

PEER REVIEW

Despite Anxiety, NIH Begins Merging Neuroscience Panels

Can you explain the difference between “biopsychology” and “psychobiology?” If not, don’t worry. Even staffers at the National Institutes of Health (NIH) have trouble describing the difference, although it matters deeply to people whose applications for research grants are reviewed under the two headings. While the point may seem arcane, it is part of a practical issue that may vex NIH this fall—the problem of unifying peer review panels that are now fiercely independent.

Prompted by a 1992 law that brought under one roof at NIH three formerly separate institutes—the National Institute of Mental Health (NIMH), the National Institute of Alcohol Abuse and Alcoholism (NIAAA), and the National Institute on Drug Abuse (NIDA)—NIH staffers are now discussing plans to merge the peer review systems of all these institutes. Among the panels that could be joined are two long-time rivals—the biopsychology study section of NIH’s division of research grants and NIMH’s psychobiology and behavioral neuroscience study section, each of which considers itself uniquely qualified to judge the science in its field.

The prospect of these mergers is causing anxiety among some scientists funded by the institutes, who worry that they will be thrust into a hostile “hard-science” world where the methods and limitations of behavioral research are not appreciated. “It’s very anxiety-provoking to alter these committees,” notes NIMH director Steven Hyman, who adds, “I have a great deal of empathy” for their worries. But he notes that inertia also plays a role: “Even the very best scientists ... develop a certain level of comfort with the habits of their existing study section.”

The proposed peer panel mergers are being debated at the same time NIH has undertaken a broad effort to make its entire extramural grant review process more coherent. Last year, for example, an NIH in-house advisory group chaired by Marvin Cassman of the National Institute of General Medical Sciences said that NIH should adopt a single philosophy for allocating review assignments.

(At present there are many approaches.) The Cassman panel said that basic science proposals should be reviewed by the independent study sections of the NIH’s division of research grants, while institutes themselves should only review proposals that respond to “institute-specific” goals. The objective: To isolate basic science grants from the programmatic and political concerns of institute staffs.

The 1992 law that expires in October would permit, but does not require, the peer review systems of NIDA, NIMH, and NIAAA to join NIH’s larger system. But NIH director Harold Varmus and his extramural chief Wendy Baldwin have made it clear that they favor consolidation. And they have begun to nudge the reluctant partners together.

Last year, NIAAA merged three of its four review panels with NIH’s, a step that neuroscientist Shirley Hill of the University of Pittsburgh, a NIAAA grantee and member of one of NIAAA’s merged panels, says has gone “very well,” much better than she expected.

Encouraged by that success, NIH staffers appeared before a new NIH advisory body, the Peer Review Oversight Group, on 19 July to describe plans for creating a few more consolidated panels, focusing on fundamental neuroscience at NIDA and NIMH. But some leaders in the affected commu-

nities have been urging NIH to move slowly. Among other things, they argue that the expertise in peer review they’ve developed over the years could be lost if consolidation is pushed too rapidly.

The most visible advocate of caution is Alan Leshner, director of NIDA and former acting director of NIMH. Leshner has lobbied against trying to “shoehorn” NIDA and NIMH peer review groups arbitrarily into the NIH system. And NIDA’s top advisory council issued a warning on 22 May saying that it is “premature to move to implementation of any mergers” until NIH settles on a strategy for restructuring the entire NIH review system. “Drug abuse research ... must not be

simply folded into extant peer review groups,” the statement continues, adding that “great care must be taken to ensure that new committees are developed that represent the ‘blending’ rather than the ‘tacking on’ of research areas.”

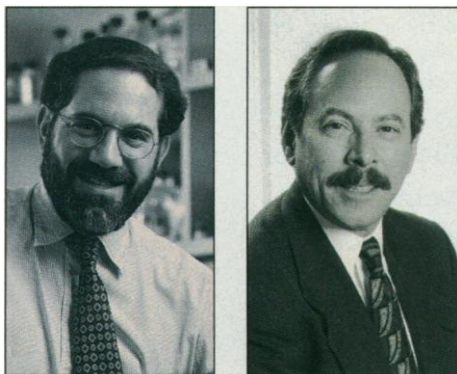
Leshner explains that the “big issue” is not when, but how broadly peer review is to be changed. It is “most important,” he believes, that NIH reexamine the structure of its own panels, taking up the recommendations of last year’s advisory panel, before trying to tackle the mergers of NIMH and NIDA. Initially, he says, NIH approached the mergers with a blasé attitude, in effect, saying: “Don’t worry. Send us all your proposals, and we’ll call you when we’re done.” But Leshner believes that NIH didn’t appreciate how complex the task would be, and is now realizing that it will take more time. And he notes that NIAAA, because of its small size, may not be a good model of what’s to come. As one NIH official says, with 700 grants annually, NIAAA is a “mouse” compared to the “elephants” of NIDA and NIMH, each of which processes 1400 to 1600 grants a year.

The other key player in the negotiations is NIMH. Hyman, who took charge of the institute in April, agrees that it makes sense to tackle the NIH-wide issues simultaneously with the local concerns of NIMH. But he feels NIMH can begin restructuring peer panels now, using the Cassman principle as a guide: “I would like to do it right and let the rest of NIH use this as a model” for general reform, he says. Restructuring, he says, will provide “an opportunity for updating and increasing flexibility” of scientific review.

Hyman, Leshner, and Zach Hall, director of the National Institute of Neurological Disorders and Stroke, plan to meet in the coming weeks to discuss a general strategy for combining basic neuroscience study sections. And next week, Hyman plans to assemble a working group of intramural and extramural scientists to advise NIMH on how it should proceed. Hyman hopes to have “a plan for merger of neuroscience review groups” ready for discussion by November.

And when all the plans are drawn up, what will happen to the two panels that NIH staffers believe are the most eligible for marriage—biopsychology and psychobiology? They may not be heading to the altar right away, says Hyman, because the communities they represent are still wracked with pre-merger anxiety. Because of the grantees’ worries that the behavioral research ideas of psychobiology might get an unsympathetic treatment from the hard-nosed biopsychology members, “we’ve received a number of letters from the field” objecting to talk of combining the panels, Hyman notes. For now, that means the wedding is on hold.

—Eliot Marshall



Shotgun Wedding? Steven Hyman of NIMH (left) and Alan Leshner of NIDA.