

Applying for funding as an early career investigator

Kiran Musunuru, MD, PhD, MPH
Harvard University, Dept. of Stem Cell and Regenerative Biology
Brigham and Women's Hospital
Broad Institute of MIT and Harvard

FINANCIAL DISCLOSURE: None
UNLABELED/UNAPPROVED USES DISCLOSURE: None

The importance of funding

- There are two primary jobs for an **independent** biomedical researcher:
 - (1) Publish high-quality papers
 - (2) Acquire **funding** for your work
- Difficult to do the first without the second (though the first can make the second easier)

Funding opportunities for early career trainees

- NIH – K08, K23, K99/R00, etc.
- AHA – Fellow-to-Faculty, Scientist Development Grant
- Other “transition grants” – ACC, VA, foundations, etc.
- These are all intended to help the trainee achieve **independence** – often include an explicit mentorship plan

What about early career independent investigators?

- Need to be able to cover your salary, hire personnel
- The benchmark for success is to obtain the **first NIH R01 grant** – \$250,000 per year for several years
- In some ways, this is more difficult than obtaining transitional funding
- Age at first R01: 42 (PhD), 44 (MD-PhD), 45 (MD)

Getting the first R01

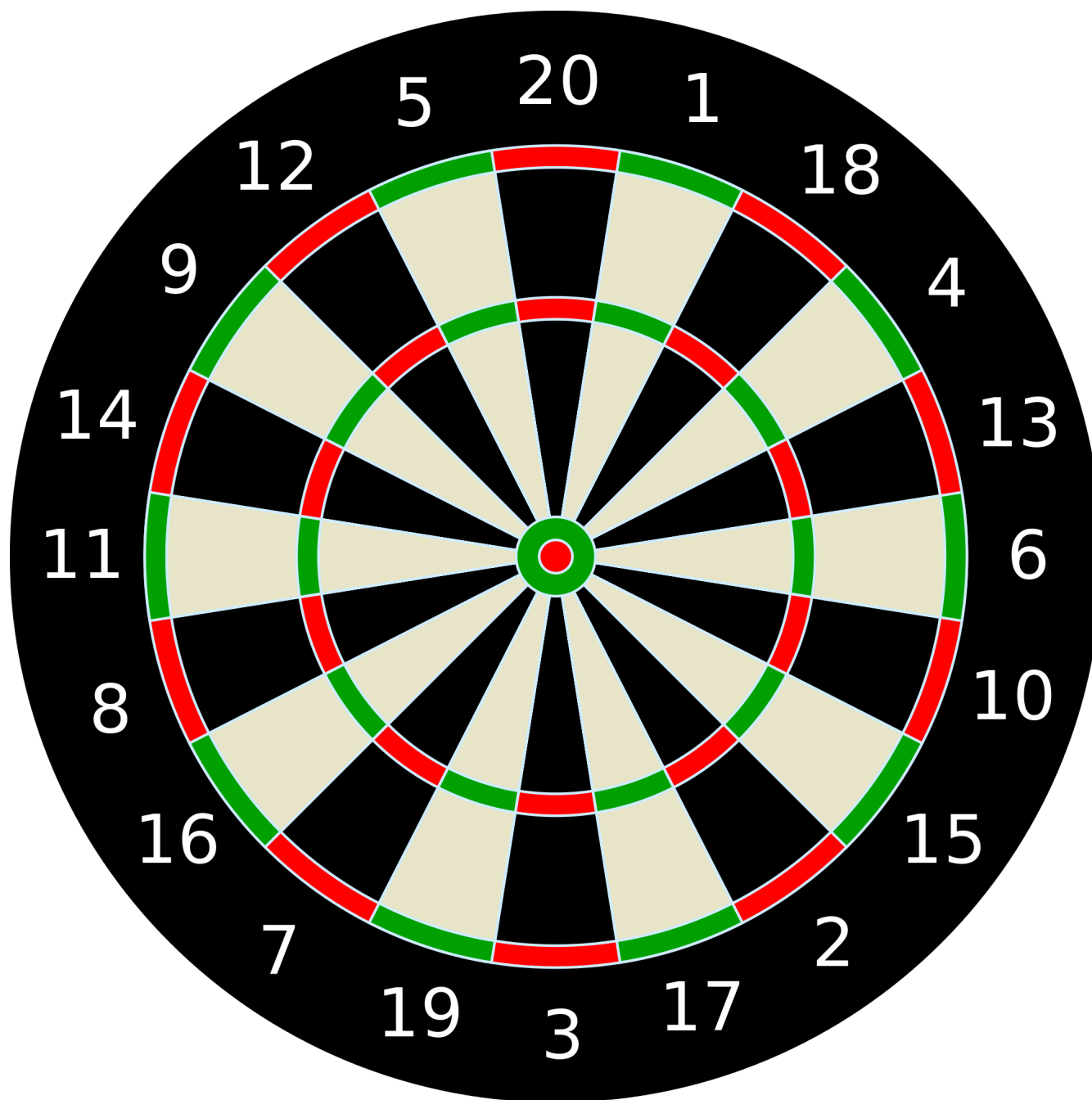
- Intrinsic disadvantages for early career investigators versus established, senior investigators
- NIH is well aware of the difficulty of getting first R01
- If you are an Early Stage Investigator (no prior R-level grant except R00), NIH provides a **built-in advantage**
- Differs by Institute, usually takes the form of an augmented payline (e.g., increased by 5%)

Getting the first R01

- Recent changes in NIH policy should make it easier to get the first R01 (or any NIH grant)
- Used to be **two strikes and you're out** – if you did not make the payline with the initial submission (A0) or revision (A1), that grant was dead
- Can now **resubmit** the same grant (suitably improved if you want to get a better score)

How to get your grant application funded?

- You need to have a strong idea, of course...
- ...but just as important is **perseverance**
- This is especially important given the intrinsic randomness of the review process



My first big grant as an independent investigator

- Based on some of my postdoctoral work
- Applied for AHA Grant-in-Aid in January 2012
- On a whim, decided to repackage the grant and submit it to the NIH as an R01 in February 2012

Applicant Notification

Applicant Notification

Application Id: 12GRNT11980003
Funding Component: Founders Affiliate
Program: FDA Winter 2012 Grant-in-Aid

The American Heart Association (AHA) has completed the review process for your application. At its recent meeting the Founders Affiliate Research Committee carefully considered applications for the current funding cycle. The payline percentile rank for the FDA Winter 2012 Grant-in-Aid applications was 6.36%. A total of 18 applications were funded out of 142 applications reviewed, resulting in a 12.68% success rate for applications to the FDA Winter 2012 Grant-in-Aid program.

Applications that received a percentile rank greater than the payline will not be funded. The number of applicants scoring in the fundable range invariably exceeds the number of awards the AHA can fund annually. Applications that received a percentile rank of 50 or greater cannot be funded by AHA policy. Applications that received a streamlined review will be indicated by SL. These applications will not receive a priority score or percentile rank and are not fundable.

Below are the scores and review comments regarding your application.

Average Priority Score: 1.93
Percentile Rank: 42.24%

The priority scores are based on a scale of one to five (a score of 1.0 - 1.4 being considered 'excellent'). The percentile rank from each peer review committee is based on a 0.01% to 99.99% ranking, with the most meritorious ranked application corresponding to the lowest percentile rank. The percentile rank is the relative rank of an application among those evaluated by a specific peer review committee.

[Review Comments](#)

Please note that the meeting discussions may not be reflected in the review comments, due to its preparation in advance of the committee meeting. The AHA does not have a formal appeals process. Questions regarding review comments may be directed to peerreview@heart.org.

This decision will not in any way prejudice the consideration of future award applications for which you might be eligible. Unsuccessful applicants are encouraged to reapply, if eligible for the program and if the program is available the next deadline. New program information and applications are available on the AHA's Web site at www.my.americanheart.org/portal/professional/research. Please refer to the application identification number for future resubmissions. We appreciate your interest in applying to the AHA.

PROGRAM CONTACT:

SUMMARY STATEMENT
(Privileged Communication)

Release Date: 06/07/2012

Revised Date: 06/07/2012

Application Number: 1 R01 DK097261-01

Principal Investigator

MUSUNURU, KIRAN MD, PHD

Applicant Organization: HARVARD UNIVERSITY

Review Group: TAG

Therapeutic Approaches to Genetic Diseases Study Section

Meeting Date: 05/30/2012

Council: OCT 2012

Requested Start: 09/01/2012

RFA/PA: PA11-260

PCC: DSS DEVB

Dual IC(s): HL

Project Title: Stem Cell Models of Familial Combined Hypolipidemia

SRG Action: Impact/Priority Score: 18 **Percentile: 7**

Human Subjects: 44-Human subjects involved - SRG concerns

Animal Subjects: 10-No live vertebrate animals involved for competing appl.

Project Year	Direct Costs Requested	Estimated Total Cost
1	250,000	418,360
2	250,000	418,360
3	250,000	418,360
4	250,000	418,360
5	250,000	418,360
TOTAL	1,250,000	2,094,000

Why the difference?

- Grant applications are reviewed by **study sections** made up of practicing scientists
- Considerable variability in study section composition, expertise, opinions about high-quality science, etc.
- Peer review may not be a great process, but it's better than all the others

PROGRAM CONTACT:

SUMMARY STATEMENT
(Privileged Communication)

Release Date: 11/09/2014

Application Number: 1 R01 HL126875-01

Principal Investigator

MUSUNURU, KIRAN MD, PHD

Applicant Organization: HARVARD UNIVERSITY

Review Group: ZRG1 TAG-Q (01)

Center for Scientific Review Special Emphasis Panel
Therapeutic Approaches to Genetic Diseases

Meeting Date: 10/27/2014

RFA/PA: PA13-302

Council: JAN 2015

PCC: HHAATN

Requested Start: 04/01/2015

Dual PCC: RAJ DUAL

Dual IC(s): DK

Project Title: Permanent alteration of PCSK9 with in vivo genome editing

SRG Action: Impact Score: 39 **Percentile: 27**

Next Steps: Visit http://grants.nih.gov/grants/next_steps.htm

Human Subjects: 10-No human subjects involved

Animal Subjects: 30-Vertebrate animals involved - no SRG concerns noted

Project Year	Direct Costs Requested	Estimated Total Cost
1	250,000	422,500
2	250,000	422,500
3	250,000	422,500
4	250,000	422,500
TOTAL	1,000,000	1,688,000

Applicant Notification

Applicant Notification Insufficient Funds

Application Id: 14IRG18690038
Funding Component: National Center
Program: NCRP Summer 2013 Innovative Research Grant

The American Heart Association (AHA) has completed the review process for your application. At its recent meeting the National Center Research Committee carefully considered applications for the current funding cycle. The payline percentile rank for the NCRP Summer 2013 Innovative Research Grant applications was 3.85%. A total of 14 applications were funded out of 350 applications reviewed, resulting in a 4.00% success rate for applications to the NCRP Summer 2013 Innovative Research Grant program.

Applications that received a percentile rank greater than the payline will not be funded. The number of applicants scoring in the fundable range invariably exceeds the number of awards the AHA can fund annually. Applications that received a percentile rank of 50 or greater cannot be funded by AHA policy. Applications that received a streamlined review will be indicated by SL. These applications will not receive a priority score or percentile rank and are not fundable.

Below are the scores and review comments regarding your application.

Average Priority Score: 1.97

Percentile Rank: 5.65%

The priority scores are based on a scale of one to five (a score of 1.0 - 1.4 being considered 'excellent'). The percentile rank from each peer review committee is based on a 0.01% to 99.99% ranking, with the most meritorious ranked application corresponding to the lowest percentile rank. The percentile rank is the relative rank of an application among those evaluated by a specific peer review committee.

[Review Comments](#)

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Keep throwing darts!

- Apply to **as many opportunities** as there are available
- Submit the same grant to **multiple funding organizations**
- Get help from more senior investigators with **experience**
- The more you write grants, the better you become at writing them
- When at first you don't succeed, **try, try again!**