10 years of the ABP

Launch, limitations and lessons



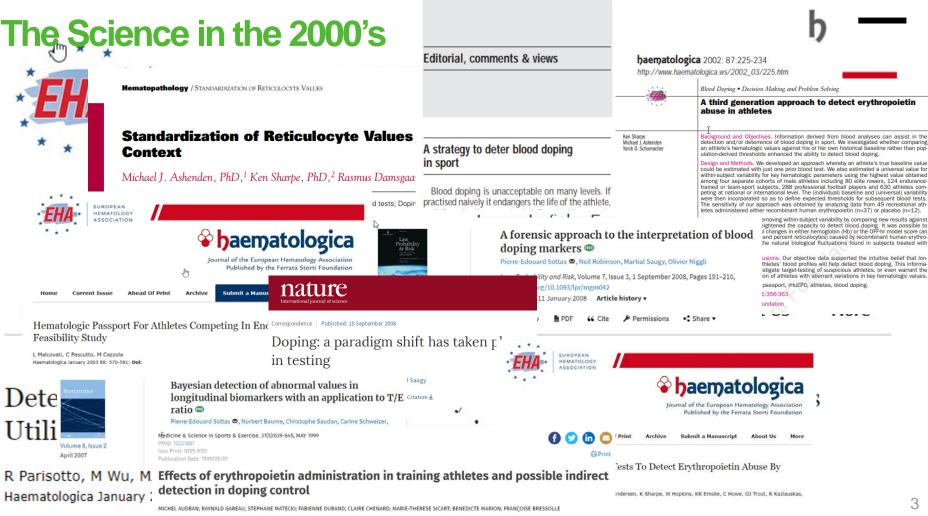
Prevalence of blood doping in the 2000's



	n	Prevalence M1, n (%)	Prevalence M2, n (%)		n	Prevalence M1, n (%)	Prevalence M2, n (%)
Males	4028	12 (10–15)	12 (10–15)	Females	3261	18 (15–21)	18 (15–21)
Country A	205	48 (35-63)	78 (54–99)	Country A	445	46 (35–58)	50 (35-68)
Country B	352	3 (1–11)	1 (0-2)	Country B	130	8 (4–34)	2 (0-11)
Country C	257	23 (15-30)	28 (17-36)	Country C	147	12 (4–20)	14 (1–28)
Country D	208	6 (3–19)	5 (0-17)	Country D	103	1 (0–11)	0 (0–3)
Country E	160	18 (11–30)	18 (7–28)	Country E	106	11 (7–20)	8 (1–14)
Country F	148	6 (1–25)	2 (0-22)	Country F	110	6 (3–19)	0 (0–13)
Country H	160	39 (20–54)	51 (21–87)	Country H	65	36 (13–62)	36 (5–66)
		All	7289	14 (12–16)	14 (12–16)		
		All nonenduran	ce 1329	3 (0–8)	1 (0-3)		
		All endurance	4999	18 (15–22)	19 (16–22)		

Track & Field Athletics

P.-E. Sottas et al., Clinical Chemistry. **57**, 762–769 (2011).



Autumn 2007



- "Annus horribilis: Cheating has dogged cycling for years, but this year more than most."
- 05-Sep-2007: decision by the UCI to launch the ABP
- First ABP tests on 26-Oct-2007
- Out-of-competition testing in place





The World Anti-Doping Code

I ATHLETE BIOLOGICAL PASSPORT OPERATING GUIDELINES

AND COMPILATION OF REQUIRED ELEMENTS

December 2009

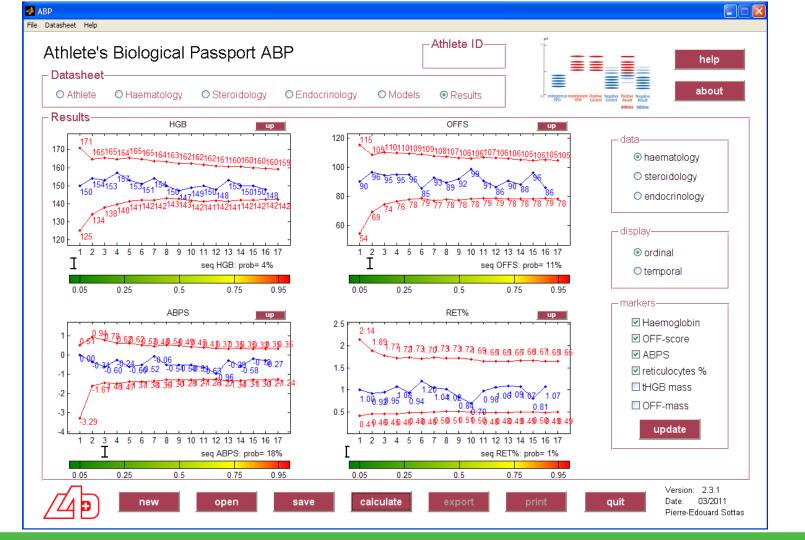
Version 1.0



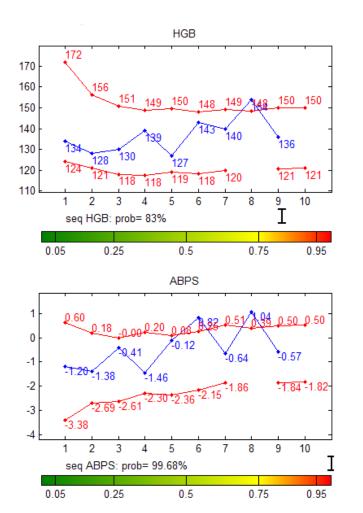
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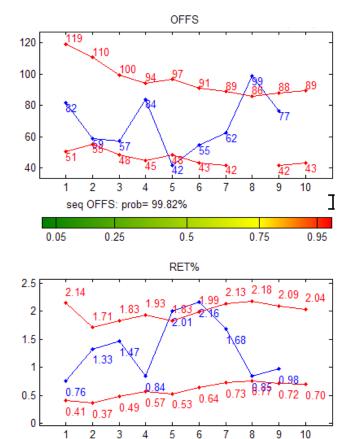
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ATHLETE BIOLOGICAL PASSPORT OPERATING GUIDELINES - Version 1.0









0.5

0.75

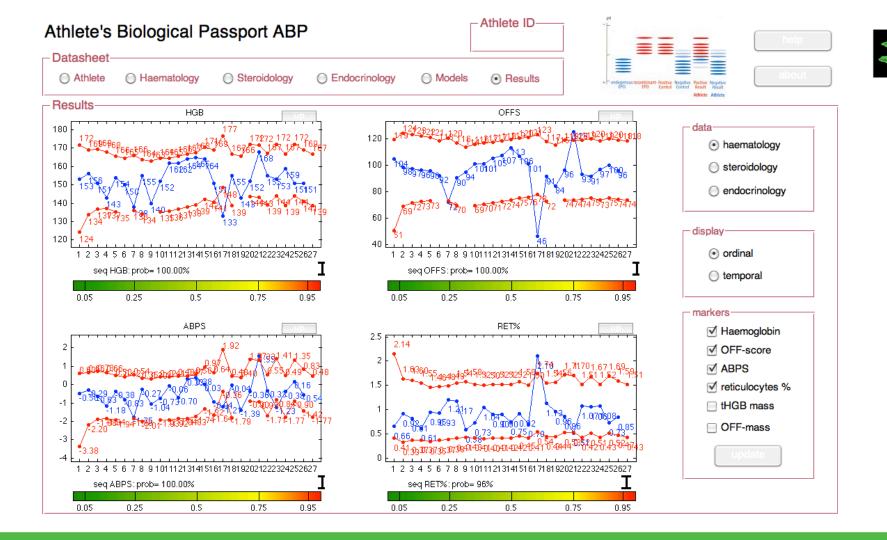
0.95

seq RET%: prob= 99.99%

0.25

0.05





CAS AWARDS: Jurisprudence for the ABP



53. In summary the CAS Panel finds that:

- there were no defects in the process of analysis or breaches in the chain of custody such as would make the results of the critical tests unreliable;
- those tests on 19 April and 29 August 2009 revealed abnormalities in the context of the Athlete's APP such as to excite the good for evaluation.
- the explana their evided preferred because of the written and oral testimonies of the Parties'
- (iv) in any ever measure or was disinch alarming bl ABP model is a reliable and valid mean of

 (v) the pattern establishing an ADRV."
- (v) the pattern not least, b establishing an ADRV."

 (vi) the coincidence of the blood manipulation a calendar was striking;

Tribunal Arbitral du Sport

has approved the use of the ABP and this has been codified" In any event, the Panel rigorously reviewed all the experts' written and oral testimonies.

276. First, although the Panel acknowledges the comprehensiveness of the First Respondent's Belda-Peña Report (142 pages), the Panel notes that the First Respondent's criticism of the

ABP's reliability was largely b Dr. Sottas, the entire discussic address the OFF-score as app

277. Second, the Panel is satisfied challenge in the Vidal Report⁹

278. Finally, the Panel appreciates ABP's reliability⁹⁷.

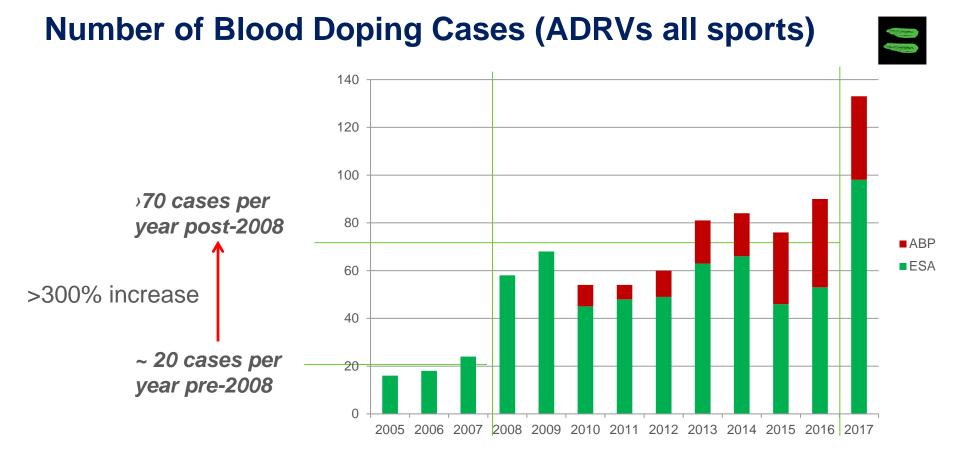
279. Therefore, following a consideration of the written and oral testimonies of the Parties' experts, the Panel is convinced that the ABP model is a reliable and valid mean of establishing an ADRV.

Court of Arbitration for Sport

de, la Formation conclut que l'Athlète a commis une violation des i interdisent l'usage d'une méthode interdite (21.2 RAD) et, en 10de M.1 ("amélioration du transport d'oxygène") de la liste des

s the CAS award in the ABP: "WADA

"The Panel recalls the CAS award in the case CAS 2010/A/2235 which confirmed the validity and reliability of the ABP"



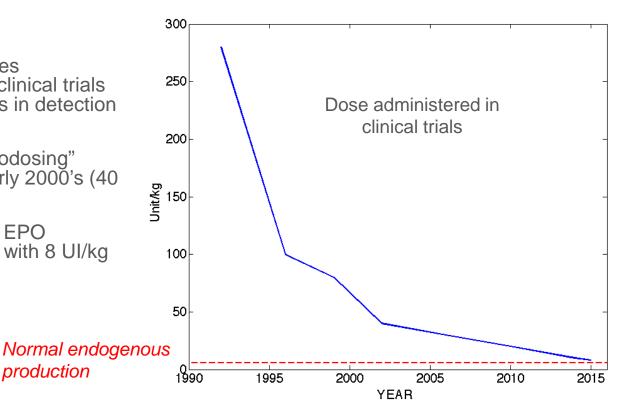
>800 athletes sanctioned since introduction of the ABP

EPO microdosing: how much?



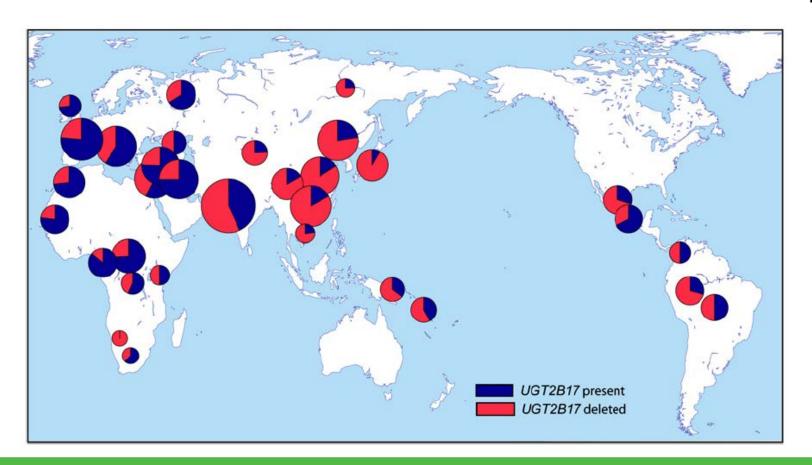
- Evolution of doses administered in clinical trials follows advances in detection methods
- Term "EPO microdosing" introduced in early 2000's (40 UI/kg IV EOD)
- Rider caught for EPO admitted doping with 8 UI/kg IV EOD

production



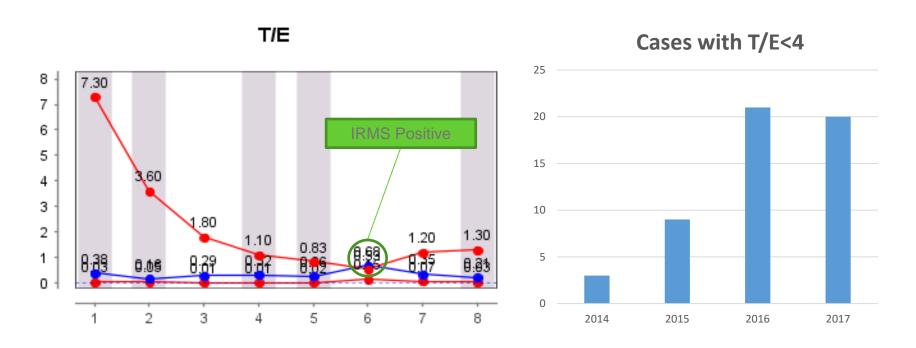
Worldwide variations in testosterone metabolism





Increase in IRMS positives below T/E of 4

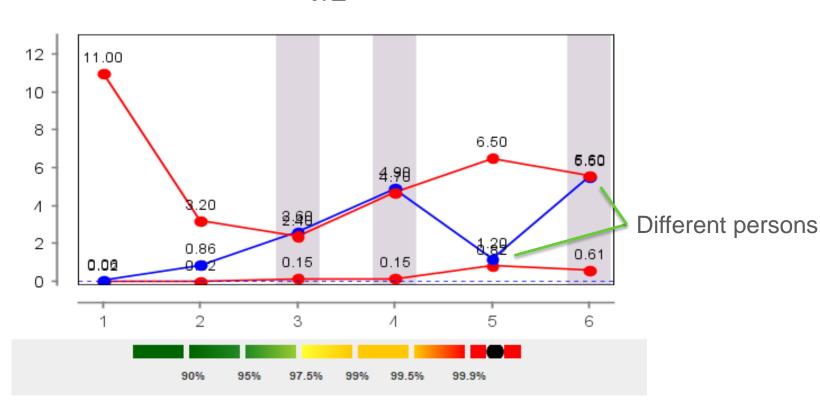




Sample swapping







Outcomes of current ABP modules



	Drug testing Article 2.1	Passport case Article 2.2	Investigations Articles 2.5-2.10
Haematological Module	++	++	++
Steroidal Module	++	-	++

Deterrence?







