

WADA TUE VIRTUAL SYMPOSIUM Report

Field: Therapeutic Use Exemption (TUE) - Anti-Doping.

Date: 22-23th April 2021

Speakers: Ms. Yoko Dozono (WADA Medical Manager), Ms. Kimberley Chinnarassen (WADA Administrative Assistant), Prof. David Gerrard (WADA TUE Expert Advisory Group Chair), Dr. Alan Vernec (WADA Medical Director), Dr. Peter Harcourt (Australian Football League Medical Director), Dr. Katja Mjøsund (Specialist in Sports and Exercise Medicine-University of Turku-Finland), Dr. Jamie Kissick (Canadian Medical Protective Association - Sports Medicine Physician), Ms. Katia Alloun (WADA TUE Manager), Ms. Liz Riley (IPC General Counsel), Dr. Susan White (Australian Sports Drug Medical Advisory Committee Sports and Exercise Physician), Dr. Simon Kemp (UK Parkside Hospital Sports Physician), Dr. Ola Rønsen (Norway Aker Solution Chief Medical Officer).

Location: Videoconference

Brief summary

The main purpose of the **WADA 2021 Virtual TUE Symposium** has been to explain the main changes about the TUE in the WADA Code and in the ISTUE 2021. In addition of some medical and law explanations of the changes, some case-studies have been reported to facilitate their comprehension.

First of all, WADA illustrated the new **criteria for granting a TUE**, in a retroactive way and some exceptional circumstances, as described in the ISTUE (art. 4.1-4.3). The general process to obtain a TUE is the following: diagnosis of medical condition - If medication is needed, athletes should apply for a TUE before they take it (now also retroactively) – ADO will notify the athletes within 21 days if it is accepted or not.

WADA revealed that **the prohibited substances most used** in the time-frame 2017-2020 have been: Glucocorticoids (31%), stimulants (23%), Hormone Metabolic Modulator (13.3.%) and Diuretics (N/A).

Regarding the explanation of the **main changes to the 2021 Prohibited List**, WADA highlighted that levosalbutamol and arformoterol are now prohibited decisively, codeine and tramadol are not listed anymore in S7 (narcotics) and cannabidiols has been added as an exception in S8 (Cannabinoids). A possibility to reduce the ineligibility period through a satisfactory completion of a substance abuse treatment has been added.

Some experts discussed about the new regulation about the **Glucocorticoids** (GCs) for 2022. Substantially, they will be prohibited when administered by any injectable (IM, IV, periarticular, intraarticular, oral or rectal route, etc.). A first case-study on GCs has been described, revealing the importance to apply for a TUE (also retroactively) in case of taking prednisolone because of an asthma exacerbation.

The outcome of the fifth case-study highlighted that in 2021 a TUE is not required for an intra-articular GC injection (both IC and OOC).

The confidentiality issue related to Anti-Doping in general was treated and it has been suggested that the athletes sign a “consent form” about Anti-Doping issues before the season. This consent form allows coaches, team physicians to report, without “consent breaching”, some information internally when athletes confide to them their use of a prohibited substance and/or method.

The TUE application process has been subjected to some changes. The athletes need to identify which entity to contact to apply for a TUE. Firstly, the athletes should contact the NADO where they compete - if not under this jurisdiction – they need to check the NADO where they have residence – if not under this jurisdiction – they need to consult the NADO where they have the citizenship whether different from the previous ones – if not under this jurisdiction- they should be permitted to apply for a retroactive TUE from the ADO that has the RM authority.

The correlation between **Anaphylaxis and TUE** has been examined through the case study 4. A TUE (also retroactive) is needed whereby nebulised salbutamol has been administered while versus for IV fluid (if given in the hospital) and Epipen (as WADA Code 2021).

The case-study 5 about Acetazolamide for altitude sickness has raised the issue about the retroactive TUE and its granting under the article 4.3 even if some conditions in the article 4.2 aren't met.

For Tokyo 2020, it has been regulated the use of drugs. WADA declared that amphetamine is illegal, methylphenidate is permitted (1 month supply), cannabis is illegal; for opioids if specific medical needs arise, one would need to obtain these medications through the Japanese medical system.

WADA reiterated that clomiphene is prohibited but there could be some exceptions whereby TUE could be released. TUECs should be flexible when evaluating these situations.

Although TUE isn't needed for some B-2 agonists, it is strongly suggested to consult a pulmonary specialist while using these substances. The case study 6 about TUE and B-2 agonists in Denmark suggested the physicians to explain very well why the related treatment was the most appropriate in order to obtain a TUE.