1259 – 1265

1489 – 1519

Comment no.	General Comment (if any)	Outcome
		(if any)
1	Section 5 Definitions/Glossary contains many aspects which could	
	be more usefully incorporated into later sections, particularly	
	where they go beyond the immediate provision of a definitions.	
	This would result in a more focussed and accessible document to	
	be used as a reference by researchers. For example, 5.3 contains	
	much guidance that could belong in Section 6; Section 5.5 seems to	
	be a policy statement rather than a definition of ethical review.	
2	Certain detailed aspects of the document could be omitted where	
	they are not inherent to trials with minors, resulting in a more	
	focussed document. Examples are given in the next section (*).	
Line Number(s)	Comment and rationale; proposed changes	
	If changes to the wording are suggested, they are highlighted	
466 - 468	Regarding actions when a subject who was a minor becomes	
	legally competent during the trial, more guidance would be	
	welcome to manage the transition pragmatically without	
	unwarranted interruptions, e.g. in trial treatment. Points to	
	consider might include the interval between routine study visits	
	and whether an unscheduled visit would be needed.	
469 – 476	Regarding a legally-competent adolescent subject deciding to	
	include their parent(s) in the consent process, more guidance is	
	suggested on capturing that involvement in the trial records, even	
	though it may not be required legally.	
482 - 490	It is not clear how this section relates to minors – is it perhaps	
	intended to assist families supporting the minor in the informed	
	consent process?	
772 – 774	* These are considerations for any trial, not just those involving	
835 – 843	minors or the special relevance to trials with minors is not made	
863 - 882	clear. They could be omitted from the document or the particular	
		1

relevant to trials with minors stressed more clearly.

Ethical considerations for clinical trials on medicinal products conducted with minors