

## Case 19 – Athlete Biological Passport Programme

### Key words

*UCI; Article 21.2; Athlete Biological Passport Programme; Abnormal Values; Haemoglobin; Reticulocytes; Dehydration; Plasma; [Doping](#)*

### Summary

Athlete R was charged with an Article 21.2 Anti-Doping Rule Violation (ADRV) of the Union Cycliste Internationale's (UCI) Anti-Doping Rules of using a prohibited substance and/or method to boost the haemoglobin in his blood. The case was referred to the National Anti-Doping Panel for resolution under the Anti-Doping Rules of the UCI. Athlete R argued that at the time of the Sample he had been suffering from dehydration having been on an alcoholic binge around 32 hours previously. A sanction of two years ineligibility was imposed.

### Background Facts

Athlete R, a cyclist, was charged with an Article 21.2 ADRV of the UCI Anti-Doping Rules of using a prohibited substance and/or method to boost the haemoglobin in his blood. A sample was taken on 22 September 2012 under the UCI Athlete Biological Passport (ABP) programme. This was the first sample to be taken from Athlete R after he had entered the programme, and over the following five months, four further samples were taken to build up his longitudinal profile. This subsequently showed that the test on 22 September 2012 contained significantly abnormal levels of haemoglobin and reticulocytes.

When bringing a Charge detected under an ABP programme the WADA Operating Guidelines require that each stage following detection is subject to expert review. A single expert initially reviews the atypical value to determine whether the result is of a normal physiological or pathological condition. Next, a panel of three experts considers whether a unanimous opinion can be reached to establish the likelihood that a prohibited substance or method has been used. This is because conclusions drawn from a longitudinal profile require scientific judgement to ascertain the significance of observed abnormalities in the profile and is in contrast to an Adverse Analytical Finding, which, in general is treated as an objective fact.

### **Reasoning and Decision of the Tribunal**

Athlete R accepted that the haemoglobin and reticulocyte values in the 22 September 2012 sample were abnormal, but denied that he had ever taken or used a prohibited substance or method. He argued that at the time of the test he had been suffering from severe dehydration having been on an alcoholic binge around 32 hours previously, and relied upon expert medical evidence to argue that this was the cause of the abnormalities in the sample.

UK Anti-Doping argued that the abnormal levels of haemoglobin and reticulocyte in Athlete R's sample were consistent with the use of an erythropoietic stimulant which had been discontinued approximately 10 to 14 days before the sample was taken. UKAD relied on expert medical evidence to argue that alcohol induced dehydration would not have caused the results shown in the 22 September 2012 sample.

The Tribunal considered the medical evidence produced by both sides and was satisfied that the scientific evidence supporting the explanation advanced by Athlete R could not explain the abnormal values of either haemoglobin or reticulocyte in the 22 September 2012 sample; UKAD's expert evidence was preferred and was sufficient to prove the charge. Furthermore, the Tribunal did not accept Athlete R's evidence that he consumed virtually no water over a 32 hour period and was therefore severely dehydrated after excessive alcohol consumption, and reasoned that as a professional

cyclist, it was inconceivable that he would not have consumed at least some fluid in preparation for a race in which he was representing his country the following day . A period of two years ineligibility was imposed.

### **Learning points**

In ABP cases, as there is only indirect detection of the prohibited substance/method, the burden of proof rests entirely with the National Anti-Doping Organisation to prove, to the comfortable satisfaction of the tribunal, to prove the charge, which includes the burden to disprove any explanation from the Athlete R that a prohibited substance has caused the abnormality in the APB. This will undoubtedly rest on medical evidence.

Expert evidence will be scrutinised in terms of its basis in supporting the explanation put forward by the athlete and in terms of the evidence that it relies on to do so.