



AMERICAN  
COLLEGE OF  
EPIDEMIOLOGY

1500 Sunday Drive, Suite 102  
Raleigh, North Carolina 27607  
Phone: (919) 787-5181  
Fax: (919) 787-4916  
www.acepidemiology.org

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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 respiratory diseases to non-epidemiologic study sections within the proposed Respiratory Sciences (RES) Integrated Review Group (IRG). We note 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. These include proposed assignment of “genotype-phenotype relationships and gene-environment interactions” to LCMI (page 2), with “investigations with large cohorts with fine mapping” assigned to RIBT (page 3); proposed assignment of “population epidemiologic studies” on LIRR topics to RIBT (page 6); and “human studies associated with mechanisms, consequences, and prevention of disease, as well as therapeutic interventions, assessment of genetic/environmental risk factors including population genetics studies, and outcomes assessment” to RIBT (page 9). With regard to the final point, we note that exception is made for “large scale epidemiological studies” (page 9) but that a specific definition is lacking; in the RIBT section on “Shared Interests Outside of the IRG”, the panel suggests that many (but not all) epidemiology applications might be sent to IRG 7 or IRG 8. We tentatively agree with this proposal if IRG 7 and/or IRG 8 are the new home of past or proposed study sections with particular expertise in epidemiology and population sciences.

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 respiratory disease 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. To our knowledge, only one of the members listed on the roster for RES has a noteworthy epidemiologic background. Even if the RES study sections include this person and perhaps other members versed in epidemiology, with a 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 respiratory 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 many

grant applications would be treated unfairly if the Boundary Panel's recommendations for the Respiratory Sciences (RES) Integrated Review Group (IRG) are implemented as proposed. The result would be poor science. We are urging you to maintain the current status and assign epidemiology applications related to respiratory issues to the epidemiology study sections where they belong.

Sincerely,

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

BLS/jss