



FÉDÉRATION INTERNATIONALE DE SKI
INTERNATIONAL SKI FEDERATION
INTERNATIONALER SKI VERBAND



CH-3653 Oberhofen (Switzerland), Tel. +41 (33) 244 61 61, Fax +41 (33) 244 61 71
www.fis-ski.com

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Professor Bengt Saltin, Chairman of FIS Medical Committee, answers key questions about FIS blood testing program

In light of the recent start prohibitions that were issued as a result of FIS pre-competition blood testing at the Olympic Winter Games in Torino, Professor Bengt Saltin, Chairman of the FIS Medical Committee provided answers to some of the most common questions related to the FIS blood testing program:

What is the purpose of the FIS blood testing program and the FIS haemoglobin (Hb) limits of 16.0 g/dl for ladies and 17.0 g/dl for men?

Bengt Saltin: 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 typically receive some medical treatment for their condition.

The FIS Blood Profiling Program, under which the FIS haemoglobin testing here in Torino is taking place, was introduced to address the cultural problems that existed within Cross-Country skiing and to normalize the Athletes' blood values as of the season 2001/2002. The Cross-Country skiers participating in the Viessmann FIS World Cup Cross-Country are tested on a highly regular basis during the competition season. Just as here in Pragelato, the entire field of Athletes are tested at two-three World Cup races during the season.

Since the beginning of this program, the mean value for Cross-Country skiers (ladies and men) within the FIS World Cup has decreased drastically 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.

How can an individual have increased haemoglobin values?

Bengt Saltin: The haemoglobin value increases naturally when an individual resides at a high altitude for more than a few days; the increase is greater the higher the altitude. Also severe dehydration, especially in high altitude conditions, can lead to an increase of haemoglobin in blood. High haemoglobin can also be the result of EPO doping or blood transfusion.

How were the FIS limits of 16.0 g/dl for ladies and 17.0 g/dl for men set?

Bengt Saltin: The 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.

Some athletes have dispensation from the FIS Hb rule. What is required for someone to receive such a dispensation?

Bengt Saltin: In addition to the long-term, comprehensive data gathered through the FIS Blood Profiling Program that demonstrates the persistently high natural Hb values, we require reliable and certified data from the athlete's youth, ideally from their childhood, as well as data from the family members to establish any genetic factors. The Athlete must also be checked to exclude the chance of any haematological diseases.

In the FIS World Cup testing program, any pre-competition haemoglobin tests are followed by a urine test. Is the same process followed here in Torino?

Bengt Saltin: Here in Torino, FIS is conducting the pre-competition haemoglobin testing in the same way as in the FIS World Cups. At the Olympic Winter Games, the IOC is responsible for conducting the urine testing that follows FIS's pre-competition haemoglobin tests. According to the current WADA-Code, misuse of EPO can only be positively proven on the basis of a urine-EPO test. In the future, it is likely that highly sophisticated blood profiling methods, in addition to urine testing, will be required to prove blood manipulation.

The athletes with too high haemoglobin values were issued with a five-day suspension. How was the length of this suspension determined?

Bengt Saltin: Compared to cycling where such a suspension lasts two weeks, this five-day suspension is short. But we are confident that five days is a sufficient time to allow for the blood values to normalize if they are the result of living at a high altitude or dehydration. However, a five-day period is not sufficient to remove the impact of EPO or blood transfusion.