CONFIDENTIAL

RWJF Aim 5 Faculty Re-Entry Grant

Application Docket: Full Review Summaries

Prepared for: **Dr. Marjorie Gondré-Lewis, Principal Investigator**

Prepared by: Héctor D. Bravo-Rivera, Ph.D., Program Director

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1. Dr. Muneer Abbas

Project Title: *Integrative Genomic and Epigenomic Profiling of Vitiligo in African Americans*

Project Abstract

This project addresses the severe underrepresentation of African Americans in vitiligo genomics. Dr. Abbas proposes to bypass new wet-lab work and instead perform a computational analysis of already collected Whole Exome Sequencing (WES) and Whole Genome Bisulfite Sequencing (WGBS) data from 31 African American cases and 27 controls. He will use containerized Nextflow pipelines and AI-assisted tools (DeepSEA, AlphaMissense) to identify ancestry-specific variants.

Budget: $29,093

- **$10,422**: Methylation (WGBS) Analysis: 49.5 hours of expert labor
- **$13,896**: Whole Exome Sequencing (WES) Analysis: 66 hours of expert labor
- **$2,775**: Pathway Modeling & AI: 27.5 hours of expert labor
- **$2,000**: Publication Costs: Open-access fees

Average Score: 3.0

Reviewer Assessments

Reviewer 1: Dr. Byron Ford | Score: 2 (Outstanding)

Verdict: *"High ROI, immediate data readiness, despite a weak re-entry narrative"*

Dr. Byron Ford strongly recommends funding the project because it is "shovel-ready," with data already collected, making it a low-risk investment that "directly unlocks" a path to publication. However, he critically noted that the applicant's written narrative failed to clearly explain how administrative duties stalled his research, suggesting the applicant appeared "actively productive" rather than in need of rescue.

Reviewer 2: Dr. Greg Ford | Score: 2 (Outstanding)

Verdict: *"Ideally mission-aligned."*

Dr. Ford explicitly defends the applicant's narrative, stating it "convincingly explains" how a lack of analytic funding—not a lack of ideas—stalled his productivity. He argues the grant perfectly addresses this bottleneck. His primary critique was not about the narrative, but rather that the proposal failed to explicitly connect the research findings to local Washington, DC patient populations

Reviewer 3: Dr. Sudha Sharma | Score: 5 (Good) ***[Declared COI]***

Verdict: *"Superficial and formulaic."*

Dr. Sharma is highly critical of the writing quality and rigor. She states the proposal is written in fragmented bullet points and reads as formulaic and generic, resembling AI-generated text rather than a rigorously articulated research plan. She further critiques the lack of detail on batch-effect handling and ancestry principal components, calling the statistical plan superficial.

> **RWJF Alignment: Split Decision.** Fits the "Data Science Pivot" requirement. The dispute is between Feasibility (Ford) and Writing Quality/Rigor (Sharma). Three-point score discrepancy requires adjudication.

2. Dr. Constance Mere

Project Title: *Intersectional Analysis of Sex, Race, and Ethnic Disparities in Stage 5 CKD Outcomes*

Project Abstract

This study quantifies the intersectional disparities (Race + Sex + Ethnicity) in End-Stage Renal Disease (ESRD) outcomes in DC. Dr. Mere will use existing population surveillance data from the DC Health Department to model how these identities combine to worsen patient health. The study uses advanced statistical frameworks to map disparities across DC's wards.

Budget: $30,000

- **$12,000**: Research Coordinator: 0.20 FTE (approx. 8 hours/week) for 12 months to manage data extraction and cleaning
- **$8,000**: Biostatistician: Part-time expert support for advanced intersectional statistical modeling
- **$4,000**: Publication Costs: Open-access journal fees
- **$4,000**: Conference Travel: Presentation at national scientific meetings
- **$2,000**: Dissemination Materials: Printing posters and creating policy briefs

Average Score: 2.0

Reviewer Assessments

Reviewer 1: Dr. Adeyinka Laiyemo | Score: 2 (Outstanding)

Verdict: *"Exceptional candidate sidelined by service."*

Dr. Laiyemo calls Dr. Mere an exceptional clinical faculty member whose research was sidelined by her clinical and administrative duties, specifically 19 years as Dialysis Medical Director. He notes the timeline is highly feasible because the data is available. He flagged that her CV was not in NIH biosketch format but did not let that administrative error lower her score.

Reviewer 2: Dr. Zaki Sherif | Score: 2 (Outstanding)

Verdict: *"Powerful Re-Entry Case."*

Dr. Sherif highlights the outstanding significance of the intersectional framework. He describes her Re-Entry statement as powerful, documenting nearly two decades of leadership that stalled her independent career. He deems the approach exceptionally feasible and cost-effective.

> **RWJF Alignment: Excellent.** Strongest consensus "Yes" in the pool. Both reviewers scored 2 with no discrepancy.

3. Dr. Nicholas Azinge

Project Title: *Racial Disparities in Early ESRD Diagnosis Among Minority Type 2 Diabetes Patients*

Project Abstract

This retrospective study investigates why minority diabetic patients at Howard University Hospital face significant delays in End-Stage Renal Disease diagnosis. Dr. Azinge will use Electronic Health Records (EHR) and Natural Language Processing (NLP) to extract social determinants and clinical predictors of these delays from doctor's notes.

Budget: $30,000

- **$12,000**: Research Coordinator: 0.18 FTE to handle EHR data extraction and variable coding
- **$6,000**: Biostatistician: 0.10 FTE for 6 months for multivariable analysis
- **$6,000**: Research Dissemination: Conference registration, abstract fees, and travel

- **$6,000**: Research Publication Costs: Open-access fees and figure preparation

Average Score: 2.0

Reviewer Assessments

Reviewer 1: Dr. Angel Byrd | Score: 2 (Outstanding)

Verdict: *"The Ideal Candidate."*

Dr. Byrd emphasizes Dr. Azinge's profound service burden :specifically his time serving as Commissioner of Health for Delta State, Nigeria :as the perfect justification for his research gap. She notes the project identifies a crucial barrier to a life-saving therapy and has strong collaborative efforts with GHUCCTS and RCMI.

Reviewer 2: Dr. Zaki Sherif | Score: 2 (Outstanding)

Verdict: *"Negligible Weaknesses."*

Dr. Sherif states this is an extremely strong proposal with negligible weaknesses. He confirms it fully satisfies the mandatory Data Science requirement and provides a specific target date for future funding.

> **RWJF Alignment: Excellent.** High consensus "Yes." Both reviewers scored 2 with full agreement on re-entry narrative and data science alignment.

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4. Dr. Anand Deonarine

Project Title: *Undiagnosed Obstructive Sleep Apnea & Glycemic Control Disparities in DC's Minority Adults*

Project Abstract

This study explores the syndemic effect of undiagnosed sleep apnea (OSA) on diabetes control in DC minorities. Dr. Deonarine will link DC Health surveillance data (BRFSS) with clinical indicators to create a risk map and a clinical decision support algorithm.

Budget: $30,000

- **$12,000**: Research Coordinator: 0.18 FTE to oversee regulatory/IRB aspects and manage surveillance data
- **$6,000**: Biostatistician: 0.10 FTE for 6 months for survey-weighted regression modeling
- **$6,000**: Research Dissemination: Travel and registration fees for national meetings
- **$6,000**: Publication Costs: Peer-reviewed journal publication fees

Average Score: 3.5

Reviewer Assessments

Reviewer 1: Dr. Betelihem Tobo | Score: 2 (Outstanding)

Verdict: *"Innovative and Well-Thought-Out."*

Dr. Tobo calls this an outstanding, well-thought-out grant. She praises the decision support algorithm based on risk stratification, calling it very unique. She notes the use of bias mitigation strategies, but she is concerned the validation plan may be too ambitious for 12 months.

Reviewer 2: Dr. Adeyinka Laiyemo | Score: 5 (Good)

Verdict: *"Methodologically Weak."*

Dr. Laiyemo argues that the data are insufficient to compete for an NIH R01. His main concern is the lack of granularity in using proxy indicators (surveys) rather than actual clinical diagnoses for sleep apnea. He suggests the applicant aim lower (for an R21) to first collect actual patient data.

> **RWJF Alignment: Split Decision.** Three-point score discrepancy (Tobo: 2, Laiyemo: 5). Decision hinges on whether you value Innovation (Tobo) or Clinical Rigor (Laiyemo).

5. Dr. Daniel Larbi

Project Title: *Nutrition Education in Internal Medicine Residency: A Data-Driven Analysis of Training Impact*

Project Abstract

This project analyzes whether training residents in nutrition actually improves clinical outcomes for African American patients with diet-related diseases. Dr. Larbi will use NLP to mine resident training logs and patient charts at HUH to correlate educational interventions with patient health metrics.

Budget: $30,000

- **$12,000**: Research Coordinator: Support for project implementation and data management
- **$8,000**: Biostatistician: Multilevel regression modeling of patient outcomes
- **$4,000**: Publication Costs
- **$4,000**: Conference Travel
- **$2,000**: Dissemination Materials

Average Score: 4.0

Reviewer Assessments

Reviewer 1: Dr. Byron Ford | Score: 4 (Very Good)

Verdict: *"Strong Narrative, Moderate Innovation."*

Dr. Ford acknowledges the exceptionally strong Re-Entry narrative, citing Dr. Larbi's decade of GME leadership. However, he scores it lower because the technical innovation is moderate and education-focused outcomes may be perceived as less mechanistic by external funding agencies compared to basic science.

Reviewer 2: Dr. Mark Burke / **Score: 4** (Very Good)

Verdict: *"Strong Premise, Methodological Gaps."*

Dr. Burke argues that the premise is strong and could "fundamentally change the resident training program" at HU. However, he critiqued the application style (poor use of fonts/margins) and found the methodology "lacking detail," specifically questioning how the retrospective analysis will successfully link clinical notes to resident education. He suggests the investigator consider an "implementation science" approach for future NIH applications rather than just retrospective analysis.

> **RWJF Alignment: Good.** Strong candidate for the Curriculum/Education funding line. Consider reserving main research funds for others if budget flexibility allows.

6. Dr. Jhansi Gajjala

Project Title: *Telemedicine and Antiretroviral Therapy Adherence in the Post-COVID Era*

Project Abstract

This retrospective study evaluates whether the shift to telemedicine improved or hurt HIV viral suppression among DC minorities. Dr. Gajjala uses DC Health surveillance data, geospatial analysis of clinic access, and predictive modeling to identify barriers to adherence.

Budget: $30,000

- **$12,000**: Research Coordinator: 0.20 FTE to handle data management
- **$8,000**: Biostatistician: Expert analysis of telemedicine utilization data
- **$4,000**: Publication Costs: Open-access publishing fees

- **$4,000**: Conference Travel: Registration and travel costs
- **$2,000**: Dissemination Materials: Posters and stakeholder summaries

Average Score: 3.5

Reviewer Assessments

Reviewer 1: Dr. Sudha Sharma | Score: 3 (Excellent)

Verdict: *"Authentic but Incremental."*

Dr. Sharma validates the authentic service-related diversion (Program Director/Sepsis Chair). She praises the policy-relevant, DC-focused nature of the study. Her critique is that the technical pivot is incremental rather than transformative, noting that standard regression analysis is traditional biostatistics, not a pivot to advanced AI/ML methods.

Reviewer 2: Dr. Mark Burke | Score: 4 (Excellent)

Verdict: ***"enthusiasm is high with the premise,"***

Dr. Burke states that the focus on health disparities is a major strength. However, he noted several specific weaknesses that dampened his enthusiasm: ***Role Clarity:*** *He flagged that the applicant claims to be the PI of the DC Cohort grant, but* ***"that is Dr. Castel,"*** *and her specific role needs clarification.* ***Resource Usage:*** *It is* ***"unclear how this resource [DC Cohort] will be used"*** *or if data across the different datasets have standardized entries.* ***Methodology:*** *He felt there were* ***"empty spaces that could have been used more advantageously"*** *to explain missing methodological details, such as the source of the primary exposure data.*

> **RWJF Alignment: Very Good.** Safe, feasible project with clear health equity relevance. Strong re-entry narrative with authentic service burden documentation.

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7. Dr. Uzoamaka Nwaogwugwu

Project Title: *Why Are African Americans More Likely to Be Removed from the Transplant Waitlist?*

Project Abstract

This study correlates Emergency Department utilization with removal from kidney transplant waitlists. Dr. Nwaogwugwu proposes using Machine Learning classification algorithms on DC Health surveillance data to identify structural risk factors for waitlist removal.

Budget: $30,000

- **$12,000**: Research Coordinator: 0.20 FTE to manage the project and data
- **$8,000**: Biostatistician: Statistical support to correlate ER utilization with waitlist removal
- **$4,000**: Publication Costs
- **$4,000**: Conference Travel
- **$2,000**: Dissemination Materials

Average Score: 3.0

Reviewer Assessments

Reviewer 1: Dr. Angel Byrd | Score: 3 (Excellent)

Verdict: *"Crucial Topic, Ambiguous Tech."*

Dr. Byrd states the project identifies a crucial barrier to a life-saving therapy and targets structural and social determinants of health. However, she critiques that the Machine Learning goals are ambiguous and the correlation between ER use and waitlist removal could be better outlined.

Reviewer 2: Dr. Betelihem Tobo | Score: 3 (Excellent)

Verdict: *"Innovative Pivot, Data Access Risks."*

Dr. Tobo calls this an "Excellent grant" with a clear technical pivot to data science (GIS/ML). However, she raised a major feasibility concern regarding the data source: "Does not factor in the time it takes to fulfill data requests (DC Health is notorious for delays)," which could threaten the 12-month timeline. She also noted typos in the background data (e.g., "2030%" instead of 20-30%) and suggested Poisson regression might be more appropriate than the proposed methods.

> **RWJF Alignment: Very Good.** Strong equity focus that matches the Data Science requirement. ML methodology needs refinement, but the research question is compelling.

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8. Dr. Joanne Allard

Project Title: *Precision Exercise and Sleep Interventions to Mitigate APOE4-Related Alzheimer's Risk*

Project Abstract

This translational study combines mouse models (exercise/sleep phenotyping) with AI/ML analysis of human data from the All of Us cohort. It aims to identify how exercise mitigates Alzheimer's risk in APOE4 carriers.

Budget: $30,000

- **$14,000**: Personnel: Partial salary support for a Graduate Research Assistant or Data Analyst
- **$7,000**: Laboratory Supplies & Proteomics: RCMI Core Facility protein analysis and reagents
- **$7,000**: Data Science & Computing: Cloud computing storage and All of Us database workbench access
- **$2,000**: Software: Statistical software licenses

Average Score: 4.5

Reviewer Assessments

Reviewer 1: Dr. Byron Ford | Score: 3 (Excellent)

Verdict: *"Rising Star Penalty."*

Dr. Ford argues she is a weaker fit for the "rescue and modernize" mechanism. He notes that she currently leads two training programs and has active grants, suggesting she is on a rising trajectory rather than needing a restart.

Reviewer 2: Dr. Betelihem Tobo | Score: 6 (Satisfactory)

Verdict: *"Fuzzy and Resource-Intensive."*

Dr. Tobo finds the analytic plan fuzzy and the rationale not data-driven. She flags the proteomic analysis as resource-intensive and questions the feasibility of conducting both animal and human studies within this budget and timeline.

> **RWJF Alignment: Low Priority.** The "Rising Star" penalty appliesshe is too successful for a re-entry grant. Active R01 resubmission. Scope exceeds $30k/12-month mechanism.

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9. Dr. Syed Khundmiri

Project Title: *Effects of High Salt-Induced Blood Pressure on Progression of Alzheimer's Disease in APOE4 Mice*

Project Abstract

A basic science study exploring the brain-kidney axis. It proposes using multi-omics (snRNA-seq, TMT proteomics) to determine whether high salt accelerates Alzheimer's in APOE4 mice.

Budget: $30,000

- **$20,000**: Lab Services: RCMI Core for RNA-Sequencing, miRNA profiling, and Proteomics on mouse samples
- **$4,000**: Personnel: Partial support for a research assistant

- **$4,000**: Software & Data: Licenses for systems modeling software
- **$2,000**: Publication Costs

Average Score: 6.5

Reviewer Assessments

Reviewer 1: Dr. Adeyinka Laiyemo | Score: 7 (Low Impact)

Verdict: *"Fatal Administrative Flaws."*

Dr. Laiyemo notes the applicant did not discuss any relevance to health equity at all. Additionally, the submitted NIH biosketch was for a different submission, which Laiyemo views as a disqualifying lack of attention to detail.

Reviewer 2: Dr. Sudha Sharma | Score: 6 (Satisfactory)

Verdict: *"Over-Ambitious."*

Dr. Sharma calls the scope far too ambitious for a $30,000 budget. She argues that proposing snRNA-seq, miRNA profiling, and proteomics across 24 samples is impossible in 12 months and underestimates the analytical depth required.

RWJF Alignment: Do Not Fund. Administrative failures (wrong biosketch, no health equity discussion) and scope creep make this application unviable for this mechanism.

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10. Dr. Teletia Taylor

Project Title: *Mind Over Matter (MOM): Group Psychoeducational Intervention for Women with Cancer*

Project Abstract

A mixed-methods evaluation of a psychosocial support intervention for women cancer survivors. The study relies on surveys and focus groups to assess intervention effectiveness.

Budget: $4,995

- **$3,180**: Participant Compensation $50 gift cards for 53 cancer survivors and $10 cards for focus group participants
- **$1,265**: ATLAS.ti Software License: Qualitative data analysis
- **$300**: Supplies & Postage: Office supplies (paper, pens) and mailing costs

Average Score: 4.0

Reviewer Assessments

Reviewer 1: Dr. Zaki Sherif | Score: 5 (Good)

Verdict: *"Low Priority / Already Funded."*

Dr. Sherif notes the project lacks the mandatory Data Science/AI component. He notes that Dr. Taylor's current $776k ACS grant may make her a lower priority for a rescue fund than faculty with no active support.

Reviewer 2: Dr. Mark Burke | Score: 3 (Excellent)

Verdict: "Good Science, Wrong Mechanism."

Dr. Burke agrees that the proposal is "well-written" and the approach is detailed. However, he questions if this funding mechanism is appropriate for an "established researcher" who already has a strong history of publication and funding. He suggests a "bridge grant" might be more appropriate than a Re-Entry award. He also noted that the budget is "quite modest" and that it allocates no funds for data analysis.

RWJF Alignment: Strategic Redirect. Strategic Redirect. Both reviewers agree that Dr. Taylor is too successful/established for this specific "Re-Entry" mechanism. Recommendation: Do not use the Re-Entry

budget. Fund this small $5k request via the Aim 1 (Wellness/Mentorship) or Aim 2 (Community Outreach) line items.

Score Summary

Applicant	Total Score	Reviewer 1 score	Reviewer 2 score	Reviewer 3 score	Fundability
Dr. N. Azinge	2	2 (Dr. A. Byrd)	2 (Dr. Z. Sherif)		Tier 1
Dr. C. Mere	2	2 (Dr. A. Laiyemo)	2 (Dr. Z. Sherif)		Tier 1
Dr. U. Nwaogwugwu	3	3 (Dr. A. Byrd)	3 (Dr. B. Tobo)		Tier 1
Dr. M. Abbas	3	2 (Dr. B. Ford)	2 (Dr. G. Ford)	5 (Dr. S. Sharma)	Tier 2
Dr. A. Deonarine	3.5	2 (Dr. B. Tobo)	5 (Dr. A. Laiyemo)		Tier 2
Dr. J. Gajjala	3.5	3 (Dr. S. Sharma)	4 (Dr. M. Burke)		Tier 2
Dr. D. Larbi	4	4 (Dr. B. Ford)	4 (Dr. M. Burke)		Redirection
Dr. T. Taylor	4	3 (Dr. Z. Sherif)	5 (Dr. M. Burke)		Tier 3
Dr. J. Allard	4.5	3 (Dr. B. Ford)	6 (Dr. B. Tobo)		Tier 3
Dr. S. Khundmiri	6.5	7 (Dr. A. Laiyemo)	6 (Dr. S. Sharma)		Tier 4