

# TD2021EAAS

## Summary of Major Modifications

The *Technical Document* on Measuring and Reporting of Endogenous Anabolic Androgenic Steroid (EAAS) *Markers* of the Urinary Steroid Profile, TD2021EAAS, has been aligned with the 2021 World Anti-Doping Code (*Code*) and the recently approved 2021 *International Standard* for Laboratories (ISL); and, the other *International Standards*, which are set to come into force on 1 January 2021.

The main changes in the TD2021CG/LH include:

- The title has been adjusted to better reflect the scope of this *TD* and different sections have been reorganized to facilitate reading and interpretation;
- Important modifications have been introduced, including the definition of reporting limits for non-prohibited substances that may alter the steroid profile, the revision of the modalities of <u>Confirmation Procedure</u> Requests (CPR), and the steroid profile reporting requirements for "A" and "B" Samples.
- Formatting as well as updating of terms and definitions, where relevant;
- Footnotes have been inserted as Comments where relevant in the main text.

## Article 1.1 The Steroid Profile

 A better description of what constitutes the urinary steroid profile as well as the function of the <u>Adaptive Model</u> in ADAMS.

## Article 1.2 Procedure for Determination of the Steroid Profile

• Clarification of the two-step procedure for the determination and reporting of a *Sample's* steroid profile, further expanded by an added table that lists the *Markers* of the steroid profile and includes a brief description of how they are determined.

## Article 1.3 Factors Impacting the Steroid Profile

 Improved description of the factors that may alter the steroid profile, including additional examples of 5α-reductase inhibitors (dutasteride) or and compounds similar to ketoconazole (fluconazole, miconazole).

## Article 2.1 Initial Testing Procedure (ITP) Method Requirements

 Detailed description, in a table 2, of the validation and analysis requirements of the GC-MS<sup>n</sup> <u>ITP</u>.



## Article 2.2 Reporting the Sample's Steroid Profile from the ITP

- Reporting limits for additional non-prohibited substances that may alter the steroid profile (5α-reductase inhibitors and compounds of the ketoconazole family) have been introduced;
- The conditions for reporting *Sample* Manipulation (*Tampering* or *Attempted Tampering*) have been transferred into a new article 4.0

## Article 2.2.1 Validity of the Sample Steroid Profile

• Extensive microbial contamination is described in the *TD* body text as the main factor that leads to the invalidation of a *Sample*. The description of all other conditions that trigger specific reporting guidance has been removed from the main text, since it is considered that this is well covered in Table 3.

## Article 3.0 Confirmation Procedures (CP)

• The different kinds of <u>Confirmation Procedure</u> Requests (CPR) that the Laboratories may receive to confirm the *Markers* of the steroid profile have been updated:

- Article 3.1.1 A detailed explanation is given about the process to follow when an automatic *Atypical Passport* CPR is received for an abnormally high T/E value through *ADAMS*, including the requirement that the <u>Passport Custodian</u> or the <u>Testing Authority</u> (or <u>Results Management Authority</u>, if different) provides the <u>Laboratory</u> advice on whether to proceed or not with the <u>CP</u> of the *Sample*'s steroid profile within fifteen (15) days from the *ATPF-CPR* notification;

- Importantly, <u>Laboratories</u> will not receive CPR for suspicious steroid profiles (SSP-CPR) through *ADAMS* anymore. From now on, SSP-CPR notifications will be received and managed by the <u>Athlete Passport Management Units</u> (<u>APMU</u>), which will act in accordance with the TD2021APMU;

- **Article 3.1.2** It has been clarified that, in addition to the automatic *ATPF*-CPR, <u>Laboratories</u> may receive CPR from the <u>Testing Authority</u> for the confirmation of abnormal values of the other ratios of the "steroid profile";

- <u>Laboratories</u> may also receive additional CPR from the <u>Testing Authority</u> (or <u>Results</u> <u>Management Authority</u>, if different), the <u>APMU</u>, or WADA.

## Article 3.2.1 Confirmation Procedure of Steroid Profile Markers by GC-MS<sup>n</sup>

- Includes a better description of the conditions that shall trigger GC-MS<sup>n</sup> confirmation of the steroid profile;
- Additional validation and analysis requirements of the GC-MS<sup>n</sup> <u>CP</u> are provided.

## Article 3.2.2 GC/C/IRMS <u>CP</u>

 It has been clarified that when an AAF is reported for the Marker(s) of the steroid profile based on the results of a GC/C/IRMS analysis performed on the "A" Sample, only the GC/C/IRMS analysis, including the identification of the relevant Markers (target



compounds and endogenous reference compounds) shall be repeated during the "B" *Sample* <u>CP</u>.

## Article 3.3 Reporting Results from the CP

• Guidance is provided on the reporting requirements for the confirmed steroid profiles of "A" and "B" Samples.

## Article 4.0 Reporting Sample Manipulation (*Tampering* or *Attempted Tampering*)

• Updated guidance is provided on the conditions that may trigger the reporting of *Sample* Manipulation (*Tampering* or *Attempted Tampering*), including *Sample* substitution.

## Article 5.0 References

• The list of scientific publications and WADA laboratory standards references has been updated

The TD2021EAAS replaces the former TD2018EAAS and becomes effective on 1 April 2021.