



ALLIANCE FOR HEADACHE
DISORDERS ADVOCACY

October 12, 2026

Jay Bhattacharya, MD, PhD
Director
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

Submitted electronically via rfi.grants.nih.gov

Re: Request for Information (RFI) on Proposed Changes to Reporting Outcomes from
NIH Peer Review (NOT-OD-26-088)

Dear Director Bhattacharya,

AHDA appreciates the opportunity to comment on NIH's proposed changes to the reporting of peer review outcomes.

The Alliance for Headache Disorders Advocacy (AHDA) is a national organization focused on federal policy affecting people with migraine and other headache disorders. AHDA works with patients, clinicians, researchers, and partner organizations to advance policies that improve recognition, research, and care.

AHDA recognizes that NIH's Unified Funding Strategy aims to weigh peer review alongside other factors, including health priorities, scientific opportunity, workforce, and available resources. Peer review has never been the only factor in funding decisions, and scores are imperfect estimates. As NIH balances these considerations, scientific merit should remain central.

Peer review serves NIH by helping identify meritorious proposals. It also gives investigators detailed feedback to determine whether to revise and resubmit or pursue another approach. Summary statements provide this context through critiques, criterion or factor scores, a resume of discussion when applicable, and a final overall impact score.

Replacing final overall impact scores and percentiles with three broad categories would remove distinctions NIH already calculates. Applications at very different points within the same category could receive the same designation, while applications with nearly identical assessments on either side of a category boundary could receive different designations. The categories would tell applicants less about the panel's overall assessment, even when written critiques and criterion or factor scores remain available.

Mental-health complexity further heightens these concerns. Chronic migraine and other disabling headache disorders frequently involve depression, anxiety, trauma symptoms, sleep disturbance, functional impairment (Buse et al., 2019) and elevated risk of suicidal ideation (Lee et al., 2019). These factors shape scientific significance and require interdisciplinary expertise. These challenges are amplified in studies of chronic overlapping pain conditions and nociplastic pain, where psychiatric comorbidity, central sensitization, and person-centered outcomes are key drivers of burden (Lipton et al., 2021). Proposals focused on vulnerable populations, such as perinatal migraine, pediatric headache, and groups experiencing population-level disparities also depend on nuanced evaluation of safety, mental-health risk, and functional impact. Without final overall impact scores or percentiles, investigators lose essential context for how reviewers weighed these intersecting factors, and broad categories risk obscuring merit in interdisciplinary proposals, particularly for early-career investigators working in these areas.

The proposal would withhold final overall impact scores and percentiles from applicants, institutions, NIH program staff, ICO leadership, and the relevant NIH Advisory Council, even though NIH would continue calculating scores to assign categories. The score helps investigators and institutions understand outcomes and plan next steps. It also helps decision-makers assess how peer review informs funding recommendations alongside program priorities and available resources.

AHDA urges NIH to retain and report final overall impact scores and percentiles, where applicable, alongside the substantive review record. This approach recognizes the limitations of numerical scores while preserving information that applicants, institutions, and NIH decision-makers can use. Scores should inform funding decisions without replacing careful consideration of reviewer comments, programmatic priorities, public health needs, and portfolio balance. Neither a category nor an overall impact score alone establishes funding likelihood or whether a proposal has fundamental weaknesses; applicants need the full review record to guide a resubmission.

If NIH continues to consider categories, it should test them while continuing to report scores and percentiles. NIH should publicly assess effects on applicants' understanding

and resubmission decisions, funding outcomes, early-career investigators, and fields with historically limited research investment. Before any broader change, NIH should publish clear criteria explaining how scientific merit and programmatic considerations inform awards.

Peer review expertise in headache disorders

Like many other diseases, headache research spans distinct disorders, basic and clinical science, and different methods. Stigma surrounding migraine and headache disorders is not limited to public attitudes or patient experiences. Headache scholarship describes migraine as misunderstood within medical and scientific communities and links structural stigma to the low status of headache medicine and limited research opportunities (Casas-Limón J, et al. *J Clin Med*. 2024;13(17):5222. doi:10.3390/jcm13175222).

Evaluating a proposal's significance requires reviewers who understand the relevant research context as well as its methods and should address potential bias against a disease state. NIH's Center for Scientific Review notes that reviewers may have broad scientific expertise without working in the exact topic under review. AHDA urges NIH to ensure that applications focused on migraine and other headache disorders receive input from reviewers with relevant headache research expertise, alongside needed methodological expertise given the chronic underfunding of headache research. Some headache studies also rely on longitudinal cohorts, specialized methods, and substantial preparation before submission, which reviewers should be equipped to assess in context. NIH can use temporary or ad hoc reviewers when a standing study section lacks relevant expertise. This is especially useful for early-career investigators who rely on detailed critiques to strengthen future applications and build research programs.

Headache research funding

Headache disorders impose substantial disability, yet NIH investment in this research remains far too limited. NIH's FY2025 RCDC table reports \$43 million for the Migraine category and \$54 million for Headaches. WHO ranked migraine third among neurological diseases by age-standardized DALYs in 2021, and a prior comparison of NIH support and U.S. DALYs identified migraine and headache among the most underfunded conditions (Mirin AA. *J Womens Health*. 2021;30(7):956-963. doi:10.1089/jwh.2020.8682). AHDA urges NIH to substantially increase and sustain investment in headache research across relevant Institutes, Centers, and Offices.

NIH has described a shift toward fewer, broader funding opportunities and fewer highly specialized announcements, while stating that this will not mean fewer funded applications (NIH, "NIH's Path to a Simpler Funding Opportunity Landscape," March 23, 2026). AHDA is concerned that, in practice, under-researched disease areas may

receive less visible encouragement to apply. Where research investment does not reflect disease burden, such as migraine and other headache disorders, NIH should use targeted funding announcements to signal its interest and invite proposals. These announcements should complement broader sustained investment across relevant Institutes, Centers, and Offices.

In summary, AHDA urges NIH to retain and report final overall impact scores and percentiles as part of the full review record, while recognizing that no score or category alone determines funding likelihood or a proposal's scientific merit. If NIH moves forward with categories, it should test them transparently and explain how peer review, public health needs, and program priorities shape funding decisions. NIH should also ensure that headache research receives review from experts with relevant subject matter expertise and make sustained investment in migraine and other headache disorders, including through targeted funding opportunities where research support currently falls short of disease burden. We appreciate NIH's consideration of these recommendations.

Sincerely,

Julienne Verdi, JD
Executive Director
Alliance for Headache Disorders Advocacy