AGS/AFAR ClinSTAR CC/NIA Virtual Workshop
Three Part Series – Clinician Specialists Rising Stars Program

“So you got your study section summary sheet, now what? Tips and Tricks for Reviewing and Responding to Grant Review Comments”

Wednesday, April 28 at 4:00 pm ET

<table>
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<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>4:00 pm</td>
<td>How to Approach a Summary Statement</td>
<td>Ken Covinsky, MD, MPH, BS</td>
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<td>University of California, San Francisco</td>
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<td>4:10 pm</td>
<td>Tips &amp; Tricks</td>
<td>Ambarish Pandey, MD</td>
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<td>University of Texas Southwestern</td>
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<td>4:20 pm</td>
<td>Tips &amp; Tricks</td>
<td>Maile Young Karris, MD</td>
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<td>University of California, San Diego</td>
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<td>4:30 pm</td>
<td>Q&amp;A</td>
<td>All</td>
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Responding to Your Grant Critiques

Or

Thank You for Not Funding Me So I Can Respond to Your Brilliant and Wise Thoughts
Principle # 1: It’s Not a Rebuttal

• Reviewers seldom conclude they were mistaken
• Wise advice from Arnold (substitute Tumor with Rebuttal)
  • https://www.youtube.com/watch?v=OaTO8_KNcuo
Principle 2: Approach Comments as Opportunity

• General Attitude
  • You found a problem with my grant
  • You were right—it was a problem
  • You appropriately took away points
  • I fixed the problem
  • Now you have to give me my points back

• Ironically, agreeing with reviewers that they were right is the strongest possible argument for giving you a better score
Principal 3: Responses Are Action Oriented

• Do not engage in a theoretical or intellectual discussion of the reviewer’s concern (unless they asked you to)
• Rather, specifically describe the steps you have taken
• Example: Your depression scale, the CES-D was not validated for use in older persons
  • Wrong response: Scholarly recitation as to why it does not matter
  • Right response: We have substituted the CES-D with the GDS which was developed and validated for older persons
Principle #4: Create a Differential Diagnosis

• Try to understand why the reviewers said what they said
  • Some comments are meant to be taken literally
  • Some have a deeper meaning—I don’t understand what you are doing or why you are doing it

• Action oriented responses include saying
  • I failed to justify what I was doing
  • I failed to provide sufficient background

• Remember—it was not the reviewer’s fault. It was your fault—and you are fixing it
Principle 5: Significance Can be Addressed

• Differential: Why did reviewer fail to understand significance?
  • What context did you not provide?
  • What applications or uses of your findings did you not describe?
  • It is widely assumed that low social support leads do disability BUT
    • Limitations of most cited studies are ...
    • Evidence more nuanced
    • Social support multidimensional construct
    • Limited evidence adding support improves outcomes

• Recontextualize your problem
  • Generally known, but not studied in (?oldest old, minority populations?)
  • Health system context, patient perspective not understood
So you fell off a cliff and now you have to climb back up.

Maile Young Karris, MD
Associate Professor
University of California San Diego
HIV Immunology

KL2 Award

Transition to translational

Married/kids + mentors left

70% clinical

Implicit bias testing

Geriatric Mentor

Butler Williams

GEMSSTAR

Tideswell

Began to realize unmet needs of OAWH
First Aid + SOS

- Treat your wounds
- Know what “medicine” works for you
- Identify and reach out for expert help
  - Program Officer
  - A Geriatrician/Gerontologist
  - A Reviewer #2
Plan your ascent

- Pace yourself = make a timeline
- Know where you want to end up
- Study the path of those that have gone before you
- Identify barriers and compensate
- Clear your path
Climb

- Start with the right partners
- Concentrate
- Focus on quality not quantity
- Pace yourself
- Just keep climbing