. biomedical research leadership. We thank you for your consideration of these concerns. Please contact Michael Peters, ACR Senior Director of Government Affairs, mpeters@acr.org, or Katie Grady, Government Affairs Director, kgrady@acr.org, if you have any questions or need additional information.