

1 **Appendix**

2 **A: CRITERIA TO APPROVE A THERAPEUTIC USE EXEMPTION (TUE)**

- 3 *1. The prohibited substance or prohibited method in question is needed to treat an acute or*
- 4 *chronic medical condition, such that the athlete would experience a significant impairment to*
- 5 *health if the prohibited substance or prohibited method were to be withheld*
- 6 *2. The therapeutic use of the prohibited substance or prohibited method is highly unlikely*
- 7 *to produce any additional enhancement of performance beyond what might be anticipated by*
- 8 *a return to the athlete's normal state of health following the treatment of the acute or chronic*
- 9 *medical condition*
- 10 *3. There is no reasonable therapeutic alternative to the use of the prohibited substance or*
- 11 *prohibited method*
- 12 *4. The necessity for the use of the prohibited substance or prohibited method is not a*
- 13 *consequence, wholly or in part, of the prior use (without a TUE) of a substance or method*
- 14 *which was prohibited at the time of such use.*

15 **B: RETROACTIVE TUEs - CLAUSES INTRODUCED TO PERMIT**

- 16 *1. Emergency treatment or treatment of an acute medical condition was necessary*
- 17

OR
- 18 *2. Due to other exceptional circumstances, there was insufficient time or opportunity for the*
- 19 *athlete to submit, or for the TUEC to consider, an application for the TUE prior to sample*
- 20 *collection*
- 21 *3. Subsequently, a third criterion was introduced because most TUECs provided TUEs only*
- 22 *for athletes in their registered testing pool (RTP) and hence lower level athletes had no*
- 23 *access. The WADA Code acknowledges this and via this criterion will allow an athlete*
- 24 *whose performances had elevated him/her into their ADO's RTP to seek a TUE retro-*
- 25 *actively. Prudently, the ISTUE states that*
- 26 *such athletes are strongly advised to have a medical file prepared and ready to demonstrate*
- 27 *that they can meet the TUE criteria for a retro-active TUE if necessary following collection*

28 *of a doping control sample.*

29 4. Recently, WADA added a fourth criterion.

30 *It is agreed, by WADA and by the ADO to whom the application for a retro-active TUE is or*
31 *would be made, that fairness requires the granting of a retro-active TUE.[1]*

32 **C: SOME EXAMPLES OF INCORRECTLY APPROVED TUEs**

33 Prior to the existence of WADA, the IOC's TUEC was advised of an older canoeist with a
34 TUE for testosterone approved by his NADO's TUEC. The medical documentation provided
35 did not appear to justify the alleged diagnosis of organic male hypogonadism and the advice
36 of an independent expert endocrinologist was sought. He agreed and the canoeist's team
37 physician was advised that the treatment must cease immediately. Perhaps erroneously, he
38 was permitted to compete in the Olympic Games but was unplaced in his heat.

39

40 At a Winter Olympics, the IOC's TUEC was advised of a female athlete who had a TUE for
41 DHEA prescribed by a 'lifestyle clinic' doctor. This had been approved by the TUEC of the
42 athlete's IF and despite advising WADA, had not been challenged. Having reviewed the
43 documentation, the IOC-TUEC unanimously rejected it and appealed to WADA. A promptly
44 appointed WADA appeal committee agreed and the athlete was required to cease the
45 medication.

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47 A female tennis player was twice granted a TUE for dehydroepiandrosterone (DHEA)
48 by the International Tennis Federation (ITF) and on both occasions this was rejected by
49 WADA. The athlete appealed to the Court of Arbitration for Sport (CAS) against WADA's
50 ruling but her appeal was dismissed.[2]

51 **COMMENT ON DHEA**

52 DHEA is frequently promoted in non-mainstream medicine but a group headed by a globally
53 respected andrologist advised that there are no clinical indications for DHEA even for
54 primary or secondary adrenal failure, a position taken by the US Endocrine Society in 2014.
55 This authoritative paper concluded that there is no valid justification to grant a TUE for

56 DHEA in females.[3] In the author's experience, doctors working in 'lifestyle' and
57 'wellness' clinics are prone to prescribe DHEA.

58

59 **Acknowledgements:** Some of the information contained in this paper came from personal
60 involvement in a number of the incidents discussed.

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62 REFERENCES

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