Appendix 1

Risk/Benefit Categories

There are three risk/benefit categories of research involving children that an Institutional Review Board (IRB)/Ethics Committee (EC) can approve:

1. 45 CRF §46.40 and 21 CFR §50.51 of the regulations allows the IRB/EC to approve research if the IRB/EC finds that:
   i. The risks of the research are no more than minimal.

   Additional required protections:
   
   ii. Parental permission from one parent may be sufficient if consistent with state law or local, unless the requirement to obtain parental/guardian permission is waived (see Appendix 4);
   iii. Adequate provisions are made for soliciting the assent of child-participants unless the requirement to obtain child assent is waived (see Appendix 4);
   iv. There are no required additional protections for wards enrolled in these studies.

2. 45 CFR §46.405 and 21 CFR §50.52 of the regulations allows the IRB/EC to approve research if the IRB/EC finds that:
   i. More than minimal risk to children is presented by an intervention or procedure that holds out the prospect of direct benefit for the individual participant or by a monitoring procedure that is likely to contribute to the participant’s well-being;
   ii. The risk is justified by the anticipated benefit to the participants; and,
   iii. The relation of the anticipated benefit to the risk is at least as favorable to the participants as that presented by available alternative approaches.

   Additional required protections:
   
   iv. Parental permission from one parent may be sufficient if consistent with state or local law unless the requirement to obtain parental/guardian permission is waived (see Appendix 4);
v. Adequate provisions are made for soliciting the assent of child-participants unless the requirement to obtain child assent is waived (see Appendix 4);

vi. There are no required additional protections for wards enrolled in these studies.

3. 45 CFR §46.406 and 21 CFR §50.53 allows the IRB/EC to approve research if the IRB/EC finds that:

i. more than minimal risk to children is presented by an intervention or procedure that does not hold out the prospect of direct benefit for the individual participant, or by a monitoring procedure that is not likely to contribute to the well being of the child;

ii. the risk represents a minor increase over minimal risk;

iii. the intervention or procedure presents experiences to participants that are reasonably commensurate with those inherent in their actual or expected medical, dental, psychological, social or educational situations; and,

iv. the intervention or procedure is likely to yield generalizable knowledge about the participants’ disorder or condition which is of vital importance for the understanding or amelioration of the participants’ disorder or condition.

Additional protections:

v. Parental permission is required from both parents except when one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child, unless the requirement to obtain parental/guardian permission is waived (see Appendix 4);

vi. Adequate provisions are made for soliciting the assent of child-participants unless the requirement to obtain child assent is waived (see Appendix 4);

vii. Wards can only participate in these studies if the following conditions are met by the IRB/EC:

a. the research must be either related to the children’s status as wards; or conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of children involved as participants are not wards;
b. the IRB/EC must require appointment of an advocate for each child who is a ward, in addition to any other individual acting on behalf of the child as guardian or in loco parentis (see Appendix 3).

Research not otherwise approvable by the IRB/EC (45 CFR §46.407 and 21 CFR §50.54):

If an institution’s IRB/EC does not believe the proposed research meets the requirements of the HHS regulations at 45 CFR §§46.404, 46.405, or 46.406 or the FDA regulations at 21 CFR §§50.51, 50.52, or 50.53, but finds and documents that all requirements under Subpart A are satisfied and the research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children (in accordance with DHHS regulations at 45 CFR §46.407(a) and 21 CFR §50.54), the Principal Investigator (PI) will contact DAIDS to consider the submission of the research to the Office for Human Research Protections (OHRP) or the U.S. Food and Drug Administration (FDA) for review under the Secretarial Panel review process.