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I am writing on behalf of the American College of Epidemiology. The College was organized in 1979 to develop criteria for professional recognition of epidemiologists and to address their professional concerns. We represent epidemiologists throughout the U.S. and Canada, and a large proportion of our members are academic epidemiologists who submit grants to NIH for peer review.

We are writing this letter to oppose any recommendation of the Boundary Panel to assign grants related to the epidemiology of topics related to endocrinology, metabolism, nutrition and reproductive sciences to non-epidemiologic study sections within the proposed Endocrinology, Metabolism, Nutrition and Reproductive Sciences (EMNR) Integrated Review Group (IRG). We note the Overall Description of the EMNR IRG includes 'patient oriented studies including large population studies and randomized clinical trials and that epidemiologic studies may be appropriate for the investigation of a number of the topics outlined in the proposal insofar as they use population approaches. We also noted that in several cases where shared interests with other IRGs are listed epidemiology may well come into play for topics beyond those highlighted for the Health of the Population (IRG 7), where presumably the epidemiologic study sections will be housed. These included: 'analysis of the functional consequences of specific genetic alterations' to IRG 4 and studies of aging to IRG 5. Also studies referred to IRG 7 from EMNR may go well beyond obesity, diabetes, dietary selection behavior and food patterns.

The equity of the peer review system can only be insured by use of panelists with expertise to review the submitted applications. However, there is considerable evidence that non-epidemiologic study sections lack members with sufficient expertise to review epidemiologic studies and to give these applications a fair review. The area of endocrinology, metabolism, nutrition and reproductive sciences covers many subject areas and scientific methodologies, only a subset of which are epidemiologic. We are very concerned that epidemiologic studies would therefore be reviewed in study sections that include a large majority of members lacking knowledge of epidemiologic methods. It is not clear that any of the members listed on the roster for EMNR have noteworthy epidemiologic backgrounds. If there were members versed in epidemiology, who focus on human populations, they would be greatly outnumbered by bench scientists who are unfamiliar with epidemiologic methods and population sciences.

There are currently three epidemiology study sections that review epidemiological proposals across a range of content areas. These study sections include members with a broad range of disease expertise, but they are able to assess the research issues relevant to patterns and interactions of health and disease in populations, rather than be limited to a specific disease focus, which is more appropriate for basic and clinical sciences. For this reason we believe epidemiologic studies are currently appropriately and fairly reviewed by peers. The resulting studies have made significant advances in many areas of scientific inquiry. It is the unique perspective of these existing committees that has resulted in a successful review process and good science.

Proper and fair peer review requires that grants be reviewed by peers. If NIH seeks to support the best studies in endocrine, metabolic, nutritional and reproductive epidemiology, and the best investigators in the field, it is critical that study sections with the expertise to understand epidemiology review the epidemiology grant applications. Our concern is that grant applications would be treated unfairly if the Boundary Panel's recommendations for EMNR IRG are implemented as proposed. The result would be poor science. We are urging you to maintain the current status and epidemiology applications related to these topics to the epidemiology study sections where they belong.

Sincerely,

Brian L. Strom, M.D., M.P.H.