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The American Geriatrics Society (AGS) is pleased to respond to the National Institutes of Health (NIH) Request for Information (RFI) on a proposed revised framework for evaluating and scoring peer review criteria for NIH research project grant (RPG) applications.

The AGS is a nationwide not-for-profit society comprised of more than 6,000 geriatrics healthcare professionals, including basic and clinical researchers specializing in aging. The AGS provides leadership to healthcare professionals, policy makers, and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy. Our vision for the future involves a world where we are all able to contribute to our communities and maintain our health, safety, and independence as we age because we have access to high-quality, person-centered care informed by geriatrics principles.

We very much appreciate the NIH's efforts to revise the framework for evaluating and scoring peer review criteria. AGS specific recommendations are below.

Definitions and Guidance

Overall, the revised criteria are reasonably laid out. AGS believes that the addition of a language that defines what "fully capable" and "appropriate" mean under Expertise and Resources would support study sections in the review process. In addition to these definitions, providing overall guidance on how to translate the criteria into the 1-9 scale would be helpful.

Representative Populations

To ensure that reviewers consider the importance of representative populations (i.e., does the proposed study population include sufficient numbers of older adults, racial and socioeconomically diverse people, etc.) when determining the overall score. To this end, AGS recommends that NIH consider requiring reviewers to provide a qualitative score (i.e., inadequate, minimally adequate, fully adequate) to the criteria for:

- (1) inclusion of women, minorities, and across the lifespan,
- (2) human subjects projections, similar to factor,
- (3) "expertise and resources."

This would help ensure that these issues are formally evaluated and increase their chance of being factored into the overall score. We'd also add that inclusion of women, minorities, and across the lifespan should only be scored "fully adequate" if the proposal has a specific plan to ensure that the demographics of the research population matches the demographics of the disease or condition being studied.

Cognitive Impairment

Similarly, it seems valuable that human subjects protection specifically call out cognitive impairment. Many studies still exclude people with cognitive impairment. If a study is about a disease or condition that affects older adults who might also have cognitive impairment, it should have a plan for inclusion of those with cognitive impairment (e.g., recruiting a legally authorized representative, etc.).

Thank you for the opportunity to submit these comments. We would be pleased to answer any questions you may have. Please contact Erin Obrusniak, <u>eobrusniak@americangeriatrics.org</u>.