

Document Number:	TL21	Version Number:	1.0
Written by:	WADA LabEG	Approved by:	WADA Executive Committee
Date:	04 November 2019	Effective Date:	04 November 2019

IN SITU FORMATION OF 4-ANDROSTENE-3,6,17-TRIONE (6-OXO) AND METABOLITES

The *World Anti-Doping Agency* wishes to draw the attention of the <u>Laboratories</u> to the following issue that may affect <u>Laboratory</u> operations. This pertains, in particular, to the possible detection of 6-oxo and *Metabolites* in urine *Samples* resulting from the *in situ* transformation of DHEA.

It has been observed that microbial contamination may induce modifications in the structure of some endogenous steroids (*e.g.*, DHEA) by oxidoreductive and other reactions, leading to the formation of hydroxylated and oxidized derivatives, which may hamper the interpretation of results (Figure 1) ^{1, 2}. In additon, some steroids which are normally excreted as glucuronide conjugates [*e.g.* 6α-hydroxy *Metabolites* of 6-oxo such as 6α-hydroxyandrostenedione (6α-OH-AD) and 6α-hydroxytestosterone (6α-OH-T)] might be detected as aglycons because of bacteria-mediated hydrolysis ^{3, 4}.

Figure 1 illustrates the possibility of *in situ* biotransformation of endogenous DHEA into the prohibited aromatase inhibitor 6-oxo, which would be detected in a urine *Sample* without its major *Metabolite* 6α -OH-AD^{2,5}.

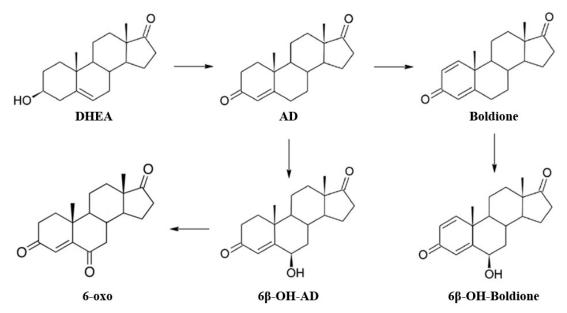


Figure 1. DHEA oxidation followed by isomerization of the double bond, formation of androst-4-ene-3,17-dione (AD), boldione and the respective 6β -OH-derivatives. The oxidation of the hydroxyl group at the C6- β position leads to the formation of 4-androstene-3,6,17-trione (6-oxo)^{2,5}.

Therefore, <u>Laboratories</u> should be cautious when detecting 6-oxo in a urine *Sample* in the absence of the glucuronidated form of its major 6α -hydroxy *Metabolite* 6α -OH-AD ^{6, 7, 8}. Further, since the isomer 6β-OH-AD may also be formed due to *in situ* biotransformation of DHEA or *via* light-induced auto-oxidation of the corresponding trimethylsilyl 3,5-dienol ethers ⁹, the <u>Confirmation Procedure (CP)</u> should be carefully reviewed to avoid an incorrect interpretation which may lead to an erroneous conclusion.



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It is noted that 6α -OH-AD may be formed endogenously and detected at low concentrations as a minor *Metabolit*e in urine *Samples* (typically < 5 ng/mL, although endogenous concentrations greater than 5 ng/mL have been reported) ¹⁰. However, 6α -OH-AD concentration may also increase as a result of microbial activity and, therefore, 6-oxo may be detected in a *Sample* as a by-product of the enzymatic formation of 6α -OH-AD from either endogenous and/or microbial transformation origin. Therefore, the Laboratory shall perform GC/C/IRMS analysis (depending on Laboratory's analytical capacity, which may require the subcontracting of the analysis to another Laboratory) when the concentration of 6α -OH-AD is greater than 10 ng/mL and there is no indication of microbial activity, even if 6-oxo is present in the *Sample*.

<u>Laboratories</u> should implement the following course of actions before reporting an *Adverse Analytical Finding (AAF)* for 6-oxo:

1. Perform a <u>CP</u> using an extraction method [(*e.g.*, Solid Phase Extraction (SPE)] prior to the enzymatic hydrolysis step in order to avoid inducing the *in situ* formation of 6-oxo by the enzymatic activity of microbes already present in the *Sample*.

[Comment: However, if the side products have already been formed prior to the enzymatic hydrolysis, SPE will have no impact.]

Evaluate the overall pattern of *Metabolites* in the *Sample*: 6α-OH-AD shall be detected, and the corresponding 6β-isomers should not be observed in the urine *Sample*. To verify this, the <u>CP</u> should include a step which preserves the stereochemical integrity at C6 (*e.g.*, by derivatization using MSTFA, potassium acetate and imidazole ^{6,9} or by using a reverse-phase column for LC separation ⁷).

[Comment: 6α -OH-AD can also be found in a *Sample* as a *Metabolite* of exogenous synthetic steroids, which are halogenated at the C6-position, *e.g.* 6α -bromoandrostenedione.]

- 3. During the <u>CP</u>, verify the conjugated state of 6-oxo *Metabolites*.
- Evaluate the carbon isotope ratio of 6α-OH-AD by GC/C/IRMS if the concentration of 6α-OH-AD in the *Sample* is greater than 10 ng/mL (SG-adjusted, if needed ¹¹) and there are no signs of substantial microbial degradation of the *Sample* (refer, for example, to TD EAAS ¹²).

When reviewing an analytical finding for 6-oxo, <u>Laboratories</u> should consider the following reporting recommendations (see also **Figure 2**):

- The finding shall be reported as a <u>Negative Finding</u> if:
 - $_{\odot}~$ 6-oxo is detected in conjunction with 6 β -OH-AD only; and/or
 - 6-oxo glucuronide *Metabolites* are not detected; and/or

 \circ 6α-OH-AD is identified (in the presence or absence of 6-oxo) at a concentration equal to or less than (≤) 10 ng/mL; and/or

 \circ 6α-OH-AD is identified (in the presence or absence of 6-oxo) at a concentration greater than (>) 10 ng/mL (SG-adjusted, if needed ¹¹), but the *Sample* shows signs of microbial activity;



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 \circ 6α-OH-AD is identified (in the presence or absence of 6-oxo) at a concentration greater than (>) 10 ng/mL (SG-adjusted, if needed ¹¹), with no signs of microbial activity, and the GC/C/IRMS analysis demonstrates an endogenous origin of 6α-OH-AD.

• The finding shall be reported as an Atypical Finding (ATF) if:

 \circ 6 α -OH-AD is identified (in the presence or absence of 6-oxo) at a concentration greater than (>) 10 ng/mL (SG-adjusted, if needed ¹¹) and the GC/C/IRMS analysis is inconclusive or cannot be performed.

• If an *ATF* is reported, the <u>Laboratory</u> shall include a comment in the *ADAMS* Test Report recommending the <u>Testing Authority</u> to conduct at least one (1) follow-up no-notice test on the *Athlete* within a reasonable time frame (*e.g.* within 2 weeks).

• The finding shall be reported as an *AAF* if:

 \circ 6α-OH-AD is identified (in the presence or absence of 6-oxo) at a concentration greater than (>) 10 ng/mL (SG-adjusted, if needed ¹¹), with no signs of microbial activity, and the GC/C/IRMS analysis demonstrates an exogenous origin of 6α-OH-AD.

 \circ When the results indicate an *AAF* for 6-oxo and/or 6α-OH-AD, it is recommended that the <u>Laboratory</u> seeks a second opinion, in writing, from another <u>Laboratory</u> before reporting the *AAF*. The second opinion shall be recorded in the <u>Laboratory Documentation Package</u>.

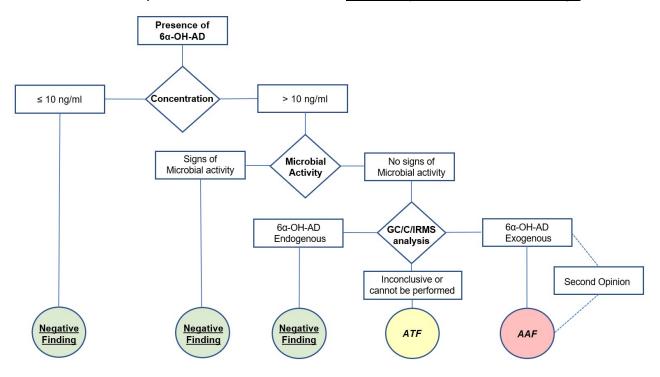


Figure 2. Summary of 6α-OH-AD evaluation.



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