

WFDF Medical & Anti-Doping Committee / TUE Committee report

CONGRESS 2017 - Royan (FRA)

Jamie Nuwer and Volker Bernardi report on the Medical and Anti-Doping Committee and TUE Committee activities conducted since the last Congress next to working projects in 2016/2017 (see Annex 1).

WADA Code compliance:

The WADA 2017 Code Compliance Questionnaire including some 300 questions was filed prior to the deadline and a multi-months job of a larger group of people is successfully concluded. Thanks to a fantastic co-operation and support of all members of the WFDF Medical and Anti-Doping Committee and its chair Jamie Nuwer, the TUE Committee and its chair Jascha Wiechelt, the Anti-Doping Administrator Jörn Verleger, Assistant Sebastian Riediger and Executive Director Volker Bernardi this paramount task was accomplished.

Increasing demands, also for NFs:

On the downside we have realized that as mentioned before demands of WADA are dramatically increasing and we need to gear up to fulfil these. WADA has started to demand that WFDF makes all member associations adopt Anti-Doping rules fully compliant with the WADA Code and this will need to be discussed at Congress in Royan.

WFDF structures:

WFDF will be forced to increase human and financial resources to comply with all WADA demands, be this on the administrative (TUE process, ADAMS operation and administration and results management) or the operational (Testing operations and Education) level.

The Medical and Anti-Doping Committee (MADC) has added recently Matthias Zaccarin (DEN) to its composition and you can find the Committee compositions here:

Medical and Anti-Doping Committee:

Jamie Nuwer (chair), USA, Female, Family Medicine, Sports Medicine
Florian Beiglbock, Austria, Male, Endocrinologist
Dominique Fontenette, USA, Female, Emergency Medicine
Usamah Jannoun, UK, Male, Physical Medicine and Rehabilitation, Sports Medicine

Therapeutic Use Exemption Committee:

Jascha Wiechelt (chair), Germany, Male, Internal Medicine
Leslianne "Leslie" Yen, USA, Female, Internal Medicine, Sports Medicine
Harris Masket, USA, Male, Emergency Medicine, Sports Medicine

New documents on Therapeutic Use Exemptions (TUE) as approved by the Board include (see Annex 2):

- TUE Briefing for athletes participating in WFDF events
TUE application form Version 2017 as proposed by WADA

submitted by Jamie Nuwer, WFDF Medical & Anti-Doping Commission chair

Medical and Anti-Doping Committee (MADC) and Therapeutic Use Exemption (TUE) Committee

Projects 2016-2017

Medical:

2016

- Transgender policy and TUE processing guidelines for Transgender athletes
- Public summary regarding policy position

2017

- Primary target: Reviewing event guidelines regarding medical and safety. Recommend appropriate updates.
- Provide an Medical and Safety officer at World Games, Poland, July 20-27: Jamie Nuwer

Anti-Doping/TUE

2016

- Facts about WFDF: Testing and Tuesday
- TUE program 2016: WUGC, WJUC
- TUE program explanations
- Testing Pool (TP): athletes and experience
- Blood testing – 2 athletes
- Anti-doping education via online tool yearly – information changes yearly
- Collection of anti-doping forms at events
- IOC funding used for these activities

2017

- Primary target: maintain WADA code compliance under heavily increased requirements/pressure
- Preserve our reputation as a “non-problem sport”
- Conferences relevant to Anti-Doping
 - WADA Symposium to discuss Therapeutic Use Exemptions. March 2017. Lausanne, Switzerland.
 - Due to all the issues with doping in 2016 with the Olympics, IOC and WADA will also be hosting a second World Anti-Doping conference. Date and location TBA.

World Flying Disc Federation - TUE Briefing:

This document informs you on the WFDF documented process for athletes to apply for a

Therapeutic Use Exemption (TUE).

- 1.) Information on the Therapeutic Use Exemption (TUE) application process and the Therapeutic Use Exemption (TUE) application form are available on the WFDF website under: <http://wfdof.org/anti-doping> .
- 2.) You can also find on that part of our website the “Therapeutic Use Exemption (TUE) application form” under: http://wfdof.org/files/wfdof_tue_application_form_template_2016.doc .
- 3.) The form seeks consent from athletes applying for a Therapeutic Use Exemption (TUE) for the provisions outlined in Article 9.2 of the WADA International Standard for Therapeutic Use Exemptions (ISTUE).

Article 9.2 ISTUE:

An Athlete applying for the grant of a TUE or for recognition of a TUE shall provide written consent:

- a. for the transmission of all information pertaining to the application to members of all TUECs with authority under this International Standard to review the file and, as required, other independent medical or scientific experts, and to all necessary staff (including WADA staff) involved in the management, review or appeal of TUE applications;*
- b. for the Athlete's physician(s) to release to the TUEC upon request any health information that the TUEC deems necessary in order to consider and determine the Athlete's application; and*
- c. for the decision on the application to be made available to all Anti-Doping Organizations with Testing authority and/or results management authority over the Athlete.*

[Comment to 9.2: Prior to collecting Personal Information or obtaining consent from an Athlete, the Anti-Doping Organization shall communicate to the Athlete the information set out in Article 7.1 of the International Standard for the Protection of Privacy and Personal Information.]

- 4.) The criteria outlining which athletes are under WFDF jurisdiction and are required to apply to WFDF for a Therapeutic Use Exemption (TUE) include all **international level athletes participating in WFDF sanctioned events**. The specific events for which a Therapeutic Use Exemption (TUE) is required include **all WFDF Major World Ultimate Championships** particularly.

As a notice that sets out clearly:

- (1) which Athletes coming under WFDF jurisdiction are required to apply WFDF for a TUE, and when;
- (2) which TUE decisions of other Anti-Doping Organizations WFDF will automatically recognize in lieu of such application, in accordance with Article 7.1(a) ISTUE; and
- (3) which TUE decisions of other Anti-Doping Organizations will have to be submitted to WFDF for recognition, in accordance with Article 7.1(b) ISTUE

WFDF informs you that all TUEs issued by a NADO according to the ISTUE will be automatically recognized by WFDF and all other TUEs must be submitted to WFDF for recognition.

Article 7.1(a) ISTUE:

The International Federation or Major Event Organization may publish notice that it will automatically recognize TUE decisions made pursuant to Code Article 4.4 (or certain categories of such decisions, e.g., those made by specified Anti-Doping Organizations, or those relating to particular Prohibited Substances), provided that such TUE decisions have been reported in accordance with Article 5.4 and therefore are available for review by WADA. If the Athlete's TUE falls into a category of TUEs that are automatically recognized in this way at the time the TUE is granted, he/she does not need to take any further action.

[Comment to 7.1(a): To ease the burden on Athletes, automatic recognition of TUE decisions once they have been reported in accordance with Article 5.4 is strongly encouraged. If an International Federation or Major Event Organizer is not willing to grant automatic recognition of all such decisions, it should grant automatic recognition of as many such decisions as possible, e.g., by publishing a list of Anti-Doping Organizations whose TUE decisions it will recognize automatically, and/or a list of those Prohibited Substances for which it will automatically recognize TUEs. Publication should be in the same manner as is set out in Article 5.3, i.e., the notice should be posted on the International Federation's website and sent to WADA and to National Anti-Doping Organizations.]

- 5.) On the medication this is to inform you that only the dosage(s), frequency, route and duration of administration of as well as any conditions imposed by the Anti-Doping Organization (ADO) in connection with the Therapeutic Use Exemption (TUE) are approved by a formal grant of a TUE and a recognition of a TUE.
- 6.) You as the athlete are responsible to renew the Therapeutic Use Exemption (TUE) upon expiry, if necessary. Please check carefully the duration of the granted TUE and apply in time when necessary for re-newal.

For further information please contact: ed@wfd.org .

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THERAPEUTIC USE EXEMPTION (TUE) APPLICATION FORM

Application No:.....
(WFDF office use only)

Please complete all sections IN CAPITAL LETTERS OR TYPING.

Athlete to complete sections 1, 5, 6 and 7; physician to complete sections 2, 3 and 4. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

1. Athlete Information

Surname:	Given Names:
Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth (d/m/y):
Address:	
City:	Country: Postcode:
Tel.....	E-mail:
<i>(with International code)</i>	
Sport:	Discipline/Position:
International or National Sport Organization:	
Please mark the appropriate box below:	
<input type="checkbox"/> I am part of the WFDF Testing Pool	
<input type="checkbox"/> I am part of a National Anti-Doping Organization Testing Pool	
<input type="checkbox"/> I am participating in an WFDF event for which a TUE granted pursuant to the International Federation's (*) rules is required	
Name of the event:	
<input type="checkbox"/> None of the above	
If athlete with an impairment, please indicate the impairment:	

(*) Refer to the WFDF official website - Anti-Doping section - for the list of designated events by checking the TUE briefing for athletes participating in WFDF sanctioned events.

2. Medical information (continue on separate sheet if necessary)

Diagnosis: <hr/> <hr/> <hr/>
If a permitted medication can be used to treat the medical condition, please provide clinical justification for the requested use of the prohibited medication <hr/> <hr/> <hr/>

Comment:

Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical information must include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: <https://www.wada-ama.org>. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

3. Medication details

Prohibited Substance(s): <u>Generic name</u>	Dose	Route of Administration	Frequency	Duration of Treatment
1.				
2.				
3.				
4.				
5.				

4. Medical practitioner's declaration

I certify that the information at sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate.

Name: _____

Medical specialty: _____

Address: _____ STAMP (Place here)

Tel.: _____

Fax: _____

E-mail: _____

Signature of Medical Practitioner: _____ Date: _____

5. Retroactive applications

<p>Is this a retroactive application?</p> <p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p> <p>If yes, on what date was treatment started?</p> <p>_____</p>	<p>Please indicate reason:</p> <p><input type="checkbox"/> Emergency treatment or treatment of an acute medical condition was necessary</p> <p><input type="checkbox"/> Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection</p> <p><input type="checkbox"/> Advance application not required under applicable rules</p> <p><input type="checkbox"/> Other</p> <p>Please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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6. Previous applications

Have you submitted any previous TUE application(s)? Yes No

For which substance or method?

To whom? _____ When? _____

Decision: Approved Not approved

7. Athlete's declaration

I, _____, certify that the information set out at sections 1, 5 and 6 is accurate. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff that may have a right to this information under the World Anti-Doping Code ("*Code*") and/or the International Standard for Therapeutic Use Exemptions.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise my right of access and correction; or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the *Code*.

I consent to the decision on this application being made available to all ADOs, or other organizations, with Testing authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

I understand that if I believe that my Personal Information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information, I can file a complaint to WADA or CAS.

Athlete's signature: _____ **Date:** _____

Parent's/Guardian's signature: _____ **Date:** _____

(If the Athlete is a Minor or has an impairment preventing him/her signing this form, a parent or guardian shall sign on behalf of the Athlete)

Please submit the completed form to:

World Flying Disc Federation
Jörn Verleger
WFDF Anti-Doping Administrator

via ed@wfdf.org

or via postal courier to
WFDF, Enggasse 2 a, D - 55296 Harxheim

Please keep a copy of the completed form for your records.