Guidance on Exclusion/Inclusion of Specific Groups’ Participation in Research

**Introduction to the Issue**

IRB often encounters the ‘tension’ between: 1) the general research ethics principle that research participation should be open to all volunteers (i.e., no groups should be excluded) and 2) researchers’ desire to exclude groups for either scientific or logistical/pragmatic reasons. Scientific reasons include empirically-based rationales that certain groups’ characteristics could confound or distort study results, thereby negating the ethical cost/benefit balance of the research. For example, some Exercise Science studies examine processes that are susceptible to fluctuating hormone levels in females, which is not the case for males. Logistical/pragmatic reasons include conserving limited funds and narrow data collection time windows for research by requiring fewer subjects to provide the same sensitivity for the study to detect true findings when they exist (i.e., power). For example, a labor- and time-intensive data collection study might increase the time an Honors College student’s thesis data collection required from three months to six months if, say, IRB required opening participation from males only to both males and females – in order to enable the student an equal chance of finding results of interest. If it is unknown whether gender or race influence the study variables, initial studies can conserve resources by having homogeneous groups.

There are many factors that affect how much weight the IRB should place on open enrollment, including ethical factors and aspects of specific studies.

Existing Ethics Guidance

BELMONT REPORT – Principle of Justice [from NIH]

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

FDA Guidelines:

…recommend that: "representatives of both genders be included in clinical trials in numbers adequate to allow detection of clinically significant gender related differences in drug response."

NIH inclusion mandates vary with type of clinical trial:

*For Phase I and II clinical trials, the systematic inclusion and reporting of information on women and minorities and minority subpopulations* ***is generally required*** *to increase the scientific base of knowledge about them. For Phase III clinical trials,* ***the design of the trials must*** *reflect the current state of knowledge about any clinically important gender and/or race/ethnicity differences in the response to the intervention. Evidence may include data from prior animal studies, clinical observations, metabolic studies, genetic studies, pharmacology studies, and observational, epidemiologic and other relevant studies. The nature of the evidence should be used to determine the extent to which women, men and members of minority groups and their subpopulations must be included. In addition, national statistics on the disease, disorder or condition under study and national population statistics should be used in designing Phase III clinical trials.*

Classical example of inclusion failure with ethical implications

The Framingham heart study, begun in 1948, was the first to attempt to discover heart disease (CVD) Risks. Subjects were recruited from a mostly white Boston suburb. Despite subsequent recognition that blacks’ death rates from CVD are higher than whites, the vast over-representation of whites over blacks, in this study, delayed improved health care for blacks. In 2000, the Jackson Heart Study was funded to resolve this error.

**Guidance for UM IRB**

Just as NIH requires scales inclusion/exclusion requirements based on the type of study, the UM IRB should also consider the nature of studies in making this determination.

Barring scientific justification for exclusion, levels of inclusion should be:

1. Inclusion Mandatory
* Studies with strong potential, significant life benefit or potential risk for subjects.

[Improvement in throwing a baseball would not be a ‘life benefit,’ even for an NCAA pitcher; Improvement in bone mineral density for osteoporosis subjects would be]

1. Inclusion Encouraged
* Studies with potential benefit to others represented by the subject groups, but not for the subjects. IRB relies on the investigator’s judgement.
1. Inclusion a Minimal or Non-Consideration
* Studies from category B. that employ weak research designs, which are less likely to provide reliable and valid findings
* Studies with minimal or no benefit to subjects.

[Most surveys]