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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 the recommendations of the Boundary Panel to assign grants related to the epidemiology of cancer to non-epidemiologic study sections within the proposed Oncological Sciences (ONC) Integrated Review Group (IRG). 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 oncology 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. There is also concern that there are no statements in the document about whether these types of research would go to ONC/CE or to IRG-7. As described, at best, the proposed panels might include only a few members with epidemiologic expertise who focus on human populations, who would be greatly outnumbered by bench scientists who are unfamiliar with epidemiologic methods and population sciences. Studies using ANY population-based or other case-control or cohort methodology for subject identification, or involving analyses of existing specimens or data collected from any or these kinds of studies, should be reviewed by EDC2 and not in ONC.

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 Cancer 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 Oncological Sciences (ONC) Integrated Review Group (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 cancer issues to the epidemiology study sections where they belong.

Sincerely,

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