Advancing an ABP case

APMU role
Introduction

- APMU Ghent (since March 2014)
  - Steroid
  - Blood

Daily review of notifications in ADAMS

- APF: 6 ABP cases (2016-2018)
ADAMS -> Atypical notification BPID

*Status:*
- High/Low HGB
- Sequence OFF score
- combination of parameters: **doping scenario**

*APMU role?*
- check the number of samples
- when collected?
- confounding factors: Altitude/Pregnancy

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**Sports Discipline (TDSSA)**
- Skating
- Rowing
- Triathlon
- Athletics
- Skiing
- Cycling
- Biathlon
- Kayak/canoe
- Football
- Aquatics
Atypical -> Pregnant

Normal or lower HGB
Higher RET%
APMU role

- **Expert review**
  *3x ‘independent’ Experts*

- **Gather information**
  *Request CA or full LDP + Competition Scheme*

- **Joint Expert Panel Report**
  *Via mail or conference call*

- **Compiling the ABP doc pack**
  *TD APMU 2019 – section 8.4: athlete info/test results/Joint report…*

- **Inform the ADO + WADA**
  *Delivery of the APF via mail*
  *‘ResultManagement.WADC@wada-ama.org*

- **Reviewing the athlete’s explanation**
  *Communicate with Expert Panel and ADO*
Specificity: 99 or 99.9%?
(Initial review ATPF versus APF)

Step #1: Expert review

Assign a haematological **Expert** for the **initial** review

→  “likely doping”

→  Assign 2 additional ‘**independent**’ Experts

3 x **Likely Doping**: unanimous

Submit APMU report in ADAMS  ->  ABP Case
How many **samples** should be present in the BPID?

Step #2: Request information and documents

1. **Laboratory**: CA or full LDP => consult Expert Panel

2. **Passport Custodian**: competition **schedule**

3. **ADAMS**: profile with valid samples and test **results**

  => Summarize all data for Expert Panel (**Table**)

Ghent Experience: Every case is different!

6 ABP cases

- **Samples**
  4-25 (old+recent samples)

- **Athlete**
  2 Male 4 Female in athletics sports ( disciplines)

- **Explanation**
  Different medical reasons

- **Outcome?**
APF case #1

- 3x Likely doping: S1 blood manipulation
- **Doping scenario:** reinfusion/ OFF phase
- 1 FULL LDP + 3 CA
- Competition schedule (S1 - WC)
- **Explanation:** ill (viral infections)
- Rejected: normal WBC
  - no info on DCF
APF case#2

- 3x Likely doping: S1 baseline
  - multiple manipulations

- 5 FULL LDP:
  challenge on sample validity S1
**APF case#2: Summary**

<table>
<thead>
<tr>
<th>Test #</th>
<th>Sample Code</th>
<th>Type of Test</th>
<th>Date of Test</th>
<th>COC/DCF</th>
<th>IQC (lot number)</th>
<th>EQA CSCQ</th>
<th>Scatter grams</th>
<th>ADAMS Record</th>
<th>Altitude/Blood transfusion/Blood loss</th>
<th>Temperature profile during transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>#5</td>
<td>574</td>
<td>OOC</td>
<td>21 Nov 2016</td>
<td>V</td>
<td>V (6288)</td>
<td>V (1611)</td>
<td>V (2)</td>
<td>V</td>
<td>? Not mentioned</td>
<td>IDTM Otag BCIX00343 average 0.6°C (alarm: &lt;-2°C for 1d8h, lowest temp 0.1°C)</td>
</tr>
<tr>
<td>#4</td>
<td>258</td>
<td>OOC</td>
<td>03 Aug 2016</td>
<td>V</td>
<td>V (6176)</td>
<td>V (1608)</td>
<td>V (2)</td>
<td>V</td>
<td>? Not mentioned</td>
<td>IDTM Otag BCIX00276 average 3.5°C (no alarm)</td>
</tr>
<tr>
<td>#3</td>
<td>15H22014</td>
<td>OOC</td>
<td>22 Aug 2015</td>
<td>V</td>
<td>V (5192)</td>
<td>V (1508)</td>
<td>V (6)</td>
<td>V</td>
<td>No to all questions</td>
<td>Samples transported in cool box between 2-12°C (based on check box on COC - no data)</td>
</tr>
<tr>
<td>#2</td>
<td>2364</td>
<td>INC: Championship</td>
<td>05 Aug 2015</td>
<td>V</td>
<td>V (5149)</td>
<td>V (1508)</td>
<td>V (2)</td>
<td>V</td>
<td>No ABP supplemental report form used</td>
<td>No ID monitor average of 4.9°C reported in LDP</td>
</tr>
<tr>
<td>#1</td>
<td>582</td>
<td>OOC</td>
<td>16 Mar 2013</td>
<td>V</td>
<td>V (3039)</td>
<td>V (1304)</td>
<td>V (2*)</td>
<td>V</td>
<td>? Not mentioned</td>
<td>No ID monitor average of 4.5°C reported in LDP</td>
</tr>
</tbody>
</table>
APF case#2

- S1: invalid based on LDP (>36h CAT)

- Still atypical

- Explanation: dieting - menstruation
  all replied by the Expert Panel

UPDATE via ADO:

- missed test sept 2016 (before S5)
- Royal jelly (beekeeping)
APF case#3

- 3x Likely doping: S2 blood withdrawal

- 1 FULL LDP S2 + 9 CA

- Explanation1: menstruation/diet

- Explanation2: own new blood results

viral infection + Stable competition results

- Experts: no longer unanimous opinion

- Custody transferred to IF
APF case#4

- 3x Likely doping:
  high OFF~ **before competition**

- 6 LDP + 10 CA

-> External Expert from athlete **challenging** the BP

( sample validity/report 1 measurement)

-> Custody switched between ADO/IF
APF case #4

High OFF = High HGB/Low RET%
Close to major competitions
APF case#5

3x likely doping
Explanation athlete: partially explain abnormalities
blood losses: S23-24-25
->made invalid
APF case#5

3x likely doping

Explanation athlete:

partially explain abnormalities

blood losses: S23-24-25

->made invalid

->normal profile

1 month later: Athlete is RETIRING
APF case #6

3x likely doping:
S1-S3-S7: high OFF ~ before competition
S9: stimulation or blood loss

-> S13 invalid: >128h CAT

Explanation:
S1-S3-S7: viral infection
S9: miscarriage
*general criticism on BP
APF case #6

- **challenge**: 2 new samples during reviewing process

- ADRV for anabolic steroids

- case is ongoing
Important Updates

TD APMU (1 March 2019)
CA is not longer required for all samples (section 8.3.4) -> consult Expert Panel

TD SSA (January 2019)
Haematological module ABP becomes mandatory for endurance sports

Harmonization APMU Doc pack format
WADA ABP Expert group is preparing an ABP Doc Pack template