

### IFF Medical Committee Meeting, Zurich, Switzerland, September 17<sup>th</sup>, 2010

<b>Participants:</b>	Dr. Walter Frey,	IFF Medical Committee chairman
	Dr. Lars Erik Bartels,	IFF Medical Committee member
	Dr. Tiina Nylander,	IFF Medical Committee vice chair
	Dr. Patricia Wallace	IFF Medical Committee member
	Merita Bruun,	IFF Anti Doping Administrator
	John Liljelund,	IFF General Secretary

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#### Report on present issues

##### 1. *Opening*

Dr. Frey opened the meeting at 12.00 at the Movemed Clinic, in Zurich, Switzerland and welcomed all members to the meeting.

##### 2. *Short report of actions taken after the last held meeting*

Ms. Bruun made a short recap of the activities taken in the field of the anti-doping work and for the medical committee since the last medical committee meeting held in April 2009.

Testing Pool in 2009

- RTP 1: 14 players were included and provided whereabouts to the IFF
- RTP 2: Top national teams for Men & Women, which provided national team whereabouts

Total Amount of tests in 2009

- A total of 570 tests have been conducted in Floorball (IFF, NADO's & MA's).
- A total of 71 tests were initiated by IFF (In competition tests: 52 & OOC: 19)

RTP OOC tests in 2010

- In 2010 in the RTP1 we have made 8 tests. In the RTP2 6 tests have been conducted.

Results details 2009

- No Anti-doping rule violations in 2009
- There was three Adverse Analytical Findings
  - o 1 AAF's with valid TUE's
  - o 2 Elevated T/E Ratios with negative IRMS

##### 3. *Short report on the WADA Symposium*

Ms. Bruun gave a short report about the WADA Symposium held in Lausanne on the 20.-22.4.2009 covering the present issues in anti-doping work. Not many new items in this year as the new rules were adopted in 2009 and the follow ups are now in process.

*Survey on implementation of the IST*

- 51 submissions from IF's, IFF included
- Average size of RTP 179,9 athletes (IFF has 14 in RTP 1 and 8 teams in RTP 2)
- Tests on RTP 1 athletes: 1,1 and during the 1h period 0,6
- Team sports: insufficient evidence as not many implemented IST, difficult to evaluate the effect.

*RTP recommendations:*

- Pyramid approach, as IFF has
- RTP size should reflect the OOC capacity
- Phone calls or not, during the time slot is discussed
- Expanded 60 min time slots (5 am – 23 pm) is discussed
- Next Code review in 2013 and the revised Code will come into force in 2015
- Risk assessment evaluations to be made by the different sports

The MC discussed importance to be present in the different meetings organised by the WADA.

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## Report on present issues (cont.)

### 4. *Prohibited List 2011 draft feedback to WADA*

The IFF Medical Committee sent the feedback to WADA and questioned the difference classification of salmeterol and salbutamol permitted and terbutaline and formoterol requiring a full TUE when there is little pharmacological difference between the preparations. Some people do better on one preparation and some on the other.

The IFF Medical Committee also thought that a TUE for intra-articular injection of GCS is impractical due to the time frame for TUE approval. This will waste time for the athlete in delayed treatment and will add cost due to additional doctor's appointments for very little benefit to the anti-doping program.

The Medical Committee discussed whether they players should be proposed to change the asthma medication to the ones which don't need a TUE. The MC felt that it is not the task of IFF to make such suggestions.

### 5. *New IFF Handbook for organisers*

Ms. Bruun made a short introduction of the IFF Events Handbook, which is aimed for the future organisers of IFF Events. The idea of the Handbook for the organisers of the IFF Events, is to give the organiser a clear picture of what is needed for organising an successful event.

The MC discussed the Anti-Doping part of the Handbook and stressed the following issues:

- Number of chaperons and the tested athletes must be the same, i.e. one chaperon per tested player.
- The chaperons must be of the same gender than the tested player.
- The layout and the movement of all personal in the waiting room and the test room were thoroughly discussed.
- Fridge for the temporary storage of the samples is recommended.
- The process of notifying the player for the doping test was discussed.

### 6. *WADA Code Compliance survey*

IFF has made the WADA Code Compliance survey of 2010. The Office has filled out the questionnaire and will return it to WADA after the approval of the Medical Committee. The possibility to increase the OOC tests for 2011 was discussed and the MC proposed to increase the amount of tests for 2011.

The MC discussed the need for preparing an Risk Assessment document, for 2011, until the next meeting based on the following criteria's:

- Risks and Patterns of doping
- Possible doping agents
- In competition/off season
- Anti-doping activities of ADO's
- History of doping use
- RTP (highest level according to ranking and other criteria)

The MC agreed to the answers made for the WADA Compliance survey.

### 7. *Say NO to Doping – campaign in the WFC 2010*

The IFF will conduct an educational anti-doping campaign – Say NO to doping, aimed towards both the spectators and the WFC players. The campaign will appear at the WFC with an expo stand at the main Arena. WADA will participate in the campaign by producing a leaflet for the campaign and at the stand everyone can answer the WADA Quiz and/or take part of the “Best Clean Slap shot competition”. IFF is conducting this together with the Finnish Anti-Doping Agency.

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## Report on present issues (cont.)

### 8. IFF General Assembly 2010

Mr. Liljelund made a short presentation of the upcoming World Floorball Championships and the IFF General Assembly in Helsinki, in December 2010. The newly elected CB will constitute the IFF Committees in its first meeting and the invitations for nominations have been sent out in September.

### 9. Upcoming and/or any other issues

Dr. Frey thanked the IFF Office and Ms. Merita Bruun especially for a work well done and the members of the medical committee for their commitment. Dr. Frey hoped that all the Medical committee members would like to continue in the committee.

### 10. Next meeting

The Medical Committee will have its next meeting in connection to the WFC 2011 and the Presidential and secretary generals meeting, in December 2011.

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## Upcoming meetings and issues

- The next Medical Committee meeting will be held in connection to the WFC 2011 and the Presidential and secretary generals meeting, in December 2011.
- The Office is to prepare a proposal for a Risk Assessment document by end of March, 2011.
- The Office will make the agreed changes in the IFF Event Handbook and propose to the IFF CB in October to make the changes concerning the increased amount of OOC tests into the Test Distribution Plan (TDP) for 2011.

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## Issues that need to be discussed or decided upon or taken action upon

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## New ideas, etc...