



# REPORT

Thanks for reading our latest RaceClean Monthly Report. For this report, I'll focus on two questions we've been hearing from members lately:

**Some athletes take hormones (e.g. testosterone) for legitimate medical purposes, and some take hormones for anti-aging or restorative medication - how is this handled?**

Hormone replacement therapy may include substances, such as anabolic agents, which are prohibited at all times in cycling. The prohibited list includes anabolic steroids such as prescription testosterone creams (Androgel for example) or injections, as well as any other anabolic substance (such as DHEA) used in dietary supplements and selective androgen receptor modulators (SARMs). The [list of anabolic agents](#) is extensive. Even if one is not listed, it is still prohibited if it is a metabolite or has a similar chemical structure or similar biological effect(s) to an anabolic agent.

If you take hormones for a legitimate medical purpose, you may qualify for a Therapeutic Use Exemption (TUE), which is permission to use a prohibited substance for medical reasons. See the blue box on the right for more information about applying for a TUE. Please note, the use of testosterone as an anti-aging or restorative medication for men is not justification for a TUE. Similarly, generalized fatigue, slow recovery from

## NUMBER OF TESTS

**March 2016: 18**

March 2015: 2

**YTD 2016: 33**

YTD 2015: 8

**Target 2016: 135**

Total 2015: 45

## CHECK YOUR PRESCRIPTIONS

USADA makes it easy to ensure you're competing within the rules.

Call [USADA's Drug Reference Hotline](#) at 719-785-2000 (option 2) to check your medications against the prohibited list.

## APPLYING FOR A THERAPEUTIC USE EXEMPTION (TUE)

A Therapeutic Use Exemption (TUE) is permission to use a prohibited substance for medical reasons. To decide

---

exercise, and a decreased libido are not, in isolation, justification for the granting of a TUE for testosterone.

Learn more about [TUE requirements for androgen deficiency/male hypogonadism](#).

The purpose of RaceClean is to prevent prohibited doping practices which undermine fair competition. Some medications which people take to improve their quality of life are on the banned list given their performance enhancing characteristics and can lead to doping violations regardless of the intended purpose. If you choose to take medication which is prohibited without being granted a TUE, you are taking a significant risk. There is not guarantee you will not be tested even if you don't often finish near the top of your field.

if you need a TUE, follow these steps:

- 1) Determine the prohibited status of your medication by searching for it on [GlobalDRO.com](#)
- 2) Determine [your competition level](#) as either International/ National OR Non-National level.
- 3) Visit the [Determine if you Need a TUE page](#) and follow the directions in Step 3 based on your competition level for the substance in question.

**Last month, you cited anonymous survey data as one of the reasons you believe doping is a problem in amateur cycling - could you provide more information?**

First off, survey data is just one portion of the evidence that led us to believe doping is a problem in amateur cycling. For instance, we observe that the rate of positives among amateurs tested is alarmingly high. Secondly, we know from observing other sports, and even human endeavors outside of sport, that when breaking the rules is simultaneously beneficial and not monitored, bad behavior results. But we'd also like to note that we are addressing doping in amateur cycling because our members tell us they are observing issues and want to see action. We know a significant portion of our membership care deeply about this issue.

Now, as for that survey data - a lot exists across all sports, but something we received last year was particularly relevant and eye-opening. If you were opted in to our emails during the fall of 2014, you may recall being asked to complete an anonymous survey by a group of international anti-doping researchers led by Dr. Paul Dimeo from Stirling University in the UK and Dr. Werner Pitsch

---

from the University of Saarlandes in Germany. We did not receive specific information about any of the survey participants, but we did receive an overall analysis of the survey which used a questioning strategy to allow respondents to answer honestly without fear of retribution. The analysis indicated that as much as 10% of survey respondents in categories 1-3 admitted to using prohibited substances at some point during their competitive cycling career. Another finding in the research was that there was little difference in the prevalence of lifetime doping between categories 1, 2, and 3, validating the belief that the prevalence of doping is not simply a function of competitive level or rewards. Again, such data does not alone form the basis for our concerns, but it is compelling evidence.

That's it for this report. For more information please visit the [RaceClean webpage](#). If you have any questions or if there's anything specific you want to hear about in a future report, don't hesitate to contact me at [jwhiteman@usacycling.org](mailto:jwhiteman@usacycling.org)!

Warm regards,

Jon Whiteman  
USA Cycling Risk Protection Manager  
[jwhiteman@usacycling.org](mailto:jwhiteman@usacycling.org)  
(719) 434-4222