

Advancing an ABP case

APMU role

Introduction

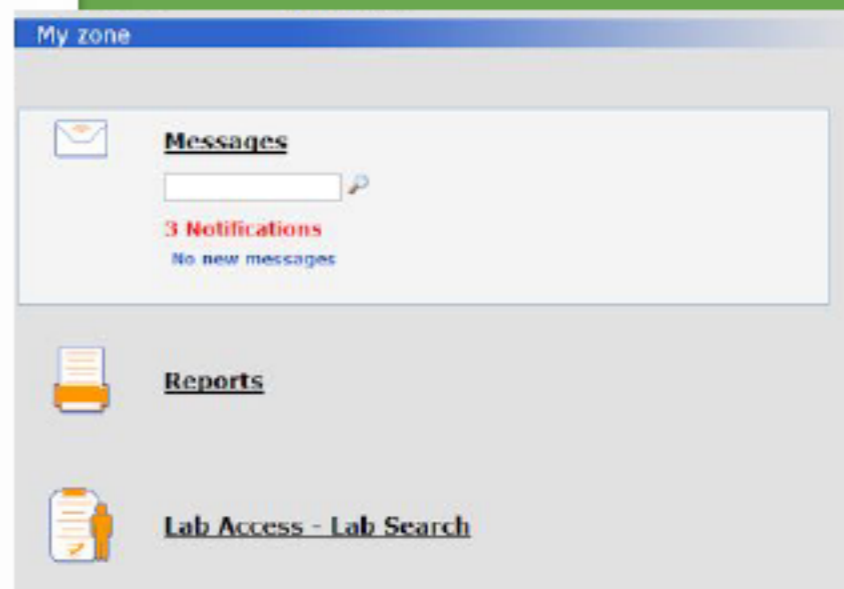
⇒ **APMU Ghent** (since March 2014)

◆ **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

Sports Discipline (TDSSA)

Skating

Rowing

Triathlon

Athletics

Skiing

Cycling

Biathlon

Kayak/canoe

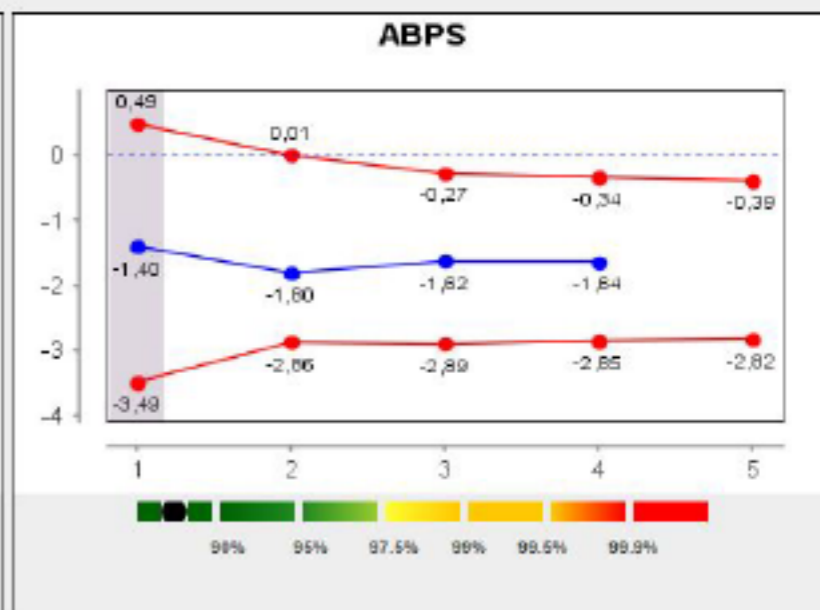
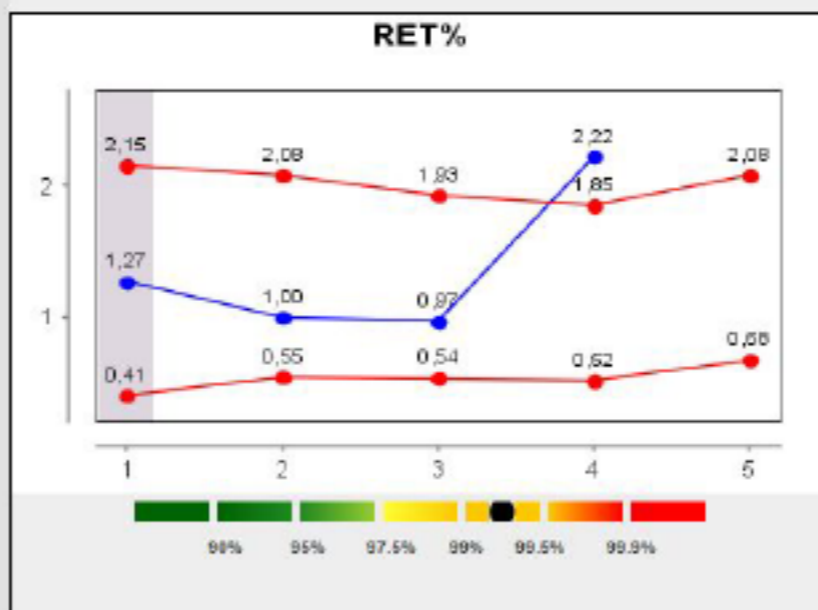
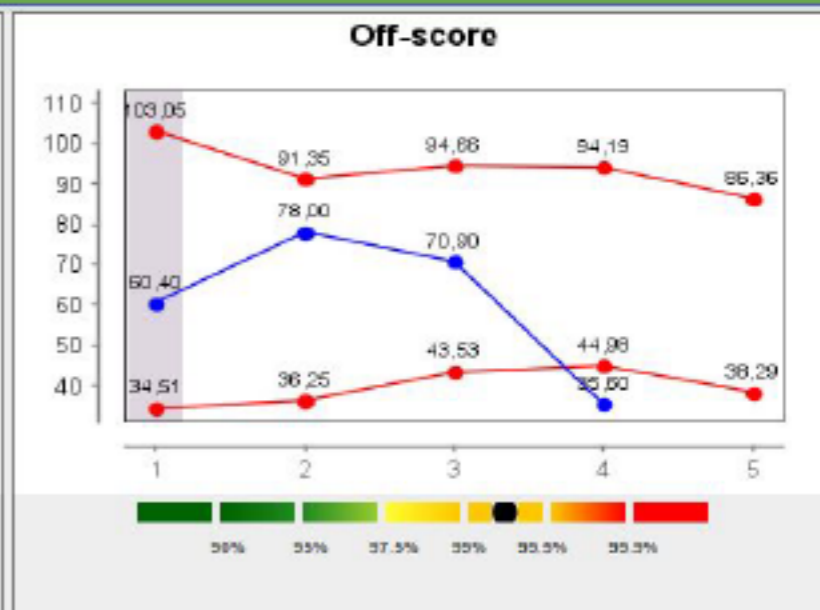
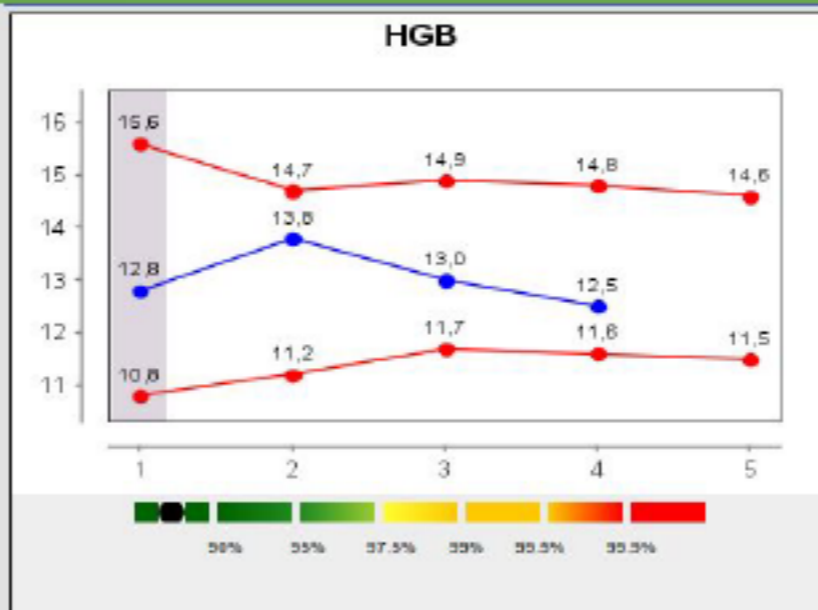
Football

Aquatics

Atypical -> Pregnant

Normal or lower HGB

Higher RET%



Status: Atypical(Low OFFS)

Specificity: % [Recalculate](#) [Reset](#) [Temporal view](#)

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

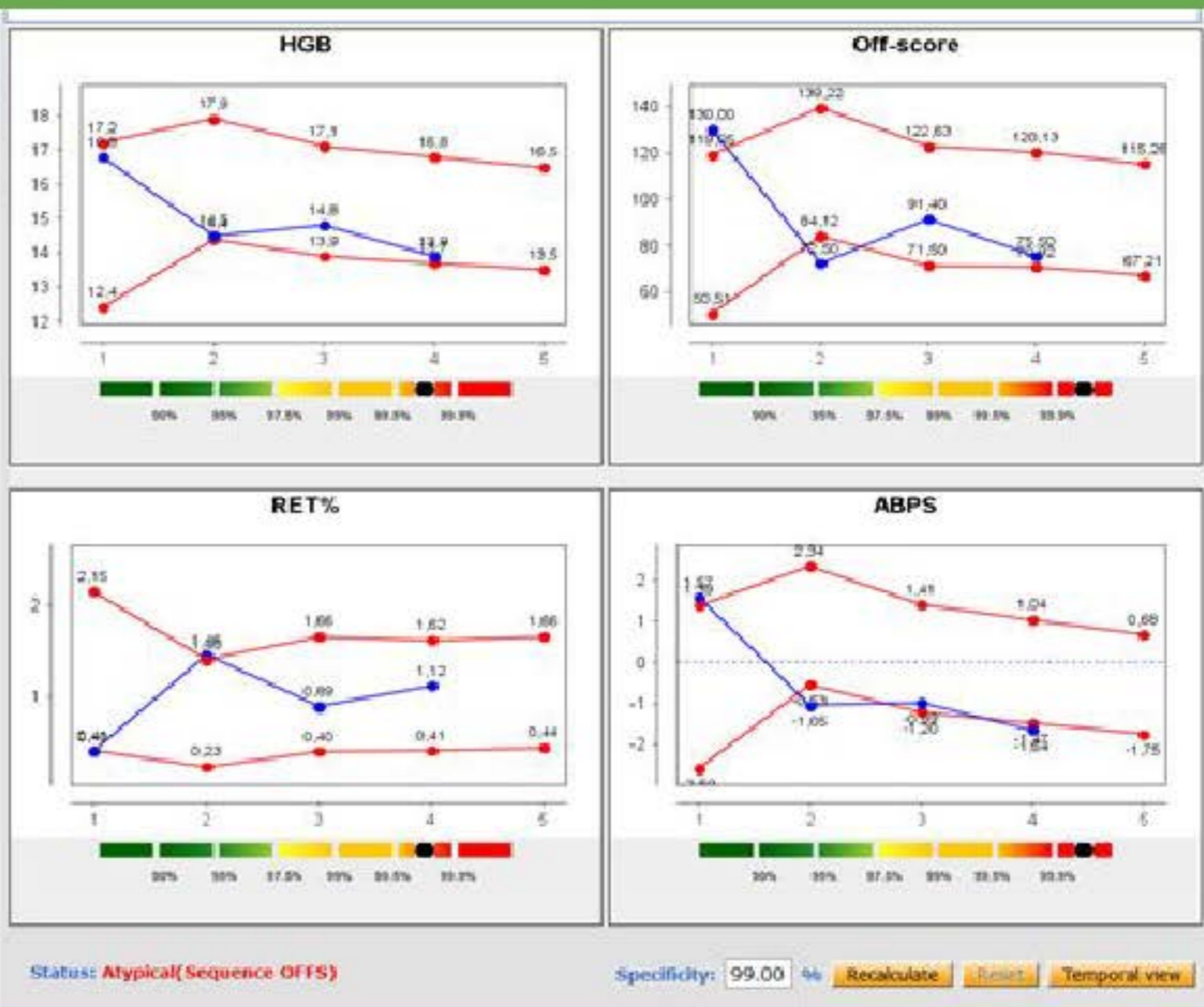
-> 1 FULL LDP + 3 CA

-> Competition schedule (S1 -WC)

-> Explanation: ill (viral infections)

rejected: normal WBC

+ no info on DCF



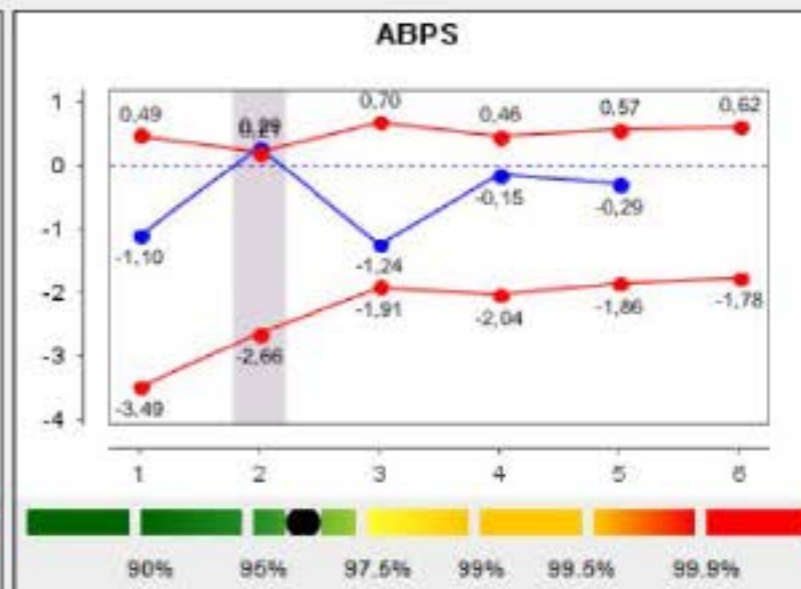
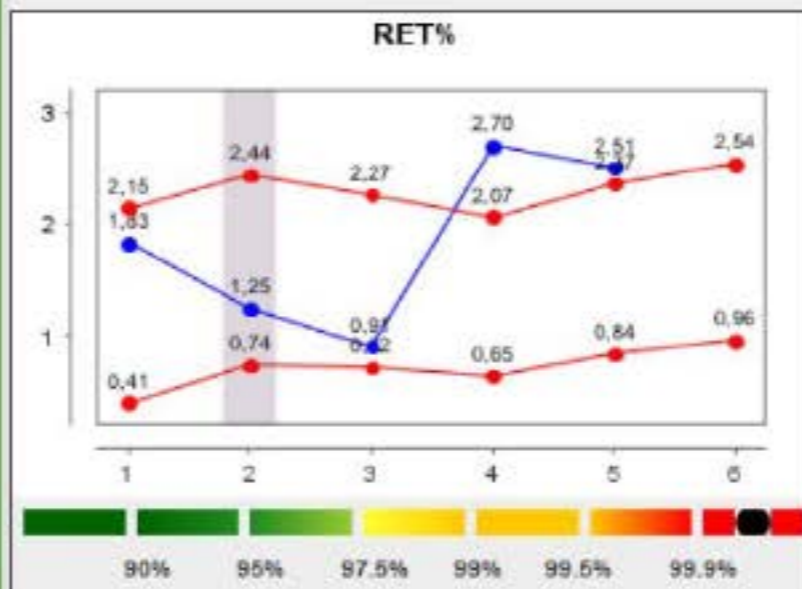
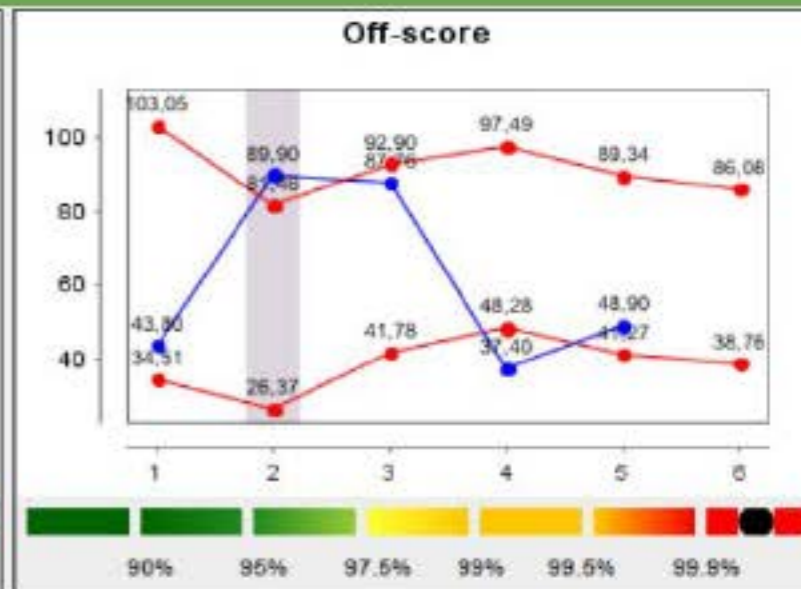
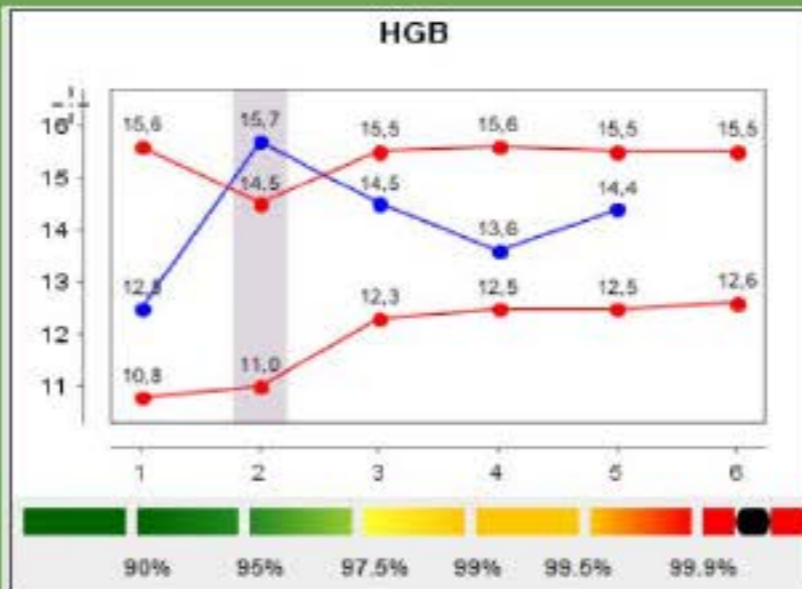
APF case#2

-> 3x Likely doping: S1 baseline

+ multiple manipulations

-> 5 FULL LDP:

challenge on sample validity S1



Status: Atypical(Sequence HGB, Sequence OFFS)

Specificity: 99.00 %

Recalculate

Reset

Temporal view

APF case#2: Summary TABLE 5 LDP~TD2017LDOC

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

APF case#2

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

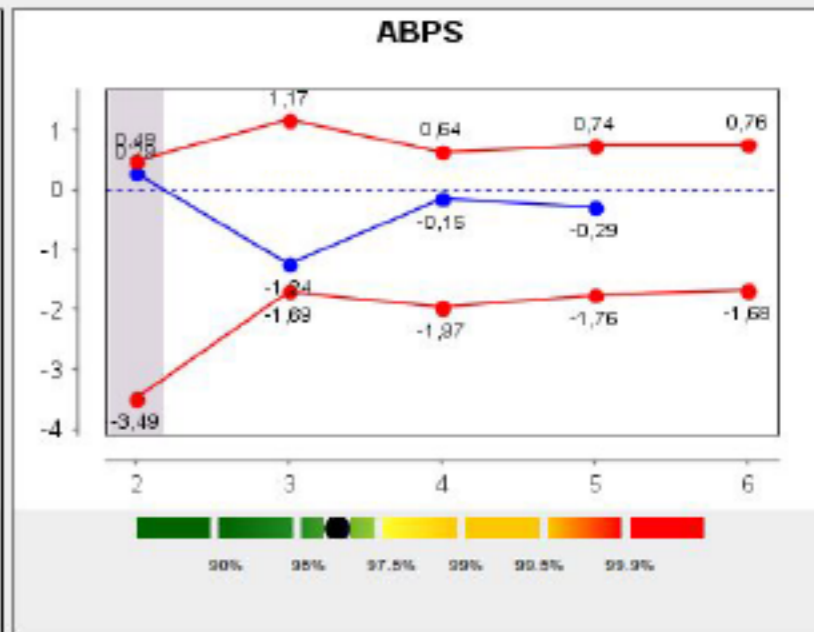
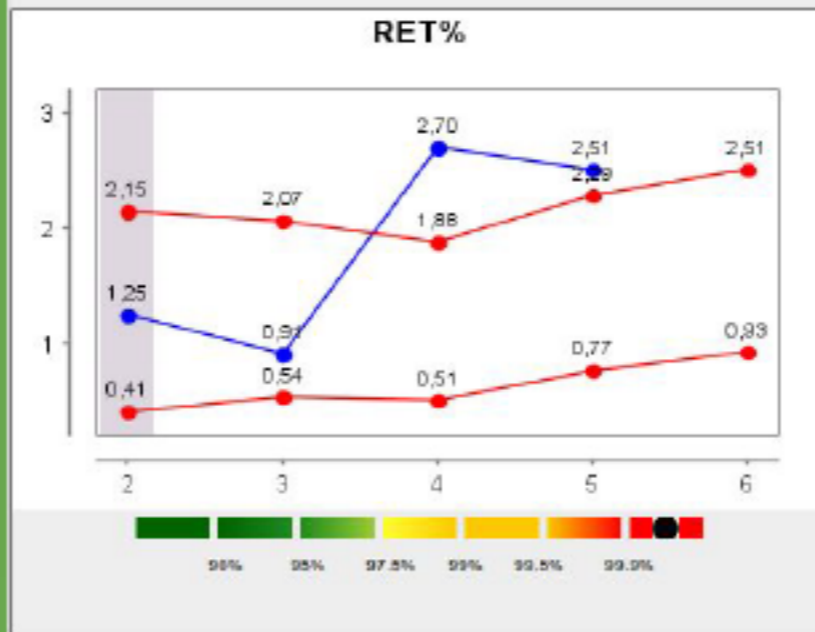
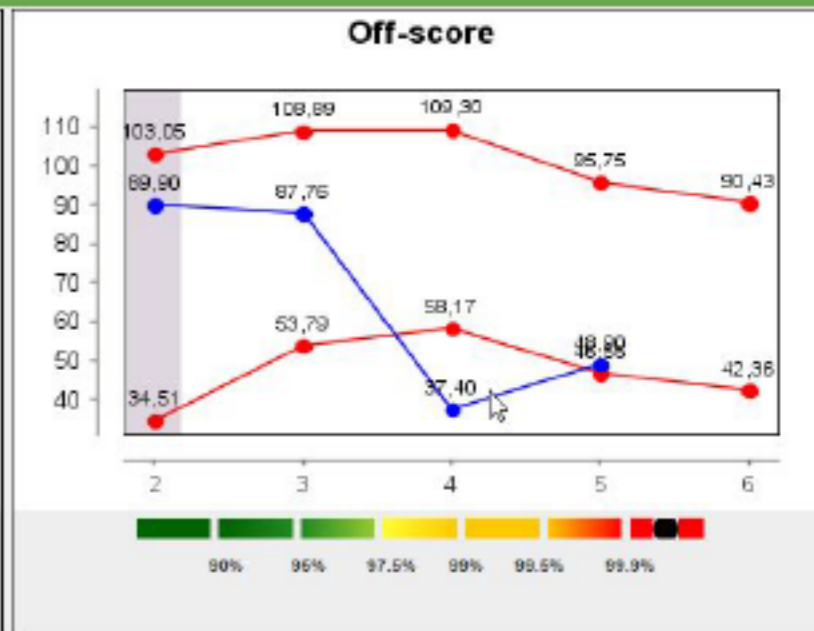
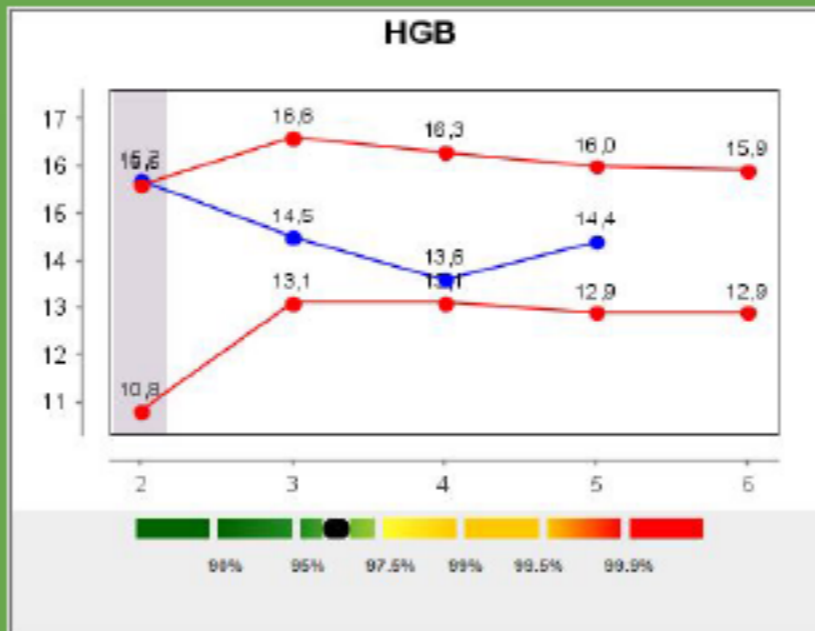
-> Still atypical

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

UPDATE via ADO:

-missed test sept 2016 (before S5)

-Royal jelly (beekeeping)



Status: Atypical(Sequence OFFS)

Specificity: 99.00 % [Recalculate](#) [Reset](#) [Temporal view](#)

APF case#3

-> 3x Likely doping: S2 blood withdrawal

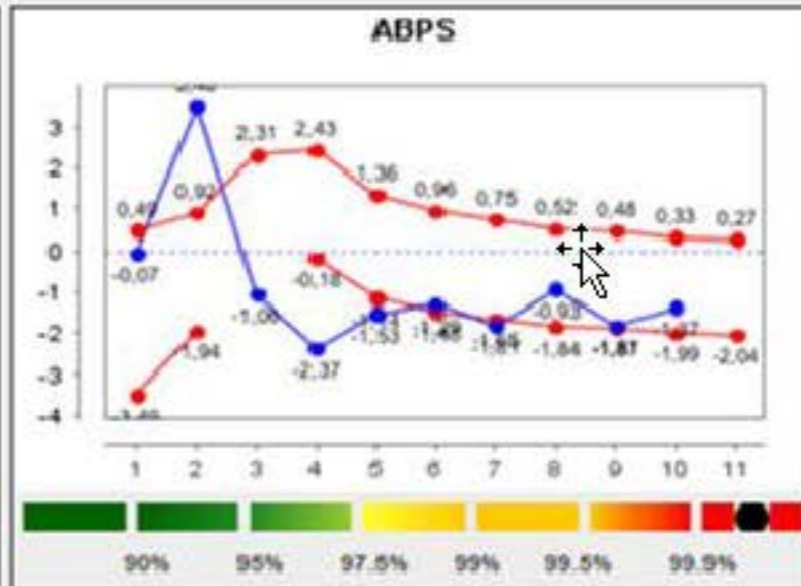
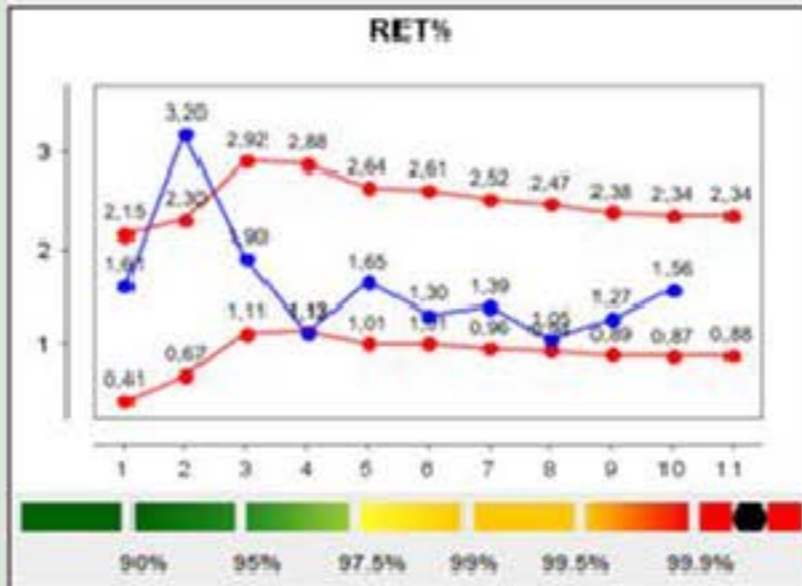
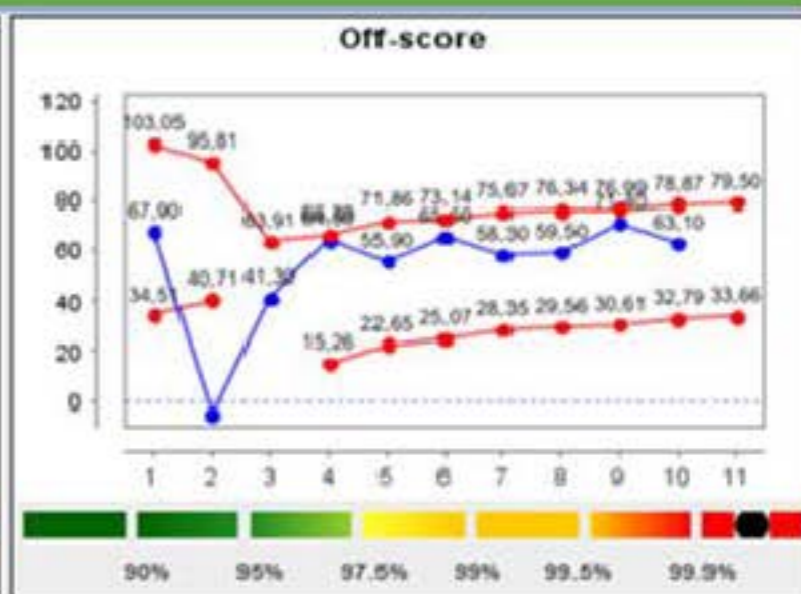
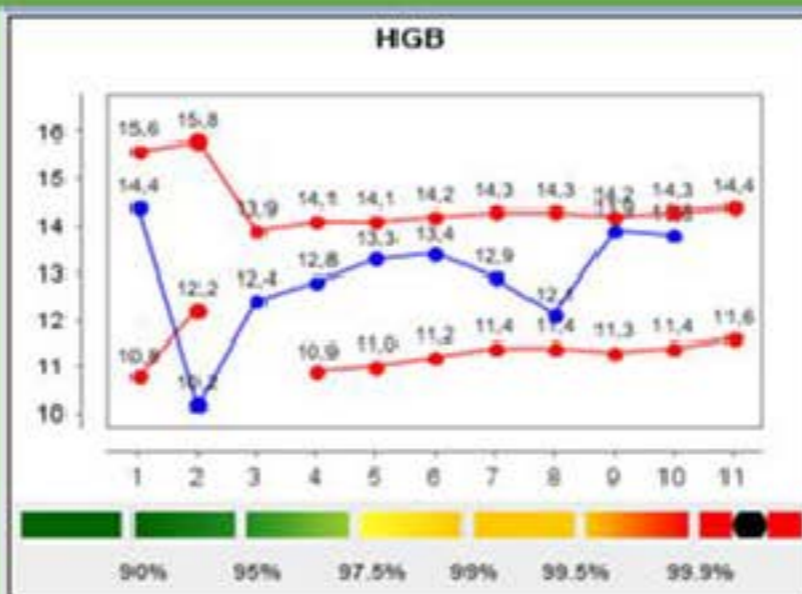
-> 1 FULL LDP S2 + 9 CA

-> Explanation1: menstruation/diet

-> Explanation2: own new blood results
viral infection + Stable competition results

-> Experts: no longer unanimous opinion

-> Custody transferred to IF



Status: Atypical (Sequence HGB, Sequence OFFS)

Specificity: 99.0 % [Recalculate](#) [Reset](#) [Temporal view](#)

APF case#4

-> 3x Likely doping:

high OFF~ before competition

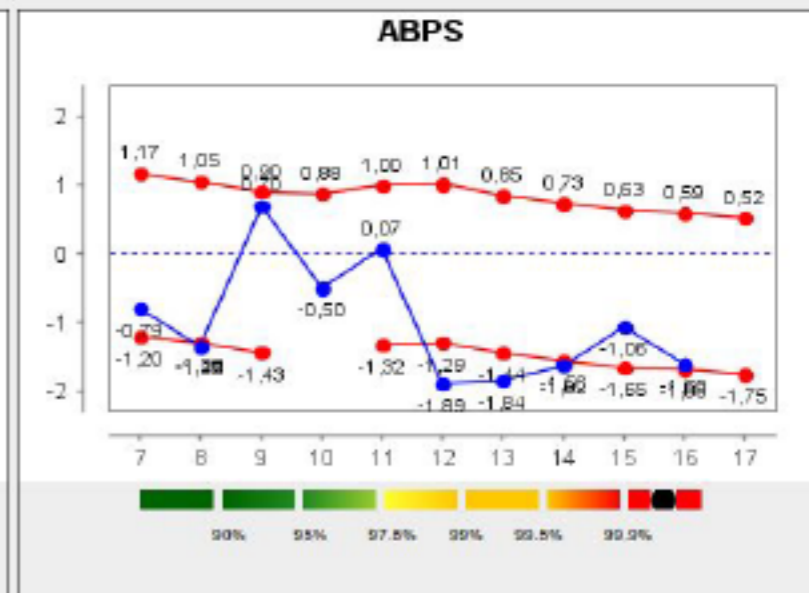
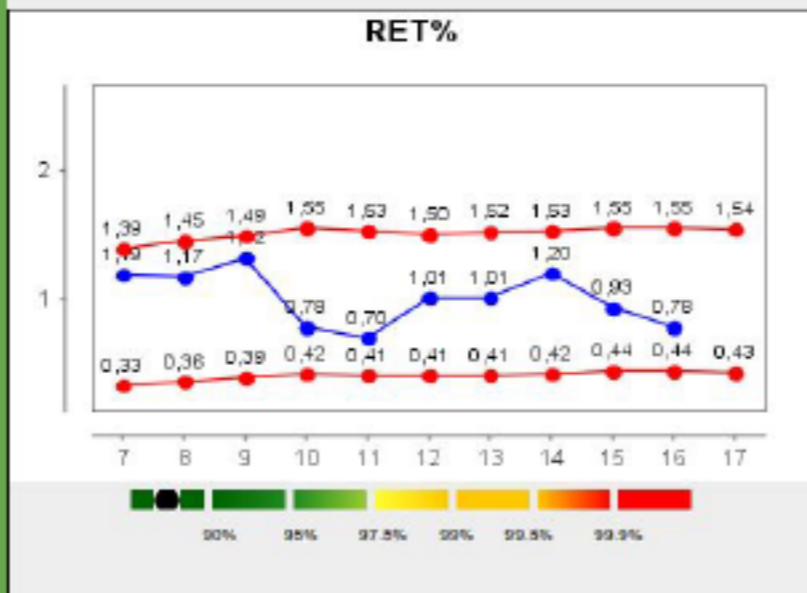
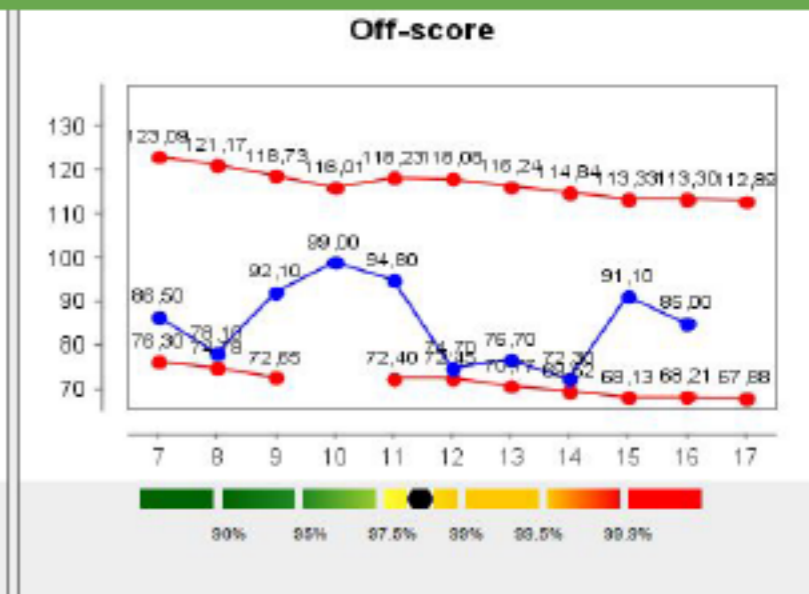
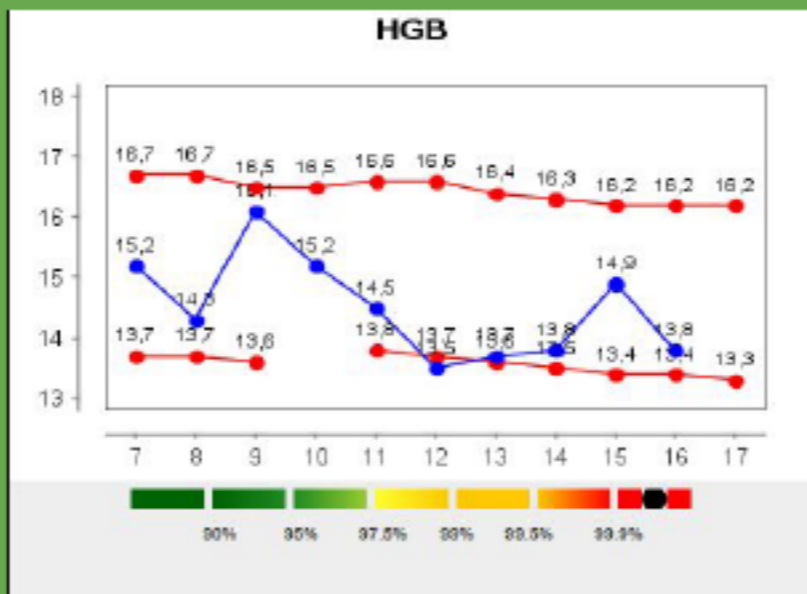
-> 6 LDP + 10 CA

-> External Expert from athlete

challenging the BP

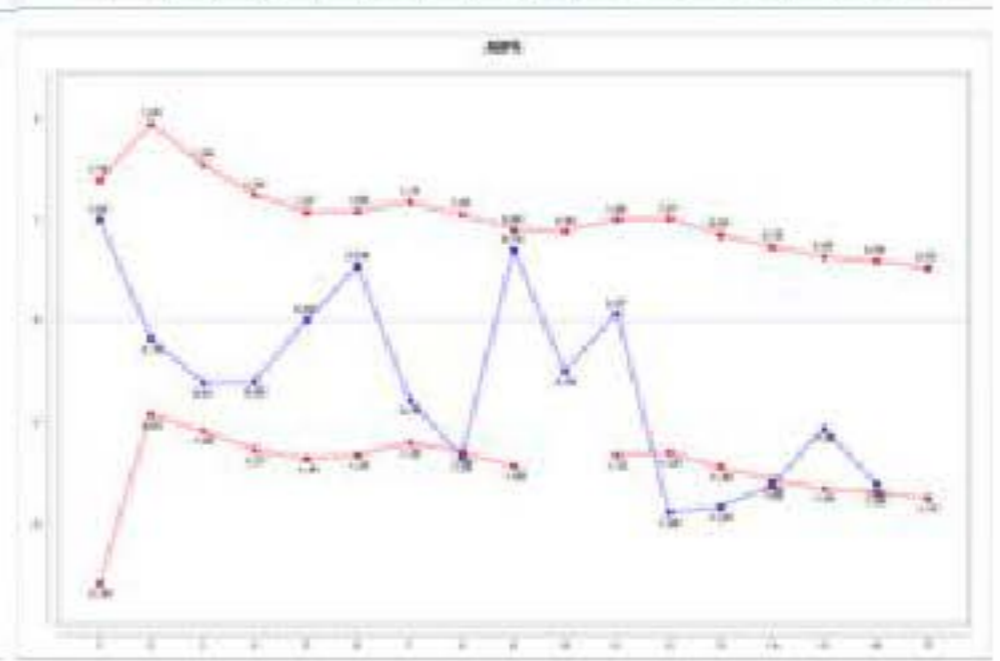
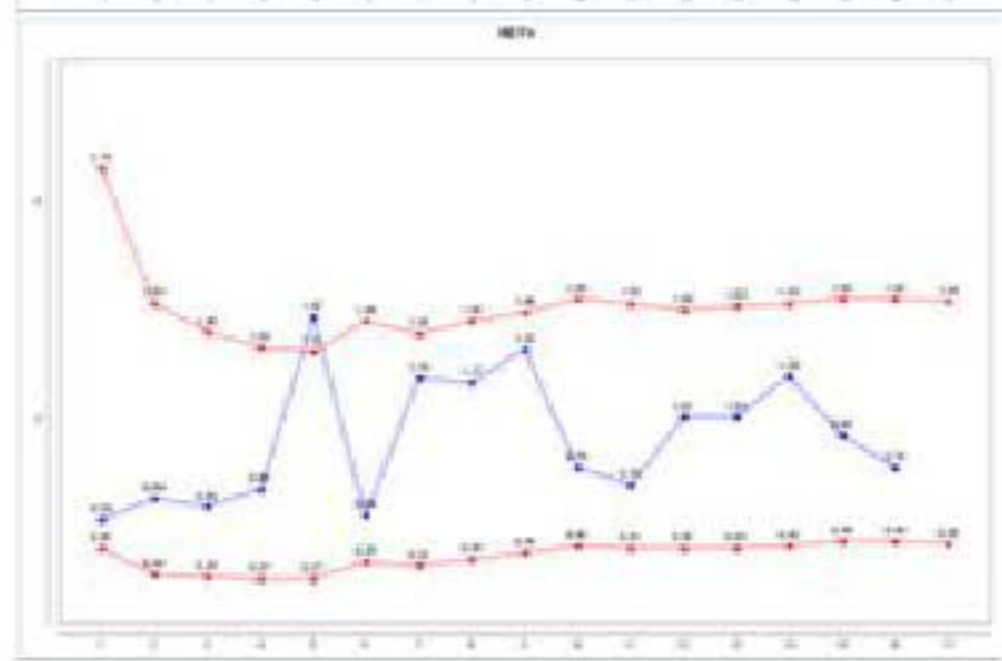
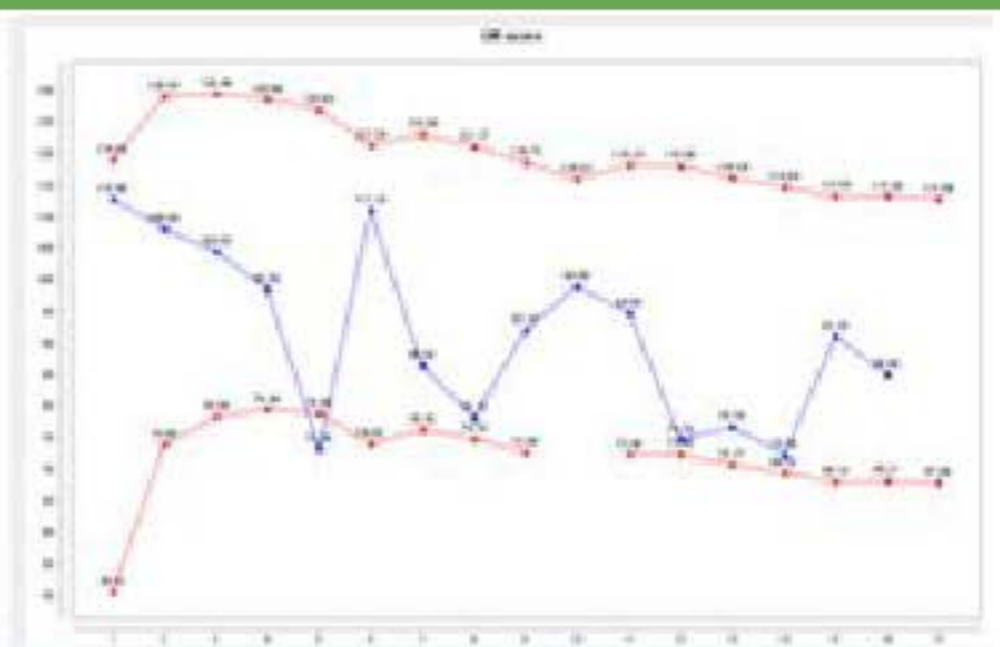
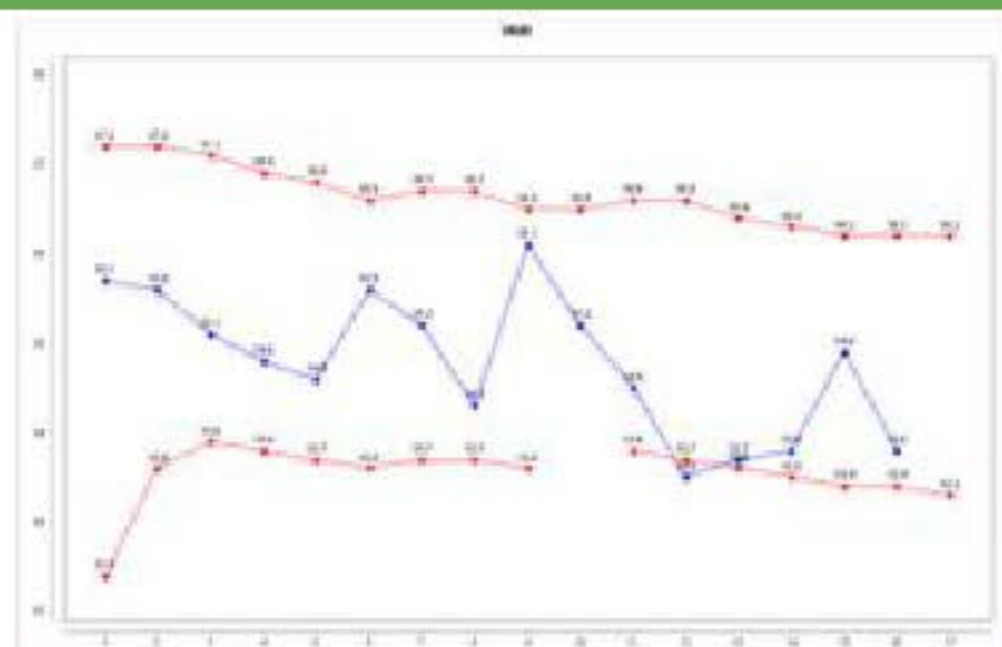
(sample validity/report 1 measurement)

-> Custody switched between ADO/IF



Status: Atypical(Sequence HGB)

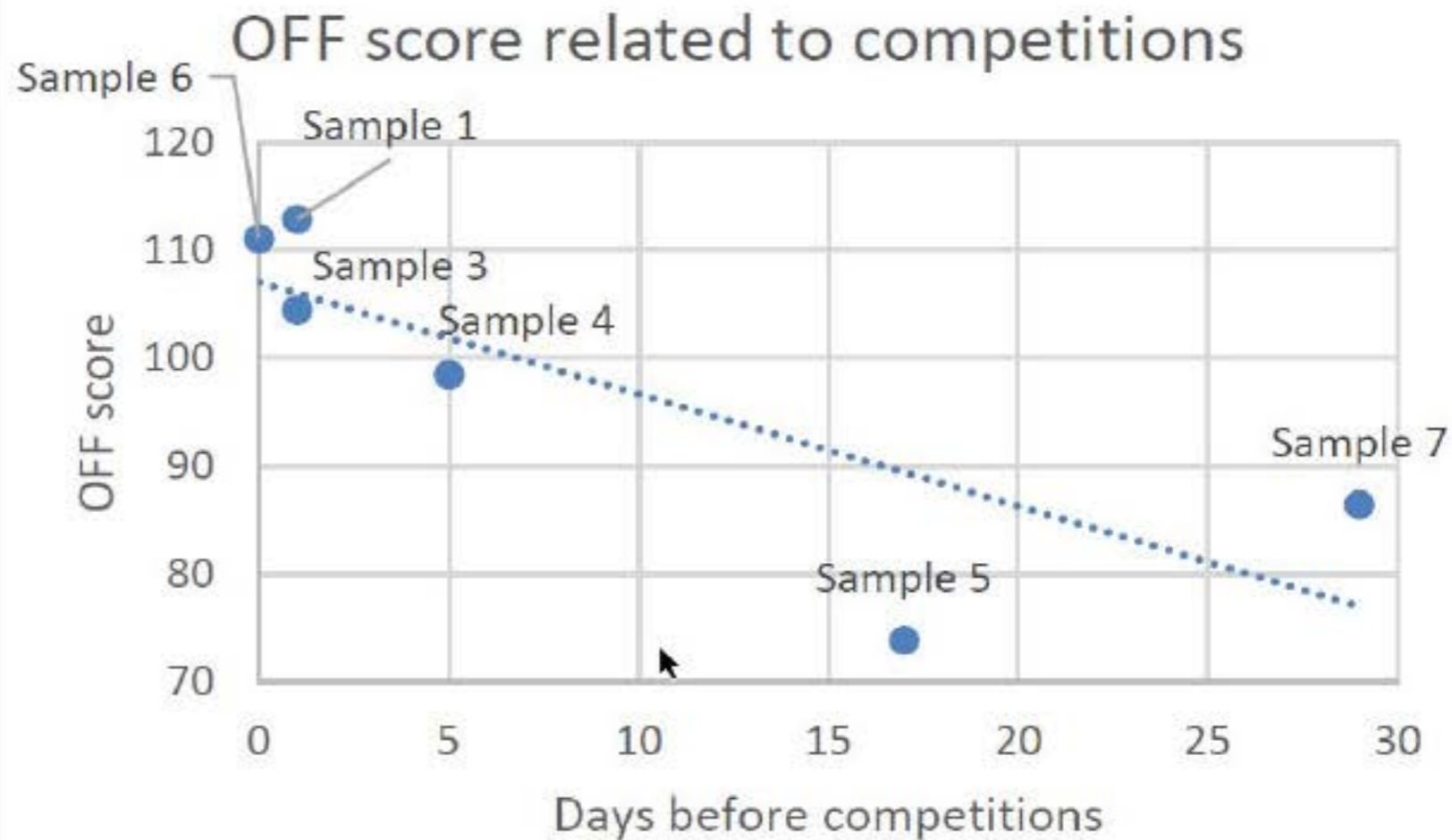
Specificity: 99.00 % [Recalculate](#) [Reset](#) [Temporal view](#)



APF case#4

High OFF= High HGB/Low RET%

Close to major competitions



APF case#5

3x likely doping

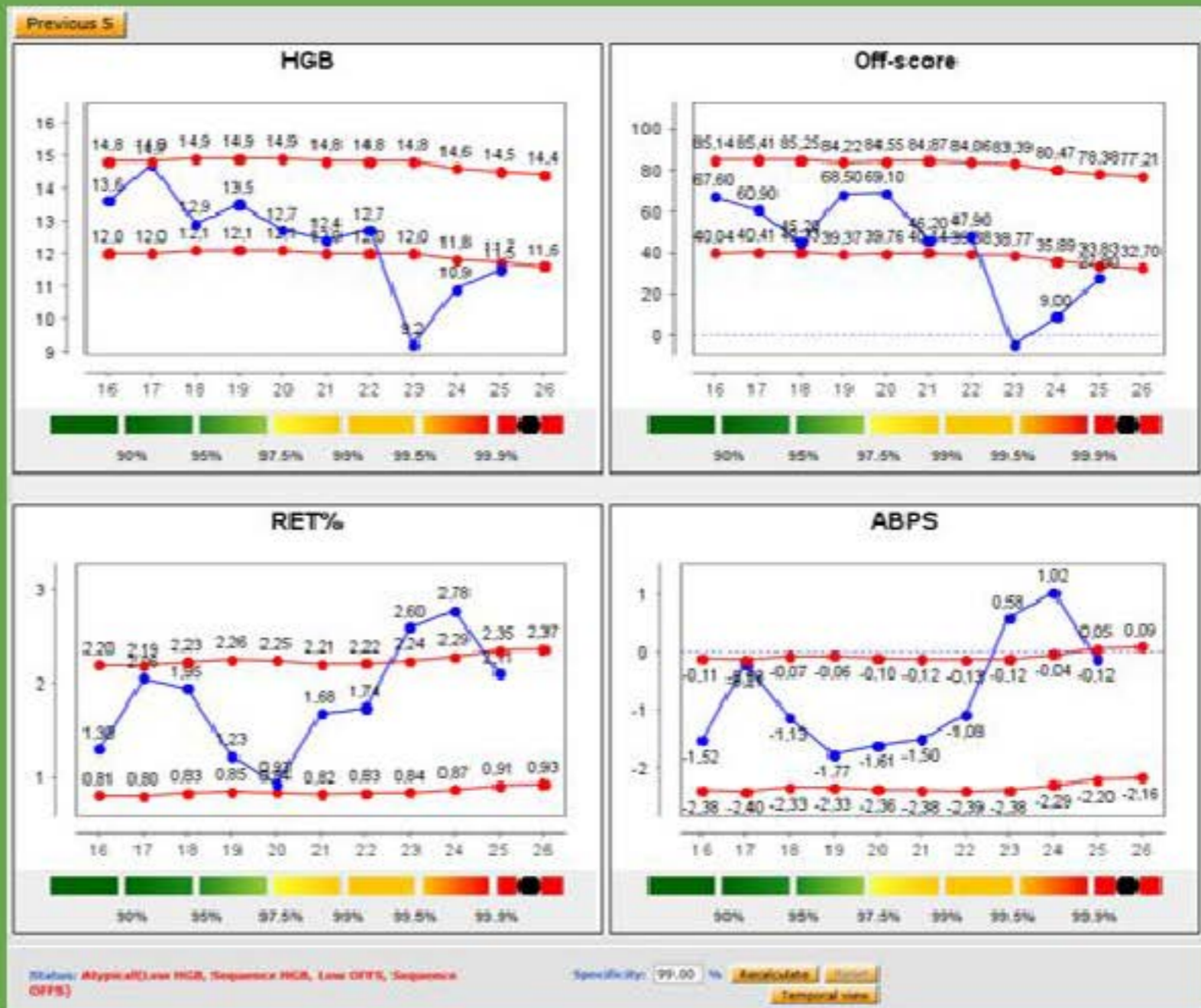
Explanation athlete:

partially explain abnormalities



blood losses: S23-24-25

->made invalid



APF case#5

3x likely doping

Explanation athlete:

partially explain abnormalities

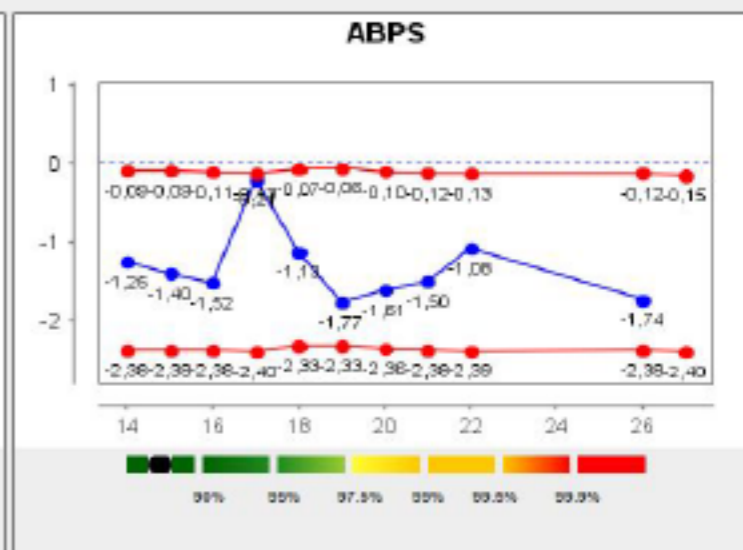
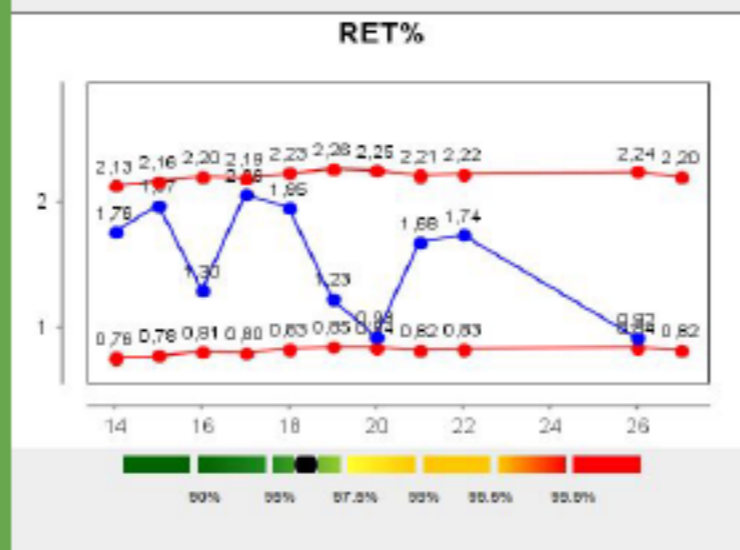
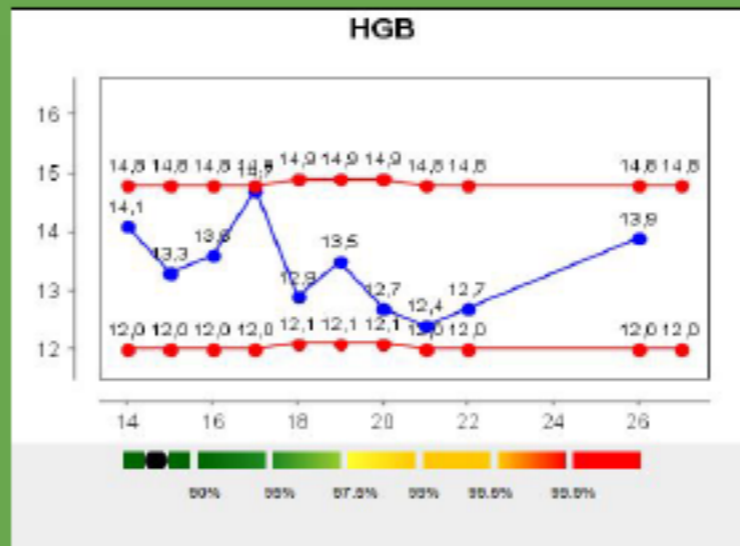


blood losses: S23-24-25

->made invalid

->normal profile

1 month later: Athlete is RETIRING



Status: Normal

Specificity: 99.00 % [Recalculate](#) [Reset](#) [Temporal view](#)

APF case#6

3x likely doping:

S1-S3-S7: high OFF~before competition

S9: stimulation or blood loss

->S13 invalid: >128h CAT

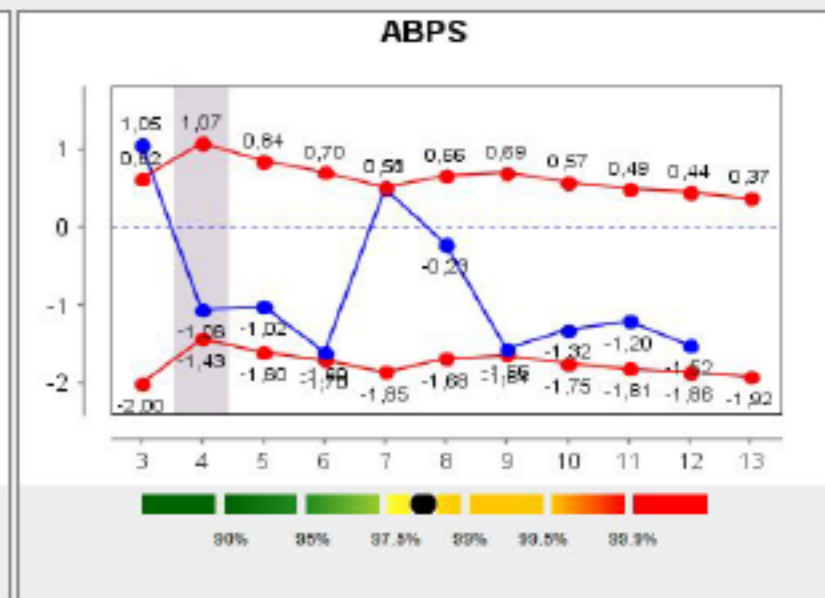
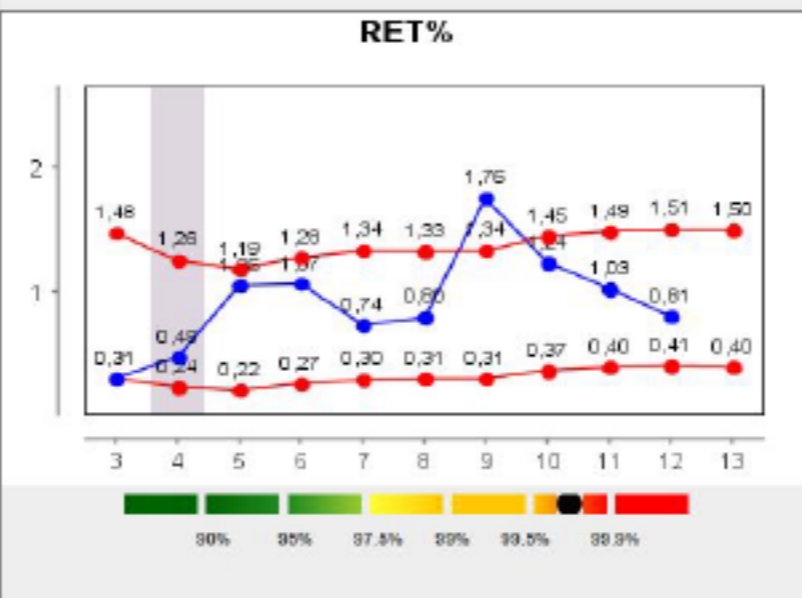
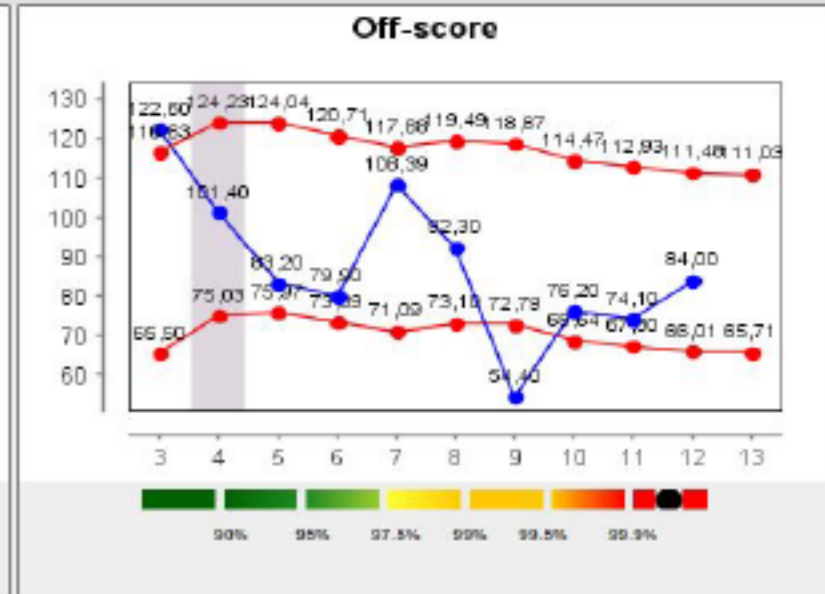
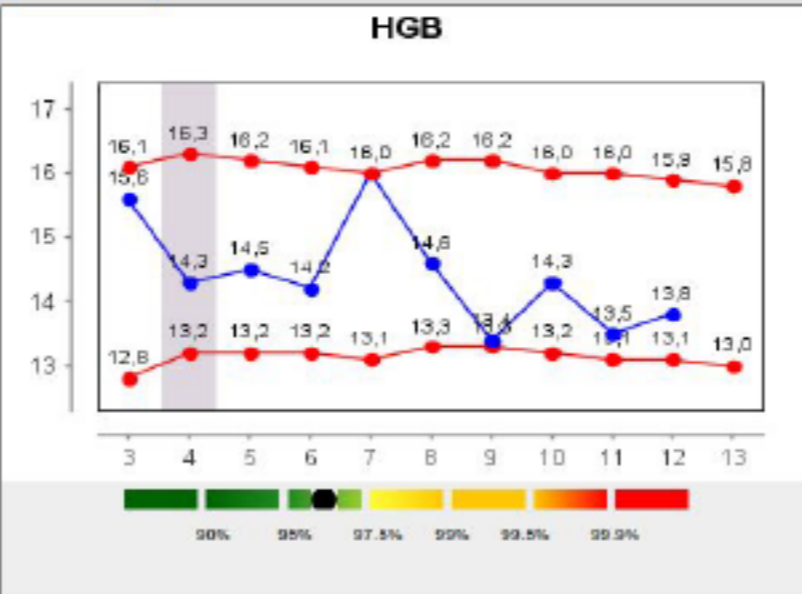
Explanation:

S1-S3-S7: viral infection

S9: miscarriage

+general criticism on BP

Previous 5



Status: Atypical(Sequence OFFS)

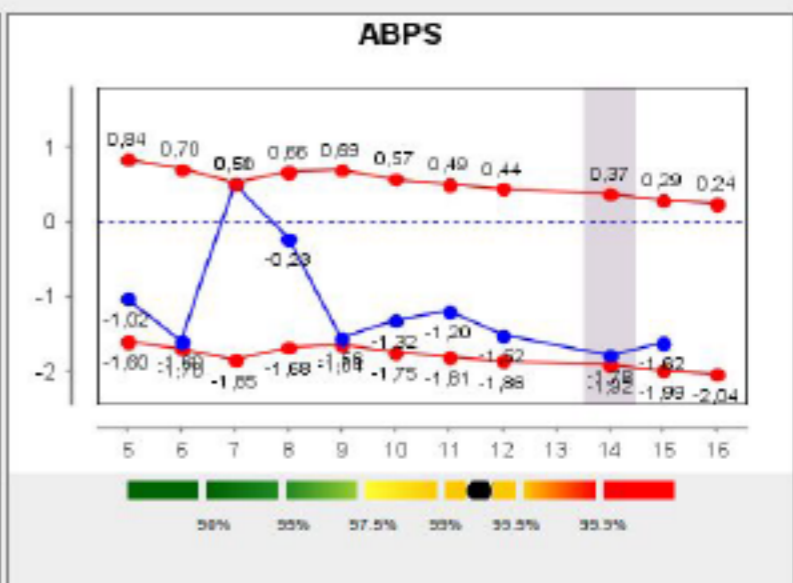
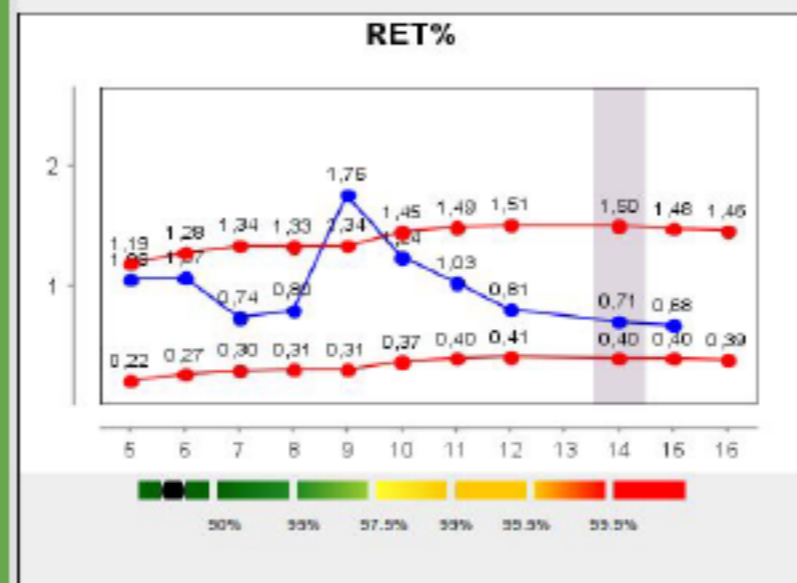
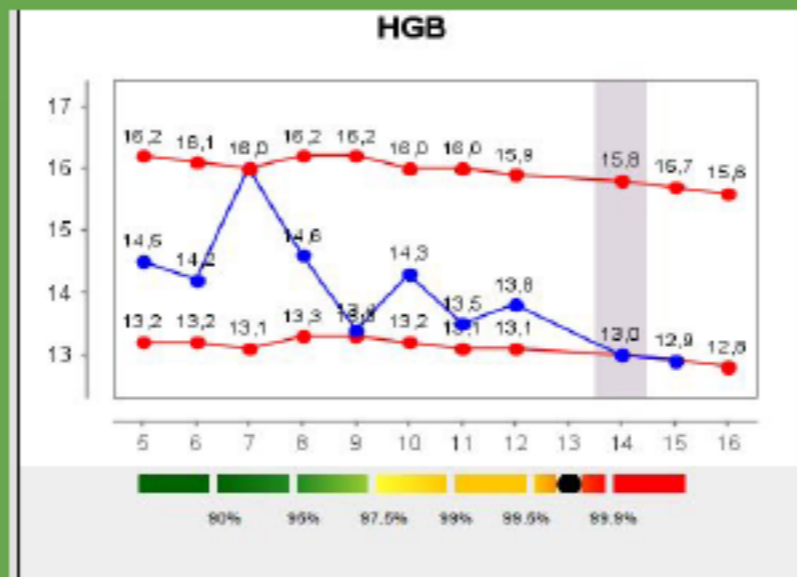
Specificity: 99.00 % [Recalculate](#) [Reset](#) [Temporal view](#)

APF case#6

-> challenge: 2 new samples during reviewing process

-> ADRV for anabolic steroids

-> case is ongoing



Status: Atypical(Low HGB)

Specificity: 99.00 % [Recalculate](#) [Reset](#) [Temporal view](#)

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**