

**Endocrine Society comments in response to NOT-OD-26-088, “Proposed Changes to Reporting Outcomes from NIH Peer Review”**

Response was informed by members of the Research Affairs Core Committee (RACC).

Comments were submitted electronically via online submission form on October 5, 2026.

**Please provide input on proposed changes to reporting outcomes from NIH peer review.**

The Endocrine Society opposes NIH’s proposed changes to the first level of the peer review process, in particular the proposal to withhold an investigator’s final overall impact score. Peer review is a well-established process to evaluate research proposals for scientific rigor and merit. Our members report that the impact score, coupled with comments from reviewers, collectively provides an important service to applicants to understand how their application was scored and prioritized relative to other applications. Withholding the impact score from applicants will reduce transparency, devalue peer review, and significantly disadvantage applicants, especially those early in their career who need guidance on improving their proposals or understanding if their idea is in line with agency or institute priorities. We urge NIH to reconsider the changes proposed in NOT-OD-26-088 and to maintain a process where impact scores are reported to applicants.

Below, we describe four major areas of concern:

1. The broad reporting categories for peer review outcomes that NIH is proposing encompass applications with enormous differences in their likelihood of being funded under current processes. The “most competitive” reporting category would include grants with impact scores ranging from typically within the fundable range to lying just outside of most NIH fundable scores. This approach would fail to distinguish a grant in the first percentile from a grant in the 24th percentile as both grants would be labeled “most competitive.” Without the impact score, it would be exceedingly difficult for applicants to understand how reviewer comments reflect their likelihood of funding and to prioritize which actions to take to strengthen their proposals to become more competitive. The impact scores themselves are more valuable to report than any of the



broadly proposed categories as scores that fall along the boundaries of these categories will be difficult to differentiate.

2. Transparency, through the disclosure of impact scores with funding justifications, is essential for building trust between NIH and the scientific community and providing valuable feedback to applicants. Impact scores reflect the recommendations of all voting members of the study section in a way that the written critiques alone do not capture. In the absence of impact scores, NIH must disclose the rationale for each funding decision and who participated in all steps of the decision-making process. Otherwise, and considering other policy changes proposed by the current administration, failure to release impact scores and justifications to applicants will invite questions about political interference, scientific misconduct, scientific merit, scientific priorities, or public health strategies.

3. The value and voices of scientific expertise driven by study section reviewers, who volunteer to support the peer review process, may be weakened by these proposed changes. Scientific Review Officers carefully screen and recruit study section reviewers based upon the reviewer's expertise and contributions to the field. Reviewers are well aware that small differences in scores may make the difference between a funded and a non-funded application and therefore take great care in scoring as accurately as possible. If reviewers rate an application as excellent or extremely lacking, and this input does not translate to a funding decision, these arbitrary funding decisions will be seen as devaluing or dismissing the reviewers' expertise. This will hinder NIH's ability to recruit and retain qualified reviewers and weaken the peer review process during a time where fewer investigators are accepting invitations to serve as reviewers. As a result, the proposed changes may result in even fewer study section volunteers.

4. The proposed changes will increase administrative burden for program officers (POs). Without an impact score to connect reviewer comments and the proposed reporting categories, applicants will have questions about the criteria and decision-making process that NIH uses to make its final decisions. We expect this will result in a higher volume of questions to POs who may not be able to explain the final funding decision or provide accurate guidance to applicants.



Together, our concerns about the breadth of scores within the reporting categories, lack of transparency, devaluation of reviewer expertise, and increased administrative burden illustrate flaws in NIH's proposed approach. The benefits of withholding impact scores from applicants are unclear, given the uncertainty about other criteria that NIH will use to make final funding decisions. We urge NIH to reconsider these proposed changes to the reporting of peer review outcomes, continue to report impact scores to applicants, provide transparent rationale for any future proposals to modify peer review, and explain how proposed changes are aligned with NIH's broader strategy.