American Society of Gene + Cell Therapy

Board of Directors

President
Matthew Porteus, MD, PhD
Stanford University

President-Elect
Barry J. Byrne, MD, PhD
University of Florida

Vice President
Isabelle Rivière, PhD
Columbia University

Secretary
Marcela V. Maus, MD, PhD
Massachusetts General Hospital

Treasurer
Jennifer E. Adair, PhD, FUNAS
University of Massachusetts
Chan Medical School

Directors
Rebecca Ahrens-Nicklas, MD, PhD
The Children's Hospital of Philadelphia

Claire Booth, MBBS, PhD
UCL Great Ormond Street
Institute of Child Health

Allison M. Bradbury, MS, PhD
Nationwide Children's Hospital

Philip J. (P.J.) Brooks, PhD
NCATS / NIH

John Finn, PhD
Basecamp Research

Kimberly Goodspeed, MD
Ultragenyx

Steven J. Gray, PhD
UT Southwestern

Miguel Sena-Esteves, PhD
University of Massachusetts
Chan Medical School

Laura Sepp-Lorenzino, PhD
GNMmeds LLC

Immediate Past-President
Terence R. Flotte, MD
University of Massachusetts
Chan Medical School

Molecular Therapy Editor-In-Chief
Joseph C. Glorioso, PhD
University of Pittsburgh

CEO
David M. Barrett, JD

October 13, 2026

Center for Scientific Review (CSR)
National Institutes of Health

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

Dear Sir/Madam,

The American Society of Gene & Cell Therapy (ASGCT) appreciates the opportunity to respond to the National Institutes of Health's (NIH) Request for Information (RFI) on proposed changes to reporting outcomes from NIH peer review (NOT-OD-26-088).

ASGCT is a nonprofit professional membership organization comprised of more than 7,300 scientists, physicians, patient advocates, and other professionals working on cell and gene therapies (CGTs) in settings such as universities, hospitals, and biotechnology companies. The mission of ASGCT is to advance knowledge, awareness, and education that leads to the discovery and clinical application of genetic and cellular therapies to alleviate human disease.

NIH-supported basic research has provided the scientific foundation for many modern medicines, including CGTs.[1] Early NIH-supported research helped enable CAR T-cell therapies, CRISPR technologies, and other genetic medicines[2] now benefiting patients across the US. ASGCT members have led development on many of these programs, and include investigators with extensive experience applying for, receiving, and reviewing NIH grants.

NIH proposes to continue calculating final overall impact scores but replace their reporting with three categories: "Most Competitive" for applications in the top 25 percent of final overall impact scores, "Competitive" for applications in the 26th through 50th percent, and "Not Discussed" for the remainder.[3] The underlying final overall impact score and percentile would no longer be

[1] Cleary, E., Jackson, M., Zhou, E., Ledley, F. (2023 April). Comparison of Research Spending on New Drug Approvals by the National Institutes of Health vs the Pharmaceutical Industry, 2010-2019. JAMA Health Forum. https://pmc.ncbi.nlm.nih.gov/articles/PMC10148199/
[2] National Institutes of Health (2026). Somatic Cell Genome Editing: Funded Research. https://commonfund.nih.gov/editing/fundedresearch
[3] National Institutes of Health (2026 August). Request for Information (RFI) on Proposed Changes to Reporting Outcomes from NIH Peer Review [NOT-OD-26-088]. https://grants.nih.gov/grants/guide/notice-files/NOT-OD-26-088.html

provided to applicants, NIH program staff, Institutes, Centers, and Office (ICO) leadership, or Advisory Councils.

ASGCT appreciates NIH's goal of encouraging a more holistic consideration of peer review outcomes. NIH has explained that, under its Unified Funding Strategy,[4] ICOs should consider peer review information alongside NIH and ICO priorities, strategic plans, budgets, and the broader research portfolio.

However, ASGCT members have raised significant concerns about eliminating final overall impact scores and percentiles from the information reported to applicants, NIH program staff, ICO leadership, and Advisory Councils. Based on this feedback, **ASGCT recommends that NIH retain final overall impact scores and percentiles, and use any categories as supplemental context rather than as a replacement for existing quantitative information.** As NIH considers changes to how peer review outcomes are reported, ASGCT offers the following considerations:

1. **Scores and percentiles provide actionable information for research planning and resubmission.**

ASGCT recognizes NIH's stated concern that numerical scores have imperfect discriminative ability and may imply greater precision than is warranted. Applications receiving relatively similar scores may not meaningfully differ in scientific merit, and it is appropriate for funding decisions to incorporate considerations in addition to numerical rank.

However, ASGCT members have shared that in their experience the final impact scores and percentiles provide information that investigators and research institutions use throughout the research enterprise. In a recent survey, ASGCT members reported a number of other important uses of the current information, including but not limited to: determining whether and how to revise and resubmit an application or make a substantial change in scientific direction; understanding an application's competitiveness relative to other proposals; planning future research projects and funding strategies; and making institutional decisions about trainees, staffing, and other laboratory resources.

Moreover, categorial reporting would not eliminate overreliance on peer review scores; it would instead shift significance to the boundaries between categories. Under the proposed framework, two applications could both be designated "Competitive" despite falling at substantially different points within the 26th-to-50th-percent range. On the other hand, a single percentile change from 25th to 26th could drop the score's category. For an investigator determining the best scientific direction for a proposal resubmission, knowing where an application falls within that range can provide important context for interpreting reviewer critiques and planning next steps.

ASGCT therefore recommends that NIH retain final overall impact scores and percentiles as part of the information reported following peer review, regardless of whether a categorical system is implemented.

[4] National Institutes of Health (2021 November). Grants and Funding: Implementing a Unified NIH Funding Strategy to Guide Consistent and Clearer Award Decisions. https://grants.nih.gov/news-events/nih-extramural-nexus-news/2025/11/implementing-a-unified-nih-funding-strategy-to-guide-consistent-and-clearer-award-decisions

2. **Quantitative reporting supports transparency around the role of peer review and scientific merit in funding decisions.**

ASGCT believes moving to a categorical-only reporting system would not advance the Administration's stated goal of restoring equality of opportunity, transparency, and meritocracy.[5,6] Reduced transparency into the decision-making processes at NIH affects not only the individual applicant, but the broader research ecosystem. Preserving visibility for how an application is assessed helps sustain confidence in NIH and the US research enterprise.

Transparent reporting of peer review outcomes helps distinguish scientific assessment from subsequent funding decisions. Scores and percentiles do not (and should not) dictate every funding decision. NIH ICOs appropriately consider scientific opportunities, portfolio balance, public health priorities, workforce considerations, available resources, and other programmatic factors following peer review. The availability of peer review scores, therefore, helps distinguish the scientific assessment produced through peer review from the subsequent exercise of programmatic judgment in making funding decisions.

ASGCT is concerned that withholding information already generated through peer review could make it more difficult for researchers and the broader public to understand how scientific assessment relates to final award decisions. Rather than reducing the information available to applicants and decisionmakers, we encourage NIH to provide greater transparency regarding both stages of the process: the scientific assessment produced through peer review, and the programmatic considerations used to make funding decisions.

If NIH moves forward with any changes to reporting, the agency should provide greater clarity regarding how programmatic considerations are incorporated into final funding decisions, including the respective roles of program staff, ICO leadership, and Advisory Councils, and the types of factors that may support funding one scientifically competitive application over another.

3. **Less granular reporting may disproportionately affect early-career investigators and specialized research institutions.**

ASGCT encourages NIH to evaluate whether reduced reporting granularity could disproportionately affect early-career and first-time applicants. These individuals may have fewer internal resources or less institutional experience available to help interpret broad categorical results and navigate subsequent funding decisions.

For experienced investigators, institutional knowledge of an ICO, study section, or funding environment may provide additional context for interpreting a broad categorical result. Early-career investigators, on the other hand, may be more dependent on the formal information NIH provides. Retaining quantitative information alongside qualitative critiques therefore provides a common reference point available to applicants regardless of institutional resources or professional networks.

---

[5] White House (2025 April). Restoring Equality of Opportunity and Meritocracy [Executive Order 14281]. https://www.whitehouse.gov/presidential-actions/2025/04/restoring-equality-of-opportunity-and-meritocracy/

[6] White House (2025 May). Restoring Gold Standard Science [Executive Order 14303]. https://www.whitehouse.gov/presidential-actions/2025/05/restoring-gold-standard-science/

American Society of Gene + Cell Therapy

This issue has particular relevance for the CGT field which is growing at an incredible rate. Talented researchers who have trained in the United States for PhD and post-doctoral training are at risk of leaving the country and taking their talents to our nation's competitors if there is not a clear pathway to funding as an independent researcher. ASGCT members are concerned that any reduction to the predictability or transparency of NIH funding decisions could disproportionately affect this emerging field.

ASGCT encourages NIH to evaluate the effects of any reporting change across career stage, institution type, institutional size and resources, and research setting before implementation. Any change should avoid inadvertently disadvantaging researchers or institutions based on their access to informal knowledge, established networks, or institutional grant-development resources.

Conclusion

Written critiques, scientific judgment, portfolio needs, and other appropriate programmatic considerations all play important roles in NIH funding decisions. However, reducing overreliance on numerical scores does not require eliminating information that investigators, institutions, and the public use to understand the peer review and funding process. **ASGCT therefore recommends that NIH maintain reporting of final overall impact scores and percentiles, and use any categories as supplemental context rather than as a replacement for existing quantitative information.**

ASGCT recommends implementing any changes to the peer review process in a manner that preserves ultimate transparency. Maintaining peer review scores and percentiles, together with robust written feedback, would help preserve the benefits NIH seeks from a more holistic funding strategy. Greater transparency regarding reviewers and subsequent funding decisions would both support researchers' ability to plan effectively and guide scientific directions. These measures would help maintain confidence among investigators, institutions, policymakers, taxpayers, and the public in the integrity of NIH funding decisions.

ASGCT appreciates NIH's consideration of these comments and its continued engagement with the research community as it evaluates potential changes to the peer review process. If you would like to hear more from ASGCT's member experts, please reach out to Caitlin McCombs, ASGCT's public policy manager at cmccombs@asgct.org.

Sincerely,

Matthew Porteus, MD, PhD
President

David Barrett, JD
Chief Executive Officer