

2020 WADA Prohibited List stakeholder consultation: review Dutch stakeholders

11 July, 2019

We would like to thank the Prohibited List Expert Group (LiEG) for giving us the opportunity to review the DRAFT 2020 Prohibited List International Standard.

Also, we would like to thank Dr Audrey Kinahan for writing the stakeholder letter explaining the rationale for the decisions made for the 2019 Prohibited List, provided by email on 13 February 2019. Again, it proved to be very helpful to understand the decision-making process and to endorse the final decisions made.

Fourfold contribution

In line with previous years our contribution is composed by the four Dutch stakeholders, being:

- Ministry of Health, Welfare and Sport
- Netherlands Olympic Committee*Netherlands Sports Confederation (NOC*NSF)
- NOC*NSF Athletes' Commission
- Doping Authority Netherlands

On behalf of these four stakeholders we would like to ask you to treat our review as a fourfold contribution to your consultation process.

Review criteria

We use the following criteria to review the DRAFT 2020 Prohibited List.

The proposed changes to the Prohibited List should:

- Be based on a transparent decision-making process
- Be easily explainable to the sports community
- Have strong focus on catching intentional cheaters
- Protect the benevolent athletes
- Have minimal interference with good medical practice

We feel these criteria help us to focus on the interests of our most important target group: the true athletes. They should benefit the most from the amendments we put into practice.

Comments

S1.

- We support the decision to join all anabolic androgenic steroids into one class. It makes the Prohibited List easier to read as the administration of all anabolic androgenic steroids is prohibited at all times.

S2.

- We support the re-evaluation and the subsequent removal of argon from the Prohibited List.

S3.

- For inhaled salbutamol the maximum is 1600 micrograms over 24 hours in divided doses not to exceed 800 micrograms over 12 hours starting from any dose. However, since a maximum of 800 micrograms over 12 hours will never exceed 1600 micrograms over 24 hours, we reiterate our proposal to make it more simple and state: *"Inhaled salbutamol: maximum 800 micrograms over 12 hours in divided doses starting from any dose."*
- The Prohibited List states: *"The presence in urine of salbutamol in excess of 1000 ng/mL or formoterol in excess of 40 ng/mL is not consistent with therapeutic use of the substance and will be considered as an Adverse Analytical Finding (AAF) unless the Athlete proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of a therapeutic dose (by inhalation) up to the maximum dose indicated above."*

Over the last years it became obvious that the practical framework for performing such a controlled pharmacokinetic study is not clear enough. We therefore reiterate our proposal from last year to make this framework more clear and suggest WADA to publish an additional guideline document for performing controlled pharmacokinetic studies.

S4.

- The misuse of thyroxine by Dutch athletes was a major issue in the last couple of years, especially in speed skating.

On 13 December 2016 Dr Audrey Kinahan, Chair of the LiEG, wrote:

"WADA is supporting the preparation of a critical review of thyroid hormones in sport and anticipates it will be ready for publication in the very near future."

On 13 February 2019 Dr Audrey Kinahan, Chair of the LiEG, wrote:

"The proposed review paper on thyroid hormone is currently at the journal submission stage."

We hope the review paper will be published soon. Without the provision of new information, we reiterate our stance that thyroxine (1) is currently being misused in elite sport, (2) meets all three Prohibited List criteria, and thus (3) should be added to the Prohibited List. Furthermore, we feel triiodothyronine, Thyroid Stimulating Hormone (TSH) and Thyrotropin-Releasing Hormone (TRH) should be considered for prohibition as well.

- We reiterate our proposal to allow the use of clomifene for women. We believe there are no potential performance or AAS post-cycle benefits for women to use it. At the

same time, we receive multiple questions from women who suffer from fertility challenges. They need a TUE to start their clomifene therapy. Moreover, once the athlete starts the therapy, the substance can still be detected up to a year later, leading to numerous potential moments on which the athlete can be confronted with the fertility challenges again during and after doping controls. In our view the balance of available evidence clearly favours permitting clomifene for female athletes.

S5

- The Prohibited List states: *"The detection in an Athlete's Sample at all times or In-Competition, as applicable, of any quantity of the following substances subject to threshold limits: formoterol, salbutamol, cathine, ephedrine, methylephedrine and pseudoephedrine, in conjunction with a diuretic or masking agent, will be considered as an Adverse Analytical Finding (AAF) unless the Athlete has an approved Therapeutic Use Exemption (TUE) for that substance in addition to the one granted for the diuretic or masking agent."*

Although we understand the rationale of this policy, we feel it could lay a disproportionate burden on the athlete, especially when (1) a diuretic is administered in course of medical emergency and (2) the Athlete's Sample is collected Out-of-Competition. We also question the need for this policy, considering the current analytical abilities of the WADA accredited laboratories. Therefore, we ask the LiEG to re-evaluate this policy.

M1.

- We believe athletes have the right to donate blood plasma. But since this method involves the reinfusion of red blood cells, it is prohibited according to the current rules. This means that all athletes who perform their sport under the WADC - approximately 4.5 million people in the Netherlands – are not able to perform this noble and potentially lifesaving act. Also, no TUE can be granted since plasma donation does not meet at least one TUE criterion: athletes will not experience significant health problems if they abstain from this method. Furthermore, donating blood plasma is not considered to be performance enhancing and does barely influence the accuracy of the Athlete Biological Passport. Therefore, we feel this prohibition does not meet the criterion of proportionality and we reiterate our proposal to the LiEG to make an exemption to the current rules and explicitly allow blood plasma donation in medical settings for all athletes.
- It seems odd to mention prohibited substances in the prohibited methods section. Therefore, we reiterate our proposal to relocate M1.2. to S2.1.6.:

1.6 **Agents artificially enhancing the uptake, transport or delivery of oxygen, e.g. perfluorochemicals, efaproxiral (RSR13) and modified haemoglobin products (e.g haemoglobin-based blood substitutes and microencapsulated haemoglobin products)**

M3.

- We support the changes for class M3. They make the Prohibited List better and easier to read.

S7.

- The abuse of narcotics is limited and if these substances are abused, it constitutes medical malpractice more than doping use. Furthermore, in order to get a TUE,

Registered Testing Pool athletes need to declare exactly which narcotics in what dosage will be given to them prior to the surgery. This often causes practical challenges for the athlete, the doctor as well as the TUE Committee. We therefore reiterate our proposal to adopt a more practical policy for the use of narcotics and allow their use in the course of hospital treatment, surgical procedures and clinical diagnostic investigations. This policy is in line with the policy on intravenous infusions in section M2.2.

S8.

- We support the textual change of S8. However, we believe cannabis, hashish and marijuana are not cannabinoids, but are examples of products that contain cannabinoids. Also, we feel not all cannabinoids should be prohibited, but only THC and THC-like cannabinoids (although we are ultimately in favor of removing all cannabinoids from the Prohibited List). Therefore we have an alternative text proposal:

The following cannabinoids are prohibited:

- Natural tetrahydrocannabinols (THCs), e.g. from cannabis, hashish, marijuana
- Synthetic THCs
- Synthetic cannabinoids that mimic the effects of THC

Except:

Cannabidiol

Monitoring List

- We support the addition of ecdysterone to the Monitoring List.