T32 Panel Discussion

Kay Macleod
Mary Reyland
Craig Meyers

Jim Manfredi

Subcommittee F True Confessions

The Low-Down on Subcommittee F Part 1

1. Basic Science T32s are a small part of what is reviewed.

2. Subcommittee F is a motley crew.

What is the group dynamic like?
How do population scientists and clinicians view a basic science T32?
Is that view different from "us"?
How/Should this impact the writing of a T32 application?

The Low-Down on Subcommittee F Part 2

1. T32 Program Plan is 25 pages.

2. There are LOTS and LOTS and LOTS of Tables

3. "Average" assignment: 5-6 applications (300-1300 pages)

Do reviewers really read everything and look at every table?
(C'mon…be honest)
In any case,
what are the most important parts of the application?
what about those tables?
How/Should this impact the writing of a T32 application?
How do I make sure I don't annoy the reviewers?

Outcomes

If trainee research/publications were delayed due to the pandemic, is it necessary to address this directly?

What is considered an acceptable outcome for T32 trainees—faculty member, biotech scientist , Medical scientific liaison, scientific writer, lawyer? What isn't an acceptable outcome?

My question is related to T32 trainee career outcomes. It seems that NIH has a broader concept of "successful" outcomes than the review panel.
Is this true? And if so, how to rectify?

A question I have is the past two years many of the trainees are leaving the program early and going into industry in research-related positions.

Their stated reason for leaving is the instability of an Academic job. And I understand.

I would love a discussion how the study sections are handling this type of "Progress".

Are there preferred methods and/or resources for self-evaluation of a training program?

New T32s

Cancer biology T32s seem to have either a very specific focus (e.g. cancer immunology training program), or be very general (e.g. cancer biology training program).

For a new T32 that is more general, what are some good ways for the T32 to distinguish itself and its offerings from the PhD program in which the trainees are enrolled?

Renewal T32s

For an established T32 going in for renewal, we are told that the T32 must evolve, 'be fresh' in the renewal application.

What are some tangible examples of evolution of a T32 or changes that have been made to an established T32 that were viewed favorably?

"Lapsed" T32s

We were not renewed when I took over in 2021.

A major critique was on outcomes of trainees with disparate publication/ productivity track records.

As incoming director, I reshaped the T32 training to be a more guided and supervised postdoc experience, more akin to a PhD program.

This was very welcome in review, but we were asked to demonstrate results of these changes first.

How much success data is needed?

When should we ideally reapply?

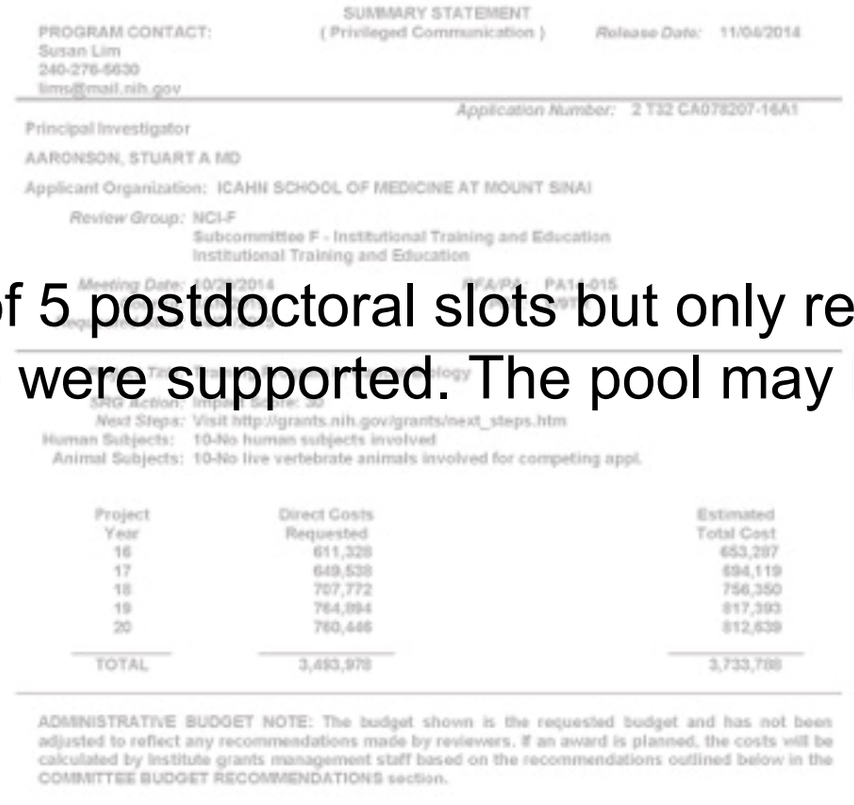
Applicant Pool

Can you comment on the size of the trainee pool relative to the number of T32 slots requested?

Is there a good "rule of thumb" for number of slots/total pool?

Weaknesses

This T32 receives a total of 5 postdoctoral slots but only received a total of 31 different applicants and 11 of these were supported. The pool may be too small to justify 5 postdoctoral slots.



SUMMARY STATEMENT
(Privileged Communication)

PROGRAM CONTACT:
Susan Lim
240-276-5630
lims@mail.nih.gov

Release Date: 11/04/2014

Application Number: 2 T32 CA078207-16A1

Principal Investigator
AARONSON, STUART A MD

Applicant Organization: ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

Review Group: NCI-F
Subcommittee F - Institutional Training and Education
Institutional Training and Education

Meeting Date: 10/2[illegible]/2014 FFA/PA: PA1[illegible]-015

Next Steps: Visit http://grants.nih.gov/grants/next_steps.htm
Human Subjects: 10-No human subjects involved
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What is my postdoc pool:
-current postdocs with current training faculty?
-postdoc applicants to current training faculty?
-those who specifically apply to the T32 Training Program?

DISCUSION

Postdoc Pool: Crisis Time?

Questions:

1. **How strong is your predoc trainee pool? Is it easy to fill slots?**
2. **In comparison, how is your postdoc pool? Is it a challenge to fill these slots?**

So, what happened to the great predoc trainees?

They obviously didn't go on to do an academic postdoc?

So, what do we do?
Reduce postdoc slots?
What does this mean long term for postdoctoral training?

T32 Programming at CABTRAC

What can we do for you?

BEST THING EVER
(to enhance your T32 application)

BEST THING EVER
(to enhance your T32 application)

Ad hoc on Subcommittee F

BEST THING EVER
(to enhance your T32 application)

Ad hoc on Subcommittee F

It helps YOU 'cause you learn a lot

It helps US 'cause you ensure the review is fair

BEST THING EVER
(to enhance your T32 application)

Ad hoc on Subcommittee F

Metrics

I think it would be helpful if someone can discuss what are acceptable percentages for URM trainees in a T32 program.

In addition, what are the norms for the # of publications per trainee and the # of independent fellowships awarded per trainee. I have been an ad hoc for Subcommittee F in June 2020 and 2021. I did not hear what are acceptable metrics for these review criteria.

Considering many applications get criticized for poor or modest results in these areas, I believe there should be some target goals for a successful renewal.

How to address the URiM issue for T32 renewal if the URiM trainee number is low?

What metrics other T32 programs use for the program evaluation?

New T32s

We have initiated discussion to submit a NEW NCI T32.
I am aware that this needs to be different from the two NCI T32s that we have, and that is easy.

- What makes a new T32 competitive other than the environment, the diverse mentor pool, and the availability of trainees?
- What is the nature of the T32-specific programming that is favorably reviewed for a new T32?
- In terms of asking for trainee spots, what is a good number to begin with - should we begin with two and add one in Y2 and another in Y3? Note that we have a fairly sizable graduate student pool and a somewhat limited postdoc pool.

So I will share a personal challenge. There is a push at my institution to put together these very broad T32 with focus on "translation", "entrepreneurship" instead of more scientifically focused "cancer epigenetics", "Cancer metabolism"... how broadly-themed T32 fare?

Is this push towards breath a sign of the times or an anomaly?

Insight from the panel would help me decide what route to take and what format to support.

Renewal T32s

What are the main fatal flaws seen in discussion of T32s, especially renewals? Or what should we not be fretting too much over?

a. Diversity recruitment/retention (where's the bar?)

b. Projects/PIs not cancer enough

c. Not innovative enough program (e.g. just keeping status quo) – what about unique to your program vs partnerships/overlap with other institutional or departmental efforts

d. Selection pool too small/not competitive enough

e. Outcomes re: academia vs still research intensive but industry (also cancer vs not)

The two main issues are the fact that we collaborate with community hospitals (that where 80% of cancer patients are!!) and that we have a wide range of departments involved (intentionally).

Overall Impact: This is a very interesting application with some facets that are potentially very interesting, but might also be very problematic in practice. This seems especially true in regards to using community hospitals. While they have their strengths, as noted in the application, it could be very difficult to get all of them to embrace the needed culture for research. Likewise, the broad range of disciplines included in this application is very promising, but may prove to be very difficult from organizational and cultural stand-points.

SCORED REVIEW CRITERIA

1. Training Program and Environment:

Strengths

- The applicants are trying to include a wide range of institutions. This would include a large patient population, as well as a large group of scientists in very disparate disciplines, all of which could have an impact on cancer research and treatment.
- Organizing the Program largely around community hospitals is unique and potentially important but will likely be very difficult.
- Including a wide range of departments in the Training Program will open up the possibility of trainees being exposed to a much broader range of academic disciplines that would normally be the case.

Weaknesses

- It's going to be very difficult to get all the components within this application to work together. It will be very challenging just trying to engage this number of community hospitals in a Program such as this. They are frequently lacking in infrastructure for dealing with such things as IRBs and MTAs.

3. Preceptors/Mentors:

Strengths

- The mentors seem well-qualified for a program such as this.
- The plan to mentor trainees, as well as the plan to mentor junior faculty members, as part of this Program is very strong. If it works, it will not only have the advantage of improving the experience for trainees, but will also improve the ability of junior faculty to train students. This is a win-win situation and is rather unique in this Program.

Weaknesses

- The proposed Program contains mentors from a wide range of departments. Some of these departments might have very different internal cultures relative to one another. This is another thing that's going to make the creation of an integrated, cohesive program difficult.

Recent Change # 1

3 POSTDOCS:1 PREDOC

Recent Change # 1

~~3 POSTDOCS:1 PREDOC~~

Recent Change # 2

4. Budget (Direct cost)

- New program may request up to 6 trainee slots.
- May request changes in types of trainee slots, i.e., may convert postdoctoral slots to predoctoral slots and vice versa.
- May not request more than 8 trainee slots in any budget year at the time of competitive renewal; a program with more than 11 current trainee slots may request a stepwise reduction.
- Applicants requesting $500,000 or more in direct costs in any year must contact a Program Director at least 6 weeks before submitting the application and follow the policy on the Acceptance for Review.

How many slots should I request?
How many postdocs versus predocs?

For predoctoral students, are there any guidelines for how competitive the slots should be, such as # applicants for each funded T32 slot?

Overlap

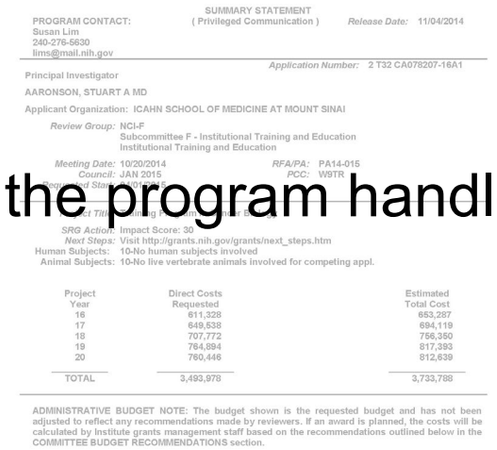
1. NCI T32 training program must be cancer focused, and innovative. May support predoctoral only, postdoctoral only, or combined predoctoral and postdoctoral training. For new programs NCI will give funding priority to programs that do not overlap substantially with existing programs at the applicant institution.

What does "overlap substantially" mean?
If there are other T32s at my institution, what can I do?
With the reduction in total slot numbers, there will be more applications and then more T32s?

Training Faculty

Weaknesses

- There is no indication of how the program handles junior faculty who will have little or no training experience.



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Review Group: NCI-F
Subcommittee F - Institutional Training and Education
Institutional Training and Education

Meeting Date: 10/20/2014
Council: JAN 2015

RFA/PA: PA14-015
PCC: W9TR

SRG Action: Impact Score: 30
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Should there be a mentorship program for junior faculty?
What about senior faculty?

Why would there be a mentor listed on Table 4 that does not have any grant support?

We have a faculty member with a 3-year award that is $149,001 direct costs - can he be a primary mentor (I'm assuming no)

What are the criteria for being on the Training Faculty (aside from the obvious R01 funding issue)?

Should there be a mechanism to remove faculty from the Program?

Applicant Pool

We have several faculty who are relatively new to our institution. Should we count trainees who worked with these faculty mentors at a previous institution (Tables 2, 5A, 8C)?

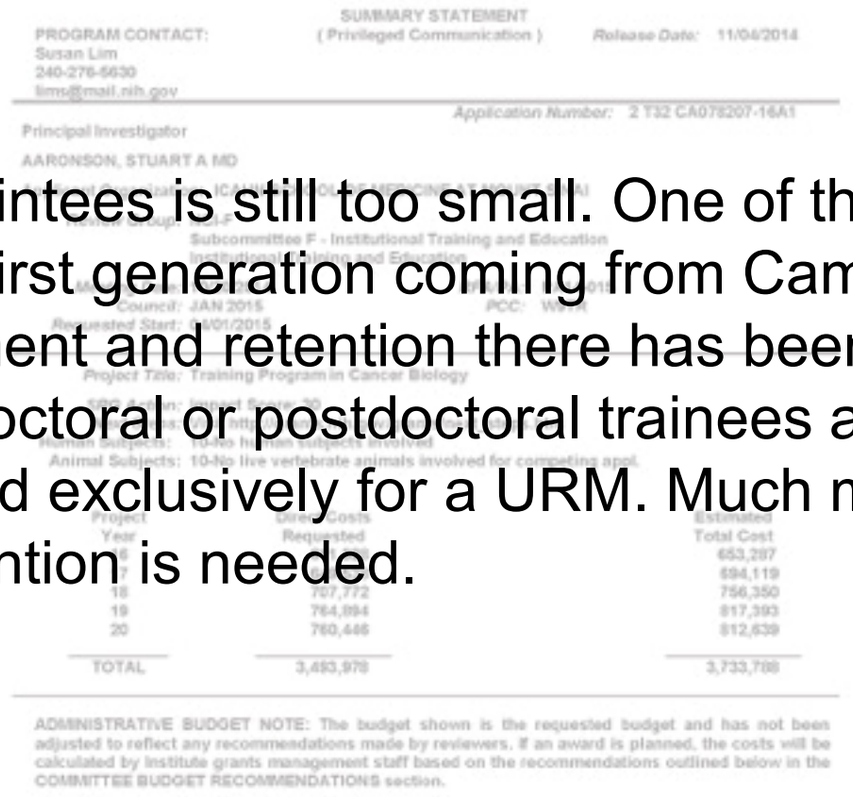
How many "representative" prior graduate students should be included in Table 5A?

When describing the applicant pool, is this restricted to graduate students in the labs of mentors on the currently submitted grant, or the whole program?

Institutional Support

What do institutions typically cover? Is there an expected/reasonable dollar amount for institutional support?

Enhancing Diversity: All Talk No Action



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Weaknesses

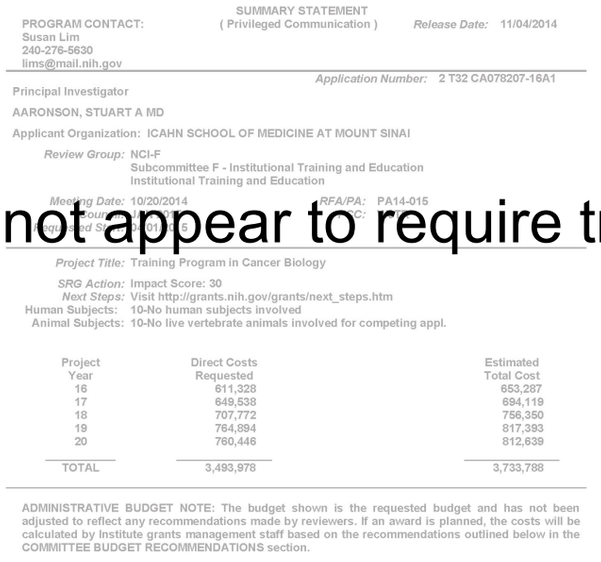
The number of URM appointees is still too small. One of the 7 of 45 appointees is considered diversity as a first generation coming from Cambodia. While there is excellent prose about URM recruitment and retention there has been very little improvement. In the last 5 years very few predoctoral or postdoctoral trainees are URM. In the last review, an extra postdoc was provided exclusively for a URM. Much more work in being proactive for URM recruitment and retention is needed.

If the URM numbers are low, how much can good writing compensate?
Is it good to be introspective and acknowledge the problem?
Should "excuses" be made? If so, what is an acceptable "excuse"?

The F Problem

Weaknesses

- The training program does not appear to require trainees to submit F-type individual training grant applications.



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Review Group: NCI-F
Subcommittee F - Institutional Training and Education
Institutional Training and Education

Meeting Date: 10/20/2014 *RFA/PA:* PA14-015

Project Title: Training Program in Cancer Biology

SRG Action: Impact Score: 30
Next Steps: Visit http://grants.nih.gov/grants/next_steps.htm
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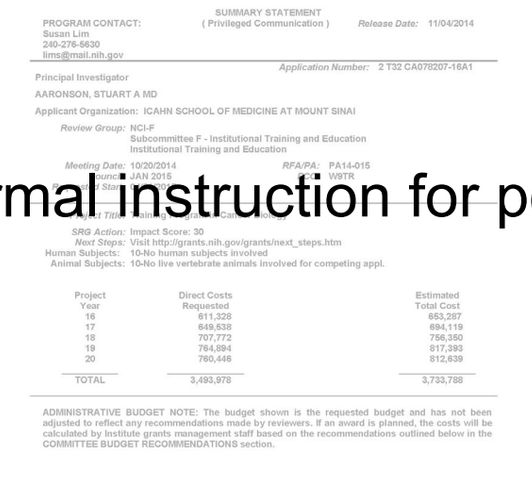
Should all trainees apply for F awards?
Should this be a requirement?

If a trainee is on a T32, will that influence the ability to get an F award? (since the F study section will consider them too advanced?)

Distinguishing T32 Trainees From Everybody Else

Weaknesses

- There appears to be no formal instruction for postdoctoral trainees.



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Review Group: NCI-F
Subcommittee F - Institutional Training and Education
Institutional Training and Education

Meeting Date: 10/20/2014 *RFA/PA:* PA14-015
Council: JAN 2015 *CCC:* W9TR
Requested Start: 01/01/2015

Project Title: Training in Cancer Biology

SRG Action: Impact Score: 30
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Should there be a curriculum for postdocs?
Should it be required?

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Principal Investigator

AARONSON, STUART A MD

Review Group: NCI-F
Subcommittee F - Institutional Training and Education

Meeting Date: 10/20/2014 *RFA/PA:* PA14-015
Council: JAN 2015 *PCC:* W9TR
Requested Start: 04/01/2015

Project Title: Training Program in Cancer Biology

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Weaknesses

- There is not a clear or unique cancer theme for this training program from the list of preceptors. Thus, this program does not distinguish itself as to having a special cancer focused niche.

Weaknesses

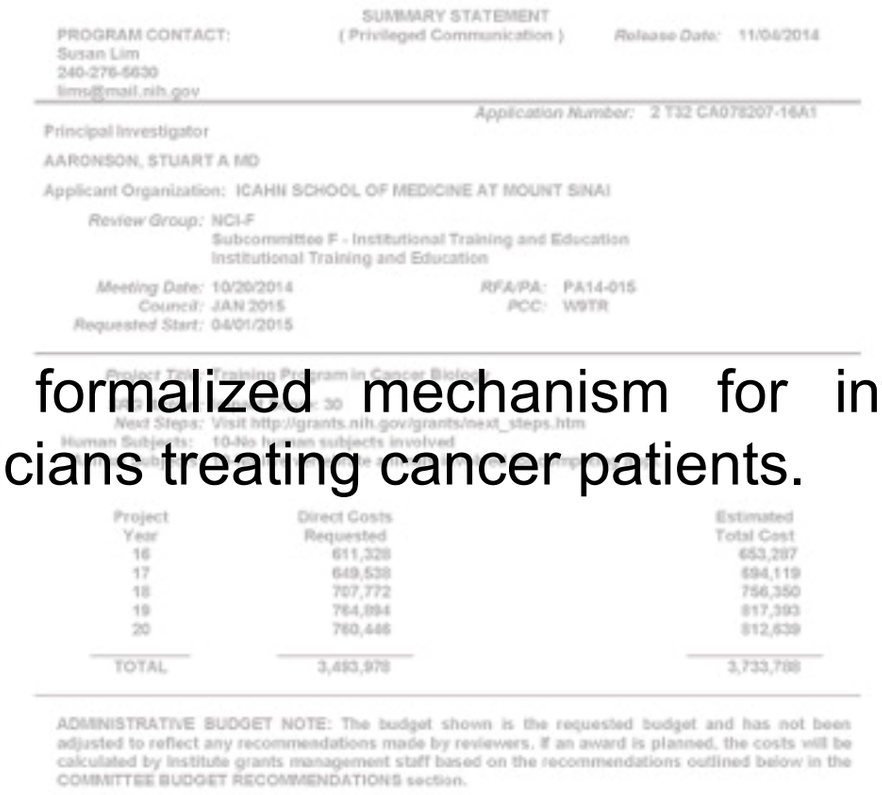
- Basic approach is not particularly innovative, in that there is no distinct or unique approach to training.

Is there a need for T32 specific activities?

What are considered positive ways of demonstrating value added?
T32-sponsored symposia/seminars, other opportunities?

Weaknesses

- The program lacks a formalized mechanism for introducing trainees to the challenges faced by clinicians treating cancer patients.



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(Privileged Communication) Release Date: 11/06/2014

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Principal Investigator

AARONSON, STUART A MD

Applicant Organization: ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

Review Group: NCI-F
Subcommittee F - Institutional Training and Education
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Is there a need for clinical exposure?
Should there be clinical opportunities in the T32 Program?

Program Assessment and Evaluation

Weaknesses

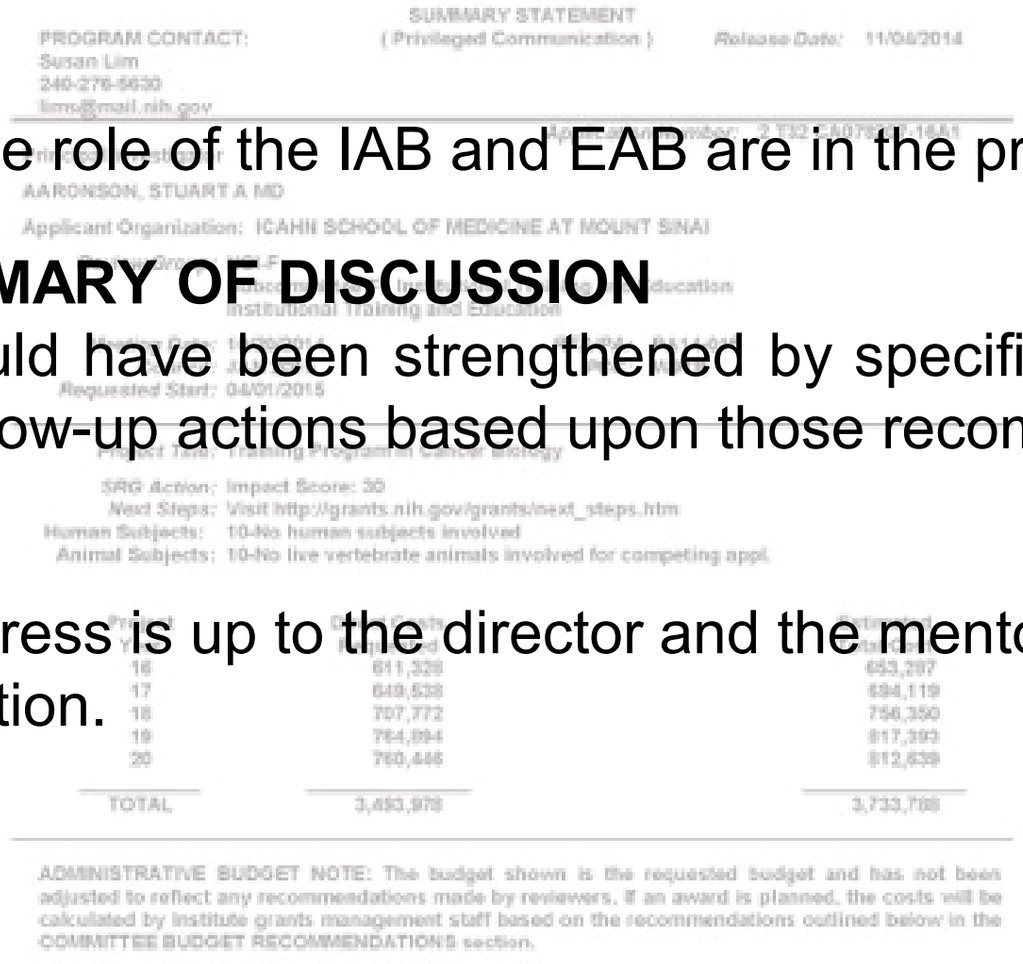
- It is unclear what the role of the IAB and EAB are in the program.

RESUME AND SUMMARY OF DISCUSSION

…the application would have been strengthened by specific recommendations of the IAB and EAB with follow-up actions based upon those recommendations.

Weaknesses

- Assessment of progress is up to the director and the mentors. There is no independent evaluation.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Is there a requirement for advisory boards?
Both internal and external?
If so, how should their role(s) be documented in the application?