MINUTES

Health, Medical & Research Committee Meeting

21-22 August 2025– Montreal, Canada

Participants:

Prof. Lars Engebretsen, Chair
Prof. Takao Akama (by videoconference)
Prof. Xavier Bigard
Prof. Francesco Botré (by videoconference)
Prof. Wayne Derman
Dr. Matthew Fedoruk (by videoconference)
Dr. Audrey Kinahan
Prof. Andrew McLachlan (by videoconference)
Dr. Katja Mjøsund
Prof. Yannis Pitsiladis (by videoconference)
Dr. Malav Shroff

Apologies

Dr. Yuhan Tan

Ex-Officio Members:

Prof. Carl Johan Sundberg (by videoconference)
Prof. Bruno Le Bizec
Dr Olaf Schumacher
Prof. Susan White

WADA staff:

Dr. Osquel Barroso
Dr Anne Danion (day 1)
Mr Alexandre Ducic (day 2, item “World Anti-Doping Code update”)
Dr Léonie Egli (day 1)
Mr. David Healy
Dr. Irene Mazzoni
Dr Luciana Meirotti

Prof. Olivier Rabin

Dr. Lisa Starr

Ms Claire Traversa (day 1)

Observer

Prof. Fabio Pigozzi, Fédération Internationale de Médecine du Sport (by videoconference)

Abbreviations

AAF: Adverse Analytical Finding
ABP: Athlete Biological Passport
ADO: Anti-Doping Organizations
DBS: Dried Blood Spot
DL: Decision Limit
EAG: Expert Advisory Group
ExCo: WADA Executive Committee
GCDEAG: Gene and Cell Doping Expert Advisory Group
HMRC: Health, Medical and Research Committee
IC: In-Competition
IS: International Standard
LabEAG: Laboratory Expert Advisory Group
LiEAG: List Expert Advisory Group
MP: Monitoring Program
MRL: Minimum Reporting Level
NADO: National Anti-Doping Organization
OOC: Out-of-Competition
PE: Performance enhancing
SoA: Substance of abuse
TD: Technical Document
TUE: Therapeutic Use Exemption
TUEEAG: Therapeutic Use Exemption Expert Advisory Group
WG: Working group

Day 1

Welcome

- Prof. Lars Engebretsen, Chair of the Health, Medical & Research Committee (HMRC), opened the meeting and welcomed the members. Prof Engebretsen mentioned that a few members could not attend due to diverse reasons including an airline strike but joined by videoconference.
- Prof. Engebretsen welcomed the new members:
  - Dr. Audrey Kinahan from Ireland, joined after serving as Chair of List Expert Advisory Group (LiEAG), for several years bringing expertise in medicines regulation and clinical trials.
  - Dr Katja Mjøsund, from Finland, is a physician in sports and exercise medicine and has a solid research background in the field of skeletal muscle energy metabolism. She also serves as a team physician and was member of the WADA Therapeutic Use Exemption EAG.
  - Dr. Olaf Schumacher is the new Chair of the LiEAG replacing Dr Kinahan and is a sports medicine physician working in Qatar with background in internal medicine and Athlete Biological Passport (ABP) development.
  - Tribute was paid to departed members Prof. Christian Strasburger (Germany), Dr. Lenka Dienstbach-Wech (Germany, rowing gold medalist), and Prof. Milica Vukasinovic-Vesic (Serbia) for their contributions over multiple HMRC meetings.
- The HMRC was informed that there would be Artificial Intelligence (AI) recording during the meeting for assisting with the Minutes-taking. It was in its testing phase for productivity improvement, and the files will be deleted after approval of the Minutes,

Disclosure of conflicts of interest

- No conflicts of interest were initially raised. Prof. Engebretsen noted that there could be some conflicts of interest appearing when discussing the project proposals from the Research Call for grants. In that case the person would not be able to participate in the discussions and should step out of the room or disconnect until the end of the evaluation of those proposals.

Presentation of the draft 2026 Prohibited List

- The Draft of the 2026 Prohibited List, prepared by the LiEAG, was presented by Dr. Schumacher, Chair of the LiEAG.
- The LiEAG held 3 meetings, and following the 2nd one in April, the draft 2026 List was circulated for consultation to the stakeholders. A total of 154 comments were received.
- The changes proposed to the HMRC for the 2026 List and Monitoring Program are detailed below:
  - There were minor additions of new examples throughout various sections including pegmolesatide as an EPO-mimetic agent as well as additional stimulant examples.
  - There were adjustments for the asthma medication salmeterol dosing intervals, which were changed to 100mg every 8 hours based on pharmacokinetic modeling study done by the University of Lausanne. The total daily dose remains the same and is twice the manufacturer's recommended

dose. This change is due to new evidence demonstrating dosage-related performance enhancing effects of beta-2 agonists at high doses. In addition, it minimizes the possibility of surpassing the Minimum Reporting Level (MRL) when the maximum allowed dose was taken together.

- There were changes in in the Prohibited Methods Section
  - Blood withdrawal clarification (M1.1): to avoid misunderstanding, it explicitly states that withdrawal of blood or blood components for analytical purposes including medical tests and doping control as well as for blood donations in accredited collection centres are not prohibited.
  - Carbon monoxide prohibition (M1.4): A new subcategory was created (M1.4) prohibiting rebreathing systems delivering carbon monoxide except for diagnostic procedures under medical or scientific supervision, in response to information that some athletes were misusing the procedure to enhance blood performance. Prof. Bigard mentioned that medical members of Union Cycliste International (UCI) supported the addition.
- Monitoring Program
  - Semaglutide monitoring was extended for an additional year to strengthen data collection, with some evidence that the drug is declared in a few doping control forms.
  - It was clarified that the monitoring of semaglutide includes tirzepatide, as they share common target metabolites.

- The HMRC approved the proposed draft 2026 Prohibited List, Explanatory Note and Monitoring Program as recommended by theLiEAG. These versions would be recommended to the WADA Executive Committee (ExCo) for approval at their 11 September meeting.

Achievements related to the Prohibited List

- In addition to the Prohibited List, Dr. Schumacher said that the LiEAG is also solicited to give an opinion of the status of substances and methods year-round. More than 200 requests are received per year and some of those are resolved by WADA Science Department, based on previous decisions or well-established pharmacological mechanisms of action, while the rest requires the intervention of the LiEAG. Engagement with stakeholders is crucial for transparency and communication.
- The stakeholders' requests for prohibiting thyroid hormones decreased dramatically after the publication of "Thyroid Hormone Abuse in Elite Sports: The Regulatory Challenge". Three of the five co-authors were members of the LiEAG (Dr Audrey Kinahan, Prof. David Handelsman and Dr Mark Stuart).
- The publication of the article "Cannabis in Sport: an antidoping perspective" written by the LiEAG, appeared to have assisted stakeholders as WADA received less questions on the subject.
- The prohibition of all types of glucocorticoid injection combined with the washout periods has had a positive impact in the clinical practice of treatment of sports injuries.

Perspectives of the Prohibited List revisions for 2026 and beyond

- Dr. Schumacher also informed the HMRC of subjects that were being addressed by the LiEAG for possible changes in the future:

- Stimulants: As explained by Dr Kinahan at the 2024 HMRC meeting, the LiEAG has initiated a project to determine the usefulness of stimulant administration out-of-competition for sports related activities such as training. Dr Schumacher gave an update and said that the first step is data gathering and to this end a literature review of thousands of articles was completed to address the subject. The information will be discussed by the LiEAG, summarized and compiled in a review paper. Based on the outcomes the second step will comprise an interdisciplinary review to address the complexities of the stimulants class which include, for example, over-the-counter and prescription medications, illegal drugs, substances of abuse, specified and non-specified substances.
- Weight Management Drugs: Dr Schumacher also gave an update on the weight management project, aiming to establish whether a new class addressing all types of weight management substances should be created, not only for weight category sports but also weight sensitive ones (e.g. gymnastics, figure skating, cycling). At present there were different angles analysed:
  - Checking use of semaglutide through the Monitoring Program, which is at its first year of data gathering.
  - A research project evaluating the performance enhancing abilities of semaglutide, to be evaluated later that day by the HMRC
  - Emerging drug combinations, such as new products combining semaglutide with antibodies to prevent muscle loss, currently in phase 2 clinical studies.
- Diuretics: The LiEAG will also be discussing whether the S5 'diuretics and masking agents' class should be reclassified to 'weight management drugs' given reduced masking effectiveness with current highly sensitive detection methods. Consideration should also be given to substances prohibited above a threshold or a Minimum Reporting Level (MRL) as their concentration could be below the reporting level if a urine is diluted following the use of certain type of diuretics.
- Other key challenges included:
  - Asthma medications, which are widely used and creates anxiety among athletes.
  - Cannabinoids, with different potencies and widely diverse status (illegal/legal) around the world.
  - Metabolic modulators, which are widely used although efficacy has not been proven in most cases.
- Vision: The goal of the LiEAG is to identify doping substances and methods that are more dangerous or have more performance enhancement effect.

– The HMRC thanked Dr Schumacher for the presentation and reiterated its support \ to the draft 2026 List documents to be presented for approval at the ExCo meeting on 11 September.

Review and recommendations for the 2025 cycle 2 WADA Call for Scientific Research Projects

– Dr Luciana Meirotti, Head of Research at WADA, introduced the subject by informing the HMRC that from the 49 Expression of Interest (EOI) for Cycle 2 of the Research Program, 26 full applications were received. In addition, two re-applications were received from previous cycles. The 28 applications, totaling a $3.8 million USD budget, were reviewed across multiple categories including gene doping, EPO detection, and metabolite analysis.

- Subsequently Dr Meirotti and Dr Leonie Egli, Senior Manager of Research at WADA, alternated presenting a summary of each research proposal, a compilation of the three external reviews, the score and WADA remarks if appropriate.
- The grants were organized by the number of positive and negative recommendations and by score (given by external reviewers) and were discussed in that order, starting by the top-rated ones.
- HMRC members with conflicts of interest on particular projects stepped out or disconnected during those discussions.
- The HMRC considered the recommendations from the external reviewers and WADA comments (if any) for each grant and discussed each grant. As a result, 17 projects were selected for a total of USD 2.2 million and recommended for funding.
    - Three projects from Category A: Detection of doping substances/methods: methodologies in analytical chemistry
    - Four projects from Category B: Detection of doping substances/methods: affinity-binding and biochemical methodologies
    - Seven projects from in Category C: Pharmacological studies of doping substances/methods
    - One project from Category D: The Athlete Biological Passport.
    - One project from Category E: Detection of doping substances/methods: molecular biology, “Omics” and miscellaneous methodologies
    - One project from Category F: Scientific innovations to improve anti-doping programs
    - One targeted project on minor cannabinoids was approved as well.
- Some conditions were imposed on some grants, such as on sample size, budget or to reduce overlaps with previous projects.:
- Some feedback was provided to improve some of the non-approved grants, such as to collect more preliminary data or wait until completion of a previous project, use in-vivo, rather than in-vitro systems, etc.
- The HMRC concluded the discussions on the projects and would submit the recommendations for approval of funding of the selected projects during the WADA ExCo meeting on 11 September 2025.

Summary of first year around open call for grants

- Dr Leonie Egli, reviewed the outcomes of the first year of the new process for the Call for Scientific Research Grants.
    - The new format was well received by the anti-doping researchers.
    - The new year-round application system improved efficiency despite increased number of applications to manage.
    - There were 81 new applicants from 40 new institutions submitting grants. Eight new applicants from five new institutions got funding.
    - There is a higher demand and short deadlines for review (externals, internals and HMRC) and increased workload and short deadlines for the WADA team.
    - It is difficult to estimate budget per cycle.

- Future improvements include a new tool for submitting the projects as well as to monitor the progress, report and deadlines of grants approved. The already identified tool is being evaluated by WADA IT/Digital Insights.

2024-2025 Research projects outcomes and impact assessment

- Dr Meirotti summarized the outcomes of key projects completed in the last 12 months:
  - There were 27 completed projects with significant outcomes in metabolite identification, detection methods and results management.
  - Implementation Challenges: there is a need for better transitioning from end of research phase to uptake in routine testing by WADA accredited by laboratories.
  - Impact Measurement Framework: there is a new project to assess research impact across multiple areas such as laboratory implementation, results management, relevance to deter doping, Prohibited List, regulatory and scientific/academic impact.

Research Strategic Plan for the next 5 years

- Subsequently Dr Meirotti presented the five-year Research Strategic Plan. Four main priorities were identified for future research focus.
  - Innovation and relevance: there is a need for better exposure to emerging technologies for breakthrough ideas.
  - Translation of impactful research outcomes: Ensure research leads to practical and impactful outcomes, supports decision-making, and strengthens the global anti-doping system.
  - Expand research capacity and capability: strengthen the global foundation of anti-doping science by expanding access to funding, resources, and collaborative opportunities.
  - Increase knowledge dissemination and visibility: Make research findings accessible, foster dialogue, and further build public trust in anti-doping science.
- Regarding the research priority topics: it identifies relevant areas of anti-doping research; in particular, those related to the List of Prohibited Substances and Methods. Higher priority is granted to:
  - Detection/improvement of detection/quantification of peptide and protein hormones and growth factors;
  - Improved window of detection of prohibited substances/methods;
  - Pharmacokinetic studies to establish thresholds or minimum reporting levels to distinguish permitted from prohibited use, natural sources vs. intended use or contamination;
  - Detection of autologous blood transfusion;
  - Further development of the Athlete Biological Passport;
  - Progress of DBS program
  - Synthesis of selected Certified Reference Materials
- The HMRC supported research as a priority, including suggestions for AI applications as well as new biomarkers.

- The HMRC thanked Dr Meirotti for the presentations.

Report from the TUE Expert Advisory Group (TUE EAG)

- Prof. Susan White, Chair of the TUE EAG, gave an update on the activities of the TUE EAG:
  - The departure of the WADA Chief Medical Officer significantly increased the workload on the TUE EAG members, especially at a time when the ISTUE is under revision. Prof. Rabin said that WADA is seeking to hire additional resources to ensure more work is conducted internally to reduce the workload on external experts.
  - The TUE EAG is composed exclusively of physicians.
  - TUE Data: Number of total TUE is generally stable, with a slight increase due mainly to increased ADHD diagnosis.
    - More than two thirds of TUE are granted by the National Anti-Doping Organizations (NADOs)
    - Among the main prohibited substance categories for which TUEs were granted, approximately one-third were stimulants, one-third glucocorticoids, and one-fifth hormone and metabolic modulators, primarily insulin. The most common conditions for which TUE were granted were: ADHD, diabetes, asthma and musculoskeletal conditions.
  - TUE monitoring: All TUEs entered into ADAMS are monitored and screened by WADA medical staff. If there are concerns, the TUE undergoes a full WADA TUEC review.
    - There are three circumstances under which WADA may review a TUE (two mandatory and one discretionary): Mandatory TUE reviews arise in cases of disputes between ADOs, specifically when an IF refuses to recognize a NADO-granted TUE or when a NADO challenges an IF-granted TUE. Discretionary reviews may be initiated by WADA at any time, either through its systematic screening and monitoring of TUEs or upon an Athlete's request to review an IF's denial of their TUE.: Each TUE review is conducted by a 3-person panel (WADA TUE Committee): the Chair (often a member of TUE EAG), a physician with an expertise related to the athlete's condition, for example, a testosterone case should be evaluated with the help of an appropriate endocrinologist, and finally a 3rd member, either another clinical expert or TUE EAG member. Once the decision is received from the WADA TUEC, WADA Legal reviews before it is sent to the appropriate parties.
    - In exceptional circumstances and notwithstanding the ISTUE Article 4.1 and 4.2 criteria, an athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE. In these cases, for national and international level athletes, the NADO or IF must request WADA to support before the TUE can be approved.
    - TUE reviews are usually complex, in particular when evaluating whether the treatment will be performance enhancing beyond a return to normal
  - Other activities:
    - Material to assist physicians including the annually reviewed TUE Physician Guidelines and Checklists as well as resources like Factsheets and E-Learning courses in ADEL (Anti-Doping Education and Learning Platform).
  - The HMRC thanked Prof. White for the presentation.

Report from the Laboratory Expert Advisory Group (LabEAG)

- Prof Bruno Le Bizec, Chair of the LabEAG, gave an update on the 2025 activities:
  - The LabEAG is composed of 12 members: four representatives from WADA-accredited laboratories and eight independent experts from ISO accreditation bodies and related analytical fields (forensics, food safety, proficiency testing, metrology and analytical chemistry). The 2025 LabEAG includes two new members: Prof. Rosa Ventura, Director of the Catalonian Anti-Doping Laboratory, Barcelona, Spain and Dr Dorota Kwiatkowska, Director of the Polish Anti-Doping Laboratory, Warsaw, Poland
  - The key activities of the LabEAG consist in overseeing and providing recommendations on anti-doping Laboratory Accreditation and ABP-approval processes, contributing to the drafting and reviewing of WADA Laboratory Standards (International Standard for Laboratories (ISL), Technical Documents (TDs), Technical Letters (TLs)) and approving Laboratory Guidelines (LGs) and Technical Notes (TNs); assessing laboratory routine performance and compliance with WADA Laboratory standards as well as through the WADA External Quality Assessment Scheme (EQAS) and reviewing selected WADA-funded research projects and providing recommendations for implementation of relevant research outcomes by anti-doping laboratories.
  - Since the previous HMRC meeting (August 2024), the LabEAG held two virtual meetings and two in-person meetings. Another two virtual meetings are scheduled for 16 September and 24-26 November 2025.
  - There are currently 29 accredited laboratories worldwide with significant geographical disparities, with less laboratory capacity in Africa (no WADA accredited laboratory) and Central/South America (2 WADA accredited laboratories: Havana, Cuba and Rio de Janeiro, Brazil). The Bloemfontein, South Africa laboratory accreditation was revoked due to institutional support issues, high staff turnover, and persistent non-conformities with WADA standards. There are three probationary laboratories: Almaty, Shanghai, and Cairo at different maturity levels, with Shanghai being the closer to obtaining WADA accreditation. In addition, there are three ABP laboratories (Nairobi, Cairo and Shanghai), 1 candidate ABP (Morocco) and 2 Applicant ABP Laboratories (Algeria and Ethiopia).
  - The ISL is undergoing a review process since September 2023 and after three rounds of consultation it is expected to be approved by the Executive Committee at the World Conference in Busan in December 2025, to come into force on 1 January 2027. Several TDs are ongoing revision, while six new TDs have been produced (TD EQAS, TD VAL, TD PERF, TD ATP, TD HBT and TD MRL), a TL on clomifene is expected to be approved at the next Executive Committee meeting in September (together with a revised TD DBS and the new TD on Homologous Blood Transfusion (HBT) and a new TN on Quality Control Activities was released in July 2025. The remaining new TDs will be presented for Exco approval at different times by the first half of 2026.
  - Laboratory Network Performance is evaluated through the EQAS (External Quality Assessment Scheme) and the WADA Laboratory Assessment program. The EQAS is a multi-level program composed of blind EQAS (three rounds, five samples each), double-blind EQAS (six per year, which are surprise samples prepared to be as representative as possible of real doping control samples), educational EQAS (to harmonize the identification and reporting of substances and improve analytical capabilities), EQAS for markers of the hematological module of the ABP as well as ad hoc EQAS rounds directed to some specific laboratories as part of their preparation for Major Events or in relation to accreditation decisions or laboratory performance issues.
  - DBS project monitoring is underway with the new TD2026DBS introducing minimum harmonized menus for DBS with corresponding Minimum Required Performance Levels (MRPL) for a multi class menu, steroids esters, EPOs and small peptides. There is an ongoing literature review for substances subject to Minimum Reporting Levels (MRLs) prohibited in-competition only.

- Laboratory assessments are critical but are resource-intensive: there were seven visits conducted this past year, requiring a significant time for preparation, conduct of the assessment plus travel time, and follow up of identified nonconformities.
- The LabEAG also reviewed and discussed several final reports of research projects related to analytical techniques.
- WADA ISL 2021, Article 4.4.2.8, *Maintain Professional Liability Insurance Coverage* establishes that Laboratories shall provide documentation to WADA that professional liability risk insurance coverage is maintained for no less than two million USD annually. Currently the Professional liability insurance covers 12 laboratories through WADA-Berkshire Hathaway arrangement for $2 million coverage.
- The HMRC thanked Prof Le Bizec for the update.

Report from the Gene and Cell Doping Expert Advisory Group

- Prof. Carl Sundberg, new Chair of the Gene and Cell Doping Expert Advisory Group (GCDEAG), in replacement of Prof. Odile Cohen-Haguenauer, gave an update on the 2025 GCDEAG activities during 2024.
  - The GCDEAG is composed of five members working in different areas of the domain such as gene therapy, gene transfer, drug regulation of gene expression, gene editing, sports muscle physiology and diseases including cancer and blood diseases.
  - The gene therapy market is growing rapidly to over $11 billion in 2025, increasing the accessibility for potential misuse in sports.
  - The new focus is on organelle transfer, particularly mitochondrial transplantation, showing performance enhancement potential in animal studies. Other cellular constructs such as ribosomes also have potential for sport. Mitochondrial transplant effects could last a considerable period of time but perhaps not as long as gene doping.
  - It is programmed that for the next GCDEAG meeting they will invite an expert in mitochondria.
  - Gene therapy treatments are being more successful for curing diseases and products targeting athletes are already available commercially.
  - There is more indication today that gene doping is no longer just a theoretical threat to sport.
  - Detection methods are improving with some technologies offering platform assistance for wide range of gene doping detection.
- The HMRC thanked Prof. Sundberg for the presentation.

World Anti-Doping Code update

- Mr Alexander Ducic, Legal Counsel at WADA Legal Department, gave an update on the 2027 Code review, focusing on subjects that are of particular interest and pertinent to the HMRC.
  - The Prohibited List criteria are amended as WADA determination is clarified with specific opinions from the LiEAG to qualify substances and methods.

- The substances of abuse sanctioning is simplified: two-month flat sanction for first violations with recommendation for medical evaluation, four-month for subsequent ones (reducible to two months with medical treatment).
- There is a new TUE provision for administrative errors: two-month flat sanction when TUE criteria are met but retroactive application is not available.
- Sample eligible for research is clarified with expanded legitimate anti-doping purposes, including when needed for substances added to the Monitoring Program.
- Contaminated source definition was expanded to explicitly mention supplements and physical contact exposure.

– The HMRC thanked Mr Ducic for the update.

Update on International Standard for Laboratories (ISL) review process

– Dr Osquel Barroso, WADA Senior Associate Director of Science & Medicine, Laboratories, gave an update on the ISL review process.

– The process was started in September 2023 and underwent several phases of drafting and stakeholders' consultations.

– The final draft was completed, referencing 22 technical documents (some of which are still in the drafting phase), including four TDs related to ABP modules (hematological, steroidal – including blood and urine - and endocrine modules), and four new TDs that are spin-offs of the ISL (i.e. content previously included in the ISL been transferred into new TDs: TD EQAS, TD VAL (Method Validation), TD PERF (Laboratory Performance Evaluation) and TD ATP (Analytical Testing Procedures) . The final draft of the ISL 2027 will be presented for approval by the Executive Committee in December 2025 (Busan, Korea).

– The International Laboratory Accreditation Cooperation (ILAC) replacement by Global Accreditation Corporation (preliminary name) may create potential accreditation body recognition issues. This will be discussed with the ILAC-WADA Liaison Group and further clarified during the General Assembly of ILAC to be held in Bangkok, Thailand in October 2025.

– The most salient points of the ISL review include:

- Sample requirements modification: 3,000 samples from all contributions ADOs (not just the lab NADO), with 2,500 minimum urine samples.
- New timelines for candidate laboratories: need to be ready for probationary test within two years, with a maximum three-year candidate status.
- New timelines for probationary laboratories: need to be ready for final accreditation test within two years, with a maximum three-year probationary status.
- Procedure for evaluation of False analytical findings with consequences for an athlete revised: laboratories are given a short time to implement corrective actions before a formal suspension.

– The HMRC thanked Dr Barroso for the update.

Update in the International Standard for TUE (ISTUE)

- Mr. David Healy, Senior Manager of Medical, gave an update on the review of the ISTUE:
  - Overview
    - Over the course of the three consultation phases, the Drafting Team received 614 comments from stakeholders, demonstrating the strong level of engagement in this area.
    - The Drafting Team held multiple meetings with individual stakeholders, consulted with the WADA Athlete Council, and carried out an athlete-centered consultation process to ensure that all concerns, suggestions, and perspectives were thoroughly considered and addressed.
    - The revision process did not seek to redesign the well-established and trusted TUE framework, but as refinement and optimization.
    - The ISTUE revision marks the ninth revision since 2004, responding to evolving medical practices and implementation realities while maintaining an athlete-focused approach,
  - ISTUE main changes:
    - The four fundamental criteria for the granting of a TUE remain unchanged. However, ISTUE Article 4 has been reorganized to provide a more logical and coherent structure, with the introduction of new Article 4.5, which delineates the respective responsibilities of ADOs and TUECs to ensure both clinical rigor and procedural efficiency.
    - Maintenance of 'no reasonable permitted alternative' criterion (4.2b) following stakeholder feedback. This approach ensures greater clarity and rigor in the application of TUE criteria, striking an appropriate balance between medical necessity and the fundamental principles of anti-doping
    - Recognition of existing TUEs:
      - To ensure consistency and fairness, TUEs granted by NADOs will be automatically recognized by IFs, unless an exemption is formally requested and approved by WADA. Similarly, automatic recognition will be the default for MEOs, subject only to exemption by WADA.
      - IFs/MEOs wishing to opt out of the default recognition position will be required to provide written rationale to WADA, demonstrating efficient TUE management capabilities, and publicly disclose which TUE decisions they will automatically recognize
    - New Anti Doping Rule Violations (ADRV) sanctioning regime.
  - The revised framework introduces a two-month sanction for administrative TUE failures involving Athletes with a legitimate medical condition who nonetheless do not satisfy the retroactive TUE criteria, thereby replacing the previous regime of penalties. In all cases, the 4.2 criteria must still be met (except for the need to show there was no reasonable permitted therapeutic alternative) The Fairness clause (4.3) will be reserved for truly exceptional circumstances while the new provision handles routine administrative oversights.
    - NADO appeal bodies now recommended to include at least one physician with TUE experience, addressing previous imbalances where initial TUECs had three physicians but the appeal body had none
    - An additional comment was introduced to the definition of “Athlete” in the Code, which provides important clarification of the existing regulatory framework. This clarification confirms that an ADO may not establish or apply different rules to such Athletes, including in relation to TUEs.

The intent is to ensure uniformity in the application of the Code across all ADOs, thereby ensuring the consistent treatment of Athletes and preventing regulatory discrepancies

- This updated athlete definition ensures consistency across jurisdictions for mutual recognition.

- The HMRC thanked Mr. Healy for the presentation.

Network of anti-doping laboratories

- Dr Osquel Barroso gave an update on the current anti-doping laboratory network and future perspectives
  - Anti-Doping Laboratory Network Analysis
    - Current network shows significant geographical gaps: 17 out of 29 WADA-accredited laboratories are located in Europe, with major gaps in South America after losing Colombia and in Africa after losing Bloemfontein
    - The ABP laboratories are better distributed, with two out of three located in Africa, plus three additional ABP laboratories potentially coming to Africa including Morocco, whose approval is expected soon.
  - Laboratory Performance and Harmonization
    - Laboratories require a minimum of 10,000-12,000 samples annually for profitability versus 3,000 minimum requirement as per the ISL, with most surviving through government subsidies.
    - Perfect harmonization is impossible across all laboratories due to varying expertise, instrumentation capabilities, and regional resource differences, but strong and similar performance is achievable for all laboratories in the anti-doping network.
    - Twenty-two technical documents are planned for the ISL by 2027, currently working on technical letter 27 for laboratory guidelines to maximize harmonization.
  - Future Considerations
    - Regional symposiums are planned for 2026 replacing global WADA symposium due to World Conference occurring end of 2025.
    - LabEAG collaboration remains essential for technical document development and system improvements.
    - Quality management systems are identified as critical differentiator between laboratories, potentially more important than instrumentation capabilities.
- The HMRC thanked Dr Barroso for the presentation.

Calendar for meeting 2026

- August: TBD based on ExCo and HMRC meeting dates

Closing of meeting

Prof Engebretsen thanked the members of the HMRC for their dedication and work, in particular to those attending virtual for two full days despite the time differences, as well as all the presenters. The meeting was adjourned.