



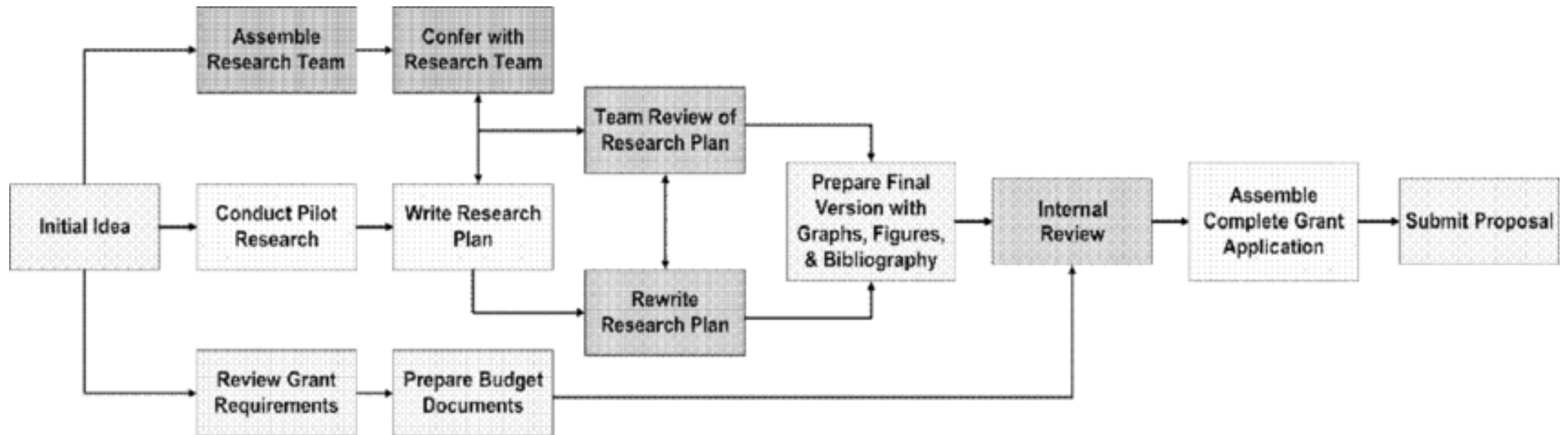
LSU Health Research Café Seminar Series

Crafting the Research Strategy

David Welsh, MD

09 December 2025

NIH Grant Writing Team & Timeline



NIH Definition of Scientific Rigor

The **strict application of the scientific method to ensure unbiased, well-controlled experimental design, methodology, analysis, interpretation, and reporting of results**, leading to robust, reproducible findings that advance science responsibly.

Supporting Fairness and Originality in NIH Research Applications

Notice Number:

NOT-OD-25-132

Key Dates

Release Date:

July 17, 2025

Related Announcements

- **July 23, 2018** – NIH/AHRQ Application Submission/Resubmission Policy. See Notice [NOT-OD-18-197](#).

Issued by

NATIONAL INSTITUTES OF HEALTH ([NIH](#))

Purpose

NIH is providing guidance to researchers on the appropriate usage of artificial intelligence (AI) to maintain the fairness and originality of NIH's research application process. NIH is also instituting a new policy limiting the number of applications that NIH will consider per Principal Investigator per calendar year.

Background

NIH has recently observed instances of Principal Investigators submitting large numbers of applications, some of which may have been generated with AI tools. While AI may be a helpful tool in reducing the burden of preparing applications, the rapid submission of large numbers of research applications from a single Principal Investigator may unfairly strain NIH's application review processes. The percentage of applications from Principal Investigators submitting an average of more than six applications per year is relatively low; however, there is evidence that the use of AI tools has enabled Principal Investigators to submit more than 40 distinct applications in a single application submission round.

NIH will continue to employ the latest technology in detection of AI-generated content to identify AI generated applications, but it is imperative that all NIH research applications are consistent with the NIH [Grants Policy Statement \(GPS\) Section 2.1.2](#)'s expectation that institutions and affiliated research teams propose original ideas for funding. AI tools may be appropriate to assist in application preparation for limited aspects or in specific circumstances, but researchers should be aware that using AI comes with its own risks. AI use may result in plagiarism, fabricated citations, or other kinds of research misconduct. As a reminder, NIH oversees research misconduct investigations and acts on non-compliance (see [GPS Section 4.1.27](#)).

Policy

NIH will not consider applications that are either substantially developed by AI, or contain sections substantially developed by AI, to be original ideas of applicants. If the detection of AI is identified post award, NIH may refer the matter to the Office of Research Integrity to determine whether there is research misconduct while simultaneously taking [enforcement actions](#) including but not limited to disallowing costs, withholding future awards, wholly or in part suspending the grant, and possible termination.

NIH will only accept six new, renewal, resubmission, or revision applications from an individual Principal Investigator/Program Director or Multiple Principal Investigator for all council rounds in a calendar year. This policy applies to all activity codes except T activity codes and R13 Conference Grant Applications. Based on recent data, this limit will affect a relatively small number of Principal Investigators while enabling the NIH to maintain consistently high-quality grant application review and appropriately steward taxpayer dollars.

Effective Date

This policy is effective for applications submitted to the September 25, 2025, receipt date and beyond.

Inquiries

Please direct all inquiries to:

NIH Office of Science Policy:
SciencePolicy@od.nih.gov

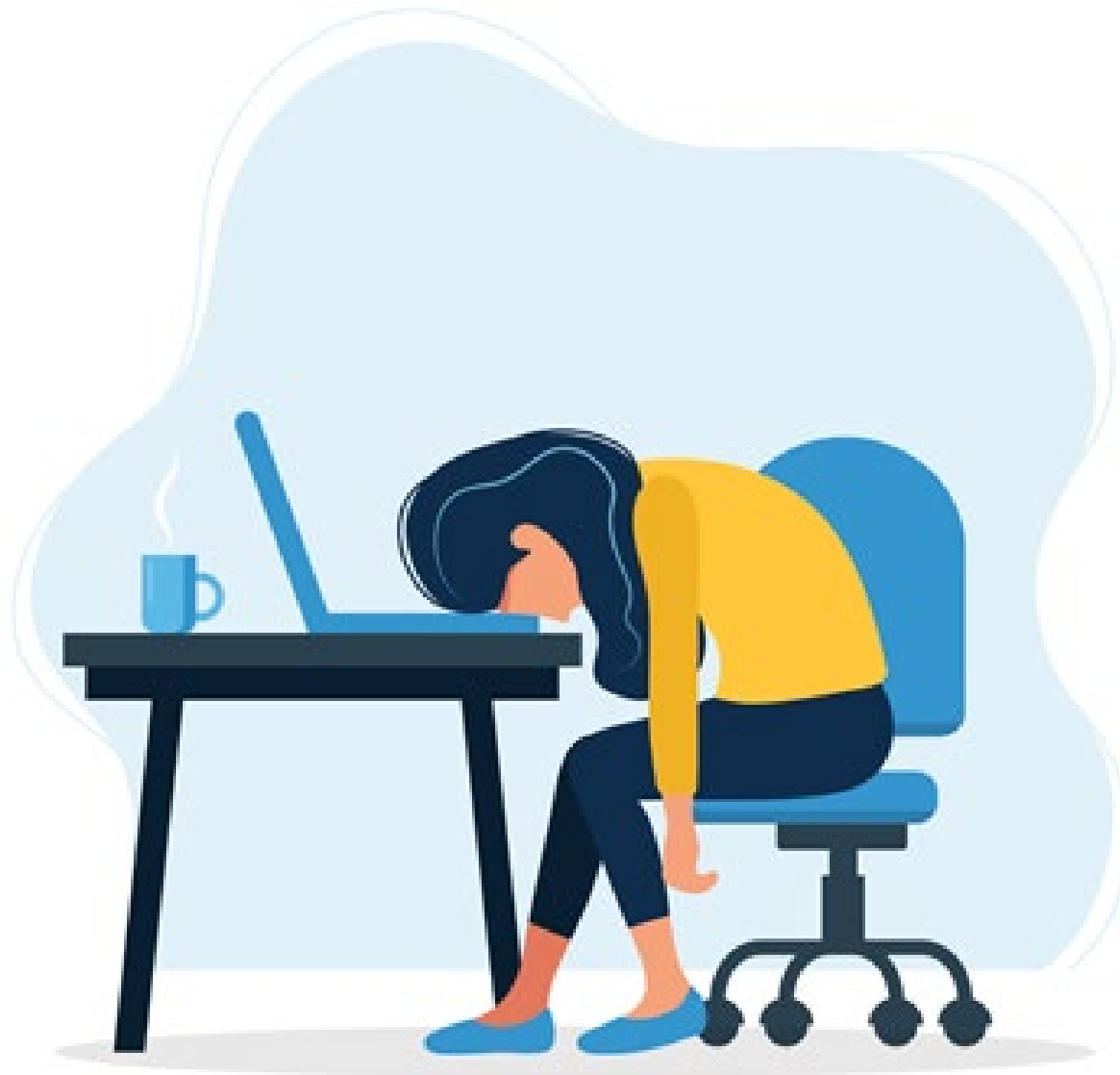
[Weekly TOC for this Announcement](#)
[NIH Funding Opportunities and Notices](#)

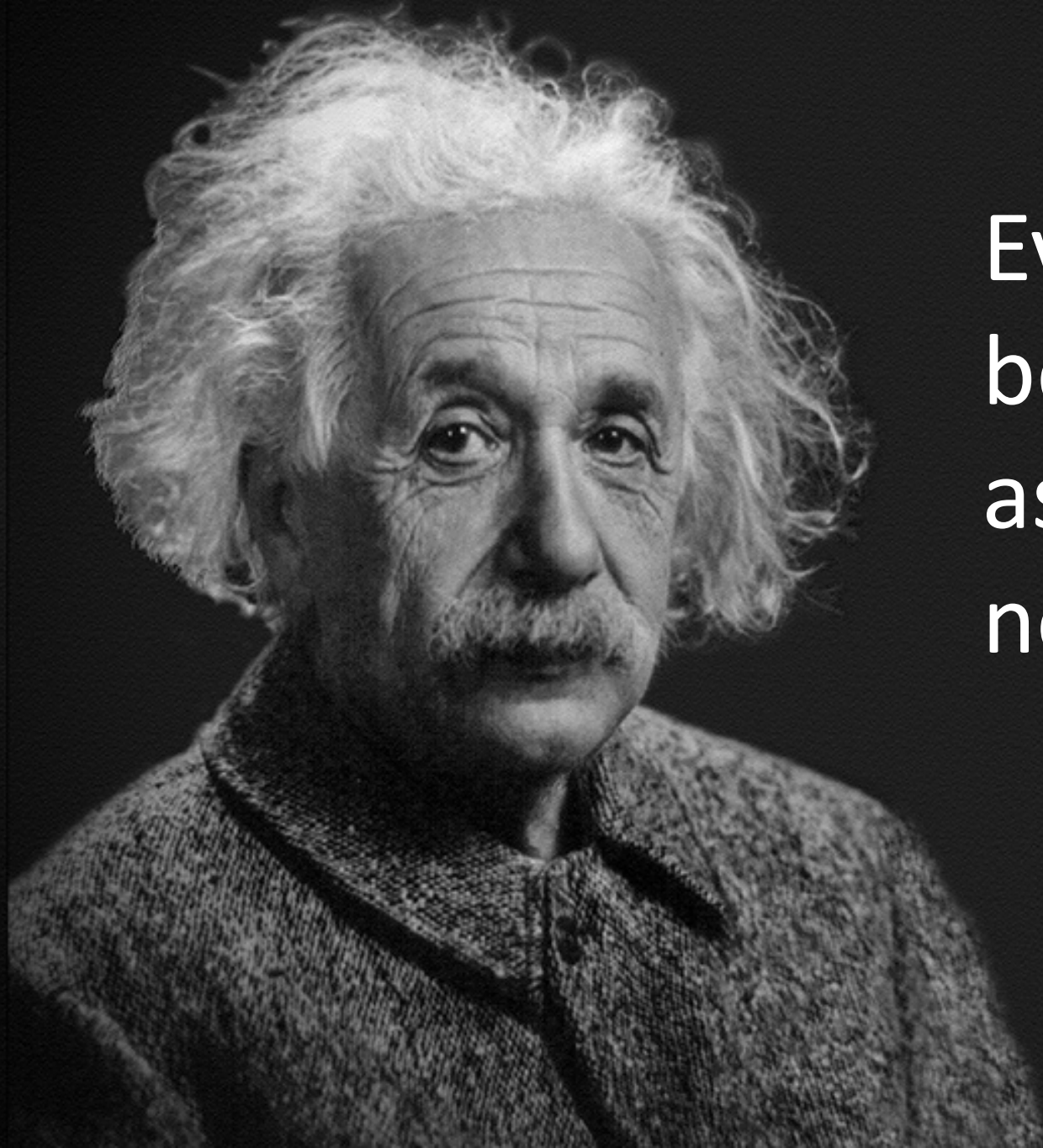
Policy

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Remember who your audience is.







Everything should
be made as simple
as possible, but
not simpler.

Research Strategy, the prolonged and increasingly interdependent evolution of the analytical subsystems has produced a methodological environment in which the reviewer must continuously navigate multiple overlapping domains of uncertainty, each of which imposes incremental interpretive burdens that complicate even the most routine forms of evaluation; and although preliminary studies have indicated nominal improvements in throughput, the *cascading layers of conditional dependencies within the current architecture generate recurrent interpretive ambiguities that necessitate repeated recalibration, thereby inducing a form of cognitive fatigue that escalates with each subsequent interpretive pass. The extent to which these recursive recalibration requirements contribute to methodological opacity remains both substantial and insufficiently characterized, particularly in the context-dependent variance interactions with unresolved edge-case anomalies, producing a series of cascading effects that propagate nonlinearly through downstream workflows, further amplifying the interpretive load.

the persistent need to accommodate stochastic distributional irregularities forces the analytical pipeline to maintain an expanding collection of heuristic corrections that, though technically defensible, nonetheless generate an increasingly unstable inferential terrain; and as these corrective measures accumulate, the reviewer is confronted with a lattice of *internally consistent yet externally ambiguous* reasoning that not only obscures the direct causal structure of the system but also complicates alignment with established NIH evaluation criteria. This dynamic becomes increasingly pronounced when previously stabilized parameters begin drifting in response to micro-fluctuations introduced by secondary modules attempting to resolve latent conflicts among partially overlapping datasets, producing a recursive analytic cycle in which interpretive clarity is systematically eroded through the continuous re-negotiation of prior uncertainties. As the analytic environment becomes progressively more complex, reviewers must expend disproportionate cognitive energy in disentangling the conceptual, procedural, and technical blocks embedded within the methodological apparatus, all while navigating a document that—by virtue of its dense formatting, compressed structure, and scarcity of visual relief—demands extended periods of intense focus that compound the already substantial mental burden inherent in evaluating complex scientific proposals.

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Factors that Increase Reading Fatigue

- Dense text with minimal spacing
- Serif fonts
- Full justification
- No headings or subheadings
- No paragraph breaks
- Limited white space
- Jargon, acronyms, abbreviations
- Long sentences
- Tightly wrapped text around figures
- Excessive italics, underlining, or bold
- Passive voice (overuse)
- Frequent parentheticals
- Rapid topic shifting
- Repetitiveness
- Poor logical organization
- Inconsistent terminology
- Abrupt transitions

Hardest → Easiest:

Italics → Underlined → Bold

NIH Reviewer-Fatigue Diagnostic Tool

1. Does the text exceed 80 characters per line?
2. Are paragraphs longer than 8–10 lines?
3. Is there inconsistent or visually noisy formatting?
4. Does the document lack clear section hierarchy?
5. Are figures/tables crammed with no spacing?
6. Do sentences exceed 30 words?
7. Does jargon require constant rereading?
8. Does the layout cause noticeable scanning strain?

Simplified Review Framework

Five regulatory criteria reorganized into three factors

For due dates before Jan
25, 2025

(all considered in overall impact
score)

- **Significance** - scored
- **Investigator(s)** - scored
- **Innovation** - scored
- **Approach** - scored
- **Environment** - scored



For due dates on/after Jan
25, 2025

- **Factor 1 : Importance of the Research**
 - Significance, Innovation
 - Scored 1 - 9
- **Factor 2 : Rigor and Feasibility**
 - Approach (also includes Inclusion and Clinical Trial (CT) Study Timeline)
 - Scored 1 - 9
- **Factor 3 : Expertise and Resources**
 - Investigators, Environment
 - Evaluated as appropriate or gaps identified; gaps require explanation
 - Considered in overall impact; no individual score

Additional Review Criteria (can affect overall score)

Additional Review Criteria Before Jan 25, 2025

- Human Subject (HS) Protections (for HS and CT)
- Vertebrate Animal Protections
- Biohazards
- Resubmission/Renewal/Revisions
- Study Timeline (for CT only)*
- Inclusion of Women, Minorities, and Individuals across the lifespan (for HS and CT)*



Revised Additional Review Criteria

- Human Subject Protections (for HS and CT)
- Vertebrate Animal Protections
- Biohazards
- Resubmission/Renewal/Revisions

*Incorporated into Factor 2

Additional Review Considerations (no effect on overall score)

Additional Review Considerations Before Jan 25, 2025

- Applications from Foreign Organizations†
- Select Agent Research†
- Resource Sharing Plan†
- Authentication of Key Biological and/or Chemical Resources
- Budget and Period of Support



- Authentication of Key Biological and/or Chemical Resources
- Budget and Period of Support

†Review shifted to NIH staff

Pre-2025 Research Strategy

Significance

Innovation

Approach

2025 Research Strategy?

Significance & Innovation

Approach

2025 Research Strategy

Importance of the Research

Rigor and Feasibility

2025 Research Strategy

Should it be done?

Will it be done well?

2025 Research Strategy

Significance & Innovation

- The Problem & Critical Barrier
- The Rigor of Prior Research
- Innovation
- Impact Statement

What to do with Innovation?

INNOVATION

First 'proof-of-concept' clinical trial to test precision medicine GRAS strategies to reduce senescent T cells.

Uses feature selection to discover bacteria and metabolite levels that may be most predictive of senescent T cell levels.

Mixed-methods assessment of GRAS-specific mechanisms that contribute to changes in outcome variables.

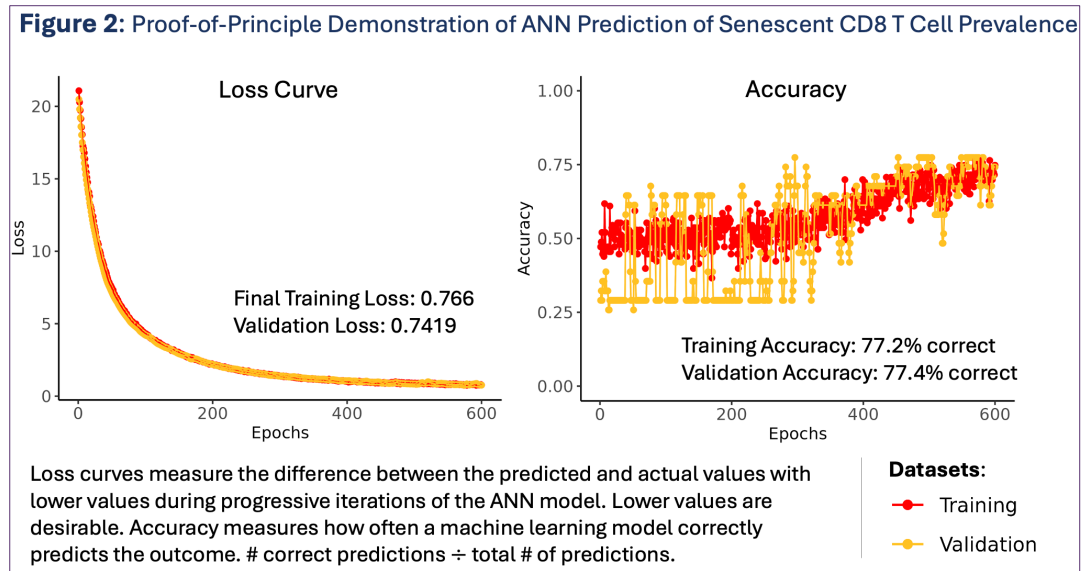
Employs diverse, multi-domain input data to inform AI predictive algorithms.

Uses a *comprehensive* battery of metrics to assess biological aging. (senescent cell absolute quantification, senescence-associated secretory phenotype (SASP), frailty measures, & epigenetic clocks)

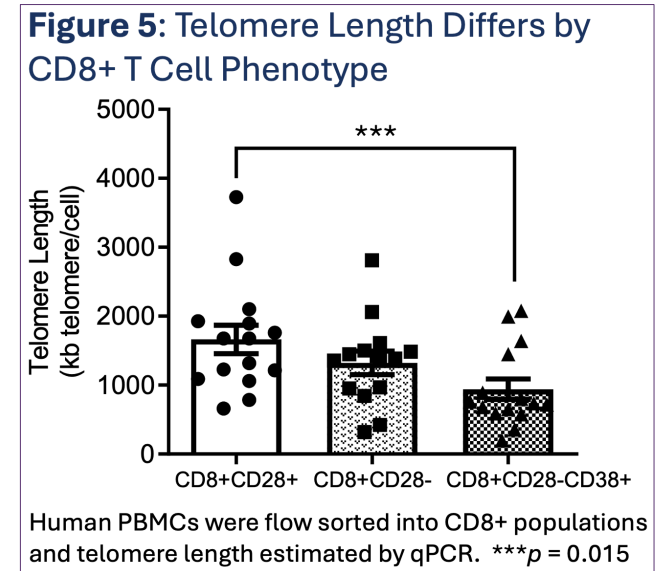
While precision medicine has improved oncology care,¹³² its application to age-related conditions is new.¹³³

Preliminary Data

Scientific Foundation



Technical Feasibility



Approach

- Overview
- For Each Aim:
 - Introduction (Rationale & Hypothesis)
 - Experimental Design
 - Analysis / Statistical Considerations
 - Expected Outcomes
 - Potential Problems / Alternative Approaches
- Timeline / Benchmarks
- Future Steps

Aims-Based Figure

Generate Genome-wide Polygenic Scores for 10 Diseases with Major Health Importance

Cardiometabolic

Heart attack
Type 2 diabetes
Obesity
Kidney disease

Neurodegenerative

Amyotrophic Lateral Sclerosis
Parkinson's Disease
Alzheimer's Disease

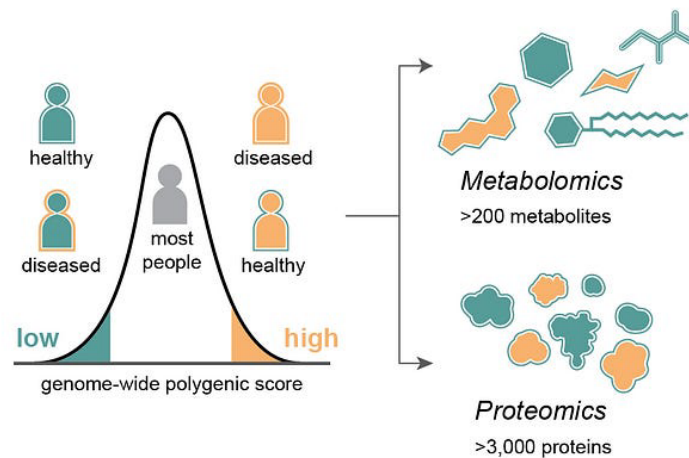
Psychiatric

Schizophrenia
Major depression
Attention Deficit Disorder

Aim 1:

Molecular signatures of inherited susceptibility

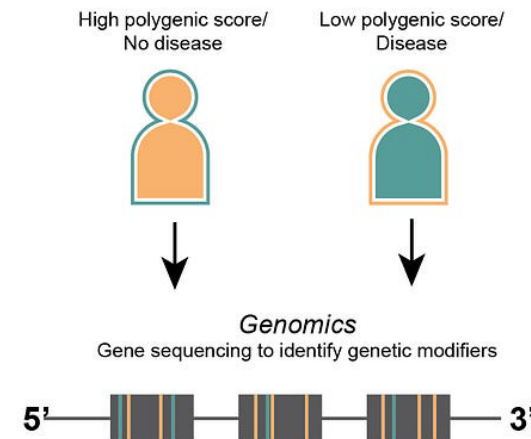
Extremes of polygenic score distributions



Aim 2:

Identify rare protective genetic mutations

Polygenic score to enrich for large effect mutations



Conceptual Model

plans to test metformin in the CBA/SIV NHP model. Metformin has many effects that may contribute to senoprotection including activating AMPK, optimizing mitochondrial function, and altering the microbiota.^{68, 74-76} AMPK is a nutrient sensor and regulator of cellular energy homeostasis, and activation of AMPK protects against the development of senescence.⁶²⁻⁶⁴ **Figure 8** shows that pAMPK is lower in G0 senescent T cells (NS) and that higher pAMPK inversely correlates with the development of senescent T cells ($p=0.012$).

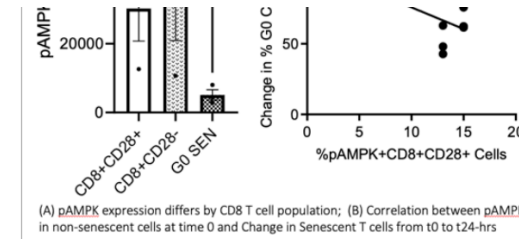
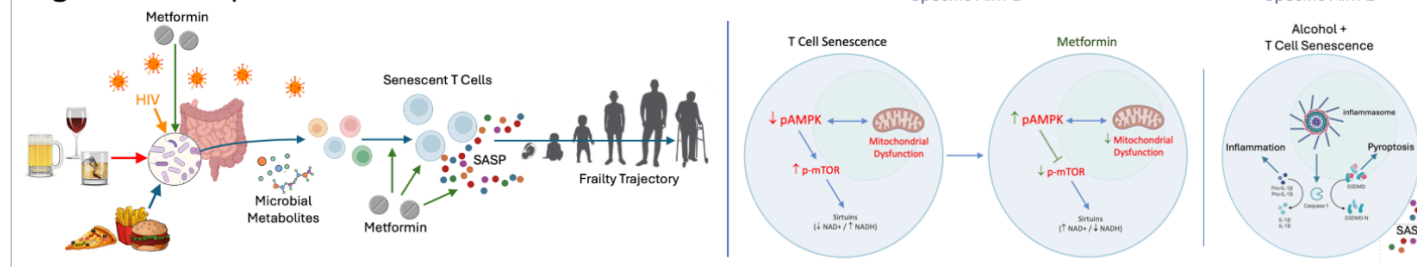


Figure 9: Conceptual Model



Premise & Conceptual Model: The data presented above along with the published literature support a *model of accelerated aging in PWH that correlates with LAE, which we believe is due to the cumulative effects of active alcohol use on T cell senescence. This is exaggerated in individuals with chronic viral stimulation and poor nutrition.* Our data further suggest that the intestinal microbiota mediate these relationships. We propose that alcohol-induced senescent cells may then contribute to organ dysfunction, frailty, and geriatric comorbidities by maintaining a chronic inflammatory state by the release of SASP mediators. We propose that mitigating this

pathogenesis pathway by normalization of nutrient sensing (e.g., AMPK activation) and mitochondrial homeostasis by metformin will attenuate alcohol-related frailty in PWH by decreasing cellular senescence.

Introduction (for Each Aim)

The objective of this aim is

To attain this objective, we will test our working hypothesis that....

The rationale for this aim is that....

Our approach to testing the working hypotheses....

	2018		2019			2020			
	Oct-Dec	Jan-Mar	April-June	July-Sep	Oct-Dec	Jan-Mar	April-June	July-Sep	Oct-Dec
Protocol Development									
Initial pitch to Cancer Research UK									
Final protocol submission									
Grant awarded									
Develop recruitment materials									
Obtain ethics approval									
Prepare protocol manuscript									
Phase I: Acceptability									
Patient focus groups									
Stakeholder focus groups									
Data analysis									
Prepare qualitative data manuscript									
Phase II: Feasibility									
Data mining									
Data analysis									
Phase III: Reach									
Referral messages sent									
Follow-up survey									
Data analysis									
Prepare final outcomes manuscript									

What goes at the end of the
Research Strategy?

The Future

Contacts

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Phone: 301.555-5555
Email: eRATest@mail.nih.gov

Latest Update

Progress Report Due Date:
11/15/2020
Application Source: RPPR
Opportunity Number: [PA-16-
193] - NIH PATHWAY TO
INDEPENDENCE AWARD
(PARENT K99/R00)

eRA Service Desk

Hours: Monday-Friday, 7:00
AM-8:00 PM EDT/EST

Web:
[https://www.era.nih.gov/need-
help](https://www.era.nih.gov/need-help)

Toll-free: 866-504-9552

Phone: 301-402-7469

Contact initiated outside of
business hours via Web or
voice mail will be returned the
next business day.

Status Information ?

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x

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Print

1K99DK060606-01

Status	Project Title	
Application awarded.	Coordination of energy metabolism across individual tissues in mammals	
PI Name	NIH Appl. ID	Application ID
Hution, Shward	9504764	1K99DK060606-01

> Status

> Other Relevant Documents

> Additions for Review

▼ Review

Application

Award Document
Number: RDK117066B
FSR Accepted Code: N
Snap Indicator Code: Y
Impact Score: 10
Early Stage Investigator
Eligible:
New Investigator Eligible:
Eligible for FFATA
Reporting: Yes

Study Section

Scientific Review Group: ZRG1
OTC-Y (10)
Council Meeting Date (YYYY/MM):
2015/10
Meeting Date: 07/14/2015
Meeting Time: 10:00
Study Roster: [View Meeting Roster](#)

Advisory Council (AC)

> Institute/Center Assignment

> Status History

> Awards

> Reference Letter(s)