

Minutes of the FIE Medical Commission Special Meeting
July 4-6, 2014
Hotel de la Paix, Lausanne, Switzerland
Submitted by Peter Harmer (AUS), Recording Secretary

Members present: Wilfried Wolfgarten (GER; President), George Ruijsch van Dugteren (NED), Catherine Defoligny-Renault (FRA), Clare Halsted (GBR), Peter Harmer (AUS), Maha Mustafa Mourad (EGY), Jenő Kamuti (HUN), Mohamed Neji Daly (TUN), Ezekiel Rodriguez-Rey (PAN) (July 5-6).

Absent: Antonio Fiore (ITA) (injured)

Ex-officio: Erika Aze (Executive Committee liaison) (LAT); Frederic Pietruszka (FRA; FIE Secretary General: Saturday July 5); Krisztian Kulcsar (HUN: FIE Sport Director: Saturday/Sunday).

Meeting called to order at 9:00am on Friday, July 4, 2014, by Commission President Wolfgarten (GER).

***Summary of decisions and recommendations
of the 2014 Medical Commission meeting***

(details of discussions related to each item, as well as additional issues, are presented at the end of this section)

Proposals for the 2014 Congress

Sam Cheris (MH):

Proposal 1 – m.25.4(c) Chest protectors for men's and women's foil

Opinion of the Medical Commission: No objection

SEMI Commission Proposals:

Proposal 1 – Sabre glove with safety features 800N

Opinion of the Medical Commission: In favor with the following modification: the dorsal seams must have a resistance of 800N. The ventral seams must have a minimum strength of 200N.

Proposals of the Swedish Fencing Federation:

Proposal 1 – Realignment of the rules for competition management

Opinion of the Medical Commission: No objection **but** the following modification is required: o.61.4.3(c) (the function of the Medical Delegate):

c) ~~assist the referees in cases of an injury of an athlete~~

Replace with: c) oversees the evaluation and treatment of an injury or cramp according to t.33.

Proposals of the Executive Committee (Amendments of the Statutes):

Proposal 17 – 5.5.3.

Opinion of the Medical Commission: In favor

Proposal 24 – 6.1.

Opinion of the Medical Commission: In favor

Proposal 25 – 6.2.3

Opinion of the Medical Commission: Not in favor

Proposal 26 – 6.4.3

Opinion of the Medical Commission: Not in favor. This proposal is incorrectly structured. There are two separate issues involved.

Proposal 31 – 6.5.6

Opinion of the Medical Commission: in favor

Proposal of the FIE Women and Fencing Council:

Proposal 1 – Gender composition of the Executive Committee and Commissions

Opinion of the Medical Commission: in favor

Proposal of the Italian Fencing Federation:

Proposal 2 – Increase the number of members in permanent Commissions

Opinion of the Medical Commission: in favor

Recommendations for Action

1) To consult with ExCom and the Legal Commission about sanctions for organizers who do not follow the medical Cahier des Charges. Failing to adhere to the Cahier increases the likelihood of a fatal outcome in the case of a catastrophic injury or medical event. The recent experience at the 2014 European Veterans Team Championships in Porec highlights the critical nature of this issue. (this recommendation was also submitted 2013). **Implementation:** beginning of 2014-15 season.

2) All masks for FIE competitions must have two (2) independent security systems. **Implementation:** Beginning of the 2014-15 season. Additionally, a protocol to determine that all masks are the correct fit must be developed in consultation with SEMI and the Arbitrage Commission.

3) Sabre blades for FIE competitions must be maraging. This proposal is supported by the SEMI Commission. **Implementation:** date to be determined after further discussions with SEMI.

4) That ExCom make available to SEMI funds for on-going quality control testing for homologated equipment. **Implementation:** Immediate.

5) That the Handbook of Technical Specifications for the World Championships include the requirement that each piste be equipped with a signaling system (lights; pager) that the referee can use to immediately alert the Medical Delegate to attend to a specific piste. (this recommendation was also submitted after the 2013 meeting). **Implementation:** Prior to 2015 Junior/Cadet World C'ship.

6) To clarify the realms of responsibility and utilize the appropriate expertise for safety of fencers, it is recommended that the responsibility of Safety be assigned to the Medical Commission, which has the experience and training to research, identify and develop strategies to decrease risks to the health and safety of fencers. The Medical Commission will request the assistance of specific Commissions to develop appropriate solutions to specific risks identified (e.g., the SEMI Commission for technical/equipment issues; Rules for situational risk; Arbitrage for behavioral risks, etc). **Implementation:** Immediate.

7) The number of Medical Commission Delegates at World Championships must be increased due to the increased work requirements: three (3) Medical Commission Delegates for the Open and Junior/Cadet World Championships; two (2) Delegates for the Veterans World Championships (this recommendation was submitted after the 2007, 2010, 2013 meetings). **Implementation:** Beginning for 2015 Junior/Cadet World C'ship.

8) Medical Cahier des Charges must be integral to the application process for FIE events, especially World C'ships, not just an add-on. Additionally, the head of the organizing committee for each must indicate the commitment to fulfilling the requirements of the Medical Cahier des Charges by directly signing off on document. **Implementation:** Immediate

9) Information/concerns about medical issues noted by Supervisors in their reports must be forwarded to the Medical Commission. **Implementation:** Beginning of 2014-15 season.

10) The Commission will contact the IOC Medical Commission for clarification and status of its criteria for the case-by-case evaluation of transgender athletes.

11) Improved coordination and cooperation from the office to support the Medical Commission injury research project, including collecting all of the results from FIE competitions for analysis (e.g., by including all results in the .xml files sent to the office by organizers). **Implementation:** beginning 2014-15 season.

12) Better coordination of Commission meetings (i.e., same weekends) to allow opportunity for joint-Commission meetings for items of mutual interest (e.g., for Medical Commission to meet with SEMI and Arbitrage). Additionally, a member of the Athlete Commission must be invited to attend Medical Commission meetings (this recommendation was also submitted following the 2013 meeting). **Implementation:** 2015 Commission meeting.

13) The Medical Commission recommends that the FIE commend Dr. Milan Pestal from the Czech Republic who was instrumental in saving the life of his Russian opponent who collapsed with a cardiac attack at the 2014 European Veterans Team C'ships in Porec. Dr. Pestal's actions represent the highest aspect of professional expertise and integrity. **Implementation:** Immediate.

14) New wording to be included in Supervisor reports will be sent to the office to indicate whether the requirements of the Cahier des Charges are met at a competition, not just whether a medical service is present. **Implementation:** beginning of the 2014-15 season.

15) Organizers for the World C'ships must make information on access to hospitals, clinics and other healthcare facilities available to all delegations for illness and injuries that occur outside of the venue. In addition, the organizers must coordinate with these facilities to ensure they know that foreign visitors from the C'ships may be accessing their care and pre-plan how to ease access to treatment. **Implementation:** 2015 Junior/Cadet World C'ships.

Administrative Issues

Action Item: The following (up-dated) delegate assignments are recommended to ExCom:

- a) 2014 Youth Olympic Games – Wolfgarten (GER) (Reserve: Fiore (ITA))
- b) 2014 Veterans World Championships – Defoligny-Renault (FRA)
- c) 2015 Cadet & Junior World C'ships – Mourad (EGY); Rodriguez-Rey (PAN)
- d) 2015 World C'ships – Kamuti (HUN); Fiore (ITA)
- e) 2015 Veterans World C'ships – Harmer (AUS)
- f) 2016 Cadet & Junior World C'ships – Defoligny-Renault (FRA); Daly (TUN)
- g) 2016 Team World C'ships – Defoligny-Renault (FRA)
- h) 2016 Olympic Games – Rio de Janeiro: Fiore (ITA); Harmer (AUS) (Reserve: Defoligny-Renault (FRA))
- i) 2016 Veterans World C'ships – Halsted (GBR) (Reserve: Mourad (EGY))

Additional delegates will be added as appropriate following action of the ExCom on item (7) above.

Action Item: Kamuti (HUN) is nominated as the Medical Commission representative for the Working Group for redesign of the fencing uniform.

Action Item: Need to establish improved communication between the FIE office and the Medical Commission. Further discussions will follow once the transformation of the optimization plan is finished.

Action Item: Arrange a system for national federations to report catastrophic or fatal injuries related to fencing.

Action item: Work with ExCom to establish a mechanism for a Medical Commission member to be sent to investigate any fencing-related fatalities.

Action item: Establish research protocol to investigate the prevalence of chronic/ underlying medical conditions in veteran fencers.

Action item: An injury reporting form for use by national Federations and individual clubs and direction for establishing a national injury surveillance and reporting system will be developed for the FIE website (this project has been held over since 2013).

Activities since 2013 Meeting

- 1) Commission President Wolfgarten (GER) presented the research of the Medical Commission at the Congress of Presidents of Medical Commissions of International Federations in Monaco in February, 2014. His presentation was identified as one of the best presentations by the organizers of the Congress.
- 2) Unique and extensive investigation by van Dugteren (NED), chairman of the FIE Anti-Doping Commission, following collaboration with Fiore (ITA), protected a fencer and a national team from sanction for an anti-doping violation by identifying a previously unrecognized natural cause for the presence of a prohibited substance. This was the first time this metabolic mechanism has ever been identified in the world.
- 3) Harmer (AUS) is completing a 4-year study of injuries in international fencing. This will be the largest study of the safety of international fencing ever completed. Few International Federations have attempted this type of research. The results will be presented in the professional medical literature and made available for the IOC.
- 4) The Medical Commission nomination of Guy Azemar (FRA) for Member of Honor was supported at the Centennial Congress in Paris in 2013.
- 5) The Medical Commission recommendation regarding legal status of unaccompanied minors to FIE competitions was accepted and rules have been implemented in this matter.
- 6) The revision of the Medical Cahier des Charges has been completed and will be sent to the Legal Commission for evaluation.
- 7) Anti-Doping education outreach has continued to grow. The response at the Junior/Cadet World C'ships was the largest ever for fencers and number of nations represented (refer to Anti-doping report at the end of this report).
- 8) The Medical Commission members continue to provide cutting-edge research and professional information on health, safety and training for all fencers and coaches in each issue of *Escrime*.
- 9) The Commission has developed a template for use by Medical delegates to ensure organizers have adhered to the requirements of the Cahier des Charges.

Point-by-point report on discussions within the Medical Commission

Commission President Wolfgarten (GER) began the meeting by asking for remembrance of our colleague and one of the founders of the Medical Commission Guy Azemar (MH: FRA) who passed away in February, 2014.

Discussion and clarification of the optimization plan and re-structuring of the FIE administration by Erika Aze (LAT), ExCom liaison for the Medical Commission.

The Medical Commission reaffirmed that it must maintain its independence in meeting its mandate to ensure the health and safety of all fencers by evaluating only scientific and medical considerations and evidence in its decisions.

The Commission examined the question of the security of the “Contour Fit” model of Leon Paul mask that was of concern specifically following an incident when one was pushed up during close-quarters in-fighting in a world cup competition. The Commission concluded that there was no evidence that this mask was a safety threat. However, as a result of our discussion it was recommended that a system to check for the proper fit of all masks be developed and instituted in consultation with SEMI and the Arbitrage Commission. Additionally, as Leon Paul on its own initiative has developed an innovation for securing masks, the Commission has recommended that masks for FIE competitions must have two (2) separate systems for securing the mask to the head.

Discussion of a proposal that the FIE would pay to provide physiological tests for fencers at the World C’ships in Kazan. Considerable discussion followed to determine the exact nature of this program. There were significant concerns from the members if this was to be a research program as it has not been evaluated for ethical and professional guidelines. However, it was clarified that this was to be a free service to any fencer who wished to take advantage of the opportunity. It was to be fully voluntary and confidential. The Medical Commission supports the provision of this service to the fencing community at the World C’ships. The future application of this program will be evaluated when more information is made available to the Medical Commission.

Harmer (AUS) reported on the 2013 World C’ships in Budapest. While there were many minor requests for assistance on the piste there were only three (3) injuries that resulted in athletes withdrawing from the competition (2 for men’s foil; 1 for women’s sabre). Overall, the medical care was very good. However, recommendations for improving healthcare support for delegations for illness/injury outside the venue were presented.

The Medical Commission discussed the lack of Medical Commission delegates to Zonal C’ships and the Universiade. Further exploration about the appropriate coverage of these events is necessary. Additionally, the Commission will pursue discussion with Confederations for them to establish their own Medical Commissions (as in Europe) to work in concert with the FIE Medical Commission to ensure continuous safety and health policy for fencers at all levels.

Rodriguez-Rey (PAN) and Halsted (GBR) reported on the revision of the up-dating of the Medical Cahier. The revised document will be sent to the Legal Commission for evaluation.

Discussion of modifications to t.33 to reflect how it is interpreted in reality. Consensus of the Commission was not to make any changes at this time.

Discussion of the risk of concussion in fencing and regulations related to evaluation. Harmer (AUS) indicated that his research shows that the risk of concussion in fencing is very low (approximately 1 time in 74,000 bouts). However, the Medical Commission will consider a concussion protocol for future use.

Report on FIE injury surveillance system. Harmer (AUS) provided preliminary data from the 4-year study on time-loss injuries in FIE events (i.e., injuries that result in withdrawal from the competition). The findings are similar to those from the 5-year study in the USA, with a risk of approximately 1 per 2,000 bouts. This is significantly less than for sports like basketball or football. The majority of injuries are minor to moderate musculoskeletal injuries.

The Commission discussed the issues of hyperandrogenism in women and transgender athletes. It was concluded that for hyperandrogenism the situation is too rare for the Commission to consider any specific policy for fencing at the moment. If a case occurs, it was concluded that the appropriate response was to refer it to the IOC Medical Commission for evaluation by endocrinology experts. The current Medical Commission policy related to transgender athletes is to follow the IOC Guidelines. However, it has been noted that this requires a case-by-case evaluation. At present the criteria for the case-by-case evaluation by the IOC is not clear. The Commission concluded that it needs to contact the IOC Medical Commission to determine the status of the criteria for these cases.

Discussion of a request to the Medical Commission to support a research project on genetics and performance. The issue was tabled until more information was made available.

Discussion of system to develop a knowledgeable, efficient and committed professional for supervising FIE Anti-doping program in the future. The FIE has benefitted from the work of van Dugteren (NED), who has been a world leader in this field, but needs to look to ensure this vital work continues.

Anti-Doping Report. Presented by Dr. George Ruijsch van Dugteren.

(a) WADA Prohibited List was reviewed. The noble gases Xenon and Argon have been added to the Prohibited List as of September 2014.

(b) Main modifications to the 2015 World Anti-Doping Code were discussed. The Anti-Doping Commission is in the process of revising the FIE Anti-Doping Rules to be in line with the World Anti-Doping Code by 1 January 2015.

(c) Report on Anti-Doping “Outreach” Education program (Plovdiv 5-8 April 2014): Highly successful program during Junior & Cadet World Championships provided a great opportunity to inform and educate young fencers from many countries. Fencers (and coaches) were encouraged to play the computer-based WADA “Play True” Quiz which forms the backbone of this educational event. Excellent support was provided by Pedro Goncalves from SportAccord, the Bulgarian Fencing Federation who supplied the 3 computers and infrastructure, and two members of the Bulgarian Anti-Doping Centre who attended. Free “USB stick” wrist-bands given to the participants ensured that fencers from many different countries would return home and share interesting and informative digital material (including the FIE Anti-Doping Rules, “Play True” Quiz game, instructional anti-doping Videos etc.) with the wider fencing community. A record number of 528 participants (483 fencers, 36 coaches, 9 officials) took part in this the most successful Outreach programme to date.

To date, the FIE anti-doping education programme has been focused on the Cadet and Junior age-groups. It was suggested that consideration should be given to introducing an anti-doping “outreach” education program at future Senior World Championships, with emphasis on providing information to the Team Coaches.

(d) A Guideline document describing the Anti-Doping Duties of “*FIE Anti-Doping Officers*” (i.e. Supervisors, DT members and Medical Delegates who take responsibility for coordinating Doping

Controls at FIE competitions) has been made available on the FIE website, and will be sent to all Supervisors appointed for the 2014/2015 season.

(e) The “Doping Free Sport Unit” (DFSU) of *SportAccord* continues to provide comprehensive administrative support for our in- and out-of-competition Tests.

The in-competition testing program at all official FIE competitions was discussed.

The current testing protocol works well and no changes are envisaged.

During the 2013/2014 season a total of 447 tests will have been conducted at an estimated total cost of at least €100,000.

While it is clear that organizers of Zonal Championships sometimes struggle to meet the costs of doping controls at their events (where a total of 24 tests is required), there was general consensus that a reduction in the number of tests was not appropriate as this would diminish the effectiveness of the anti-doping program. Organisers must therefore ensure they have taken all necessary steps to meet this obligation.

The out-of-competition testing program is funded directly by the FIE. It primarily targets our 24 top-ranked fencers and is running well. Corrective action has ensured that the number of ‘whereabouts failures’ has been kept to a minimum, ensuring that no anti-doping rule violations have had to be taken forward.

(f) Athlete Biological Passport (ABP):

The “Steroidal module” of the ABP, which was introduced on 1 January 2014, requires that all standard urine tests must include analysis for the following six anabolic steroids: *testosterone*, *epitestosterone*, *androsterone*, *etiocholanolone*, *5a-androstane-3a,17b-diol* and *5b-androstane-3a,17b-diol*.

These analytical results must be entered into the ADAMS database (ADAMS: Anti-Doping Administration & Management System). The longitudinal steroidal profile produced when multiple results are entered into ADAMS over time, makes it possible for experts to identify athletes who may be guilty of doping with anabolic steroids.

No fencers have shown ‘atypical’ longitudinal steroidal profiles in the first 6 months of this year. In the event that a fencer should have an ‘atypical’ profile, this will be assessed by experts in the Athlete Passport Management Unit (APMU) of the WADA-accredited Laboratory in Cologne.

NB. All urine samples collected at official FIE competitions are analyzed for these 6 anabolic steroids. The success of this Athlete Passport program depends on the rapid transmission of each ‘Doping Control Form’ by the relevant Supervisor immediately after each fencing competition (this is described in detail in the “*FIE Anti-Doping Officers*” Duties document, referred to in paragraph (d) above).

(g) Doping Cases:

The last Anti-Doping Rule Violation case to be heard by an FIE Tribunal was in 2012 and resulted in a two year sanction for the fencer.

There have been no positive FIE doping cases in 2013.

Dr van Dugteren submitted a verbal report on an intriguing investigation involving an adverse analytical finding (AAF) early in 2014:

In summary: A WADA-accredited laboratory reported an AAF for the little-known diuretic *chlorazanyl*. The fencer was legitimately using the anti-malarial drug ‘Malarone’ at the time. After a complex and wide-ranging investigation it was revealed that the metabolic breakdown of Proguanil, which is a component of ‘Malarone’, had given rise to the presence of *chlorazanyl* in the fencer’s urine sample. The fencer was clearly not guilty of any doping violation. The laboratory has now withdrawn the Adverse Analytical Finding, and the fencer has been informed that she is innocent of any wrongdoing.

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