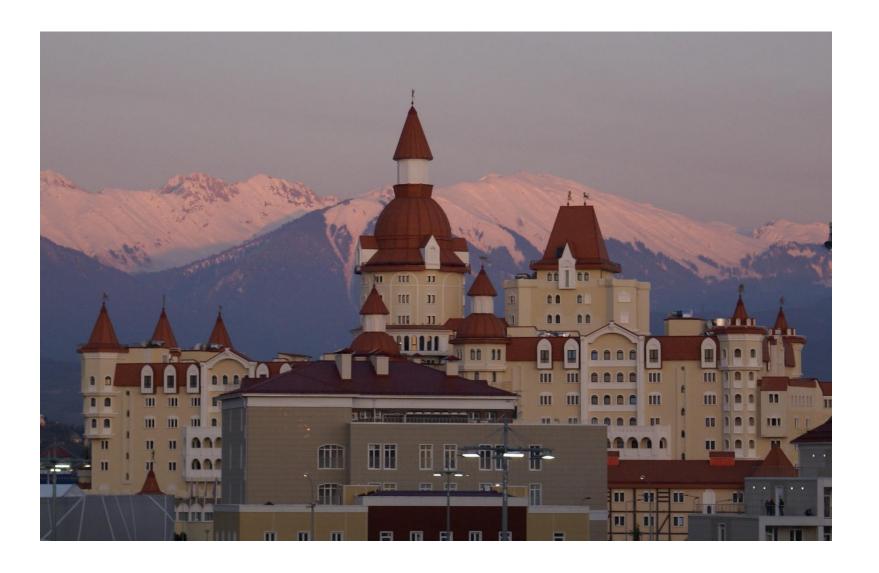
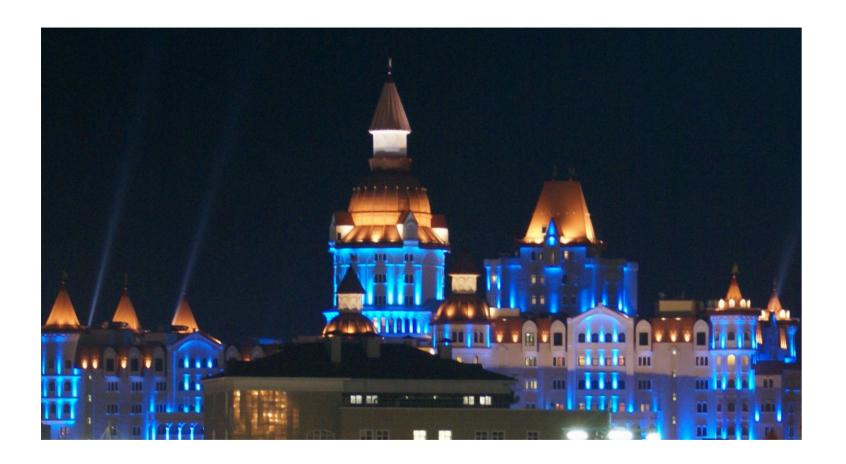


Testing therapeutics relevant for doping controls

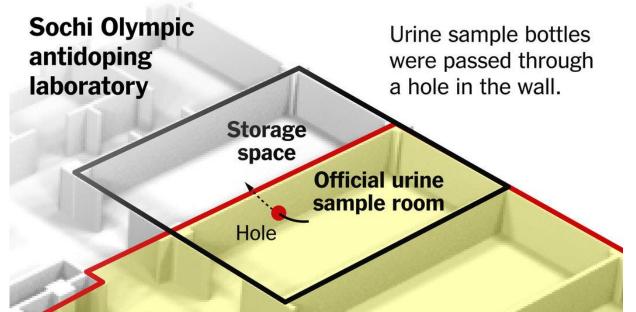
Mario Thevis











The New York Times

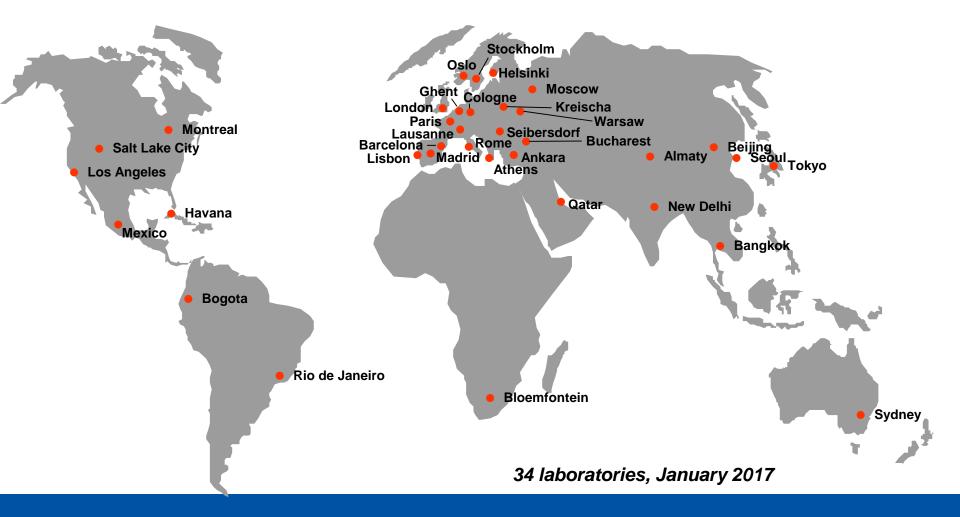
www.nytimes.com





Doping control laboratories with WADA/IOC accreditation







INTERNATIONAL STANDARD





PROHIBITED LIST

JANUARY 2017



(IN- AND OUT-OF-COMPETITION)

PROHIBITED SUBSTANCES

NON-APPROVED SUBSTANCES

Any pharmacological substance which is not addressed by any of the subsequent sections of the *List* and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g. drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is prohibited at all times.



(IN- AND OUT-OF-COMPETITION)

PROHIBITED SUBSTANCES



2. OTHER ANABOLIC AGENTS

Including, but not limited to:

Clenbuterol, selective androgen receptor modulators (SARMs, e.g. andarine and ostarine), tibolone, zeranol and zilpaterol.



(IN- AND OUT-OF-COMPETITION)

PROHIBITED SUBSTANCES

PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES AND MIMETICS

The following substances, and other substances with similar chemical structure or similar biological effect(s), are prohibited:

- 1. Erythropoietin-Receptor agonists:
 - 1.1 Erythropoiesis-Stimulating Agents (ESAs) including e.g. Darbepoietin (dEPO); Erythropoietins (EPO);

EPO-Fc;

EPO-mimetic peptides (EMP), e.g. CNTO 530 and peginesatide;

GATA inhibitors, e.g. K-11706;

Methoxy polyethylene glycol-epoetin beta (CERA); Transforming Growth Factor-β (TGF-β) inhibitors,

e.g. sotatercept, luspatercept;



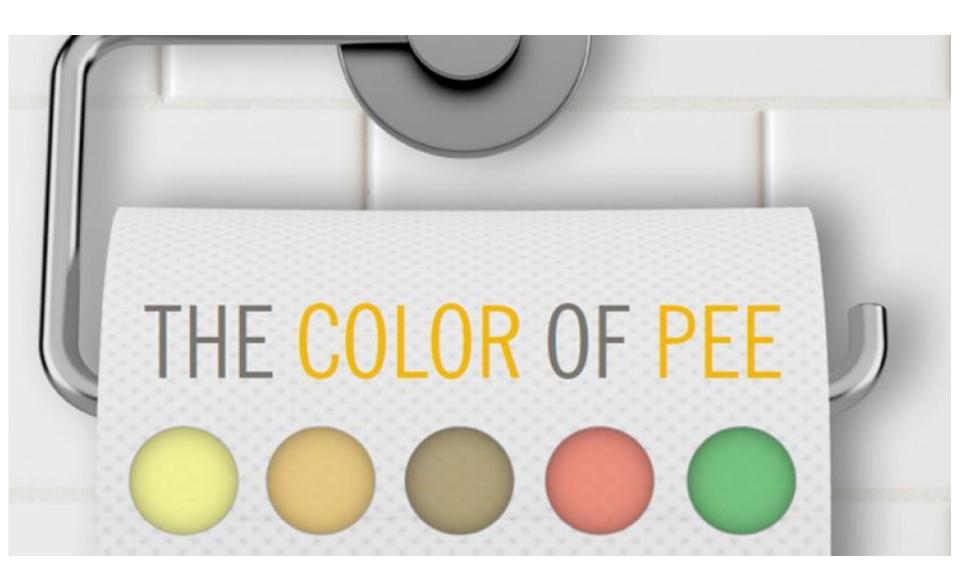
(IN- AND OUT-OF-COMPETITION)

PROHIBITED SUBSTANCES

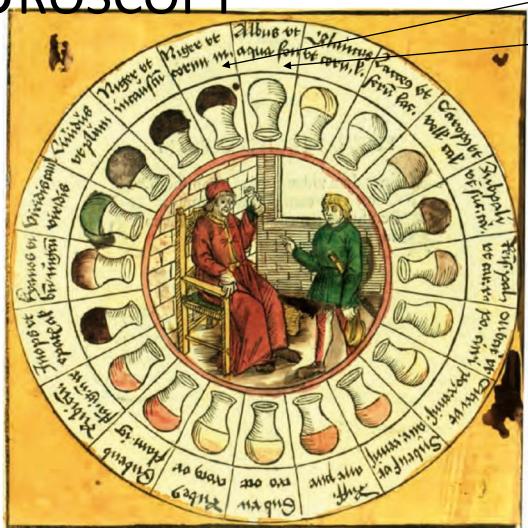
HORMONE AND METABOLIC MODULATORS

The following hormone and metabolic modulators are prohibited:

- Metabolic modulators:
 - 5.1 Activators of the AMP-activated protein kinase (AMPK), e.g. AICAR; and Peroxisome Proliferator Activated Receptor δ (PPARδ) agonists, e.g. GW 1516;
 - 5.2 Insulins and insulin-mimetics;



UROSCOPY

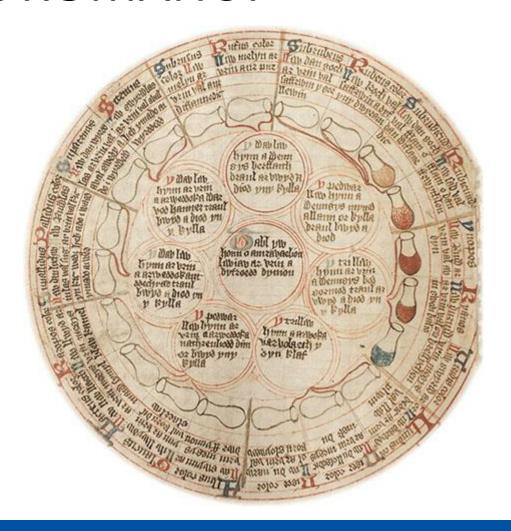


"black as (buck)horn"
____ "spring water"





UROMANCY



Divinization of uroscopy

i.e.

fortune telling and foreseeing the future by "reading" the bubbles in urine





Result of Uromancy-Based Analysis: Athlete misused Xenon

SUBSTANCES & METHODS PROHIBITED AT ALL TIMES

(IN- AND OUT-OF-COMPETITION)

PROHIBITED SUBSTANCES

PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES AND MIMETICS

 Hypoxia-inducible factor (HIF) stabilizers, e.g. cobalt and FG-4592; and HIF activators, e.g. argun, xenon;







Characterizing best-possible target analytes



The Telegraph

IOC to act after new testing methods reveal hundreds of positive results

18.11.2013

Hundreds of urine samples have tested positive for heavy-duty anabolic steroids in recent months after they were analysed by scientists in laboratories in Cologne and Moscow using a new testing method, according to a report broadcast on German television on Monday night.

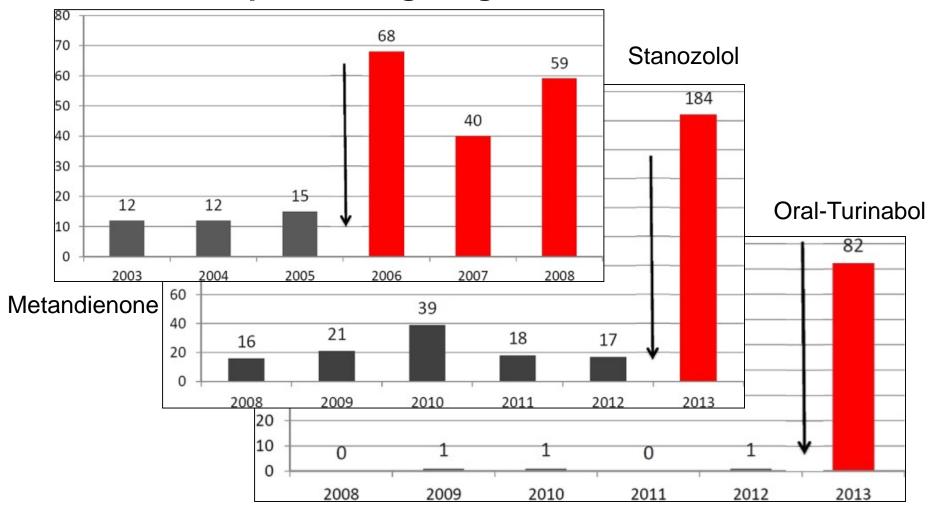
The substances detected were **Oral-Turinabol**, a steroid widely used in the state-run doping programme of the former East Germany, and **stanozolol**, the drug for which Canadian sprinter Ben Johnson tested positive at the 1988 Olympics in Seoul. Officials from the two laboratories told the TV programme Sport Inside that all of the samples would have produced negative results in 2012 due to the short detection window available at the time but a new testing procedure, known as the 'long-term metabolites method', meant steroids could now be detected more than six months after they were taken.

Arne Ljungqvist, the chairman of the International Olympic Committee's medical commission, said he was surprised by the high number of positive cases and would be recommending that urine samples frozen from previous Olympic Games should be retested.

"This case is a good example of the necessity of performing retests on Olympic doping samples," said Ljungqvist. "I would certainly conduct retests here. We have the mandate for that, after all."



Value of implementing long-term metabolites...





Stanozolol glucuronides as screening target analytes



Sensitive detection of 3'-hydroxy-stanozolol glucuronide by liquid chromatography-tandem mass spectrometry

E. Tudela*, K. Deventer, P. Van Eenoo

DoCoLab, Ghent University (UGent), Department of Clinical Chemistry, Microbiology and Immunology, Technologiepark 30, B-9052 Zwijnaarde, Belgium

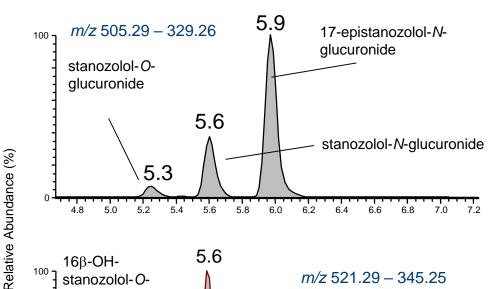


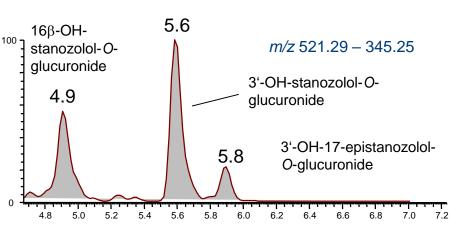
Expanding analytical possibilities concerning the detection of stanozolol misuse by means of high resolution/high accuracy mass spectrometric detection of stanozolol glucuronides in human sports drug testing

Wilhelm Schänzer, Sven Guddat, Andreas Thomas, Georg Opfermann, Hans Geyer and Mario Thevis^{a,b}*

....were recognized to be important in doping controls

excretion study urine sample





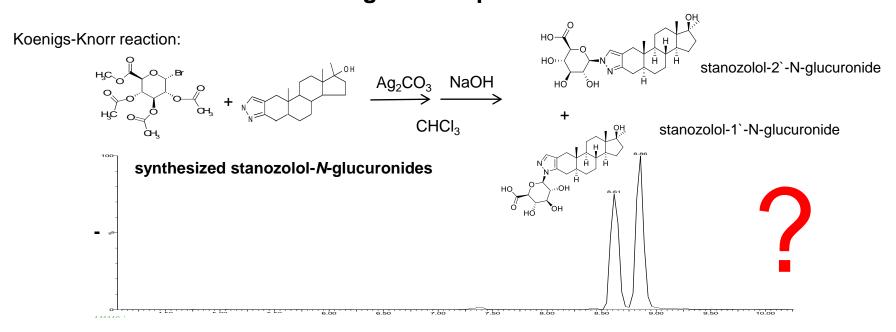
stanozolol-O-glucuronide

stanozolol-2` N-glucuronide

stanozolol-1`N-glucuronide

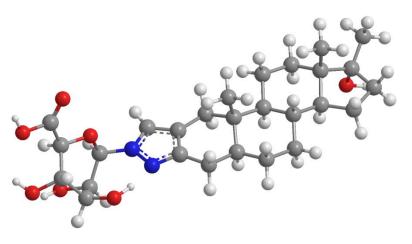


Extracted ion chromatograms acquired at m/z 505.3





Computing the collision cross section (CCS):



stanozolol-2'N-glucuronide

- molecular structure was created with ChemBio3D Ultra (CambridgeSoft, version 12.0)
- optimization with ORCA according to density functional theory (DFT) using the data set B3LYP/6-31G
- 3. CCS values of the ORCA-optimized 3D coordinate data set were calculated with the open source software MOBCAL

				Collision Cross Section [Ų]					
	LC-retention time [min]	drift time [ms]	drift time [bins]	computed (N ₂)	measured (poly-Ala calibration)	measured (AAS-gluc. calibration)	Δ (poly-Ala - AAS-gluc.)	proton affinity [kJ/mol]	[M+H]+ [m/z]
19-nortestosterone glucuronide	7.95	3.57	66.05	181.18	143.93	-	-	955.8	451.2326
boldenone glucuronide	8.01	3.62	67.05	184.48	145.21	-	-	961.4	463.2326
testosterone glucuronide	8.48	3.67	67.92	184.99	146.63	-	-	939.8	465.2483
methyltestosterone glucuronide	8.74	3.79	70.12	188.39	149.79	-	-	960.7	479.2639
3'hydroxystanozolol glucuronide	9.03	4.18	77.34	208.39	159.88	-	-	862.7 – 1074.3	521.2857
stanozolol-1'N- glucuronide*	8.62	3.93	72.78	204.1	153.42	195.83	42.41	878.4 – 1073.0	505.2908
stanozolol-2'N- glucuronide*	8.85	4.08	75.63	205.1	157.50	201.91	44.41	817.4 – 1043.6	505.2908
stanozolol-O- glucuronide	7.40	4.23	78.26	212.4	161.30	208.00	46.7	801.9 – 990.8	505.2908
17-epistanozolol-1'N- glucuronide	9.90	3.89	72.04	203.1	152.44	194.20	41.76	841.3 – 1046.9	505.2908

^{*} confirmed by NMR





Re-analyses of samples from Beijing 2008 and London 2012

Status: February 2017

Number of re-analyses: 1550

Findings of prohibited

substances: 101

Predominantly affected

countries: Russia, Kazakhstan, Belarus

Predominantly affected

sports: athletics, weightlifting, wrestling

→ More than 50 medalists tested positive



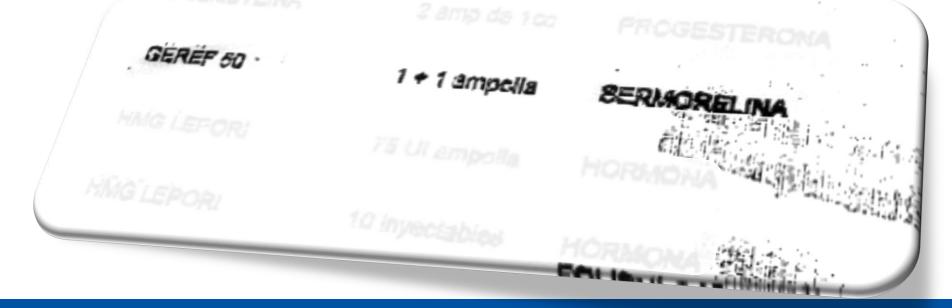


Re-analyses of samples from Beijing 2008 and London 2012

Status: February 2017

Latest findings:

Three Chinese female gold medalists in weightlifting used GHRP-2 (Pralmorelin)





Research Article

Drug Testing and Analysis

Received: 16 June 2010

Revised: 9 July 2010

Accepted: 9 July 2010

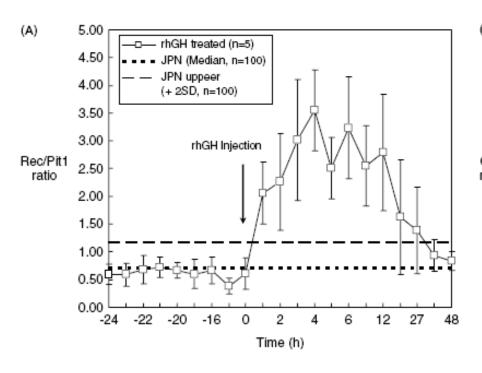
Published online in Wiley Online Library: 1 September 2010

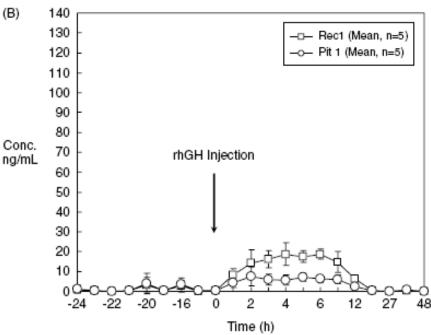
(www.drugtestinganalysis.com) DOI 10.1002/dta.166

Influence of intravenous administration of growth hormone releasing peptide-2 (GHRP-2) on detection of growth hormone doping: growth hormone isoform profiles in Japanese male subjects

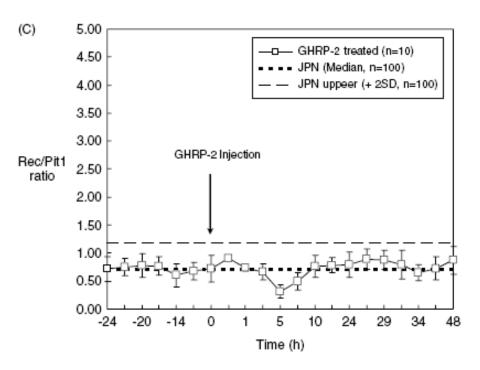
Masato Okano,* Yasunori Nishitani, Mitsuhiko Sato, Ayako Ikekita and Shinji Kageyama

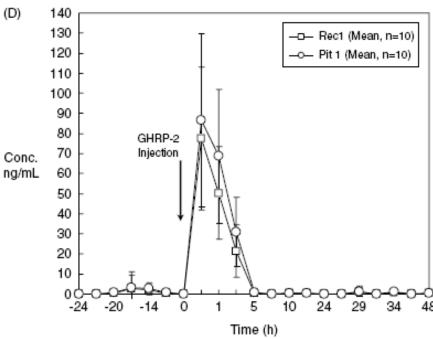














Compound	Sequence					
GHRP-1	Ala-His-D-βNal-Ala-Trp-D-Phe-Lys-NH ₂					
GHRP-2	D-Ala-D-βNal-Ala-Trp-D-Phe-Lys-NH ₂					
GHRP-4	D-Trp-Ala-Trp-D-Phe-NH ₂					
GHRP-5	Tyr-D-Trp-Ala-Trp-D-Phe-NH ₂					
GHRP-6	His-D-Trp-Ala-Trp-D-Phe-Lys-NH ₂					
Hexarelin	His-D-Mrp-Ala-Trp-D-Phe-Lys-NH ₂					
Ipamorelin	Aib-His-D-2-Nal-D-Phe-Lys-NH ₂					
Alexamorelin	Ala-His-D-Mrp-Ala-Trp-D-Phe-Lys-NH ₂					

Non-standard abbreviations: Aib = aminoisobutyric acid; Nal = naphthylalanine; Mrp 2-methyltryptophane.



(IN- AND OUT-OF-COMPETITION)

PROHIBITED SUBSTANCES



Including, but not limited to:

2. OTHER ANABOLIC AGENTS

Clenbuterol, selective androgen receptor modulators (SARMs, e.g. andarine and ostarine), tibolone, zeranol and zilpaterol.

New drugs - new challenges

arylpropionamide

R2

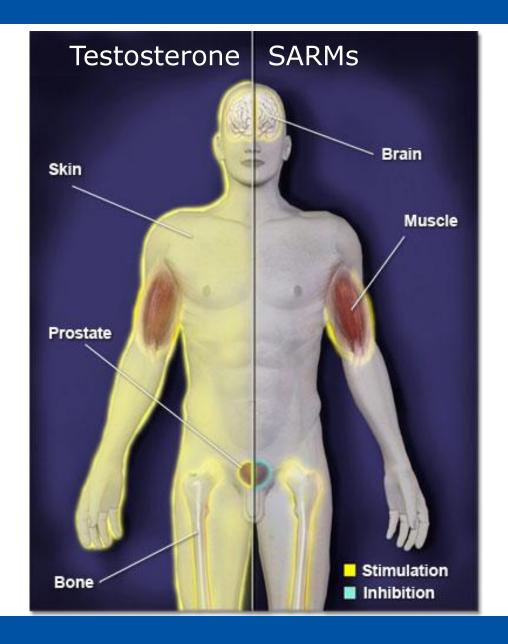
bicyclic hydantoins

quinolines

tetrahydroquinolines



...SARMs benefits





...SARMs benefits

Potentially useful for prevention or treatment of

- -muscle wasting
- -osteoporosis
- -frailty
- -male contraception

Basically without androgenic side effects – high potential for misuse in sports





S-3-(4-acetylamino-phenoxy)-2-hydroxy-2-methyl-N-(4-nitro-3-trifluoromethyl-phenyl)-propionamide

Welcome!

CONTACT

We are the leading provider of **SARMS S-4** in the United States. At **www.XXXXXXXXX.com** we work very closely with our customers to provide the very best products available on the market.

Our business is built on a philosophy of strong customer focus, regular communication with a high degree of quality and value.

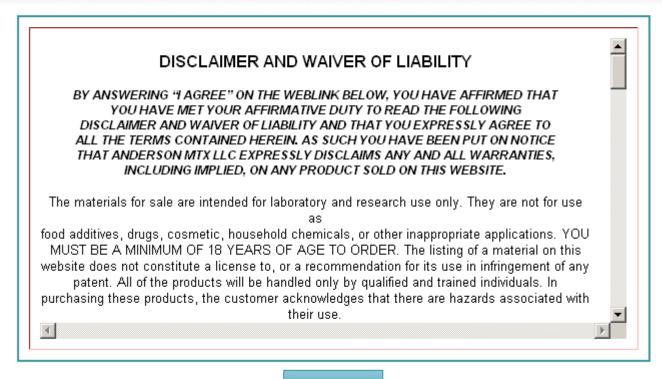
NOT FOR HUMAN COMSUMPTION

PURCHASE





SARMS S-4



I AGREE

SARMS S-4

S-3-(4-acetylamino-phenoxy)-2-hydroxy-2-methyl-N-(4-nitro-3-trifluoromethyl-phenyl)-propionamide

	Update	Totals
	Total:	\$115.00 USE
	Item total: Shipping and handling:	*
30 mL Sample	\$100.00	\$100.00
Description	Unit Price Quantity	Amount

Why use PayPal?

- Use your credit card online without exposing your card number to merchants
- Speed through checkout. No need to enter your card number or address.

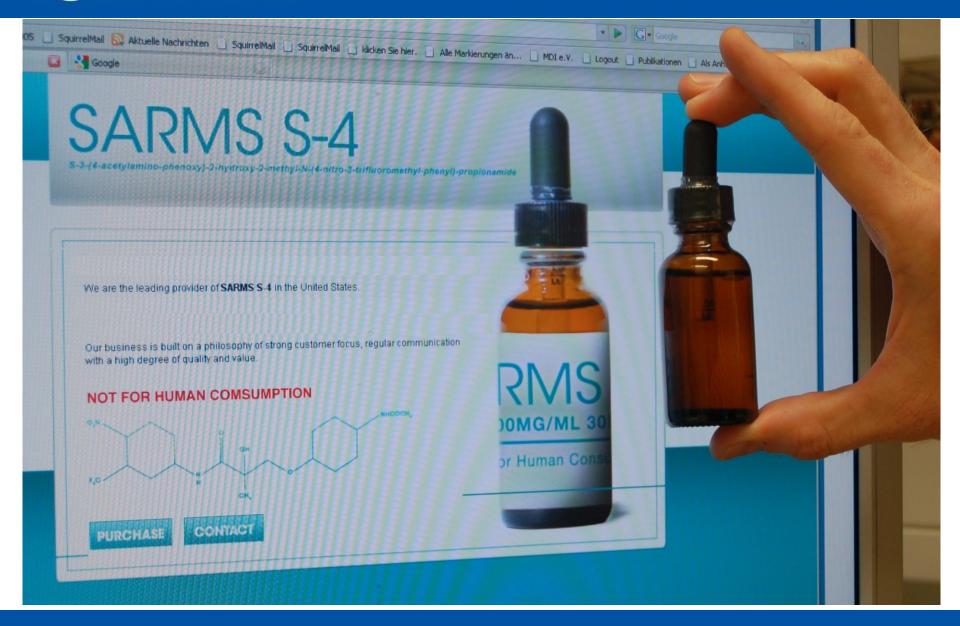
Don't have a PayPal account?
Use your credit card or bank account (where available). Continue





PayPal. The safer, easier way to pay.
For more information, read our <u>User Agreement</u> and <u>Privacy Policy</u>.









First Adverse Analytical Finding 2010

Lausanne / 13th IAAF WIC, Doha, Qatar





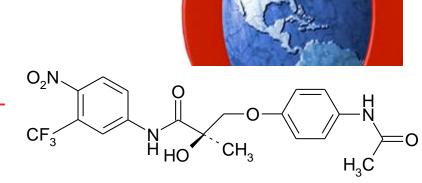
JAAA awaits result of Wilkins drug hearing

BY DANIA BOGLE Observer staff reporter Wednesday, July 14, 2010



THE Jamaica Amateur Athletic Association (JAAA) is expecting a result soon from the disciplinary hearings being held into the positive drugs test result returned by quarter-miler Bobby-Gaye Wilkins, Dr Warren Blake told the Observer.

Wilkins tested positive for the Selective Androgen Receptor Modulator (SARM) Andarine, which is listed by the World Anti-Doping Agency (WADA) as an anabolic agent, at the 13th IAAF World Indoor Championships (WIC) in Doha, Qatar in March.







Anti-doping

Two American triathletes test positive for Ostarine

Two American pro triathletes have tested positive for the banned substance Ostarine. Beth Gerdes tested positive after winning Ironman Australia in 2016, while Lauren Barnett's positive test occurred in July, 2016.

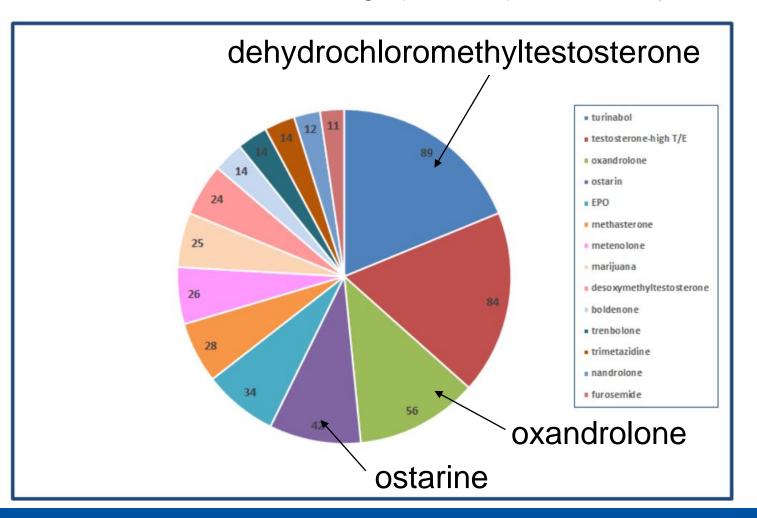
FABIAN FIEDLER | FEBRUARY 4, 2017 | NEWS





The Independent Person Report pt. 2:

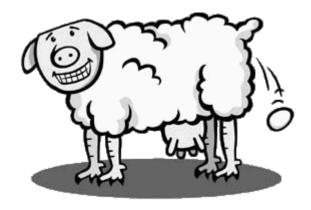
2011-2015 -> 42 SARM-findings (Ostarine) but none reported / sanctioned





Facilitating flexible multi-analyte test methods







Value of flexible and fast analytical approaches...



S2 PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES AND MIMETICS

The following substances, and other substances with similar chemical structure or similar biological effect(s), are prohibited:

- 1. Erythropoietin-Receptor agonists:
 - 1.1 Erythropoiesis-Stimulating Agents (ESAs) including e.g. Darbepoietin (dEPO);

Erythropoietins (EPO);

EPO-Fc

EPO-mimetic peptides (EMP), e.g. CNTO 530 and peginesatide;

Methoxy polyethylene glycol-epoetin beta (CERA).

1.2 Non-erythropoietic EPO-Receptor agonists, e.g.

ARA-290:

Asialo EPO:

Carbamylated EPO.

- Hypoxia-inducible factor (HIF) stabilizers, e.g. cobalt and FG-4592; and HIF activators, e.g. argon, xenon.
- 3. Chorionic Gonadotrophin (CG) and Luteinizing

 Hormone (LH) and their releasing factors, e.g. buserelin,

 gonadorelin and triptorelin, in males.
- Corticotrophins and their releasing factors, e.g corticorelin.

5. Growth Hormone (GH) and its releasing factors including Growth Hormone Releasing Hormone (GHRH) and its analogues, e.g. CJC-1295, sermorelin and tesamorelin; Growth Hormone Secretagogues (GHS), e.g. ghrelin and ghrelin mimetics, e.g. anamorelin and ipamorelin, and GH-Releasing Peptides (GHRPs), e.g. alexamorelin, GHRP-6, hexarelin and pralmorelin (GHRP-2).

Additional prohibited growth factors:

Fibroblast Growth Factors (FGFs);

Hepatocyte Growth Factor (HGF);

Insulin-like Growth Factor-1 (IGF-1) and its analogues;

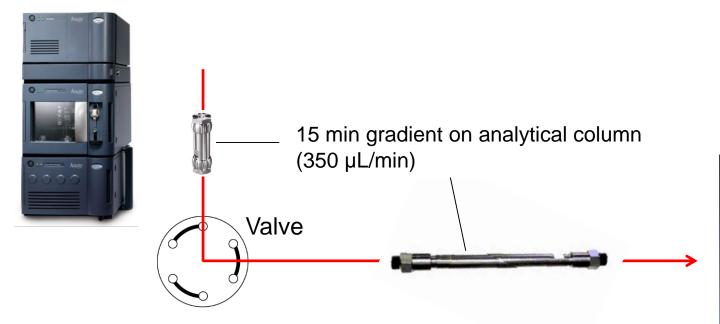
Mechano Growth Factors (MGFs);

Platelet-Derived Growth Factor (PDGF);

Vascular-Endothelial Growth Factor (VEGF) and any other growth factor affecting muscle, tendon or ligament protein synthesis/degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching.



Liquid chromatography – mass spectrometry





Target analytes

peptide	amino acid sequence	category	WADA List
Desmopressin			
LH-RH			
Buserelin	Anamorelin (RC-1291, ONO-764	3, ST-1291):	
Triptorelin		,	
Leuprolide			
GHRP-1			
GHRP-1 metab.	\/ H Q Q		
GHRP-2	H ₂ N N N N		
GHRP-2 metab.	0 1 1		
GHRP-3	HN		
GHRP-4			
GHRP-5			
GHRP-6			
Alexamorelin	Synthetic, non-peptidic, orally acti	ve ghrelin rece _l	otor
Alexamorelin metab.	agonist, sum formula: C ₃₁ H ₄₂ N ₆ O ₃	(MW: 546.7)	
Ipamorelin	31.142.1603	((((((((((((((((((((
Hexarelin			
Anamorelin TB-500			
ARA-290			
ANA-290			
AOD-9604			
Nal: Naphthylalanine	Mpa: Mercaptopropionic acid		
Aib: Amioisobutyric acid Pyr: Pyroglutamic acid	Mrp: 2-methyltryptophane		



Monday, March 19, 2012

Colombian doctor Beltrán Niño arrested with AICAR and TB-500 doping products

by Shane Stokes at 8:48 AM EST AND Categories: Pro Cycling, Doping

Previously worked with several cycling teams

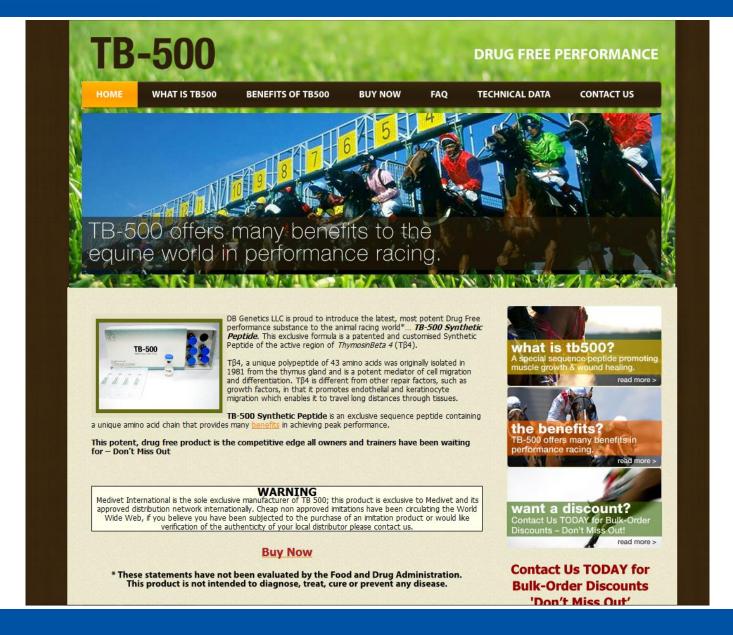
Reports that the doping substances AICAR and TB-500 are being used by some in the peloton have gained weight with the news that a doctor linked to cycling was arrested earlier this month with both substances in his possession.

According to El Pais, Alberto Beltrán Niño was arrested on March 7th in Barajas airport in Madrid, from where he was due to fly to Colombia. The two substances were seized, as were his laptop plus flash drives.

These will presumably be screened in order to try to determine who he was supplying products

to. Beltrán has been in the Soto del Real prison since March 8th.







MediVet America

Product Fact Sheet

TB-500

ls TB500 Safe?

As TB-500 is a synthetic version of the naturally occurring peptide found in all animal cells, it does not pose as a foreign substance to the animal's body. When used within the recommendations of this fact sheet, TB-500 is completely safe.

Side Effects?

TB500 is a naturally occurring peptide promoting the repair and regeneration of skin and blood vessels. It is completely Drug and Chemical free. There are no side effects with the use of this product. It does not swab.

Benefits of TB500

In performance animals, as in all animals, the benefits include faster and better wound repair, and faster recovery from injury. Trials to date indicate faster recovery time (wear and tear) from training; increased muscle girth; increased muscular endurance; increased muscular strength; increased energy levels.

Is It Legal for Performance Animals?

TB500 is 100% drug and chemical free. If used according to the Directions For Use, it will not compromise any performance animal in any event or race in which it competes. IT DOES NOT SWAB.



Test purchase from black market 2012





Test purchase from black market 2012

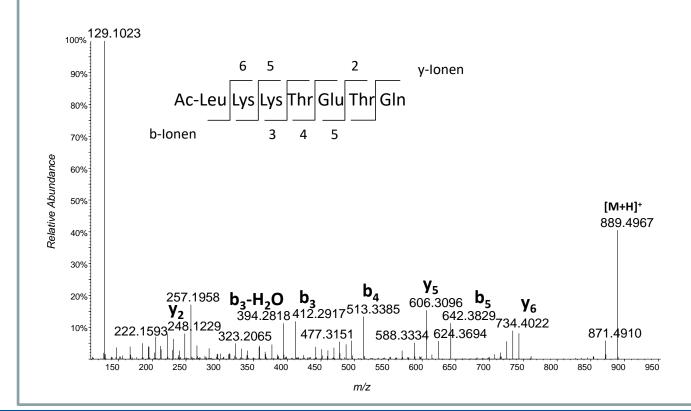










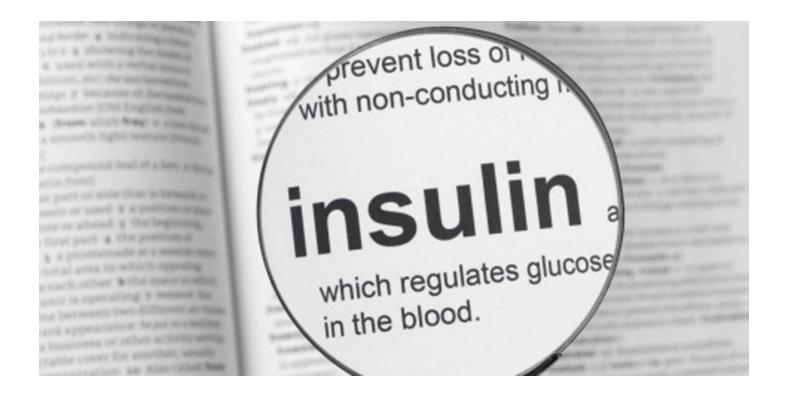




Accelerating multi-analyte test methods









SUBSTANCES & METHODS PROHIBITED AT ALL TIMES

(IN- AND OUT-OF-COMPETITION)

PROHIBITED SUBSTANCES

HORMONE AND METABOLIC MODULATORS

The following hormone and metabolic modulators are prohibited:

- Metabolic modulators:
 - 5.1 Activators of the AMP-activated protein kinase (AMPK), e.g. AICAR; and Peroxisome Proliferator Activated Receptor δ (PPARδ) agonists, e.g. GW 1516;
 - 5.2 Insulins and insulin-mimetics;



Why would that be of importance for doping controls / forensics?

Insulin – Abuse in sport and otherwise



Former ProTour cyclist:

Insulin was the only banned substance he administered every day within his doping program!

Immediately after competition (and respective doping control sampling) or training



Why would that be of importance for doping controls / forensics?

Insulin – Abuse in sport and otherwise



Review

Received: 25 March 2009

Revised: 29 April 2009

Accepted: 6 May 2009

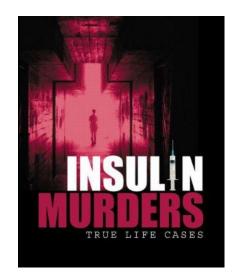
Published online in Wiley Interscience:

(www.drugtestinganalysis.com) DOI 10.1002/dta.38

Murder by insulin: suspected, purported and proven – a review

Vincent Marks*

Murder by insulin – whether attempted, suspected or proven – is rare. Only 66 cases worldwide c A conviction was secured in 31 cases and additional weapon was employed in 11. Differentiation Munchausen syndrome by proxy in the young and from 'mercy killing' in the elderly was not a were close relatives and most victims were alive when discovered and responded to treatment. Ho homicidal insulin use in living subjects and requires the demonstration of a plasma insulin cor than 1000 pmol/L and undetectable plasma C-peptide concentration to establish the diagnosis. S are valueless in victims found dead. The presence near the body of insulin vials, syringes or needle perpetrator or their ready access to insulin may be the only clue. The demonstration of insulin in the immunohistopathology or by measuring it in an extract clinches the diagnosis. Immunoassa detect and measure insulin and C-peptide are subject to random errors and cannot be relied up including separation by gel filtration or HPLC are undertaken prior to analysis. They do not detect generation of synthetic insulin analogues. Mass spectrometry will be required to do this and to va upon which convictions have always had to rely in the past. Copyright © 2009 John Wiley & Sons



BRITISH MEDICAL JOURNAL

LONDON SATURDAY AUGUST 23 1958

INVESTIGATIONS IN A CASE OF MURDER BY INSULIN POISONING

V. J. BIRKINSHAW.

M. R. GURD, Ph.D.,

S. S. RANDALL, M.Sc. Boots Pure Drug Co. Ltd., Nottingham

A. S. CURRY, M.A., Ph.D., A.R.I.C. Home Office Forensic Science Laboratory, Harrogate, Yorks D. E. PRICE, M.B., B.S.

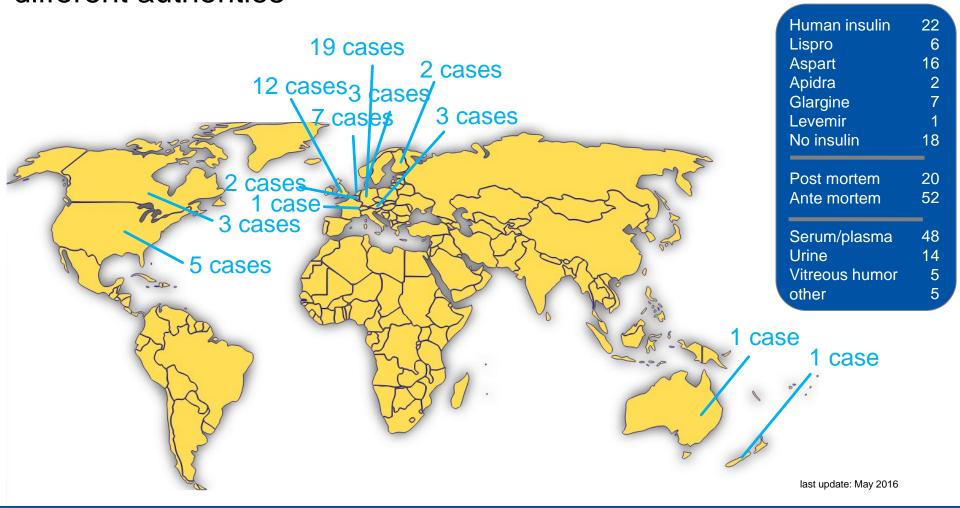
Beckett Hospital, Barnsley, Yorks, and Home Office
Forensic Science Laboratory, Harrogate, Yorks

P. H. WRIGHT, M.Sc., M.B., Ch.B.
Department of Chemical Pathology. Guy's Hospital Medical School. London



Investigations in cooperation with different authorities

Insulin – Abuse in sport and otherwise





Selected Detection Assays:

Synthetic insulins

Insulin – Abuse in sport and otherwise

Human Insulin: GIVEQCCTSICSLYQLENYCN - FVNQHLCGSHLVEALYLVCGERGFFYTPKT

Lispro: GIVEQCCTSICSLYQLENYCN - FVNQHLCGSHLVEALYLVCGERGFFYTKPT

Glargine Met.: GIVEQCCTSICSLYQLENYCG - FVNQHLCGSHLVEALYLVCGERGFFYTPK

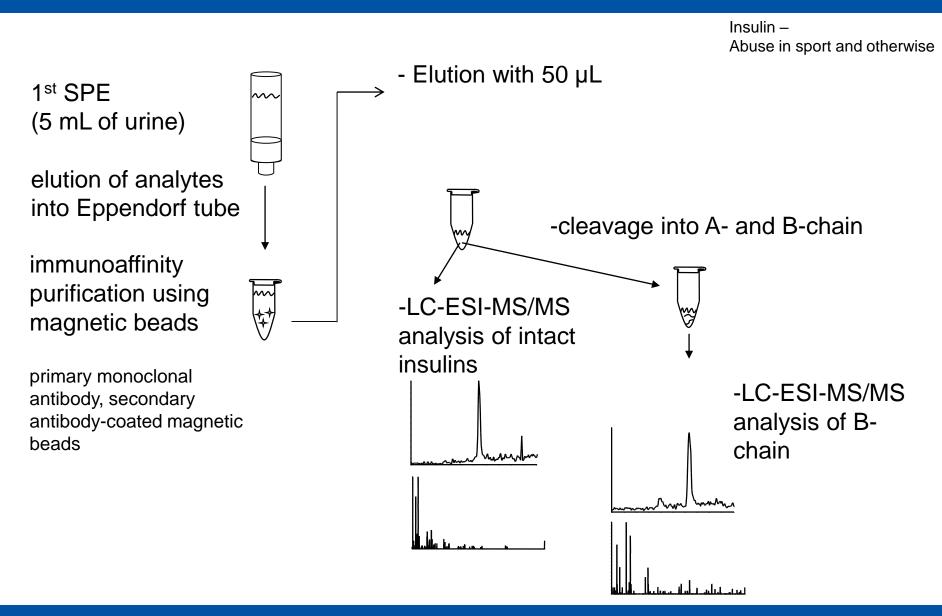
Bovine Insulin: GIVEQCCASVCSLYQLENYCN - FVNQHLCGSHLVEALYLVCGERGFFYTPKA

Porcine Insulin: GIVEQCCTSICSLYQLENYCN - FVNQHLCGSHLVEALYLVCGERGFFYTPKA

Glulisine: GIVEQCCTSICSLYQLENYCN - FVKQHLCGSHLVEALYLVCGERGFFYTPET

Aspart: GIVEQCCTSICSLYQLENYCN - FVNQHLCGSHLVEALYLVCGERGFFYTDKT

Detemir: GIVEQCCTSICSLYQLENYCN – FVNQHLCGSHLVEALYLVCGERGFFYTPK-myrist.

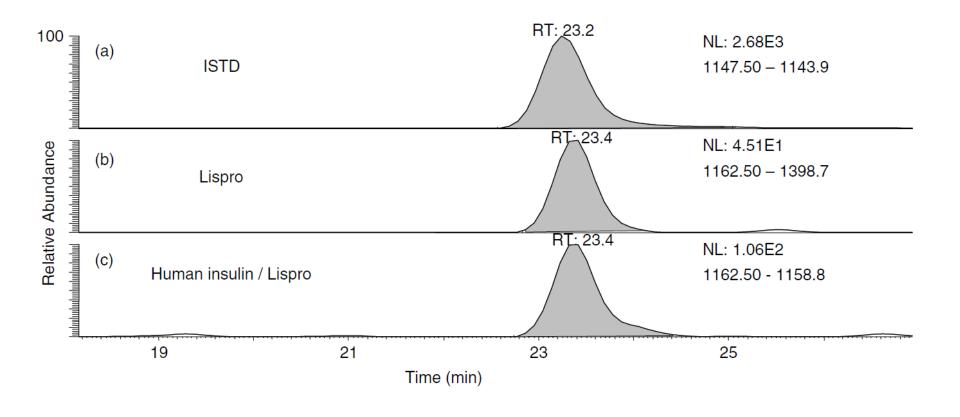




Selected Detection Assays:

Synthetic insulins

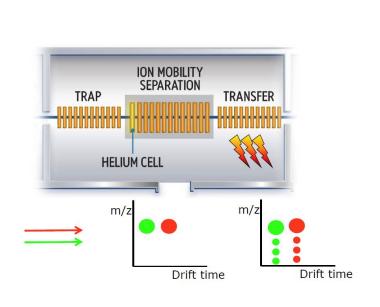
Insulin – Abuse in sport and otherwise

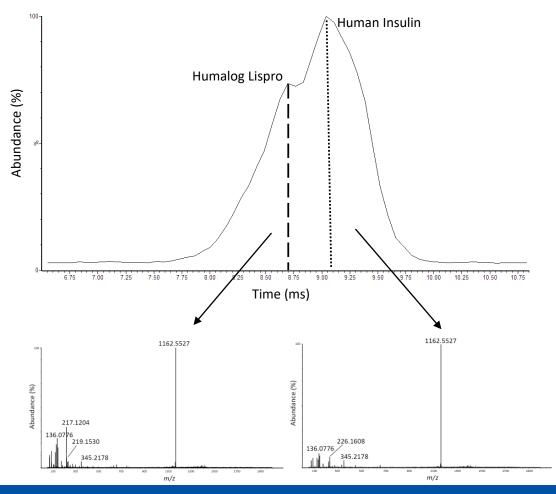




Selected Detection Assays:

Synthetic insulins – alternative/faster options?

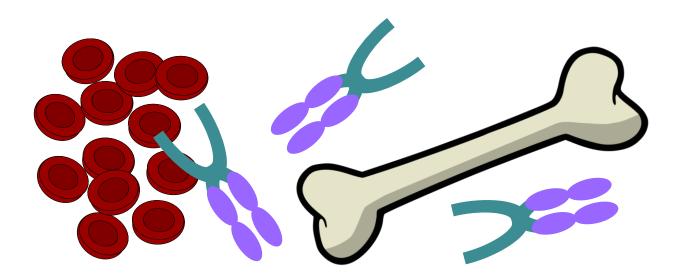






Therapeutic ligand traps / decoy receptors

ActRIIA-Fc (Sotatercept)







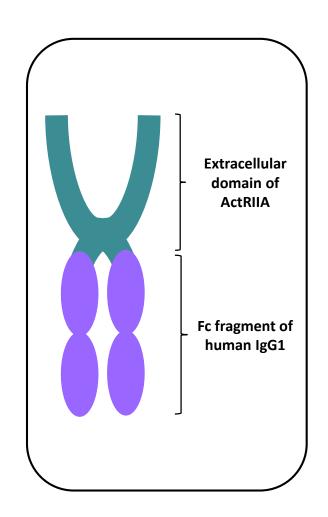


Sotatercept/ACE-011:

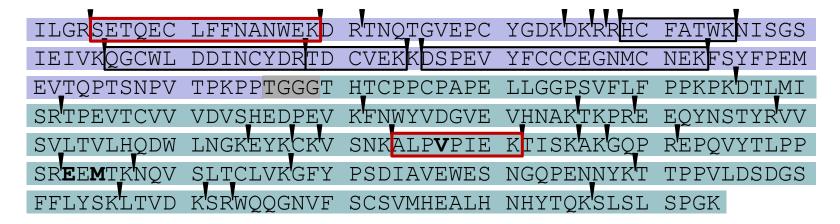
 Soluble fusion protein consisting of the extracellular domain of activin receptor type IIA and the Fc fragment of human IgG1 (ActRIIA-Fc)

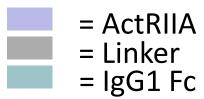
Clinical indications:

- → Treatment of osteoporosis
- Treatment of anemia in rare blood diseases where erythropolesis-stimulating agents (ESAs) are either not approved or not well suited (e.g. β-Thalassemia, Diamond-Blackfan)



Method development: In-silico enzymatic digestion of Sotatercept/ACE-011





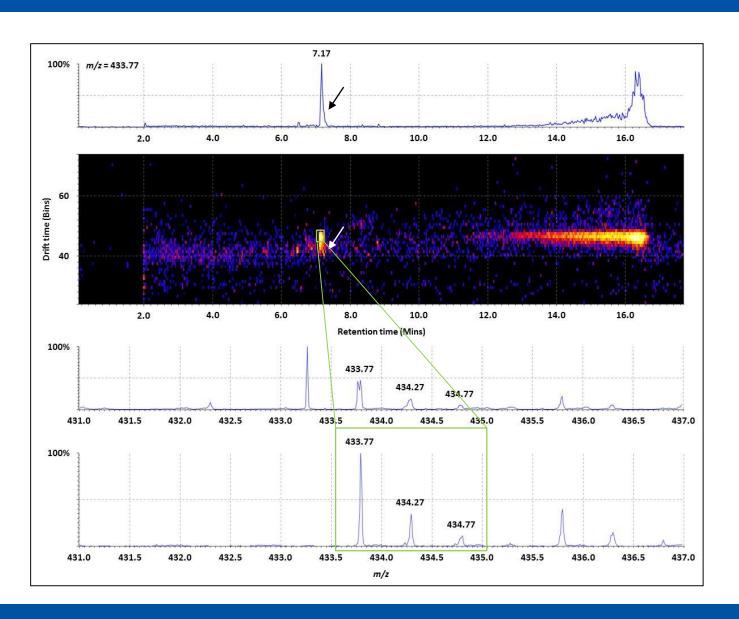
Proteolytic digestion: Trypsin

 \rightarrow Tryptic peptides: ActRIIA T_1 - T_{13} Linker T_{14} Fc T_{15} - T_{36}

→ Potential diagnostic peptides:

$$T_2$$
, T_8 , T_{10} , T_{11} , T_{13} , T_{24}

G2S: Ion mobility Sotatercept 0.05 µg/ml Waters SYNAPT





Case Report Malaria Chemoprophylaxis

- 3 fencer return from Africa to Europe from competitions
- Two produce adverse analytical findings with chlorazanil (diuretic)





Case Report Malaria Chemoprophylaxis

- These cases are the worldwide first two findings with the obsolete diuretic (since 1988)
- Structural relationship to proguanil (anti-malaria drug) triggered in-depth investigation





Proguanil

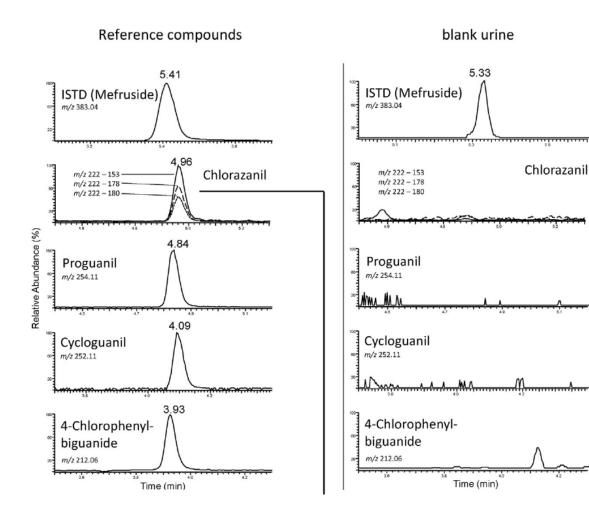
4-chlorophenyl-biguanide

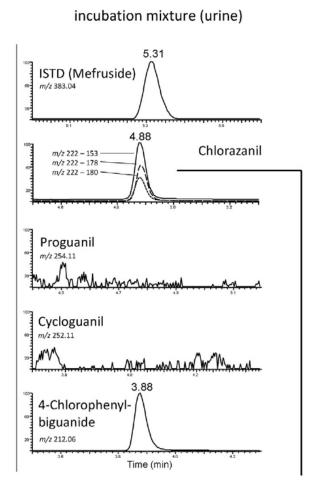
Proguanil

Cycloguanil

$$H$$
 N
 N
 N
 N
 N
 N

Chlorazanil







Case Report Malaria Chemoprophylaxis

- Findings plausibly explained by antimalarial chemoprophylaxis
- Arguably supported by dietary habits and increasing sensitivity of doping control analytical assays





→ Athletes not sanctioned!

Review

Drug Testing and Analysis

Received: 16 May 2013

Revised: 26 July 2013

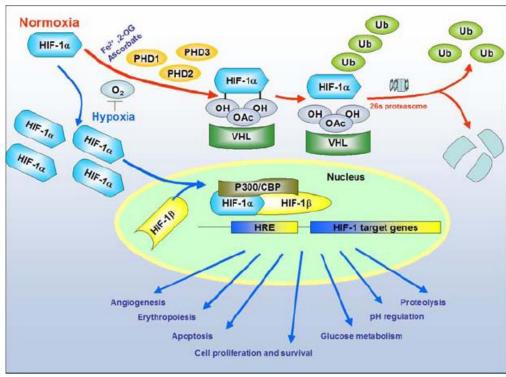
Accepted: 27 July 2013

Published online in Wiley Online Library: 30 August 2013

(www.drugtestinganalysis.com) DOI 10.1002/dta.1528

Intolerability of cobalt salt as erythropoietic agent

Bastian Ebert and Wolfgang Jelkmann*



Siddiq R et al. (2007) Neurochem Res; 32: 931-946



Review

Drug Testing and Analysis

Received: 16 May 2013

Revised: 26 July 2013

Accepted: 27 July 2013

Published online in Wiley Online Library: 30 August 2013

(www.drugtestinganalysis.com) DOI 10.1002/dta.1528

Intolerability of cobalt salt as erythropoietic agent

Bastian Ebert and Wolfgang Jelkmann*

of the Epo gene (*EPO*). With respect to doping practices, of particular interest are cobalt (II) ions (Co^{2+}). The mechanism of the action of Co^{2+} is completely separate from that of the organic cobalt-containing vitamin, cobalamin. Co²⁺ activates the hypoxia-inducible transcription factors (HIFs) that increase *EPO* expression. By this way, Co^{2+} stimulates Epo production, as first observed in experimental animals in the late 1950s. Co²⁺ is the reference substance for the *in vivo* calibration of rhEpo drug substance; 5 μ mol Co^{2+} elicits the same erythropoiesis-stimulating

Co²⁺ activates the hypoxia inducible transcription factors (HIFs) that increase EPO expression he oral administration of CoCl₂ increases reticulocytes, red blood cells (RBCs) and [Hb] in healthy men. In another

red blood cells (RBCs) and [Hb] in healthy men. In another investigation of healthy humans, Davies and Fields^[11] showed that the daily intake of 150 mg CoCl₂ increases RBC numbers by about

From the late 1940s to the late 1970s copalit chloride (CoCl₂) was applied to treat anaemic patients. The medicine was usually given as applied to treat anaemic patients. The medicine was usually given as tablets, ...

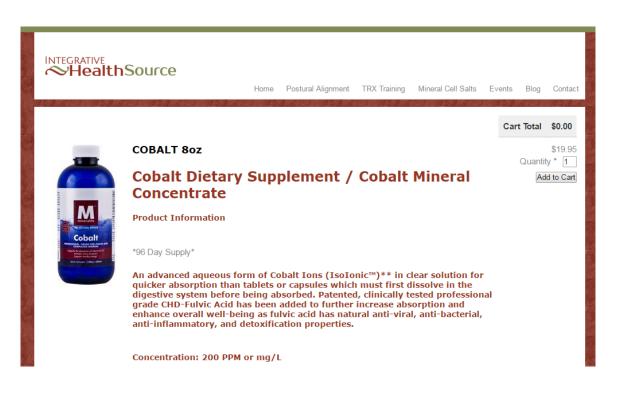




Table 1 Product description and analytical results.

product #	advertised effect	product formulation (suggested route of administration)	determined content relevant for doping controls (≥ 0.1 mg/mL)	declared on label	remark
1	erythropoiesis	aqueous solution (i. v.)	nickel (7.5 mg/mL)	no no	cyanocobalamin (ca. 2.0 mg/mL) detected, accounting for ca. 90 µg/mL cobalt
2	erythropoiesis	aqueous solution (i. v.)	cobalt (4.8 mg/mL)	no	cyanocobalamin (ca. 1.7 mg/mL) detected, accounting for ca. 75 µg /mL cobalt
3	increased oxygen supply	aqueous solution (i. v.)	-		
4	counteracts fatigue	aqueous solution (injection)	-		
5	anti-inflammatory properties	gel (i.m. or i. v.)	-		
6	-	aqueous solution	cobalt (3.4 mg/mL)	no	
7	-	aqueous solution	-		
8	erythropoiesis	aqueous suspension (i.v.)	cobalt (1.9 mg/mL)	no	cyanocobalamin (ca. 2.6 mg/mL) detected, accounting for ca. 110 µg/mL cobalt
9	erythropoiesis	aqueous suspension (i.v.)	cobalt (2.2 mg/mL)	no	
10	erythropoiesis	aqueous solution (i. v.)	cobalt (3.3 mg/mL)	no	cyanocobalamin (ca. 3.0 mg/mL) detected, accounting for ca. 270 µg/mL cobalt

					accounting for ca. 5 µg/mL cobalt
16 su	supports erythropoiesis	aqueous suspension (i.m. or i. v.)	cobalt (0.2 mg/mL)	yes	label declares cobalt gluconate (0.7 mg/ mL) accounting for ca. 90 µg/mL cobalt
					label declares cyanocobalamin (0.15 mg/ mL) accounting for ca. 7 µg/mL cobalt
					cyanocobalamin (ca. 0.3 mg/mL) detected, accounting for ca. 15 µg/mL cobalt
17	erythropoiesis	aqueous solution (i. v.)	cobalt (0.1 mg/mL)	no	cyanocobalamin (ca. 4.0 mg/mL) detected, accounting for ca. 175 µg/mL cobalt
18	erythropoiesis	aqueous solution (i. v.)	cobalt (0.1 mg/mL)	no	cyanocobalamin (ca. 3.3 mg/mL) detected, accounting for ca. 140 µg/mL cobalt
19	-	aqueous solution,	cobalt (5.5 mg/mL)	n/a	cyanocobalamin (ca. 5.3 mg/mL) detected,
		residue in confiscated syringe			accounting for ca. 230 µg/mL cobalt
		synnige			



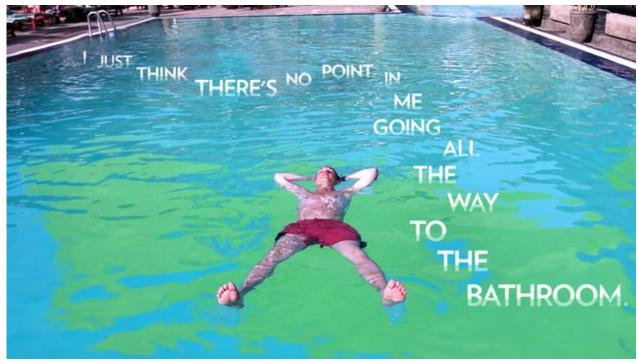
Keeping in mind the urine specimen...





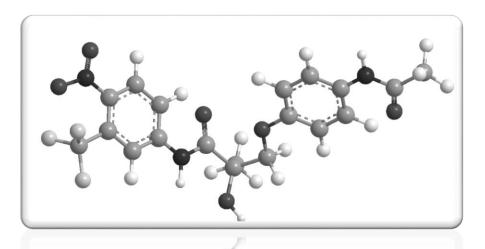








Thank you



Antidoping Switzerland

World Anti-Doping Agency (WADA)

Federal Ministry of the Interior (D)





Institut für BiochemieInstitute of Biochemistry