



National Institutes of Health  
National Heart, Lung, and  
Blood Institute  
Bethesda, Maryland 20892

Hal Broxmeyer, Ph.D.  
American Society of Hematology  
2021 L Street, NW, Suite 900  
Washington, D.C. 20038

Dear Dr. Broxmeyer:

I am responding to your communication to Dr. Susan Shurin of January 11, 2010, conveying the views of the American Society of Hematology regarding the new policy of the National Heart, Lung, and Blood Institute (NHLBI) to use differential paylines for regular research project grant (R01) applications based upon amendment status.

In light of clear encouragement from the NIH leadership to the individual Institutes and Centers to take steps toward restoring historic patterns of success among applications based upon amendment status, the leadership of the NHLBI believed that it could not simply retain its existing funding policy of generally paying straight down the percentile list. As we formulated potential alternative funding policies, we were faced with the fiscal reality that no matter what funding policy we elected to follow we would be unable to support many of the high quality applications that we receive. Based on extensive data demonstrating a pronounced improvement in percentile score between unamended (A0) and A1 applications and another comparable improvement in percentile score between A1 and A2 applications, we proposed that a policy of seeking a more similar success rate across applications by amendment status would be responsive to the interests of the NIH leadership and yet in no way impair the quality of the applications funded by the Institute. In fact, such a policy would simply serve to expedite funding of highly meritorious research while reducing the administrative burdens for applicants and reviewers that are a necessary consequence of multiply amended applications. As may be seen from our current funding guidelines (<http://www.nhlbi.nih.gov/funding/policies/operguid.htm>), the new policy as implemented for FY 2010 validates that view in that it entails funding A0 applications only up to the 16<sup>th</sup> percentile, a score that is not just an exceptional one by historic standards but also a routinely fundable one.

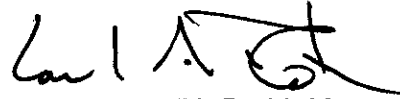
All of this was discussed extensively with the National Heart, Lung, and Blood Advisory Council (NHLBAC) at its October 2008 meeting. It was only after receiving the enthusiastic endorsement of the NHLBAC that we alerted the research community of the new policy. This was done first by posting a brief summary of the Council discussion on the NHLBI website shortly after the NHLBAC meeting, then by publishing editorials in *Circulation*, the *American Review of Respiratory and Critical Care Medicine*, and *Blood*, and finally by a broadly disseminated email from the then Director of the NHLBI, Dr. Nabel.

We recognize that neither the Institute nor the NHLBAC can be certain that we have anticipated all of the potential consequences of the new policy, but we have tried to mitigate some of the potential adverse effects by phasing in the new policy as discussed in the document "Translating NIH Peer Review Changes into Funding Policies" (<http://www.nhlbi.nih.gov/funding/policies/rsr.htm>). Moreover, the NHLBI has retained its

commitment to provide advantages to Early Stage Investigators on both their initial applications and their first renewals.

I assure you that we will be carefully monitoring the new policy and will pay particularly close attention to the demographics of the recipients of NHLBI support and how it differs from what might have been achieved had we not implemented our new policy as well as how our experience compares with the other grant making components of the NIH.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Carl A. Roth', with a stylized flourish at the end.

Carl A. Roth, Ph.D., LL.M.  
Acting Deputy Director