#### **Subject Selection**

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#### Disclaimer

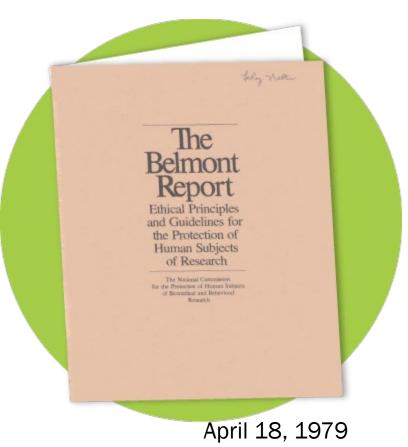
The views expressed in this talk are my own. They do not represent the position or policy of the NIH, DHHS, or US government.





## **Subject Selection**

- Respect for Persons
- Beneficence
- Justice







# **Subject Selection**

"Justice is relevant to the selection of subjects of research at two levels: the individual and the social.

 Individual justice in the selection of subjects would require that researchers exhibit fairness: thus, they should not offer potentially beneficial research only to some patients who are in their favor or select only "undesirable" persons for risky research...





# **Selection of Subjects**

 ...Social justice requires that distinction be drawn between classes of subjects that ought, and ought not, to participate in any particular kind of research, based on the ability of members of that class to bear burdens and on the appropriateness of placing further burdens on already burdened persons...





# **Selection of Subjects**

...Thus, it can be considered a matter of social justice that there is an order of preference in the selection of classes of subjects (e.g., adults before children) and that some classes of potential subjects (e.g., the institutionalized mentally infirm or prisoners) may be involved as research subjects, if at all, only on certain conditions."





#### **Three Aspects of Subject Selection**

- A. <u>Selection</u>: determining who is eligible
- B. <u>Recruitment</u>: inviting eligible individuals
- C. <u>Retention</u>: retaining enrolled subjects





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## **Overview**

- Protection to Access
   History and Policy
- Fair Participant Selection
  - Ethical goals
  - Practical considerations





## **PROTECTION TO ACCESS**



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#### **Protection to Access**

- National Commission Perspective (1970s)
  - Protect vulnerable populations
  - Cannot unduly target prisoners, children, institutionalized persons, poor, etc.
- Contemporary Perspective (1990s)
  - Allow disadvantaged groups to have access to what can be learned through research
  - If research offers particular opportunities, must assure access in a fair way





Mission Statement

– "The Food and Drug Administration (FDA) is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation." (ASSURING SAFETY)

Source: Food and Drug Administration (2019)





- Informed by History
  - Patent Medicine
  - Elixir Sulfanimide
  - Thalidomide
  - Diethylstilbestrol (DES)











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- General Considerations for the Clinical Evaluation of Drugs (FDA 1977)
  - "In general, women should be excluded from the earliest dose ranging studies. If adequate information on efficacy and relative safety has been assessed during Phase II [and reproductive testing in animals completed] women of *childbearing potential* may be included in further studies..."





- General Considerations for the Clinical Evaluation of Drugs (FDA 1977)
  - "A woman of *childbearing potential* is defined as a pre-menopausal female capable of becoming pregnant. This includes
    - women on oral, injectable, or mechanical contraception;
    - women who are single;
    - women whose husbands have been vasectomized or whose husbands have received or are utilizing mechanical contraceptive devices."





- How could exclusion of women be problematic?
  - Scientifically?
    - Generalizability
    - Clinical Care
  - Ethically?
    - Fair distribution of benefits and burdens of research





# **Assuring Access**

Mission Statement

– "The FDA is responsible …for advancing the public health by helping to speed innovations that make medicines and foods more effective, safer, and more affordable; and helping the public get the accurate, sciencebased information they need to use medicines and foods to improve their health." (ASSURING ACCESS)

Source: Food and Drug Administration (2019)





## **Assuring Access**

- AIDS Activism
  - Parallel Track announced 1989
- Evidence about actual level of harm to those enrolled
- Congressional Women's Caucus interest







### **FEDERAL INCLUSION POLICY**



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# National Institutes of Health

- NIH budget in FY 2023 was \$48 billion
  - 84% of NIH's funding is awarded for extramural research
    - 50,000 competitive grants to more than 300,000 researchers at more than 2,500 universities, medical schools, and other research institutions
  - 10% of NIH funding supports intramural research
    - 6,000 investigators, the majority in laboratories here in Bethesda

Source: NIH (2023)





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- Inclusion of Women and Minorities in Clinical Research Policy (1986)
- NIH Policy and Guidelines on the Inclusion of **Women and Minorities** as Subjects in Clinical Research (1994, update 2001)
- NIH Policy and Guidelines on the Inclusion of Children as Subjects in Clinical Research (1998, update 2017)
- NIH Policy and Guidelines on the Inclusion of Individuals Across the Lifespan as Participants in Research Involving Human Subjects (2017)





# **National Institutes of Health**

- Sex as a Biological Barrier (2016)
  Attention at earliest stages of development
- No policy yet but recent attention to inclusion of:
  - Lesbian, Gay, Bisexual and Transgender People
  - People with disabilities





- Regulation of food, drugs, biologics, medical devices, electronic products that give off radiation, cosmetics and veterinary products.
  - Review the data submitted related to a drug or device and decide to approve or not





- General Considerations for the Clinical Evaluation of Drugs (1977, withdrawn 1993)
- Guideline for the Format and Content of the Clinical and Statistical Sections of New Drug Applications (1988)
- Guideline for the Study of Drugs Likely to be Used in the Elderly (1989)
- Guideline for the Study and Evaluation of Gender Differences in the Clinical Evaluation of Drugs (1993)

Source: NAS (2022)





- Revision of New Drug Application, Demographic Rule (1998)
- Pregnant Women: Scientific and Ethical Considerations for Inclusion in Clinical Trials (2018)
- Action Plan to Enhance Collection and Availability of Demographic Subgroup Data (2014)
- Evaluation and Reporting of Age-, Race- and Ethnicity-Specific Data in Medical Device Studies (2017)

Source: NAS (2022)





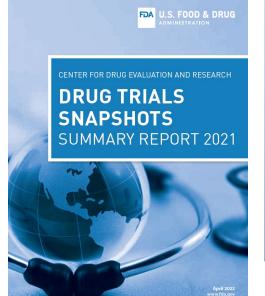
- Enhancing the Diversity of Clinical Trial Populations- Eligibility Criteria, Enrollment Practices and Trial Designs Guidance for Industry (2020)
  - Some attention to inclusion of people with disabilities
  - Little attention to inclusion of sexual minorities



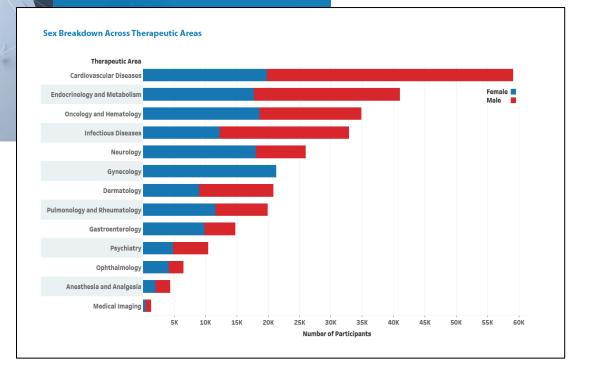
Source: NAS (2022)



#### **Drug Trial Snapshots**



FDA U.S. FOOD & DRUG 2015-2019 **DRUG TRIALS SNAPSHOTS** SUMMARY REPORT Five-Year Summary and Analysis of Clinical Trial Participation and Demographics





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# **Other Players**

- Government Accounting Office
- National Academy of Sciences
  - Improving Representation in Clinical Trials and Research: Building Research Equity for Women and Underrepresented Groups (2022)





## FAIR PARTICIPANT SELECTION



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# **Ethical Principles**

- Collaborative partnership
- Social value
- Scientific validity
- Fair participant selection
- Favorable risk benefit ratio
- Independent review
- Informed consent
- Respect for participants

Source: Emanuel, Grady and Wendler (2008)





#### **Goals of Fair Participant Selection**

- Distribute burdens and benefits fairly
- Ensure social value of research
- Enhance scientific validity
- Minimize risks to subjects
- Enhance benefits to subjects
- Protect the vulnerable

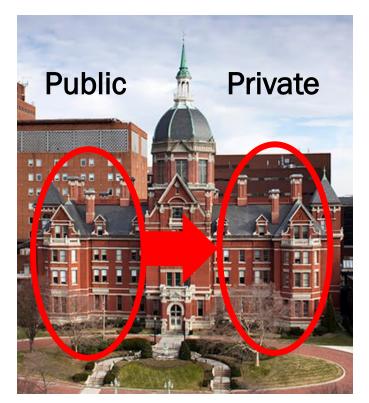
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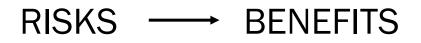




#### Distribute burdens and benefits fairly

#### RESEARCH → TREATMENT

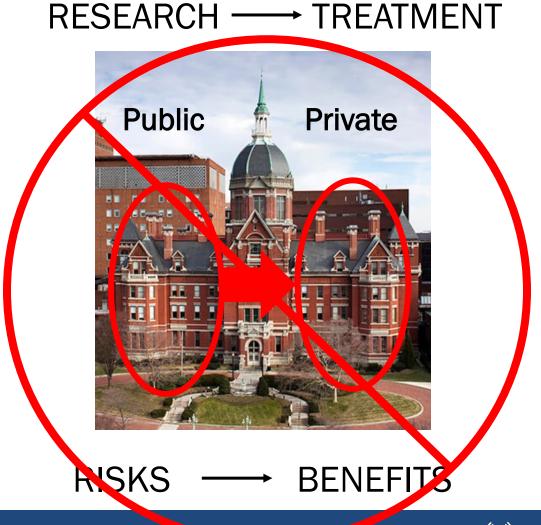








#### **Distribute burdens and benefits fairly**



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NIF



#### **Distribute burdens and benefits fairly**

#### RESEARCH ───── TREATMENT











## **Distribute Burdens and Benefits**

- Priority of Science
  - The scientific goals of the study should be the primary consideration in determining who is eligible to enroll.
    - This involves ensuring the value of the study and enhancing its validity.





## **Distribute Burdens and Benefits**

- Generalizability
  - To the extent possible, it is important to ensure that interventions are tested in different populations (e.g. men and women).
    - Enrollment of a broad range of subjects helps to promote this goal.





## **Ensure Social Value**

- Exclude individuals not suitable for answering the scientific question.
  - Exclude individuals who have characteristics/ conditions that make it impossible to assess the intervention being tested (e.g. previous exposure to HIV vaccine; cancer)





# **Enhance Scientific Validity**

• Exclude individuals who cannot satisfy the protocol requirements.







# Minimize Risks to Subjects

 To minimize risks, exclude individuals who face significantly higher risks.

Exclude Individuals with poor kidney function from phase II studies of drugs with renal clearance.

Exclude pregnant women (women of child bearing potential)?





## **Enhance Benefits to Subjects**

• Select subjects who are more likely to benefit from participation.

A study of a new anti-HIV drug might focus on individuals with low CD4 counts.





#### **Benefits of Research**

 More recent debate has focused on the fair distribution of the benefits OF (versus IN) research.

Should individuals without health insurance be excluded from treatment trials?





• There is an order of preference in selecting subjects, for instance, adults before children.

Belmont Report, 1974

• Exclude vulnerable subjects unless their participation is needed for scientific reasons.

CIOMS, 2017





- In general, vulnerable subjects are those who are significantly less able to protect their own interests.
- In the context of clinical research, vulnerable subjects typically are those who are unable to give informed consent.
  - Lack capacity
  - Have capacity, but not free from influence





- Who is vulnerable according to 45 CFR 46?
  - Pregnant Women, Human Fetuses and Neonates (Subpart B)
  - Prisoners (Subpart C)

– Children (Subpart D)





 In some cases, it is possible to address individuals' vulnerability without excluding them.

Individuals who do not understand English are vulnerable (in the US), but this vulnerability can be addressed by translators and translated documents.





• Exclude individuals unable to consent, unless there is a compelling reason to enroll them.

Scientific necessity: trial of a treatment for severe Alzheimer disease must enroll those who cannot consent.





- Additional Safeguards
  - Informed consent is a primary research safeguard.
  - Hence, when subjects unable to consent are eligible, additional safeguards should be included to protect them (e.g. Legally Authorized Representative, Study Partner).





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