ASTCT®
American Society for
Transplantation and Cellular Therapy

October 13, 2026

The Honorable Jayanta Bhattacharya, M.D., Ph.D.
Director, National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

Dear Director Bhattacharya:

The American Society for Transplantation and Cellular Therapy (ASTCT) appreciates the opportunity to comment on the National Institutes of Health (NIH) *Request for Information (RFI) on Proposed Changes to Reporting Outcomes from NIH Peer Review (NOT-OD-26-088)*. ASTCT is a professional membership association of more than 3,900 physicians, investigators, and other healthcare professionals. Our mission is to advance hematopoietic cell transplantation and cellular therapies through groundbreaking research, high-quality education, impactful advocacy, and clinical excellence.

ASTCT's members care for critically ill patients of all ages who suffer from hematologic cancers such as leukemia, lymphoma, and myeloma, as well as bone marrow failure disorders, immune deficiencies, inborn errors of metabolism, hemoglobinopathies and solid tumors. Just a short time ago, many of these conditions had no cures. It is through research—much of it NIH-sponsored—that has led to cures, new standards of care, and longer and more fruitful lives for the treated patients.

For example, CAR-T cell therapy, which has transformed treatment options for patients with blood cancers, is the result of years of NIH's investment in exploratory research. Thanks to these investments, investigators are now on the cusp of using CAR-T therapy to treat non-cancer conditions, including autoimmune and infectious diseases. NIH investments make today's breakthroughs possible, support the discoveries that will define tomorrow's care, and enable the United States to continue leading scientific advancement.

ASTCT Position

ASTCT supports rigorous, systematic, and robust peer-review scoring that is transparent to all parties involved. NIH's proposal to withhold numeric peer-review reporting outcomes would reduce transparency, introduce opacity and potential bias into NIH award decisions, and deprive investigators—especially early-career investigators—of the opportunity to fine-tune and improve grant applications.

Existing infrastructure for the NIH's grant selection is highly rigorous and grounded in robust, scientific peer-review processes. This system is transparent and has been instrumental in biomedical breakthroughs, but also in developing America's next generation of investigators. Scientific progress depends on stable and merit-based funding decisions that are transparent and free of conflict of interest. The rigorous peer-review process currently in place is not a hindrance, but instead is why NIH-funded research stands apart as the gold standard for biomedical research.

ASTCT's response below addresses the specific components within the NIH's proposed reporting outcomes changes.

1. *First-level peer review process would place applications into one of three overall impact categories: "Most Competitive," "Competitive," or "Not Discussed." All discussed applications will fall into either the Most Competitive (top 25%) or Competitive (26%-50%) category, based on the final overall impact score derived from scores entered by all reviewers not in conflict.*

ASTCT is concerned that replacing the NIH's current numeric scoring protocol with the above impact categories to convey decisions would diminish the role of peer review scoring, introduce opacity into a complex review process, and make the NIH's scoring methods less transparent. The three proposed impact categories, "Most Competitive," "Competitive," and "Not Discussed," are overly broad, uninformative, and inadequate against the complexity of the NIH's grant-review process.

The proposed "Competitive" impact category, for example, represents applicant scores that range from 26 percent to 50 percent, which is a substantial range with no associated values for context. A score of 26 percent would presumably be very different from a score of 50 percent. With no further context, however, an applicant would have very little understanding for an application's standing.

The "Not Discussed" impact category is similarly problematic because it encompasses applications that either scored below 26 percent or were not considered for other reasons—two very different outcomes. Under the proposed scoring system, grant applications assigned to the "Not Discussed" category would have little insight for this vague but consequential grouping.

The proposed impact categories would weaken the current rigor of the NIH's peer review process, potentially introduce subjectivity and shadow ranking, reduce the standardization that keeps current methodic scoring and feedback objective, and places more burden on NIH personnel to determine grant awards and communicate feedback.

ASTCT recommends that the NIH maintains its current process for scoring and communicating peer review outcomes, so the funding framework continues to be transparent, informative, and methodical.

2. *Numerical overall impact scores would no longer be released to principal investigators, applicant institutions, NIH program staff, ICO leadership, or NIH Advisory Councils.*

Rigorous grant-review requires precise and transparent scoring mechanisms that standardize review processes, award decisions, and scoring feedback. Replacing specific numeric scores with broad impact categories transforms a very specific and methodical review process into one that is vague, uninformative, and potentially biased.

NIH's proposal to withhold peer-review scoring from all parties would disrupt the highly technical and rigorous process currently in place for awarding NIH grants. This disruption would create confusion, reduce transparency, and discourage new and seasoned investigators from pursuing NIH grants.

While the NIH states that all other peer review scoring procedures and reporting procedures would remain the same, the above proposed changes would introduce unnecessary complexity and opacity into an already complex and highly rigorous review process. The result would be fewer grant applications that withstand the NIH's current rigorous process, and more investigators seeking funding from private or overseas sources.

Investment in NIH grants is an investment in America's position as the world leader in biomedical advancements. Transparent, collaborative, and informative peer review protocols are what make the NIH the gold standard for evaluating research proposals to ensure that federal funds go toward merit-based projects that are scientifically rigorous, feasible, and meaningful.

ASTCT recommends that the NIH continue to include peer-review numeric outcomes scores in grant review processes and communications to all parties associated with the grant application and review process.

Conclusion

The NIH is the largest public funder of biomedical research in the world. America's investments in research have transformed transplantation and cellular therapy and have provided lifesaving cures to thousands of patients. These breakthroughs depend on the NIH's rigorous grant award process.

ASTCT respectfully asks that the NIH maintain its current protocol for scoring grant applications and communicating numeric peer-review outcomes. Doing so will help ensure that the NIH continues to foster innovation, improve patient outcomes, and maintain the United States' global leadership in biomedical science.

ASTCT appreciates your consideration of this letter. Please contact Molly Ford, ASTCT's Director of Government Relations at mford@astct.org with any questions.

Sincerely,

Margaret L. MacMillan, MD, MSc, FRCPC
ASTCT President
2026-2027