

EQUINE DRUG RESEARCH COUNCIL
KENTUCKY HORSE RACING COMMISSION
MARCH 12, 2014
AGENDA

Location: Offices of the Kentucky Horse Racing Commission
4063 Iron Works Parkway
Lexington, KY

Time: 3:00pm

I. Call to order and roll call

II. New Business

- 1. Approval of minutes of EDRC meeting November 13, 2013.**
- 2. Presentation by Dr. Jamie MacLeod.**
- 3. Update on the EDRC funded Ketoprofen project at HFL.**
- 4. Update on KER research herd administrations; request for approval of xylazine admin.**
- 5. Consideration of letter of intent from Dr. David Horohov.**
- 6. Consideration of letter of intent from Dr. Stephanie Preston.**
- 7. Consideration of the revised research proposal received from Drs. David Nash and Craig Carter.**
- 8. Consideration of funding detomidine analysis in samples following intravenous and intramuscular administrations.**
- 9. Consideration of KHRC EMD contract renewal.**

III. Other Business

IV. Adjournment

**EQUINE DRUG RESEARCH COUNCIL (EDRC)
OF THE KENTUCKY HORSE RACING COMMISSION (KHRC)
MINUTES OF THE MEETING**

Date: November 13, 2013 at 1:00 P.M.

Place: Offices of the Kentucky Horse Racing Commission, Kentucky Horse Park, Lexington, KY

Members Present: Chairman Jerry L. Yon, M.D.; Andrew M. Roberts, DVM; Gary Lavin, DMV; Michael W. Kilgore, Ph.D.; Rick Hiles; Rogers Beasley; and T. Douglas Byars, DVM

KHRC Staff Present: John T. Ward, Jr., Executive Director; Mary Scollay, DVM, Equine Medical Director; and Susan B. Speckert, General Counsel

Others Participating/Present: Edward S. "Ned" Bonnie, KHRC Commissioner; Dr. Dionne Benson, Racing Medication and Testing Consortium (RMTC); and Dr. Richard Sams, HFL Sports Science

Meeting called to order and roll call performed by Chairman Yon. A quorum was recognized.

AGENDA ITEM	TRANSCRIPT PAGE NUMBER(S)	DISCUSSION / CONCLUSIONS / RECOMMENDATIONS	ACTION TAKEN
Agenda Item 1 Approve minutes of September 23, 2013 meeting	4 – 5	Chairman Yon presented the minutes of the September 23, 2013 meeting for approval. He recommended amending the language of Agenda Item 4, 4 th paragraph; fifth line on page 3 to read "... total cost of \$135,800 to be paid in five monthly installments of \$27, 160."	Dr. Kilgore made a motion to approve the minutes as amended. Second by Mr. Beasley. Motion carried with no objections or abstentions.
Agenda Item 2 Review of EDRC financial statement as of 10/31/13	5 – 9	Dr. Scollay presented the EDRC research fund financial report through October 31, 2013 for Fiscal Year 2014.	Informational item only. No action taken.
Agenda Item 3 Consideration of research proposal, "A strategic plan to	9 – 27	Dr. Scollay presented a summary of a proposed research project entitled " <i>A strategic plan to diagnose and prevent inflammatory airway disease in racing Thoroughbreds.</i> " The study duration would be 2 years and the amount requested was \$1,624,654.13. She noted,	Dr. Lavin made a motion. Second by Mr. Hiles. Motion carried with no objections or

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<p>diagnose and prevent inflammatory airway disease in racing Thoroughbreds”</p>		<p>as all research proposals are, the proposed project had been subjected to an internal review by the EDRC’s Research Advisory Group (“Advisory Group”) and an external review by outside individuals with specific qualifications relevant to the proposal. It was the consensus of the internal and external reviewers that the proposed project contained multiple critical flaws that rendered its impact, relevance and likelihood of completion very low. The reviewers’ comments are outlined in the summary provided. The Advisory Group does not recommend funding of the proposed project.</p> <p>Following a discussion, Dr. Lavin proposed that an explanation of the deficiencies identified by the reviewers be provided to the submitting investigator and he be afforded the opportunity to submit a rewritten proposal to correct the deficiencies. If an amended proposal is submitted, the review process should be completed in a timely fashion so that it may come back before the EDRC for consideration at its next meeting. In response to an inquiry by Chairman Yon, Dr. Lavin affirmed that his proposal was in the form of a motion.</p> <p>Dr. Roberts expressed concern whether the review process of the rewritten proposal could be completed by the next meeting. Dr. Scollay noted that because the external reviewers were already familiar with the proposed project and the identified deficiencies, the review process could most likely be expedited. However, because the necessary amendments to the proposal were substantial, a limiting factor could be the amount of time the actual rewriting of the proposal would involve. She assured the Council that upon her receipt of an amended proposal, she would do whatever possible to expedite the review process.</p>	<p>abstentions.</p>
<p>Agenda Item 4</p>	<p>27 – 42</p>	<p>Dr. Benson presented a proposed schedule of administration studies</p>	<p>Mr. Hiles offered a</p>

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<p>Consideration of RMTC proposed administration studies to EDRC funded research herd</p>		<p>to be conducted on the EDRC funded research herd at Kentucky Equine Research, Inc. ("KER"). She stated the proposed drugs for administration studies were: 1) Ranitidine; 2) Cimetidine; 3) Omeprazole; 4) Cetirizine; and 5) Guaifenesin. Each drug would be an oral, multiple-day dose administration with a 2 week washout period for each substance administration. The American Association of Equine Practitioners ("AAEP") had requested a number of these administration studies.</p> <p>In response to an inquiry by Dr. Kilgore, Dr. Sams stated because the administrations would have to be staggered anyway, randomizing the trials so that the horses received different drugs in different weeks could easily be done. He expressed that he liked the suggestion and recommended it be built into the protocol.</p> <p>Following a discussion during which Dr. Benson and Dr. Sams answered questions, Chairman Yon requested a motion to approve the proposed schedule of administration studies.</p>	<p>motion. Second by Dr. Roberts. Motion carried with no objections or abstentions.</p>
<p>Agenda Item 5 Discussion of Uniform Medication Proposal</p>	<p>42 – 142 42 – 43</p> <p>43 – 44</p>	<p>Dr. Benson explained that the RMTC's Uniform Medication Proposal (RMTC's Proposal) was a four-part program consisting of: 1) use of an RMTC accredited laboratory; 2) a multiple medication violation system; 3) third party administration of Lasix; and 4) an Approved Therapeutic Medication List (Medication List). An RMTC subcommittee was created for development of each part. She noted that two of the four components have already been implemented in Kentucky - use of an RMTC accredited laboratory and third party administration of Lasix.</p> <p>To aid in the development of the Medication List, the RMTC requested the AAEP submit a list of medications utilized by AAEP veterinarians. The AAEP submitted a list of 51 medications. An</p>	<p>Informational only. No action taken.</p>

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	57 – 58	<p>will start with zero (0) points.</p> <p>Dr. Benson noted that third party administration of Lasix is already required in Kentucky and the program seemed to be working.</p>	
	58 – 59	<p>Dr. Benson stated that the goal of the Therapeutic Medication List was to determine a list of medications that can be present in race day samples at a certain concentration and develop concentrations based on experimental data. A 95/95 threshold interval is utilized in determining a threshold for at what point a medication does not affect the horse or the test for substances. She explained what was looked at in determining the criteria for inclusion of a medication: 1) is there a FDA-approved drug for use in a horse; 2) what drugs are used significantly among practitioners; and 3) where are the high number of positives?</p>	
	59 – 78	<p>Dr. Benson went through the 24 medications currently included on the Medication List and answered questions. The Medication List is to provide guidance to trainers and veterinarians, but is not to provide a guarantee against violations. The Medication List includes guidelines on administration route, dosage, recommended withdrawal time and a threshold limit. She noted that the current Medication List does not contain an exhaustive list of medications and is open for adjustment, interpretation and additions.</p> <p>In response to a request from Commissioner Bonnie, Dr. Benson stated that she would forward a printed copy of her presentation to Dr. Scollay for those who would like a copy.</p>	
	78 – 79	<p>In order to be included in the record, Dr. Roberts requested that each of the 24 proposed substances included in the Medication List be presented and discussed individually.</p>	

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	80 – 110	Dr. Scollay began at the top of the Medication List and proceeding in order opened the floor for discussion on each listed substance.	
	80 – 82	Acepromazine	
	82 – 85	Betamethasone	
	85	Butorphanol	
	85 – 96	Clenbuterol	
	96 – 97	Dantrolene	
	97 – 98	Detomidine	
	98 – 99	Dexamethasone	
	99	Diclofenac	
	99 – 101	DMSO	
	101	Firocoxib	
	101	Flunixin	
	101	Furosemide	
	101 – 103	Glycopyrrolate	
	103 – 105	Ketoprofen	
	103 – 105	Lidocaine	
	103 – 105	Mepivacaine	
	105	Methocarbamol	
	105	Methylprednisolone	
	105	Omeprazole	
	105	Phenylbutazone	
	105	Prednisolone	
	105 – 108	Procaine penicillin	
	108 – 110	Triamcinolone acetonide	
	110	Xylazine	
	110 – 142	During a lengthy discussion, Dr. Scollay stated that she would contact Alan Foreman to clarify and confirm whether her understanding that the withdrawal times and thresholds as currently established in	

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		<p>Kentucky for any substances outside the 24 included on the Medication List would not be affected by the RMTC Proposal and would remain the same, and if there was a conflict with withdrawal times and/or thresholds between what Kentucky currently has in place and what is set out in the Medication List, Kentucky would adopt the Medication List's withdrawal times and/or thresholds.</p> <p>Dr. Roberts noted that he was comfortable with most of the 24 substances on the Medication List; however, he stated that he had issues that would need to be resolved with: 1) Triamcinolone, Betamethasone, Clenbuterol, Dantrolene, DMSO, Dexamethasone, Firocoxib, Lidocaine, and Mepivacaine. Mr. Hiles noted his agreement with Dr. Roberts.</p> <p>Dr. Scollay noted the core group of these substances to focus on to see if the issues could be reconciled.</p>	
Other business	142	No other business.	N/A
Adjournment	142	Adjournment.	Mr. Beasley made a motion to adjourn. Second by Dr. Lavin. Motion carried with no objections or abstentions.

NOTE: The Agenda materials and any amendments thereto, subject to any applicable exemptions, and the official Transcript are incorporated by reference as if set forth fully herein.