

Children as Research Subjects: Regulations, Rights and Reality

Case Research Seminar Series

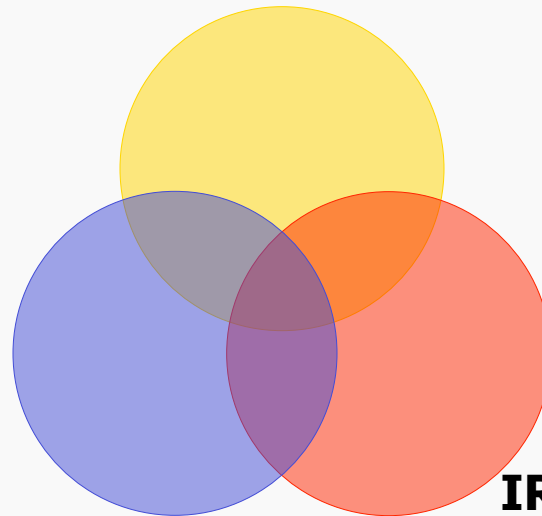
July 27, 2007





Roles and Perspective

Parents/Family



Researchers

IRB Members/Compliance

Practical Problems





Practical Problems

- Moods
- Limited/Varied Attention Spans
- Limited/Varied Communication Skills
- Availability (Longitudinal Studies)
- Developmental Differences
 - Between Age Groups
 - Within Age Groups



Alliance for Human Research Protection

Visit the AHRP blog:
<http://ahrp.blogspot.com>

ABOUT AHRP

- Mission
- Board of Directors
- AHRP Speaks Out
- Donate

WHAT'S NEW

- Top News
- News / Infomails

NEWS SECTIONS

- Clinical Trials
- Research Integrity
- Conflict of Interest
- Safety Issues
- Corrupt Practices
- Children's Safety
 - Mental Screens
 - Rx Drug Harm
 - Foster Children
 - Unethical Experiments

RESOURCES

- Search
- Contact Us
- Subscribe to Infomails
- Testimony/Presentations

Please support AHRP's important work

Top News • Children's Safety

EXPERIMENTS ON CHILDREN

"It's a Chemical Sledgehammer" Children in Foster Care

PDF PRINT EMAIL

Wednesday, 14 March 2007

The chemical abuse of U.S. children in foster care represent the collapse of civilized medicine.

[Read more...](#)

Russian Prosecutors Probe GSK: Illegal Vaccine Experiments on Children

PDF PRINT EMAIL

Wednesday, 07 March 2007

Experimental Vaccine tests on minors are illegal in Russia.

[Read more...](#)

AACAP President Disingenuous RE: Psychiatric Drugs that Killed 4-year old

PDF PRINT EMAIL

Wednesday, 28 February 2007

This young child represents millions of children in the United States who are falling prey to licensed, but irresponsible prescribers of toxic drugs.

[Read more...](#)

Harvard Psychiatrists Target 4-year old Children for Drug Trials

PDF PRINT EMAIL

Wednesday, 21 February 2007

An example of crass commercialism: a Mass General Hospital advertisement (2001) posted on YouTube

<http://www.youtube.com/watch?v=RGkQdzU2DOK>

[Read more...](#)

4-year old Rebecca Riley, a Casualty of Psychiatric "Treatment" BostonGlobe NYT

PDF PRINT EMAIL

Thursday, 15 February 2007

"To me one of the miracle of children's brains is that we don't see more harm from these treatments."

[Read more...](#)

More...

- [Substantial Settlement: Children's Hospital_Predatory Psychiatrist_Sexual Assault](#)
- [Child Abuse in Russia's Health & Welfare Institutions_AP](#)
- [Facts Behind Merck's Mandatory Vaccine Campaign to Help Pay for Vioxx](#)
- [A Response to Dr. Richard Friedman's Defense of TeenScreen](#)

<< Start < Prev 1 2 3 4 5 6 Next > End >>

Results 1 - 9 of 47

[\[Back \]](#)





Criminal Background Checks

UTD IRB POLICY

- According to University of Texas at Dallas Criminal Background Checks Policy (D2-115.0.3 Section L), the principal investigator, research assistants, student volunteers, and any other persons having regular contact with minors as part of a research project are required to complete a criminal background check. The principal investigator is responsible for ensuring all individuals involved in research involving minors will complete a criminal background check with the UTD Police Department and these individuals will not have contact with minors until his or her criminal background check is completed.
 - [UTD Criminal Background Check for Employees](#)
 - [UTD Criminal Background Check Form for Students, Volunteers and Non-Employees Who Have Contact with Minors](#)



Goals

- NIH Inclusion Requirements
- How IRBs Make Determinations
 - Regulatory Requirements
 - DHHS
 - FDA
 - State and Local
- Questions
- Break



Goals

- Panel Discussion
 - Introductions
 - Reality Q&A
 - Case Study
 - Audience Questions



The Why

- Belmont Report – Justice
 - Respect for Persons – Persons with diminished autonomy are entitled to protections
 - Beneficence – More than minimal risk w/o benefit
- NIH Policy and Guidelines on the Inclusion of Children...
 - 10-20% inappropriately excluded children
 - Small fraction of all drugs/biologics labeled for use in pediatric patients



NIH Requirements

- October 1, 1998
- Research Plan
 - Foreign
 - Exempt
 - Tissue Studies With Demographic Info
 - Child defined as “individuals under the age of 21”



NIH Requirements-Yes

- Rational for selecting or excluding specific age range;
- Description of Investigative Team Expertise
- Appropriateness of Facilities
- Inclusion of Sufficient Numbers to Contribute Meaningful Analysis



NIH Requirements-No

- Research topic irrelevant to children
- Laws barring inclusion of children
- Knowledge already available
 - Should include documentation of other studies
- Separate age-specific study warranted and preferable



IRB Review

- Determinations and Justifications
 - Regulations
 - Ethics



Regulatory Criteria

- HHS: 45 CFR 46.404, FDA: 21 CFR 50.51
 - Research not involving greater than minimal risk
 - Assent of child and permission of at least one parent



Regulatory Criteria

- HHS:45 CFR 46.405 & FDA:21 CFR 50.52
 - Research involving greater than minimal risk and prospect of direct benefit
 - Assent of child and permission of at least one parent
 - Anticipated benefit justifies the risk, and
 - Anticipated benefit is at least as favorable as that of alternative approaches



Regulatory Criteria

- HHS: 45 CFR 46.406 & FDA: 21 CFR 50.53
 - Research involving greater than minimal risk and no prospect of direct benefit
 - Assent of child and permission of both parents
 - Only a minor increase over minimal risk
 - Likely to yield generalizable knowledge about the child's disorder or condition that is of vital importance for the understanding or amelioration of the disorder or condition, and
 - The intervention or procedure presents experiences to the child that are reasonably commensurate with those in the child's actual or expected medical, dental, psychological, social or educational situations.



Regulatory Criteria

- HHS: 45 CFR 46.407 & FDA: 21 CFR 50.54
 - Not approvable by local IRB
 - Secretary approval
 - Referrals to FDA



Minimal Risk

- Probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

What is an ordinary day of an child?



- Run down by a car or sexually molested on the way home from school (Furlow, 1980)
- Puzzles, questionnaires, etc...
- Healthy vs. Sick child
- Dangerous living environment vs. safe and caring home



Grodin and Glantz: 1994

- “One hundred children in several age groups were compared in a reaction-time experiment. They were asked to punch a button as fast as they could every time a blue light appeared on a panel. All went well except for one nine-year-old who complained about a sore finger after he slammed the button vigorously, and a six-year-old who started to cry upon becoming confused about when she was supposed to push the button.”



SACHRP Working Group

Proposal 2: Language of Uniform Definition

- The definition of “minimal risk” at 45 CFR 46.102(i) when applied to Subpart D should be interpreted as those risks encountered by normal, average, healthy children living in safe environments in daily life or during the performance of routine physical or psychological examinations or tests.

Consistent with Proposals from the National Commission, 1978; NHRPAC, 2002; and IOM, 2004.



SACHRP Working Group

Proposal 3: Minimal Risk Should be Age Indexed

- Proposal. Evaluation of minimal risk under Subpart D should be indexed to the risks in daily life and routine medical and psychological examinations experienced by children the same age as the subject population.
- Rationale. Normal, average, healthy children, and adolescents living in safe environments experience differing age-indexed levels of risk in their daily lives. Evaluation of minimal risk should take into account the differing risks experienced and different protections required by infants, children, and adolescents.

See IOM 2004



SACHRP Working Group

Proposal 4: Upper Limits of Risk

- The uniform, age-indexed definition of minimal risk should represent the upper limits of risk to which all children can be exposed under 46.404.
- Children at greater risk of harm from procedures and experiences to which normal, average, healthy children living in safe environments are routinely exposed, should not be subjected to the additional risk. For these children, the procedures do not fall under the 46.406 classification.



Minor Increase

- Should minor increment be interpreted in a uniform sense (same increment for all children as indexed to the normal, average, healthy child living in safe environments)
- *or* relative sense (increment commensurate with the experiences of children with specific disorders or conditions)

SACHRP July 26, 2004



Risk

- Physical
 - Discomfort or Pain
 - Illness
 - Death
- Social or Psychological Risk
 - Boredom, inconvenience, disruption of routine
 - Embarrassment, fear of failure, privacy intrusions, lower self-esteem, labeling...



Benefits

- Better health?
- Better health care?
- Better education?
- Better for others?
- Prospect of Direct Benefit
 - Risks justified by potential benefits, and
 - Risk/Benefit ratio as favorable as alternatives



Condition

- 46.406 requires that you document the disorder or condition of the subject that is the focus of the research.
- Research on healthy, normal children?



Parental Permission

- 404 and 405 – Justification for one parent
- 406 both parents unless:
 - Deceased
 - Unknown
 - Incompetent
 - Reasonably Unavailable
 - One parent is legal guardian



State Law

- Child defined as individual below age of 18.
- Doesn't distinguish between consent to treatment and consent for research.
- Very important in designing multi-site studies



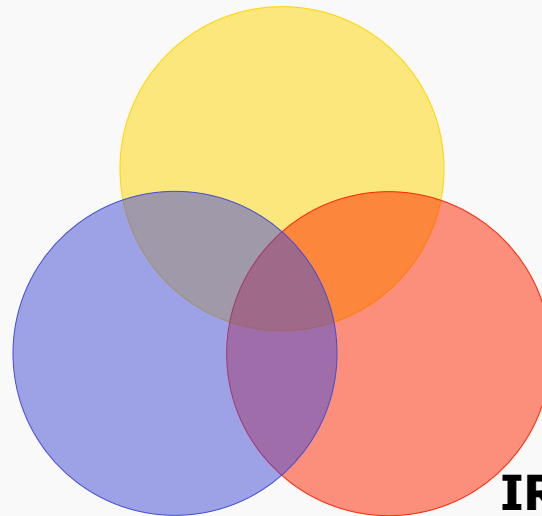
Component Analysis

- Especially important for investigators (biomedical and S&B) to clearly delineate what is research within the protocol.
- IRBs can approve a protocol under more than one criteria
 - healthy vs. sick
 - first and second stage vs. third stage



Roles and Perspective

Parents/Family



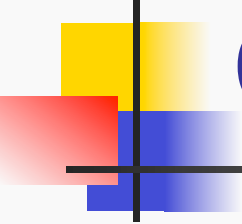
Researchers

IRB Members/Compliance



Audience Q&A

- Please use the microphone.



CWRU Office of Research Compliance

- Christian LaMantia, Research Compliance Officer
- compliance.case.edu
- Fall Seminar Series
 - in Responsible Conduct Research



Panelists

- Michael W. Konstan, M.D. – Professor of Pediatrics
Case Western Reserve University School of Medicine
Director, Cystic Fibrosis Center
Rainbow Babies and Children's Hospital
- Sharon Groh-Wargo, PhD, RD, LD - Assistant Professor of Pediatrics and Nutrition
Case Western Reserve University School of Medicine
Neonatal Nutritionist
Department of Pediatrics
MetroHealth Medical Center
- Lee Ann Thompson, Ph.D. - Associate Professor
Department of Psychology
Co-Director of Sages
Case Western Reserve University
- Eric D. Kodish, M.D. - Professor and Chairman
Department of Bioethics
Cleveland Clinic Foundation
Lerner College of Medicine at Case



Please Fill Out Evaluations

We All Thank You!





Panel Discussion – Reality

Pick Up Case Study in Lobby
Session Resumes: 12:20 p.m.