Sharing Passports, Testing and Expertise - the Nordic Experience

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Jenny Schulze, PhD
Manager Testing and Science
Swedish Sports Confederation
Anti-doping Unit
Collaboration between all relevant Testing Authorities

• Passport sharing between NADO and IF (Reading rights vs Passport Custodian)
• Agree on who will follow up atypical passport findings
• If the athlete is included in both the IF RTP and the NADO RTP it is very important to share testing plans
• E.g. skype meetings twice per year in order to divide the resources and optimize the test plans
Sharing resources between the Nordic Countries

- An agreement between the Nordic countries:
  - 10 tests of each others’ athletes
    (No invoice)
- Collaboration is key:
  - Education
  - Intelligence and investigations
- The Nordic APMU (since 2013)
Nordic APMU

- Was established in 2013 in collaboration with the Nordic NADOs and the Norwegian Doping control Laboratory
- The host have until now been Anti-Doping Norway
- According to the new APMU TD - The APMU will be hosted by the Norwegian Doping Control laboratory
- The Six Parties have appointed one member each to form a Steering Group.
- The activity is done according to plans and budgets approved by the Steering Group.
- NAPMU visits the other NADO offices regularly/ participates in Skype meetings etc
- NAPMU arranges an educational seminar every year with the testing coordinators and the ADO investigations teams.
Nordic APMU- day to day operations

- Includes all the Nordic profiles (also the ones with IF-custodian- i.e. the top athletes)
  - the APMU managers have access to names, whereabouts, intelligence etc for the athletes.
- Two full time employees (blood and steroid APMU managers)
- The APMU managers are in close collaboration with the laboratory
  - Stay informed about what is going on in the laboratories of importance for the APMU
  - Have access to the scientific expertise from the laboratories
Advantages...

• 1) The dedicated persons (i.e. APMU managers) get lots of experience by evaluating many more profiles and handling more APFs than one NADO can generate

• 2) Financial- sharing actual costs

• 4) Education/development opportunities

• 5) If the APMU-manager is employed by the ADO and is not involved in routine lab analysis he/she will be a natural part of the investigations team
ABP program in the Nordics

• In collaboration with the NAPMU:

• Athletes with established blood and steroid profiles gets a score:
  – Highest points get more samples allocated (up to 8 samples + target)
• We have a ”bucket” of non-allocated samples (both Urine, ABP, ESA, GHRF and hGH) in the budget for target/follow up samples (around 20-50 samples depending on analysis type)
• RED LIST meetings with the NAPMU (Skype or in person)
### APMU Ratings of the Profiles:

<table>
<thead>
<tr>
<th></th>
<th>Org</th>
<th>Gren</th>
<th>IdKlass</th>
<th>BPID</th>
<th>steroid</th>
<th>blood</th>
<th>SUM</th>
<th>Comment</th>
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<tbody>
<tr>
<td>2</td>
<td>Cycling</td>
<td>Road</td>
<td>B (NTP-individuell)</td>
<td></td>
<td>2</td>
<td>3</td>
<td>5</td>
<td></td>
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<td>Road</td>
<td>B (NTP-individuell)</td>
<td></td>
<td>2</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Skiing</td>
<td>CC</td>
<td>A (RTP)</td>
<td>1,5</td>
<td>3</td>
<td>4,5</td>
<td>Atypisk blodprofil vid lange distanser.</td>
<td></td>
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<tr>
<td>5</td>
<td>Athletics</td>
<td>Long distance</td>
<td>A (RTP)</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>Likely medical condition.</td>
<td></td>
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<td>A (RTP)</td>
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<td>2</td>
<td>4</td>
<td></td>
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<tr>
<td>7</td>
<td>Cycling</td>
<td>Road</td>
<td>B (NTP-individuell)</td>
<td></td>
<td>2</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Skating</td>
<td>Track</td>
<td>A (RTP)</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>Väldigt misstänkt blodprofil.</td>
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<td>9</td>
<td>Aquatics</td>
<td>200-400 m</td>
<td>B (NTP-individuell)</td>
<td>1,5</td>
<td>2</td>
<td>3,5</td>
<td>Har tagit blod 2010 och 2011.</td>
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<td>CC</td>
<td>B (NTP-individuell)</td>
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<td>1</td>
<td>2,5</td>
<td>3,5</td>
<td>Väldigt konstig blodprofil.</td>
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<td>11</td>
<td>Boxing</td>
<td>Boxing</td>
<td>B (NTP-individuell)</td>
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<td>1</td>
<td>2,5</td>
<td>3,5</td>
<td>Höga Offscore in connection.</td>
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<td>Wrestling</td>
<td>Greco Roman</td>
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<td>2</td>
<td>1</td>
<td>3</td>
<td>A/Etio + 5a-diol nivå 2011.</td>
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<td>13</td>
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<td>2</td>
<td>3</td>
<td>Blodprofil troligtvis på Rocks.</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>Lite &quot;rar&quot; blodprofil.</td>
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<td>2</td>
<td>3</td>
<td>Hög RET, neg ESA.</td>
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<td>16</td>
<td>Athletics</td>
<td>Long distance</td>
<td>B (NTP-individuell)</td>
<td></td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>Atypical high T/E, neg ESA.</td>
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<td>17</td>
<td>Triathlon</td>
<td>Iron man</td>
<td>B (NTP-individuell)</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>
• Using the biological profiles and other intelligence we can narrow down the number of athletes (10-20) we need to focus extra attention on
  – Suspicious of using prohibited substances or methods- how can we move forward?
• Bi-weekly meetings with the testing and investigations team and the NAPMU to go through all the athletes on the list and discuss the best way forward.
  – Education opportunity
• When testing an athlete on the red list: always ESA, HGH-Biomarkers and long term storage of samples