Transgender Issues – an Anti-Doping Perspective

DAVE HO – AD MANAGER SCIENCE & RESULTS
OUTLINE

1. Context
2. What we do
3. Anti-Doping vs Medical
4. TUE
5. The Policy and some practical issues
• Signatory to the WADA Code and International Standards
WHAT WE DO

Detection and deterrence

- Out Of Comp: 1,000 (57.9%)
- In Camp: 600 (32.2%)

- Urine: 300 (21.1%)
- Blood: 140 (11.4%)
- Blood (n/a) port: 31 (11.6%)
ANTI-DOPING VS MEDICAL

- Our testing is Anti-Doping and not medical in nature
- Testing is against the Prohibited List to determine whether an athlete is using a prohibited substance or method to gain a performance advantage
- No diagnosis or evaluation of any medical condition
- TUE - Testosterone and Spironolactone
TUE’S

• WADA Physician Guidelines – Transgender - Version 1.1 – September 2019

  • Transgender athletes may be granted a TUE only once their eligibility and gender has been established with their sport federation.

  • Therapy is principally aimed at achieving hormone levels within the normal range of the experienced gender.

  • Application must include a report by a health professional providing care for transgender persons and detail the medical history including any previous partially or fully Reversible physical treatment. This report should be complemented by an endocrinologist’s report on initialization of hormone therapy and a surgical report where applicable.

  • 10-year validity with annual follow-up
THE POLICY

- Eligibility centres around hormone management
  - Written confirmation
  - Female to male – similar treatments to hypogonadal male
  - Male to female - serum T <5 nmol/L
  - Legal status not required
  - Surgery not required
  - TUE as required - testosterone, spironolactone, or GnRH (if still competing as a male)
THE POLICY

• Monitoring
  5.1 The Chief Medical Officer may monitor a Player's compliance with the Transgender Female Eligibility Conditions at any time, with or without notice, whether by random or targeted testing of the Player's serum testosterone levels (and the Player agrees to provide whereabouts information and blood samples for this purpose, and also agrees that any samples that she provides for anti-doping purposes and/or any anti-doping data relating to her may also be used for this purpose) or by any other appropriate means.

• Male to Female (Serum T)
  • Highly individualised
    • Orchidectomised Player 1 time/year
    • Spironolactone/cyproterone 3-4 times/year including unannounced out of competition testing
    • Depot GnRH agonists* 1-2 times/year
• Process

*It is recommended that serum samples be collected using standardised sample collection procedures (for example, those used for anti-doping purposes). Such procedures might include the following:*

• Samples are collected in the morning
• Venous blood, Player remaining in a normal seated position with feet on the floor for at least ten minutes prior to providing the sample. Samples should not be collected within two hours of any physical exertion.
• BD Vacutainer SST-II Advance (an 'A' sample only will be sufficient, but an IF may decide to collect an 'A' and 'B' sample if it so wishes).
• Transported to the laboratory in a refrigerated state. The sample should not be allowed to freeze and temperature should preferably be maintained between 2-12°C (ideally around 4°C). A temperature data logger should be used to record the temperature of the sample during transport.
• The sample should arrive at the laboratory within 48 hours of sample collection. The sample should be centrifuged as soon as possible on arrival and stored frozen if it cannot be analysed immediately.
THE POLICY

- Cost

The costs of any medical assessment, examination, treatment, monitoring, reporting, and any other costs involved in complying with the Policy will be borne by the relevant Player.

- Average cost in vicinity of £500 per test for standard AD test
- Serum T assay not standard
- Only available at some WADA labs
- Self monitoring
IN PRACTICE

International Standard for Testing and Investigations
Annex C.4.5 The DCO/Chaperone who witnesses the passing of the Sample shall be of the same gender as the Athlete providing the Sample and where applicable, based on the gender of the Event the Athlete competed in.

1. What does it mean for the Player?
2. What does it mean for collection staff?