

Minutes of the FIE Medical Commission Meeting
June 11-12, 2005
Hotel de la Paix, Lausanne, Switzerland
Compiled by Peter Harmer (AUS), Recording Secretary

Members present: George Ruijsch van Dugteren (President)(RSA), Catherine Defoligny-Rayauame (FRA), Clare Halsted (GBR), Peter Harmer (AUS), Ann Marsh (USA), Maha Mustafa Mourad (EGY), Hamid Naghavi (IRI), Ezequiel Rodriguez-Rey (PAN).

Apologies: Jeno Kamuti (HUN), Wilfried Wolfgarten (GER)

Ex-officio: Ana Pascu, MH (Executive Committee liaison) (ROM), Stephanie Baillargues (FIE Secretariat)

Meeting called to order at 9:07am by Commission President van Dugteren.

Brief welcome by van Dugteren followed by self-introduction of members present. Pascu noted that the commission needs to push its agenda, especially regarding trauma research, and it must ensure that all federations make their members aware of anti-doping regulations, particularly Therapeutic Use Exemption (TUE) issues. Naghavi briefly introduced the IOC recommendation for cardiovascular screening and suggested FIE asks National Federations to adopt them.

van Dugteren noted that IOC Medical Commission was founded in 1967 primarily to deal with doping but that it, and the FIE Medical Commission, is involved in many other aspects of medical care of athletes. This is our mandate.

Minutes of the meeting in Paris on December 4, 2004, were introduced and approved.

Doping issues

Doping issues were the first item on the Agenda. van Dugteren addressed the need for prevention through education and outlined the framework of the World Anti-doping Code and the List of prohibited substances which is up-dated annually. Proposed List changes are published on the WADA website on Oct. 1 and activated on January 1 each year. An on-going problem is that the Prohibited List does not identify products, only generic substances, and it is changed annually. A mechanism is needed to ensure information gets to athletes, coaches, and physicians. WADA website has an Athlete's Guide and other publications including the four (4) obligatory International Standards: the List, Therapeutic Use Exemption (TUE) (which replaces individual physician letters), Laboratory, and Testing Standards.

It was noted that email and the Internet facilitate the spread of anti-doping information but experience shows it still needs to be filtered down to the athletes and coaches, or we need a better method for letting them know how to find the information. With almost 6,000 fencers registered with the FIE it is not possible for the FIE to send WADA publications to all of them. van Dugteren has asked WADA to make all of its publications available on line in black & white PDF format for broad availability. Suggestions to improve anti-doping education include

conducting seminars at fencing World Cups, Grands Prix and the World Championships, ensure National Anti-Doping Agencies (NADOs) and NOCs coordinate with National Federations, develop fencing-specific anti-doping web-page on the FIE website (Marsh will work on this), submit regular anti-doping articles to *Escrime*, develop an anti-doping test/quiz for athletes and coaches (Marsh and Harmer to work on this), placement of anti-doping posters at international competitions, and take advantage of existing resources such as UK Sport and USADA website which have nation-specific pharmacopoeia information. In addition, Rodriguez-Rey pointed out the need to have regular medical meetings before competitions to inform competitors and officials of doping control procedures and the availability of medical care.

van Dugteren proceeded to detail the positive laboratory cases ("adverse analytical findings") in fencing since January, 2004: there were 16 cases involving 14 athletes from 10 different countries (ARM, FRA, GER, HUN (2), ITA (2), KOR, RUS, SUI (2), UKR, USA). There was one public warning and one suspension as a result of these findings. Many cases were complex because of technical issues, and several cases are as yet unresolved. These cases highlight the difficulties of operating a flawless system.

The need for FIE observers to return the doping control forms to the FIE office immediately after competitions was strongly emphasized otherwise the record keeping breaks down (no way to tie sample to a specific athlete; no way to check on past results for an athlete, e.g. T:E results). The FIE has not yet provided financial support for this process. FIE needs an administrative assistant for anti-doping record-keeping. In addition, we need to know who has been tested and how to determine the deterrent value of testing (only a small portion of the athlete pool is tested). There may be a better way. Harmer to investigate testing algorithms from Portugal that the FIE may utilize.

Additional points on doping presented by van Dugteren:

- a) TUEs are generally only for 1 year but may be extended to 2 years for on-going conditions (e.g. insulin for diabetes). Discussion if the paperwork associated with TUE can be reduced. To be continued.
- b) Some countries (e.g. Italy) anti-doping is a legal issue and cases are dealt with by the national courts. These are out of the hands of the FIE/NF.
- c) List changes: the change in the T/E ratio from 6:1 to 4:1 has resulted in new cases. Any report over 4:1 requires obligatory investigation to determine whether the cause is endogenous, or exogenous use of Testosterone
- d) van Dugteren has argued with WADA that diuretics be dropped from the List because they cannot mask prohibited substances as tests are so sensitive now. WADA does not agree. Diuretics are an example of confusion for athletes as they have been dropped and added to the List previously.
- e) Complex case of "adverse analytical finding" for anabolic steroid Boldenone. At the time of the test, it appeared straightforward, but review revealed some evidence that this finding could be due to bacterial degradation of testosterone. Now WADA has issued a directive recommending a specific protocol to be followed. An example of the complexity of accurate interpretation of finding due to incomplete knowledge.
- f) Recommendation to COMEX: one or more members of Judicial Commission should be made be available for difficult cases, and at least 2 members of COMEX to be trained for Doping

Disciplinary Tribunal hearings. All of those appointed to the Disciplinary Tribunal (Judicial, COMEX and Medical) must have a comprehensive working knowledge of the WADA Code and the FIE anti-doping rules.

g) there are approximately 50 NADOs in the world. Major problem is lack of coordination between NADOs and International Federations. May be resolved by the ADAMS (Anti-Doping Management System) being developed by WADA that would allow all data related to doping to be centrally located and controlled.

Rodriguez-Rey pointed out that education is a common aspect of clinical sports medicine but the Commission needs to know what role we play – how do we ensure athlete health and safety, protecting the innocent and catching the guilty?

Defoligny-Rayane was concerned that too much time was spent on anti-doping to the detriment of other aspects of the Commission's responsibilities. There was general agreement on this point, but it was noted that the emphasis on doping regulations and protocols was needed to bring the five new members up to speed - future meetings would not involve so much detailed preliminary information.

Expressions of interest in working on the three anti-doping panels (Review, TUE, and Doping Hearing panel) were solicited. In addition to van Dugteren, Halsted and Wolfgarten, names put forward included Rodriguez-Rey, Marsh and Naghavi. Definitive appointments to be concluded later.

Lunch break 1:10pm

Session resumed at 2:45pm

Brief re-cap of main issues from late morning session for Pascu who had to leave for other business. Pascu supported recommendations.

van Dugteren moved on to a summary of changes proposed for 2006 Prohibited List (e.g. some stimulants may also be prohibited out of competition). Though confidential, the proposed List will be made available to all members for comment (Mustafa Mourad has not been receiving email). Also noted that full TUEs are required for all drugs containing substances on the Prohibited List, including systemic Glucocorticosteroids (GCS). Abbreviated TUEs only apply to the 4 inhaled Beta-2 agonists and non-systemic GCS. International fencers (those with FIE licenses) must apply to FIE for TUEs. Application forms are available on the FIE web-site. Important note: main problems with TUE applications – they are often illegible, products names are used instead of "generic" names. Therefore TUE applications should be typed or printed legibly, with specific prohibited substances identified by their generic names.

Each International Federation is required to do out-of-competition testing (OOCT). But as FIE does a large number of in-competition tests in a prolonged season, and fencing has a low risk profile, WADA has agreed there is no need to do more OOCT than WADA is doing for FIE now. Currently FIE has an OOCT testing pool of 192 athletes (top 32 on FIE ranking table for each weapon category). These athletes are required to provide whereabouts information direct to WADA for 6 months at a time. WADA informs the FIE which countries are not supplying the

necessary information. Doping statistics: the FIE has conducted approximately 837 doping tests over 285 competitions in the last year, with similar figures for the previous year.

Sports Medicine issues

Naghavi provided copies of IOC recommendations on Sudden Cardiovascular Death in Sport. Discussion tabled.

Discussion of recovery time between bouts was postponed until purpose of this point was clarified by the FIE President.

Harmer addressed the lack of substantive data on fencing injuries and the need for the Medical Commission to develop and implement a comprehensive system. Rodriguez-Rey presented medical reports from 2002 World Championships and 2004 Olympic Games indicating that data collection has been happening. His findings, particularly those related to the high percentage of medical care provided for illness or non-competitive traumatic injury, were supportive of the Commission's recently revised *Cahier Medical* indicating the need for general healthcare at championships. However, Harmer argued that without exposure data it is not possible to either determine risk of injury or identify interventions for diminishing the risk. Additional data collection at all world cups would be a great boost to our knowledge in this area. A major difficulty is selecting an appropriate definition of a reportable injury. Harmer suggested 'withdrawal from competition' would be best definition, but acknowledged the limitations (e.g. significant injuries that do not result in withdrawal would be missed). Discussion followed on various aspects of this issue and it was left to be pursued later. Harmer asked the group about any reports they had received about non-broken blade penetrating wounds in sabre, especially in the hand. He is compiling a case series report on this phenomenon following several cases in the USA.

It was agreed that the Commission needed opportunities to meet with SEMI to discuss areas of mutual interest in injury prevention and facilitate coordination on action. Recommendation to COMEX that SEMI and Medical Commission meetings be held at the same time in future.

A broad-ranging discussion followed on whether to consider cramp might be eligible for the 10-minute rule, and whether rule t.33 should be modified to allow for issues such as vomiting or spontaneous epistaxis on the piste. It was decided that no change to the rule should be proposed at this stage, but that discussion should continue. Moreover, the issue of bodily fluid exposure would not be addressed in the rules, but should be left to the professional discretion of the supervising medical personnel to deal with. It was recommended that the wording of rule (t.33) in English be changed from "accident" to "injury".

Brief discussion and recommendation that FIE Medical Commission accepts and supports IOC position on sex reassignment in sport.

Considerable discussion followed related to the new obligatory requirement for use of the transparent mask in all weapons. Rodriguez-Rey pointed out the significant detrimental effect that making these considerably more expensive transparent masks compulsory will have on

smaller, less well-funded countries. van Dugteren noted that illegal (unsafe) transparent masks were on sale at the Cadet/Junior World Championships in Linz. It appeared as if the FIE has no control over the manufacture or sale of illegal masks as when this was pointed out to FIE officials in Linz, no action was taken. Polycarbonate visors must be at least 3mm thick and may have no holes or notches (which would render them unsafe). It was noted that up til now transparent masks had been approved for use only in sabre where bouts are generally of short duration, and that there is little information how they will fare in lengthier foil and épée bouts. Only 4 manufacturers' transparent masks have been approved to date after meeting the rigorous physical safety standards (CEN) and the "physiological" ventilation safety standards of the Medical Commission (Leon Paul, PBT, Negrini, Gaiardoni). However, the polycarbonate visor is susceptible to degradation by a number of common chemicals such as acetone and petrol. Masks need considerable care (carried in special bags, visors must be discarded after 24 months, cracks must be checked for constantly). Already there have been at least 2 reports of transparent mask failures (Pascu witnessed one personally in Womens Sabre in Budapest in Jan 2004; Defoligny-Rayaume reported the same problem for Flessel-Colovic (Womens Epée) in 2005). van Dugteren noted there may be some additional problems related to vision (internal light reflection, lens action, risk of condensation). However, the major safety concern is what happens when the visor is changed, especially if changed by the fencer. There is no way to guarantee the safety of the mask or assess its compliance with CEN safety standards once a visor is replaced. This is particularly serious considering the tolerance for face and head injuries is much smaller should the mask fail.

The Commission decided that without appropriate data regarding the safety of used masks it could not support transparent masks being obligatory and recommended the following decision to the COMEX: "Although the safety of newly manufactured transparent masks homologated by the FIE is not in question, no satisfactory mechanism for assessing the on-going safety of the masks has been established. In light of the many elements that can undermine the integrity of the visor and the risk of serious life-threatening injury if a visor fails, the Medical Commission strongly recommends that the obligatory use of these transparent masks is postponed until such time as a dependable method for testing the safety of the masks with use can be established".

The Commission also determined that more emphasis should be placed on educating athletes about the need for proper care of their transparent masks.

van Dugteren reported on his participation in a recent meeting with the IOC Medical Commission. It was recommended that each IF Medical Commission should establish a website that should be linked to the IOC Medical Commission website .

Meeting finished at 6:05 pm
Meeting resumed at 9:00am June 12, 2005

Harmer gave a brief up-date on the medical symposium to be held in conjunction with the World Championships in Leipzig. There have been a number of difficulties including the timing (Wed., Oct 12, in the middle of the competition) and the location (recently advised that it will not be at the venue but some distance away at the *Neuen Rathaus*). Numerous suggestions were made to enhance the conference including changing the timing to evening, shortening the presentations,

enhancing advertising/publicity for the symposium, and venue). Unfortunately, for a variety of reasons, many of these are unattainable. However, the consensus of the Commission was that having the symposium at the fencing venue is the most important issue. Harmer is to pursue this option with the German organizers and try to elicit the help of Jochen Faerber. Additionally, he is to work on publication of symposium Proceedings after the event.

The Medical Commission has no new proposals for the 2005 Congress in Qatar.

van Dugteren gave a brief report on medical issues at the 2005 Cadet/Junior World Championships in Linz (Mustafa Mourad was the second Commission representative there). Cooperation with the organizers was very good; excellent facilities, medical and first aid personnel; excellent doping control station and staff. One small problem was lack of readily available drinking water in the venue except to buy. Suggest that provision of water coolers in competition venues be included in directions to organizers. van Dugteren pointed out the need for effective communication between medical personnel. He had purchased two-way radios to enhance communication between himself, Dr. Mourad and the DT. This worked very well.

No serious on-piste injuries were experienced. Two acute, non-fencing medical episodes were described. Additionally, three examples of fencers using masks without back straps were recorded. However, the DT did not respond to this concern. Recommendation that the Medical Commission require referees and DT to ensure correct wearing of the back strap (to be checked at equipment check and on the piste).

Rodriguez-Rey will take the lead in coordinating with the organizers in Leipzig re: *cahier medical*, other medical issues, and doping; and to ensure transportation and food for Commission representative each evening after doping control is finished.

van Dugteren to ensure a complete report on Medical Commission activities will be included in documents for FIE Congress in Qatar in November, 2005.

President Roch joined the meeting briefly. Defoligny-Rayaume questioned him on the Commission's concerns about transparent mask safety. President Roch replied that the coming transparent mask will cost less than current transparent masks, that the problem of safety is not the visor but rather the use of orthopedic grips, and that newer model transparent masks currently under development will be better. He did agree to schedule Medical Commission and SEMI meetings on the same weekends in future to allow cooperative exchange regarding safety. Questioned about funding to support the medical symposium in Leipzig, he indicated that the Commission needs to contact Peter Jacobs and Jochen Faerber.

Preferences for World Championships assignments for the rest of the quadrennium were solicited. Once all of the information is available (we still need input from Kamuti and Wolfgarten), recommendations can be made to COMEX. Debate about the mechanism for determining the second position for the 2008 Olympic Games followed (the first position will be van Dugteren as President of the Commission). Three options evolved: appointment by the President, vote of the Commission members, or a blind draw. No decision was taken and the issue will be re-visited in the future.

With clarification from President Roch regarding the issue of recovery time (time between bouts had been 5 minutes prior to Junior Championships in Mexico City, changed to 10 minutes but no specific reason for this much time) discussion of how to proceed followed, including parameters to be investigated, methodology, and funding to be able to complete the work. Harmer, Rodriguez-Rey and Naghavi are to work on a proposal of the time and cost of such work.

Further discussion on composition of working groups ensued with the following preliminary suggestions:

- a) Doping: van Dugteren, Rodriguez-Rey, Wolfgarten, Halsted, Marsh, Naghavi
- b) Epidemiology: Harmer, Defoligny-Rayaume, Rodriguez-Rey
- c) Sports Medicine Research: Harmer, Rodriguez-Rey, Naghavi
- d) Nutrition: Mustafa Mourad
- e) 2006 Medical Symposium (Turin): Defoligny-Rayaume
- f) Archives (meetings, papers, research): Marsh, Halsted, Defoligny-Rayaume

Working groups to be more clearly defined once consultation with absent commission members Kamuti and Wolfgarten has taken place.

van Dugteren closed the meeting with some final observations:

As there was no official procedure for checking transparent mask safety in Linz, he developed a safety check-list and submitted it to the SEMI Commission for evaluation.

A German pharmaceutical company advert for testosterone has been using a fencing graphic to promote this prohibited substance. Both WADA and the IOC were consulted and agreed this was unacceptable. They proposed taking legal steps to stop this practice if possible.

The meeting concluded at approximately 1:15pm.

Summary of decisions:

- a) Develop fencing-specific anti-doping website (Marsh).
- b) Develop: i) anti-doping quiz for athletes, and ii) short statement (one page) summarizing the FIE anti-doping code for submission to Escrime before Leipzig championships. Include directions for completing appropriate TUE applications (legible, list specific prohibited substances) (Harmer and Marsh).
- c) Coordinate with organizers of world championship in Leipzig for anti-doping posters to be prominently displayed in venue. (Harmer)
- d) Recommendation to COMEX to strongly reinforce obligatory requirement for Observers to send doping control forms to the FIE office immediately after each competition.
- e) Recommendation to COMEX that a budget for administrative assistance for anti-doping record-keeping be developed.
- f) Get information on doping test assignment algorithms from Portuguese study to distribute to the commission. (Harmer).
- g) Recommendation to COMEX that 1 or 2 members of the Judicial Commission be available for dealing with difficult cases. All persons involved in Doping Disciplinary Hearings must know and understand the WADA Code and FIE anti-doping rules.
- h) Copies of suggested changes for 2006 List to be sent to all members for comment (van Dugteren).

- i) Recommendation to COMEX that Medical Commission and SEMI meet at the same time to allow joint session related to equipment safety and injury prevention (approved in principle by President Roch on Sunday, June 12, during his meeting with the Medical Commission).
- j) Recommendation to COMEX that the English term “accident” be changed to “injury” (t.33).
- k) Recommendation to COMEX: Medical Commission accepts and supports IOC position on sex reassignment in sport.
- l) Recommendation to COMEX: “Although the safety of newly manufactured transparent masks homologated by the FIE is not in question, no satisfactory mechanism for assessing the on-going safety of the masks has yet been established. In light of the many elements that can undermine the integrity of the visor and the risk of serious life-threatening injury if a visor should fail, the Medical Commission strongly recommends that the obligatory use of these masks is postponed until such time as a dependable method for testing the safety of the masks with use can be established and widely implemented”.
- m) Commission needs to be more active in educating athletes about the proper care of transparent masks (liaise with SEMI commission).
- n) Continue to press for Leipzig symposium to be at the fencing venue (Harmer).
- o) Ensure availability of Proceedings for distribution after the symposium (Harmer).
- p) Recommendation to COMEX that organizers are obliged to ensure water coolers or other free, readily available sources of drinking water be present at competitions.
- q) Recommendation to COMEX: stronger enforcement needed to ensure that back straps on masks are used according to the rules (specific action at equipment check, and constant monitoring by referees during bouts).
- r) Contact Peter Jacobs and Jochen Faerber regarding funding support for the medical symposium in Leipzig and later (Harmer, Rodriguez-Rey).
- s) Appropriate method for deciding how the second medical delegate for the 2008 Olympic Games will be chosen needs to be determined (van Dugteren)
- t) Proposal for study of recovery time between bouts to be developed (Harmer, Rodriguez-Rey, Naghavi).