
Participants:

Pr. Arne Ljungqvist (AL), Chairman	Attending
Pr. Don Catlin (DC)	Attending
Pr. Eduardo De Rose (EDR)	Attending
Pr. Theodore Friedmann (TF)	Attending
Pr. David Gerrard (DG)	Attending
Pr. Luis Horta (LH)	Attending
Pr. Per Wiik Johansen (PJ)	Attending
Dr. Jean-Claude Mbanya (JCM)	Attending
Dr. José Antonio Pascual (TP)	Attending
Dr. Babette Pluim (BP)	Attending
Dr. Brian Sando (BS)	Attending
Dr. Patrick Schamasch (PS)	Attending
Pr. Ichiro Kono	Apologies

WADA Staff

Dr. Osquel Barroso (OB)	Attending
Dr. Alain Garnier (AG)	Attending
Dr. Irene Mazzoni (IM)	Attending
Dr. Olivier Rabin (OR)	Attending

1. Welcome

- Dick Pound (RWP) and AL welcome the Committee members.
- RWP stresses the importance of the Health, Medical & Research (HMR) Committee, as it is responsible for research as well as the List, Laboratories and TUE Committees. He thanks all the Committee members for their work and bids them goodbye as his term as WADA Chairman comes to an end on December 31 2007.
- AL thanks RWP for understanding the importance of research, reflected in the percentage of WADA's budget allocated for it.
- As there are several new members, people introduce themselves. AL gives an overview of WADA's functions.

2. Review of agenda

- The Agenda is approved.

3. Update on Code Review and Madrid Conference

- Rune Andersen (RA), WADA Director of Standards and Harmonization, updates the Committee on the Code Revision, focusing on issues pertinent to the HMR Committee.
- He explains that this has been the last round of consultation and that this Draft will be presented during the 22 September 2007 Executive Committee meeting for review and approval.
- RA explains the major changes incorporated:

- i. When the result of a sample is inconclusive for endogenous Anabolic Androgenic Steroids and further investigations are needed, the sample will be deemed as atypical instead of an AAF.
 - ii. A provisional suspension will follow for non-specified substances after the B sample analysis results in an AAF. However, during competitions the rules may differ.
 - iii. A number of doping substances categories will be considered "Specified Substances" to allow for more flexibility in the sanctioning.
 - iv. WADA will have more power to appeal court decisions.
 - v. There are several proposed changes under consideration in the TUE; one of those include that there may be an agreement between Federations to recognize each others TUE. The Committee points out that caution should be exercised during major events regarding possible disagreements between Federations.
- RA finishes his presentation and leaves the meeting.
 - AL gives an overview on the way the World Conference in Sports Doping in Madrid will proceed. There will be full sessions and Science has been allocated 1h 45 min, including research, TUE, antidoping laboratories and the List.

4. Review of 2008 Prohibited List and recommendation to ExCo

- The changes 2008 Draft of the Prohibited List prepared by the List Committee is presented by OR:
 - i. There were a series of changes proposed by the List Committee on the wording of the Anabolic Androgenic Steroids that has to be reviewed by WADA's Legal Department.
 - ii. The Selective Androgen Receptors Modulators (SARMs) are included. It is pointed out that there is a grant proposal directed to detect SARMs and if approved, WADA will try to liaise the company developing the SARM and the laboratory that submitted the grant in order to coordinate efforts.
 - iii. The issue of cathine and pseudoephedrine is discussed. OR explains that the List Committee proposed to stakeholders 3 choices and that two of those choices were heavily favoured. In view of that, the List Committee has decided to extend the Monitoring Program for pseudoephedrine for all laboratories in 2008. The HMR Committee discusses the possibility of reintroducing pseudoephedrine with a threshold to detect cases in which the drug has been taken at suprathereapeutic doses that can be performance enhancing. As this cut-off is difficult to establish at this point with the data available, the HMR Committee decides to support the initiative of the List Committee on this issue. In addition, it is proposed that WADA should mandate a contract research organization to carry out excretion studies in humans in order to gather additional information to facilitate the establishment of an appropriate threshold.
 - iv. OR mentions the other changes included in the 2008 List Draft, including the change in the title of the S4 section and the inclusion of alpha reductase inhibitors as Specified Substances.

5. Grant Application by WADA Committee Members

- Several members of WADA Science Committee are international experts in their field and sometimes they have the desire to submit grant applications. In order to avoid conflict of interest, several options were discussed by the HMR Committee.
- The Committee concludes that it is acceptable for members of WADA Committees to apply for grants but the following safeguards will be taken:
 - i. Committee members must leave the room when the project they have submitted is discussed for approval or rejection.
 - ii. Committee members cannot be involved in other projects assessment and evaluation in their area of expertise in the year they submit a project.

- iii. Committee members can only submit grants as part of the regular annual call for grants application process. Therefore, they cannot apply for reactive or targeted grants, as these are in general only reviewed internally.

6. Review and recommendation for the 2007 research projects

- Members of the HM&R Committee responsible for organizing the peer review process and WADA staff present a summary of the evaluations received in their field.
- A ranking of projects within each category is made, and 33 projects are selected (see appendix 1).
- For several projects, budgetary revisions are recommended.
- Four projects were considered important but risky. Therefore, pilot projects of one year duration were recommended in these cases, with further evaluation of the outcomes at the end of the granting period.
- Two ongoing projects which requested extensions were not approved as, even though they had obtained promising results, the technologies used (genetic profiling and *in vivo* imaging) would be very difficult to apply in antidoping.
- The Laboratory Committee will be consulted regarding the possibility of funding one project directly related to their activity.

7. Report from TUE Subcommittee

- DG gives an update on the Medical Guidelines document for granting TUEs. These include minimal standards to be followed and it is an evolving document that should be reviewed yearly.
- To date, guidelines are available for Hypogonadism/hormone deficiency, Attention deficit hyperactive disorder, Narcolepsy, Musculoskeletal disorders, Insulin-dependent diabetes, Renal failure-transplantation, Asthma and Arterial hypertension.
- The HMR Committee suggests to include other pathologies like colitis, inflammatory bowel disease.
- AG gives an update on the International Standards for TUE. Various options are under consideration, none of them with unanimous support, and further consultation is planned in the coming months.

8. Report from Laboratory Subcommittee

- LH gives an update on the Laboratory Subcommittee.
- There have been significant improvements in the Documentation Packages.
- The Salt Lake City laboratory has obtained full WADA accreditation. The Jakarta laboratory has been suspended and the one from New Delhi has been allowed to re-enter the probationary phase.
- The ISL has gone to several rounds of review by all stakeholders and is ready to be submitted for final approval.
- There are discussions on how to accredit new laboratories. The Laboratory Subcommittee strongly recommends that there cannot be 2 levels of accreditation and uniform high quality should be maintained throughout all laboratories.
- There is a formal agreement for an ILAC/WADA collaboration.

AL, EDR, DC, AG, PJ, JCM leave the meeting due to travel arrangements. LH officiates as Chairman.

9. DNA testing in doping control

- The Committee discusses how DNA testing could be envisioned for antidoping.

- It is agreed that DNA testing will not be done just to confirm that the sample comes from the athlete, as a solid chain of custody is in place. However it could be used to test manipulation or to match A and B samples on a case by case basis.
- TF clarifies that it is not pressing to keep the samples stored, as DNA may be degraded by bad storage.
- The Committee will continue elaborating on this issue in the future. Once the areas are identified, the Legal Department will have to review if this could be applicable.

10. Laboratory Accreditation

- OR explains that as much as 45 laboratories have approached WADA for their accreditation. The Laboratory Committee has come up with 3 possible models for accreditation.
 - i. Model I: any laboratory can apply.
 - ii. Model II: is a two-tiered system, with some laboratories performing the full battery of tests and others just a number of tests.
 - iii. Model III: proposing a limited number of accredited laboratories.
- The Committee agrees that Model II will increase the costs as samples tested in the laboratories with limited number of tests will have to be nevertheless tested in a 2nd laboratory for the rest of the tests. For Model III, it is not clear at this point what would be an optimal number of WADA accredited laboratories.
- The HMR Committee recommends Model III, which was also favoured by the Laboratory Committee.

11. Any Other Business

- Sitagliptin and Rosiglitazone: There has been a request from UK sports to look into the status of these antidiabetic substances. Two experts from the HMR Committee, JCM and PJ have been consulted. Since the two experts in the field are not present because they had left the HMR Committee meeting at that point, the subject could not be further discussed. In addition, external experts will be contacted as well to help on this issue.
- Hypoxic chambers: PS informs that the subject will be discussed during a satellite meeting in the FIFA Symposium taking place at the end of October in Zurich, since it is highly possible that altitude/hypoxic chambers could allow for manipulation of microdoses of erythropoietin.
- Mail it Safe: OR informs that WADA has implemented a new safe email system. The Committee should expect to get confidential information via this system.
- Upon inquiries from some Committee members, OR explains the reasoning for keeping the T/E ratio at 4. Until new guidelines are in place, the ratio serves to trigger further investigations.

12. Next meeting

- The next HMR Committee meeting is scheduled for September 9th-10th 2008.
- The meeting is adjourned.