



American Society of Hematology

Helping hematologists conquer blood diseases worldwide

2026

President

Robert Negrin, MD
Stanford University
269 W. Campus Drive
Stanford, CA 94305
Phone: 650-868-8065

President-Elect

Cynthia Dunbar, MD
2127 California Street, NW
Washington, DC 20008
Phone: 202-819-6806

Vice President

Alison Loren, MD, MSCE
University of Pennsylvania
3400 Civic Center Boulevard
Philadelphia, PA 19104
Phone: 215-662-4859

Secretary

Jennifer Brown, MD, PhD
Dana-Farber Cancer Institute
450 Brookline Avenue
Boston, MA 02215
Phone: 617-632-5847

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Translational Genomics Research Institute
City of Hope Cancer Center
445 N. Fifth Street
Phoenix, AZ 85004
Phone: 602-343-8445

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October 9, 2026

Dr. Raymond Jacobson

Director, Center for Scientific Review (CSR)

National Institutes of Health

6701 Rockledge Drive, Bethesda, MD 20817

Dear Dr. Jacobson,

On behalf of the American Society of Hematology (ASH), we appreciate the opportunity to provide feedback on the National Institutes of Health's (NIH) Proposed Changes to Reporting Outcomes from NIH Peer Review (NOT-OD-26-088).

ASH represents more than 18,000 clinicians and scientists worldwide committed to studying and treating blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as classical hematology (non-malignant) conditions like sickle cell disease (SCD). In addition, hematologists are pioneers in the field of medicine and continue to be innovators in areas such as stem cell biology, transfusion medicine, as well as gene and cell therapies. ASH membership is comprised of basic, translational, and clinical scientists, as well as physicians providing care to patients.

In response to the proposed changes to reporting outcomes from NIH peer review, ASH recommends that NIH continue sharing numerical overall impact scores rather than replacing them with broad categorical ratings; clearly explain in summary statements the factors that were considered in the peer review process before final funding decisions are made; and improve transparency in peer review and overall award decisions. Any changes to peer review should preserve scientific merit as a central factor in funding determinations and provide investigators with information to understand the outcome of the review. This level of transparency helps the investigators determine whether resubmission is warranted, and/or identify concrete opportunities to strengthen their applications.

While ASH appreciates NIH's intention to reduce over-interpretation of the final impact scores in peer review, the Society opposes replacing numerical overall impact scores with the proposed "Most Competitive," "Competitive," and "Not Discussed" categories. We are concerned that the proposed categories are too broad and would not provide meaningful and actionable information. Numerical scores and percentiles currently provide applicants with granularity sufficient to understand where an application stands relative to others. Without that information, an investigator near the top of a category would receive the same designation as an application considerably farther from the funding range. In particular, the proposed top 25% category provides insufficient differentiation at a time when even applications with strong percentile rankings may not be funded.

The proposed change would therefore reduce transparency and make it more difficult for applicants to assess the relative strength of their applications, understand how close they may be to a competitive funding range, and determine whether revision and resubmission would be worthwhile. When funding is constrained, applicants need more, not less, information to determine whether investing substantial time and resources in a resubmission is appropriate. Overall, ASH is concerned that the proposed approach would provide less clarity for applicants and create greater uncertainty within the research community.

Written comments are the most valuable part of the summary statement that accompanies a grant score. The comments should explicitly state which criteria, beyond scores, were used to make funding decisions. For instance, a brief and clear justification about why an application was not funded, even when it scored "well" should be included, with information about the main factors that went into consideration, such as portfolio balance, disease burden unmet need, early-stage investigator status, geographical or institutional diversity, or underrepresented research topics.

Additionally, peer reviewers should not only list strengths and weaknesses of applications, but also state how extensive the required changes are: whether the issues are limited to the approach and can be fixed by simple revisions to the application, or whether the aims and overall design need to be restructured. Because this single distinction determines a resubmission strategy, a brief "scope of revision" statement could be helpful. It would guide the next steps. To improve the peer review process further, NIH should consider mechanisms that provide greater continuity and consistency between review of initial and resubmitted applications and clearer expectations about how responses to prior critiques will be evaluated.

In ASH's survey to inform its comments on this Request for Information (RFI), some members cautioned that reduced transparency could create greater uncertainty about whether funding decisions are driven by scientific merit or by programmatic priorities favoring particular areas of science. Transparency is essential to the integrity of a large and complex research funding system, as it enables information to flow freely and supports the self-correcting mechanisms necessary to maintain trust and accountability. NIH's peer review process, with its distributed expert judgment and reporting of scores, serves as one such mechanism. Providing less information about peer review outcomes could weaken this safeguard, reduce confidence in the integrity of funding decisions, and make the system more vulnerable to political or other influences on scientific decision-making.

Once again, the Society thanks the NIH for the opportunity to provide comments on the proposed changes to the sharing of peer review outcomes. We support efforts to strengthen the longstanding integrity and transparency of NIH's merit-based peer review process, which has served as a cornerstone of funding decisions at the agency. We encourage NIH to provide applicants with clear and meaningful information about peer review outcomes and to be transparent about factors it considers to ultimately inform award decisions. Should NIH have any questions or need clarification on the comments, please contact Stephanie Kaplan, ASH Director of Government Relations and Public Health, at skaplan@hematology.org.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Negrin", followed by a vertical line.

Robert Negrin, MD