

WHERE'S THE SCIENCE?

Three pieces of “scientific evidence” were submitted to justify the change from 5.0 ug/ml to 2.0 ug/ml;

- 1. Letter from Dr. Tom David
(no science there, just opinion)*
- 2. Graph from Dr. Rick Arthur indicating pre-exam PBZ concentrations
(no study details provided; hours before race examined, etc.?)*
- 3. Letter stating “Initial opinions” from Dr. Larry Soma*

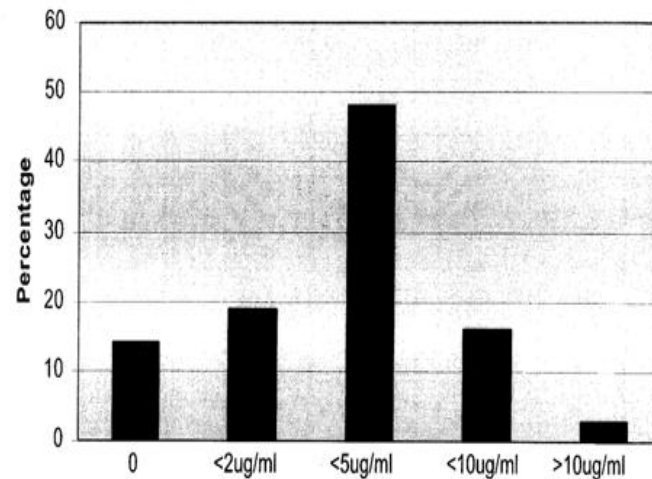
Having raced with so called therapeutic medication for some thirty years, I now believe we have developed a culture and a breed that is medication dependent. Anabolics need a forty five day withdrawal. Intra-articular injections should not be made within 10-14 days minimum prior to racing and non-steroidal and corticosteroids should not be administered within a minimum of 48-72 hours prior to racing.

**This is opinion, not
scientific proof.**

Blood concentrations of PBZ at time of examination:
Gaussian distribution of concentrations of PBZ in blood
following administration of PBZ at some time prior to racing;

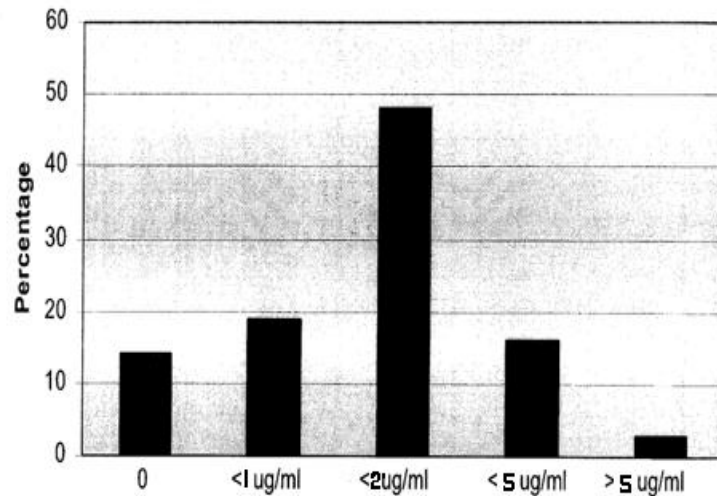
Suggests that a consistent time for inspections prior to racing
should be implemented.

CA & KY Exam Time Samples
(n= 214)



This is with a threshold of 5.0 ug/ml.
However, if you cut the threshold to 2.0 ug/ml....

CA & KY Exam Time Samples (n= 214)



If all things remain the same, you will still have horses with concentrations greater than 2.0 ug/ml at the time of examination.

The consensus was the best option was to revisit the 2ug/ml rule that was in place in many jurisdictions before the 5ug/ml rule was adopted. While this does not solve the problem identified by the ARCI Regulatory Veterinarian relative to pre-race examination, the conclusion was the 2ug/ml rule is a move in the right direction. There is a wealth of experience administering the 2ug/ml rule and until corticosteroids can be properly regulated, any more stringent PBZ rule will simply encourage more corticosteroid use. The general consensus was the latter would be more detrimental to horse health and welfare.

Dr. Soma's review of the literature...

A conservative reading of the studies actually shows that the data are equivocal and that there is no clear consensus, particularly with regard to data needed to address the issues at hand.

**The policy was
decided first and the**

**"Intelligence and facts
are being fixed around
the policy."**

Science is hypothesis, not opinion,
driven and the decision to take a
course of action that overturns 30
years of experience deserves
scientific proof or refutation of the
hypothesis before taking action.

Regarding Phenylbutazone...

1. Does phenylbutazone actually have the ability to mask an injury that could lead to a breakdown?
2. At what concentration in blood can phenylbutazone be shown to exert no anti-inflammatory activity in an active, racing horse?
Is that the end point we're looking for?
3. What are the **positive** affects of allowing horses to race with NSAIDs in their blood?
4. Will lowering the PBZ threshold lead to more use of intra-articular corticosteroids or other drugs not presently of concern?

Other issues that need to be addressed.

FACTORS RELATED TO CONDUCTING PRERACE EXAMS:

1. Is there a standard protocol/criteria used in all States for conducting prerace exams? Who's checking?
2. Are veterinarians conducting the exams certified or consistently trained to conduct such exams so that the criteria are equally and fairly applied?
3. Is there a consistent time at which such exams are conducted prior to the scheduled race-time for each horse?
4. What constitutes adequate evidence and what are the criteria that are used to justify scratching a horse?
5. Is there data that demonstrates that such training, certification and criteria for veterinarians reproducibly lead to recognition of injured horses?
6. Is there data that demonstrates that in going from not doing such exams to doing such exams that there are fewer injuries or breakdowns?
7. Is there data that shows that States with a 2.0 ug/ml threshold for PBZ and that conduct prerace exams have a lower rate of breakdowns or injuries than States with a 5.0 ug/ml threshold?

JUST DO THE SCIENCE...

AND USE REAL SCIENTISTS!