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FIS FACT SHEET

Backgrounder on FIS Medical and Anti-Doping Activities

This FIS Fact Sheet is intended to provide background information on the FIS Medical and Anti-Doping Activities. The fight against doping in ski sport has been a major area of emphasis by FIS since it launched its concerted zero-tolerance effort during the 2001/02 season to address the cultural problems that existed within certain disciplines.

1. Organisation of FIS Medical and Anti-Doping Activities

Since 2001, the FIS Medical and Anti-Doping Activities have been divided into two separate programmes. The FIS Medical Committee is responsible for the FIS Injury Surveillance System (FIS ISS), compilation of guidelines for medical services at FIS events and for the support of the FIS Disciplines in medical questions among other areas. The FIS Anti-Doping Programme is led by an anti-doping expert and conducted by a specialist agency under which the FIS Anti-Doping activities take place. In addition to the rigorous testing programme, including in-and out-of-competition testing, the FIS Anti-Doping Programme consists of various educational and informational initiatives.

As from 2002, Professor Bengt Saltin (SWE) acted as FIS Anti-Doping Expert, while also serving as Chairman of the FIS Medical Committee, thereby unifying both of these positions in a single persona for four years from 2002-2006. Following Professor Saltin's decision to step down from both of his positions in May 2006, the FIS Council nominated Dr. Hubert Hörterer (GER) as new Chairman of the FIS Medical Committee. In this role, Dr. Hörterer coordinates and oversees the different projects undertaken by the FIS Medical Committee.

Within the FIS Anti-Doping Programme, Dr. Rasmus Damsgaard (DEN) was appointed as the new FIS Anti-Doping Expert in June 2006. Dr. Damsgaard assisted Professor Saltin in his work for many years and has been closely involved in the FIS Anti-Doping Programme since its beginning.

2. FIS Blood Profiling Program

The FIS Blood Profiling Program was introduced from the 2001/2002 season to address the cultural problems that existed especially within Cross-Country Skiing and to normalize the athletes' blood values. Since then, the Cross-Country skiers participating in the FIS World Cup Cross-Country are tested on a highly regular basis during each competition season. The entire field of athletes are tested at two to three World Cup races during the season. From 1998 until 2001, haemoglobin controls were carried out, purely as health controls due to the known risks of strenuous excercise with too high haemoglobin levels.

Since the beginning of this program in 2001, the mean value for Cross-Country skiers (ladies and men) within the FIS World Cup has decreased significantly from the later-

1990's and now equals that of the normal population. 98% of the Athletes are close to the mean range of Hb value.

The rationale for the current FIS haemoglobin (Hb) limits of 16.0 g/dl for the ladies and 17.0 g/dl for men is that very high haemoglobin values represent a clear health risk. Scientific studies have shown that individuals with very high haemoglobin values have a shorter average life span than individuals within the normal range. High haemoglobin values also increase the risk of thrombosis (blood clots). Most regular people with Hb values exceeding the FIS limits receive some medical treatment for their condition.

The above-mentioned FIS limits were set to follow the generally accepted levels in other sports and equal the levels implemented by the World Anti-Doping Agency (WADA) in 2003 that are also used by WADA to trigger a urine doping control.

3. Pioneering role among the International Sports Federations

Since the introduction of the World Anti-Doping Code in 2004, FIS has also been one of the leaders within the sports movement to implement the global stipulations and pioneer new methods against cheating.

As an example, while regular monitoring and a longitudinal follow-up of certain parameters has long been part of the FIS Blood Profiling programme, FIS has played an active part in the so-called Athlete's Passport project launched under WADA's coordination. As input to WADA's work, FIS in 2006 conducted a revolutionary Hb variation study in cooperation with the Swedish, German and French national teams to explain the large variation in Hb values sometimes observed in Cross-Country skiers. Under this program, key scientific parameters and technical procedures are being developed that will be part of the international programme for longitudinal follow-up of certain individual blood and urine parameters in addition to doping test results. For abnormal biological parameters that stand out in the results collected in the Athlete's Passport, sanctions could range from a no-start suspension to an anti-doping rule violation. FIS welcomes the work done by WADA to coordinate and harmonise in this field and hopes to see the project implemented in good time before the Olympic Winter Games in Vancouver in 2010.

Other examples of FIS's pioneering role include serving as one of the first International Federations to pilot WADA's Anti-Doping Administration Management System (ADAMS), an on-line tool to coordinate the collection of information. FIS has also been an active contributor to many WADA working groups including those on the International Standards for Testing and the Investigatory Powers of Anti-Doping Organizations.

4. Increased focus on targeted testing

The current FIS testing programme includes out-of-competition testing, blood testing as well as in-competition testing at FIS World Cup events. Together with the various testing programmes carried out by WADA (out-of-competition) and National Anti-Doping Agencies (in- and out-of-competition), a comprehensive and increasingly well-coordinated effort has been put together.

Central to the FIS testing programme is specific target testing. Based on long-term, structured efforts, including the Blood Profiling Programme, FIS is increasingly in a position to conduct targeted testing. Recording high numbers of conducted tests does not necessarily translate into more success in finding athletes who are doping. By contrast, effective testing is a question of using intelligent information to conduct testing at the right time and place. Recent experience by other anti-doping organisations supports this view as WADA's out-of-competition testing programme has resulted in an increased number of adverse analytical findings as a consequence of more focused testing.

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