

Policy  
**Enrolling Children (including Adolescents) in Clinical Research Policy**

Effective Date: 03/23/21

Document No.: **POL-A15-OPC-008.00**

**1.0 PURPOSE**

- 1.1 This policy describes the content required in protocols for all DAIDS-supported clinical research, including DAIDS-Sponsored clinical research, that plans to enroll children (including adolescents who have not reached locally defined age of majority). The requirement is to provide sufficient information in adequate detail to the approving Institutional Review Board (IRB)/ Ethics Committee (EC) to assist the IRB/EC making an appropriate determination of the risks and benefits of the study.

**2.0 SCOPE**

- 2.1 This policy applies to all DAIDS-supported clinical research, including DAIDS-Sponsored clinical research, that plans to enroll children (including adolescents who have not reached locally defined age of majority).

**3.0 DEFINITIONS**

For definitions, see [Glossary of Terms](#).

**4.0 RESPONSIBILITIES**

- 4.1 Protocol Team  
The Protocol Team is responsible for:
- (i) providing sufficient detail in the protocol document to allow for,
    - a. the performance of an analysis of level of risk and the prospect of benefit of participation by children in the research;
    - b. an assessment of the need for child assent by the IRB/EC of record; and
  - (ii) developing a parental permission form and child assent, which meet all applicable requirements, as required by the IRB/EC of record.
- 4.2 IRB/EC of Record  
The IRB/EC of record is responsible for performing their functions as outlined in 45 CFR 46.111, 21 CFR 50 Subpart D and 21 CFR 56 Subpart C.
- 4.3 Investigator/Investigator of Record (IoR)  
The IoR is responsible for ensuring that:

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- (i) there are institutional policies and procedures for enrolling children that are compliant with all applicable international, US, and local regulations;
- (ii) the enrollment of children is in accordance with written site policies and procedures;
- (iii) these policies and procedures are consistently applied;
- (iv) all IRB/EC determinations are obtained in writing;
- (v) DAIDS is informed of the IRB/EC decisions regarding the need for child assent;
- (vi) DAIDS is informed of the IRB/EC designation of the risk category for each clinical research study, as determined at initial review and any changes determined during subsequent reviews of the protocol and its amendments; and
- (vii) that appropriate action is taken based on the IRB risk category determination and DAIDS' direction.

## **5.0 POLICY**

5.1 All DAIDS-supported clinical research, including DAIDS-Sponsored clinical research that enroll children is subject to the U.S. Department of Health and Human Services (HHS) regulations delineated in 45 CFR 46, Subpart A (the 'Common Rule') and 45 CFR 46, Subpart D.

5.1.1 The protocol must provide sufficient and appropriate information to facilitate IRB/EC review as well as an analysis of the level of risk and the prospect of benefit of participation by children in the research.

5.1.2 The informed consent documents or equivalent (for example, parental permission form) must provide sufficient and appropriate information for the child and/or parent/legal guardian to make an informed decision.

5.1.3 The IRB's determination of the level of risk to children in the categories 404-407 specified in 45 CFR 46 must be documented in writing and provided to DAIDS.

5.1.4 Appropriate action must be taken for protocols designated under risk categories 45 CFR 46.406 or 45 CFR 46.407.

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- 5.2 In addition to the requirements above, clinical research that meets the NIH definition of a clinical trial should follow ICH E6(R2) and all applicable NIH, NIAID, and DAIDS policies and procedures.
- 5.3 If the clinical research is subject to U.S. Food and Drug Administration (FDA) regulations, it must also meet the additional requirements delineated in 21 CFR 50 and 21 CFR 56.
- 5.4 If the clinical research is subject to a non-US regulatory authority (e.g., EMA, SAHPRA, etc.), then the applicable national regulatory authority requirements for enrolling children in clinical research must also be met.

## **6.0 REFERENCES**

- 6.1 [HHS regulations for the Protection of Human Subjects at 45 CFR 46](#)
- 6.2 [HHS regulations for the Additional Protections for Children Involved as Subjects in Research at 45 CFR 46, Subpart D](#)
- 6.3 [FDA regulations for the Protection of Human Subjects at 21 CFR 50](#)
- 6.4 [FDA regulations on Institutional Review Boards at 21 CFR 56](#)
- 6.5 [FDA regulations for the Additional Safeguards for Children in Clinical Investigations at 21 CFR 50, Subpart D](#)
- 6.6 [Office for Human Research Protections \(OHRP\) FAQs on Research with Children](#)
- 6.7 [ICH E6\(R2\): Good Clinical Practice](#)
- 6.8 [ICH E11\(R1\): Clinical Investigation of Medicinal Products in the Pediatric Population](#)

## **7.0 APPENDICES**

- 7.1 Enrolling Children (including Adolescents) in Clinical Research Policy Job Aid
- 7.2 Recommended Language for Inclusion in Protocols Enrolling Children Tool

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**8.0 REVISION HISTORY**

- 8.1 DWD-POL-CL-007.02 and DWD-POL-CL-008.02 are the last effective versions of the Enrolling Children (including Adolescents) in Clinical Research: Clinical Research Site Requirements Policy, and the Enrolling Children (including Adolescents) in Clinical Research: Protocol Document Requirements Policy, published on the DAIDS Clinical Research Policies webpage prior to the implementation of the DAIDS QMS in 2018.

The two existing policies were combined into one policy. The policy name was updated to Enrolling Children (including Adolescents) in Clinical Research Requirements Policy to better reflect the contents of the revised policy. The scope of the policy has been modified to apply to all DAIDS-supported clinical research, including DAIDS-Sponsored clinical research that plans to enroll children (including adolescents). All the appendices and information from the previous two policies that are out of scope with the revised version of this policy have been removed.