**CAS 2025/A/11292 Koki Ikeda v. World Athletics**

# ARBITRAL AWARD

**delivered by the**

# COURT OF ARBITRATION FOR SPORT

**sitting in the following composition:**

**President:** Mr Jordi **López Batet**, Attorney-at-Law, Barcelona, Spain

**Arbitrators:** Mr Jeffrey G. **Benz**, Attorney-at-Law and Barrister, London, United Kingdom

Mr James **Drake KC**, Barrister, London, United Kingdom

**in the arbitration between**

**Koki Ikeda,** Japan

Represented by Mr Jonáš Gürtler and Mr Emanuel Cortada, Attorneys-at-Law in Zurich, Switzerland, and Mr Masaki Sakaida, Mr Yoichiro Kuriyama, Mr Tomoki Yanagisawa, Mr Masatoyo Yoshioka and Mr Satoshi Arakawa, Attorneys-at-Law in Tokyo, Japan

**-Appellant-**

**and**

**World Athletics,** Monaco

Represented by Mr Nicolas Zbinden and Mr Adam Taylor, Attorneys-at-Law in Lausanne, Switzerland

**-Respondent-**

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## I. THE PARTIES

1. Mr Koki Ikeda (the "Appellant" or the "Athlete") is a race walker from Japan.

2. World Athletics (the "Respondent" or "WA") is the international governing body for the sport of athletics, with its registered office in Monaco.

3. The Appellant and the Respondent will be hereinafter jointly referred to as the "Parties".

## II. FACTUAL BACKGROUND AND THE FIRST INSTANCE PROCEEDINGS

4. The elements set out below are a summary of the main relevant facts, as established on the basis of the written and oral submissions of the Parties, the exhibits produced as well as the evidence taken in the course of the proceedings. Additional facts and allegations may be set out, where relevant, in connection with the ensuing legal discussion. While the Panel has considered all the facts, allegations, legal arguments and evidence submitted by the Parties in the present proceedings, in its Award reference is made only to the submissions and evidence the Panel considers necessary to explain its reasoning.

5. The Athlete is a recognised International-Level race walker who participates in the WA Athlete Biological Passport (the "ABP") Program (the "ABP Program").

6. The ABP Program is based on the longitudinal monitoring of an athlete's haematological values and is designed to be an "indirect" method of doping detection. It focuses on the effect of prohibited substances and methods on the athlete's blood values rather than on the identification of a specific substance or method in an athlete's specimen.

7. An ABP is monitored by the Adaptive Model. The Adaptive Model is a mathematical model designed to identify unusual longitudinal results in an ABP or profiles that warrant further investigation. It predicts for an individual an expected range within which a series of marker values falls assuming a normal physiological condition.

8. The Adaptive Model flags haematological data as atypical if (i) a haemoglobin ("HGB") and/or OFF-score marker value falls outside the expected intra-individual ranges, with outliers corresponding to values out of the 99%-range (0.5 – 99.5 percentiles) or (ii) sequence deviations (a longitudinal profile of marker values) are present at a specificity of 99.9%. The OFF-score value is a haematological marker which is a combination of HGB and the percentage of reticulocytes ("RET%").

9. WA alleges that the Athlete committed a violation of Rule 2.2 of the World Athletics Anti-Doping Rules (the "WA ADR") based on abnormalities detected in the haematological values contained in his ABP, which would indicate blood manipulation.

10. The samples considered in the Athlete's ABP are the following:

| # | Sample code | Collection date | Collection time | Test Type | Altitude* | Analysis date | Analysis time | Lab | Analyzer |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 353960 | 16.02.2019 | 15:06 | OOC | | 18.02.2019 | 16:49 | Tokyo | XT |
| 2 | 688710 | 29.09.2019 | 13:10 | OOC | | 30.09.2019 | 10:30 | Doha | XN |
| 3 | 664247 | 21.01.2020 | 07:02 | OOC | | 21.01.2020 | 16:35 | Tokyo | XN |
| 4 | 689884 | 15.02.2020 | 14:39 | OOC | | 17.02.2020 | 13:33 | Tokyo | XN |
| 5 | 681624 | 25.10.2020 | 07:04 | OOC | | 26.10.2020 | 14:51 | Tokyo | XN |
| 6 | 698852 | 27.01.2021 | 08:01 | OOC | | 27.01.2021 | 14:53 | Tokyo | XN |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 735870 | 20.02.2021 | 14:38 | OOC | | 22.02.2021 | 15:01 | Tokyo | XN |
| 8 | 739952 | 19.03.2021 | 07:07 | OOC | | 19.03.2021 | 18:39 | Tokyo | XN |
| 9 | 903727 | 25.04.2021 | 09:44 | OOC | | 26.04.2021 | 16:37 | Tokyo | XN |
| 10 | 739958 | 09.06.2021 | 20:08 | OOC | | 10.06.2021 | 14:27 | Tokyo | XN |
| 11 | 712535 | 04.08.2021 | 17:51 | OOC | | 05.08.2021 | 13:34 | Tokyo | XN |
| 12 | 739919 | 19.08.2021 | 06:56 | OOC | | 19.08.2021 | 13:34 | Tokyo | XN |
| 13 | 905885 | 13.12.2021 | 20:35 | OOC | | 14.12.2021 | 10:51 | Tokyo | XN |
| 14 | 919531 | 16.01.2022 | 08:27 | OOC | | 17.01.2022 | 11:51 | Tokyo | XN |
| 15 | 919526 | 22.01.2022 | 20:24 | OOC | | 24.01.2022 | 14:32 | Tokyo | XN |
| 16 | 905203 | 13.02.2022 | 08:39 | OOC | | 14.02.2022 | 13:36 | Tokyo | XN |
| 17 | 10000275568 | 02.03.2022 | 10:48 | OOC | | 04.03.2022 | 20:58 | Doha | XN |
| 18 | 903365 | 16.04.2022 | 07:46 | OOC | | 18.04.2022 | 10:52 | Tokyo | XN |
| 19 | 0042770 | 16.06.2022 | 21:22 | OOC | | 17.06.2022 | 15:11 | Tokyo | XN |
| 20 | 193839V | 11.07.2022 | 12:26 | OOC | | 13.07.2022 | 14:45 | Utah | XN |
| 21 | 0042771 | 10.11.2022 | 22:04 | OOC | | 11.11.2022 | 13:52 | Tokyo | XN |
| 22 | 970632 | 14.01.2023 | 21:11 | OOC | | 16.01.2023 | 12:28 | Tokyo | XN |
| 23 | 962316 | 18.02.2023 | 14:34 | OOC | | 20.02.2023 | 10:20 | Tokyo | XN |
| 24 | 1087823 | 02.04.2023 | 06:57 | OOC | | 03.04.2023 | 11:31 | Tokyo | XN |
| 25 | 1149925 | 20.06.2023 | 21:04 | OOC | | 21.06.2023 | 16:08 | Tokyo | XN |
| 26 | 978360 | 04.07.2023 | 21:13 | OOC | | 05.07.2023 | 17:42 | Tokyo | XN |
| 27 | 1210375 | 16.08.2023 | 18:50 | OOC | | 17.08.2023 | 18:25 | Seibersdorf | XN |
| 28 | 1209658 | 19.08.2023 | 14:47 | INC | | 19.08.2023 | 20:43 | Seibersdorf | XN |
| 29 | 507400 | 13.09.2023 | 20:09 | OOC | | 14.09.2023 | 12:36 | Tokyo | XN |
| 30 | 5740425 | 13.01.2024 | 21:21 | OOC | | ** | ** | Tokyo | XN |
| 31 | 307447 | 17.02.2024 | 14:18 | OOC | | ** | ** | Tokyo | XN |

* "Altitude" is the altitude information of the "ABP supplemental report form" extracted from ADAMS.
** In accordance with the Laboratory Documentation Package, "*Details not available due to transfer between APMUs*"

11. The haematological results of these samples are the following:

| # | Sample code | Collection Date | HGB | RET% | OFF-score | HCT | RET# | IRF |
|---|---|---|---|---|---|---|---|---|
| 1 | 353960 | 16.02.2019 | 15.2 | 0.71 | 101.44 | 45.5 | 0.0357 | 5.6 |
| 2 | 688710 | 29.09.2019 | 14.9 | 1.06 | 87.23 | 44.7 | 0.0509 | 7.3 |
| 3 | 664247 | 21.01.2020 | 14.2 | 1.39 | 71.26 | 42.1 | 0.0635 | 10.5 |
| 4 | 689884 | 15.02.2020 | 14.2 | 1.21 | 76 | 43.3 | 0.0558 | 8.2 |
| 5 | 681624 | 25.10.2020 | 15.2 | 1.27 | 84.38 | 46.2 | 0.0624 | 11.0 |
| 6 | 698852 | 27.01.2021 | 15.5 | 1.12 | 91.5 | 47.8 | 0.0577 | 8.2 |
| 7 | 735870 | 20.02.2021 | 14.2 | 1.12 | 78.5 | 44 | 0.0520 | 7.1 |
| 8 | 739952 | 19.03.2021 | 15.0 | 1.05 | 88.5 | 44.7 | 0.0501 | 12.2 |
| 9 | 903727 | 25.04.2021 | 15.5 | 0.96 | 96.2 | 46.2 | 0.0480 | 7.0 |
| 10 | 739958 | 09.06.2021 | 14.3 | 1.18 | 77.8 | 42.8 | 0.0540 | 6.6 |
| 11 | 712535 | 04.08.2021 | 13.3 | 1.37 | 62.8 | 39.9 | 0.0585 | 10.4 |
| 12 | 739919 | 19.08.2021 | 15.7 | 1.26 | 89.7 | 45.6 | 0.0629 | 11.1 |
| 13 | 905885 | 13.12.2021 | 15.4 | 1.20 | 88.3 | 44.1 | 0.0593 | 7.6 |
| 14 | 919531 | 16.01.2022 | 13.8 | 2.31 | 46.8 | 41.4 | 0.1035 | 20.7 |
| 15 | 919526 | 22.01.2022 | 12.5 | 1.61 | 48.9 | 37.7 | 0.0658 | 12.5 |
| 16 | 905203 | 13.02.2022 | 14.0 | 1.24 | 73.2 | 42.6 | 0.0572 | 9.5 |
| 17 | 10000275568 | 02.03.2022 | 13.9 | 1.28 | 71.12 | 43.1 | 0.0584 | 9.2 |
| 18 | 903365 | 16.04.2022 | 14.0 | 1.05 | 78.5 | 42.2 | 0.0476 | 9.6 |
| 19 | 0042770 | 16.06.2022 | 15.1 | 1.18 | 85.8 | 46 | 0.0578 | 12.2 |
| 20 | 193839V | 11.07.2022 | 13.9 | 1.21 | 73 | 41.9 | 0.0537 | 10.3 |
| 21 | 0042771 | 10.11.2022 | 15.0 | 1.16 | 85.4 | 44.6 | 0.0572 | 10.3 |
| 22 | 970632 | 14.01.2023 | 14.4 | 1.17 | 79.1 | 44.1 | 0.0559 | 9.1 |
| 23 | 962316 | 18.02.2023 | 14.1 | 1.01 | 80.7 | 42.4 | 0.0473 | 8.4 |
| 24 | 1087823 | 02.04.2023 | 14.5 | 1.13 | 81.2 | 42.5 | 0.0537 | 11.9 |
| 25 | 1149925 | 20.06.2023 | 11.0 | 4.38 | -15.6 | 33.4 | 0.1542 | 19.4 |
| 26 | 978360 | 04.07.2023 | 13.8 | 1.61 | 61.9 | 41.3 | 0.0707 | 9.6 |
| 27 | 1210375 | 16.08.2023 | 15.5 | 1.13 | 91.22 | 46.5 | 0.0570 | 4.1 |
| 28 | 1209658 | 19.08.2023 | 15.7 | 1.08 | 94.65 | 46.1 | 0.0539 | 6.1 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 29 | 507400 | 13.09.2023 | 15.1 | 0.74 | 99.4 | 43.3 | 0.0364 | 5.5 |
| 30 | 5740425 | 13.01.2024 | 15.1 | 0.98 | 91.6 | 44.0 | 0.0477 | 5.2 |
| 31 | 307447 | 17.02.2024 | 14.6 | 0.96 | 87.2 | 42.6 | 0.0444 | 5.0 |

12. On 28 June 2024, the Athletics Integrity Unit (the "AIU") issued a Notice of Allegation of an Anti-Doping Rule Violation (the "ADRV") against the Athlete, notifying an Adverse Passport Finding (the "APF") along with the opinion of the AIU Expert Panel dated 8 April 2024 (the "First Joint Opinion"), which in the pertinent part reads as follows:

*"**The evidence of blood doping***

*Starting with sample 11 collected on 04.08.2021, the Passport of this Athlete showed an increase in marker variability.*

*The most abnormal results, highly indicative of blood doping, were observed in 2023.*

*After samples 22-24, showing values perfectly in line with the Athlete's baseline, sample 25, collected out of competition on 20.06.2023, unexpectedly showed a fall in the HGB from 14.5 to 11.0 g/dL, combined with a marked rise in reticulocytes to 4.38%. The Immature Reticulocyte Fraction (IRF) was also markedly increased (19.4%). The OFF score showed an unusual and highly abnormal negative value (-15.6), which is extremely rare in athletes' ABP profiles. The OFF score is calculated from HGB and reticulocyte percentage using the formula: [OFFscore = HGB (g/l)-60√reticulocytes (%)]. Its negativity reflects the marked increase in the reticulocyte percentage combined with decreased HGB.*

*Such a hematological constellation is typical of acute blood loss, responsible for the low HGB, with reactive stimulation of the erythropoiesis in response to the decreased oxygen availability in tissues, causing the accelerated release of very young and immature reticulocytes from the bone marrow into the circulating blood. Without a medical reason, these anomalies indicate the withdrawal of a large amount of blood (two or three bags of whole blood or concentrated red blood cells (RBCs)). According to the ABP Supplementary form information, the Athlete did not donate or lose blood due to medical or emergency conditions during the previous three months.*

*Sample 26 was collected on 04.07.2023, after two weeks: it shows partial but almost complete recovery of the HGB value (13.8 g/dL); the reticulocyte percentage was still high (1.61%), compared to the Athlete's baseline, but frankly less abnormal than in sample 25. IRF had normalized (9.6%). The Athlete did not participate in any official competition in June and July 2023.*

*Sample 27 was collected on 16.08.2023, four days before the 20 km Race Walk at the 2023 World Championship. Sample 28 was collected in competition on the eve of the same Race. Their results showed increased HGB concentration (15.7 g/dL), at the equal highest level in this Passport, with decreasing reticulocytes (1.08). IRF was below the Athlete's average in both cases (4.1 and 6.1%). These changes indicate artificially augmented circulating RBC and HGB mass, suppressing the production of new reticulocytes. Reticulocyte suppression, with a high OFF score outlier, persisted in sample 29.*

*The passport data, therefore, presents a straightforward doping scenario: it is highly likely that the Athlete withdrew a massive amount of whole blood or concentrated RBCs before the collection of sample 25 in June, allowing the stimulated bone marrow erythropoiesis to recover his blood values to the baseline. Finally, blood was likely reinfused before collecting samples 27 and 28. Many experimental studies have demonstrated such models of autologous transfusion, their capacity to enhance performance and the sensitivity of the Hematological Module of the Athlete's Biological Passport for its detection [2-5].*

*Samples 30 and 31 were added to the Passport in January and February 2024: their results were in line with the Athlete's baseline hematological values observed in the first ten samples, confirming the anomaly of samples 25-29.*

*Notably, a similar but less pronounced pattern of likely blood withdrawal was observed in 2022: samples 14 and 15 showed decreasing HGB and increased reticulocytes, suggesting blood withdrawal. No clear evidence of reinfusion was, however, thereafter obtained in the subsequent samples.*

***Conclusion***

*We, therefore, conclude, considering the information within the Passport at this stage and in the absence of an appropriate explanation, that a prohibited substance or prohibited method has highly likely been used and that it is highly unlikely that the Passport is the result of any other cause, such as environmental factors or a medical condition."*

13. In a nutshell, in accordance with the AIU Expert Panel's view, the values of Sample 25 are consistent with an acute blood withdrawal, while those of Samples 27 to 29 most likely result from a blood reinfusion.

14. On 24 July 2024, the Athlete submitted to the AIU an "Explanation in Response to Adverse Passport Finding" denying blood doping.

15. On 1 November 2024, the AIU issued a Notice of Charge imposing on the Athlete a Provisional Suspension and offering the Athlete his right to a hearing should he wish to exercise it.

16. On 15 November 2024, the Athlete submitted a "Petition for Lifting of Provisional Suspension" refuting the First Joint Opinion and a "Request for Hearing Before the Disciplinary Tribunal", and the matter was referred to the WA Disciplinary Tribunal (the "Tribunal").

17. On 30 November 2024, the Athlete submitted a "Written Challenge to AIU's Assertions of Athlete's Violation and Consequences".

18. On 20 December 2024, WA submitted its brief to the Tribunal.

19. On 17 January 2025, the Athlete filed his answer brief to the Tribunal.

20. On 29 January 2025, WA filed its reply brief to the Tribunal.

21. A hearing was held before the Tribunal from 5 to 7 February 2025 (European dates).

22. On 13 February 2025, the Tribunal resolved that the Athlete had committed a violation of Rule 2.1 WA ADR and imposed on him a sanction of four (4) years of ineligibility (the "Appealed Decision"). Paragraphs 29 and 106 of the Appealed Decision read as follows:

*"29. On 13 February 2025 the Operative Award was issued to the Parties and stated as follows:*

*"12. The Panel rules as follows:*

*(i) That the Disciplinary and Appeals Tribunal has jurisdiction in the present matter.*

*(ii) That the Athlete has committed an ADRV as charged pursuant to Rule 2.2 of the World Athletics Anti-Doping Rules.*

*(iii) That credit is given for the period of Provisional Suspension imposed on the Athlete from 1 November 2024 until the date of the Operative Award against the total period of Ineligibility, provided that the Provisional Suspension has been complied with.*

*(iv) That all competitive results of the Athlete between 20 June 2023 and 1 November 2024 are disqualified with all resulting consequences including the forfeiture of any titles, awards, medals, points and prize and appearance money pursuant to Rule 10.10 of the 2024 ADR.*

*(v) No order is made as to costs. […]*

*106. The Operative Award, as set out in paragraph 29 above, determined the penalties set by the Panel arising on the determination that the Charge had been established:*

*a) In respect to the principal penalty of Ineligibility for four (4) years, under Rule 10.2.1 the Panel had no discretion because the nature of the violation precluded a finding that the violation was not intentional.*

*b) As required by Rule 10.2 credit was provided for the period from the date of provisional suspension.*

*c) Rule 10.10 provides for disqualification from the date of a positive sample unless fairness requires otherwise. Given that the violation cannot be characterised as unintentional the Panel determined that disqualification should apply from 20 June 2023 being the date of the earliest Sample constituting evidence of the ADRV.*

*d) No order in terms of Rule 8.12.4 was made as to costs."*

23. The grounds of the Appealed Decision, which read in the pertinent part as follows, were notified to the Parties on 28 February 2025:

*99. "The Panel in its Operative Decision has come to that conclusion. The reasons can be relatively shortly stated:*

*(a) The Panel accepts the Expert Panel's opinion, as orally explained by Prof. d'Onofrio and Dr Lewis at the hearing, in respect to Samples 27, 28 and 29 that the values represented reflect a further significant departure from normalcy in respect to the reticulocytes suppression. The RET% was in a low range for Samples 27 and 28, and fell to the lowest ABP value of 0.74% for Sample 29 with low IRF values and the lowest IRF value of 4.1 in Sample 27.*

*(b) The Expert Panel's opinion was that in the present instance the progressive suppression of reticulocytes demonstrated that the increase in erythrocyte mass, after the low value of Sample 25, was obtained not with a physiological recovery, which would have required a more sustained reticulocyte response in Samples after Sample 25, but through an external, exogenous manipulation. That massively increased the availability of oxygen in the tissues, in particular in the renal sensors that lead to the synthesis of endogenous erythropoietin in response to tissue hypoxia, which blocks, with a recognised molecular mechanism, the production of endogenous erythropoietin, causing a decrease in the percentage of immature red blood cells just released into circulation.*

*(c) The Athlete's submission and the Athlete's experts' responses was to emphasise the lower intensity of his training after his sojourn at the NTC, the improvements to his environment and nutrition, and recovery from gastrointestinal bleeding as contributing positively to his hemotological status in July through August. The Panel notes a difficulty in reconciling this with the Athlete's claim to a predisposition to chronic hemolysis including during what he described as his very favourable environment from 2019 to at least September 2022.*

*(d) In the Panel's view, the Joint Expert Opinions including their oral explanation was not persuasively countered either in cross-examination or in the Athlete's evidence. The Panel is satisfied that the Expert Panel's opinion, as further explained at the hearing, was consistent with the pattern of values in Samples 25, 27, 28 and 29 and that the values of Samples 27, 28 and 29 likely represented reintroduction within the parameters of a doping scenario.*

*(e) Consistently with other authority the Panel recognises that this unusual conjunction, in terms of the Athlete's ABP, has occurred immediately before a very significant competition where the Athlete was representing his country and seeking to maintain his stature in his event. The Panel noted that the Athlete in his statement suggested that the competition was not of significant importance to him but has difficulty accepting that given the two factors referred to above.*

*100. While the Panel has accepted the Expert Panel's opinion as to likely reintroduction, the Panel has not applied that view as solely determining the issue of withdrawal or not. What is important, although not decisive, to that question, are the matters previously identified that the Panel is satisfied with:*

*(a) The reduction in HGB between Sample 24 at 14.5 g/dL and Sample 25 at 11.0 g/dL would represent a loss, however caused, of blood or concentrated RBCs at least in the range of 900mls to one litre; and*

*(b) That the RET% measure of 4.38 and IRF of 19.4 in Sample 25 reflects such a reactive increase in reticulocytes and immature reticulocytes that it evidences that all or most of that loss likely occurred shortly before Sample 25 was taken; and*

*(c) That such an event can properly be described as acute.*

*101. What does follow from those conclusions is that either there was a withdrawal or there would have been a discharge within a relatively short period of much of the 1 litre or so of blood represented by the fall in HGB. Prof. Yamamoto suggested a gradual loss but the Panel is unable to reconcile that with the greatly elevated RET% and IRF values identified in Sample 25. Prof. Yamamoto referred to withdrawal of that volume of blood as potentially life threatening. The Panel is of the view that a discharge of that same volume by natural vacating through urine or bowel would itself be unlikely to escape notice. Given that the Athlete appears to have had ready access to the JISS it is, in the Panel's view, surprising that such an acute event passed without a medical report or notice.*

*102. The difficulty with the Athlete's confounding issues of predisposition and genetic influence is that they are postulations that cannot be scientifically carried forward to the extent of demonstrating causative effect on the extreme values reflected in Sample 25, or being of any effect in relation to the interpretation of Samples 27, 28 and 29. The scientific evidence in relation to plasma volume and to extensive endurance exercise identifies the possibility of mild intravascular hemolysis, but without systematic evidence supporting the Athlete's proposition of pre-disposition to the massive outcome reflected in the Sample 25 values, the claim remains unsupported.*

*103. Nor, in the Panel's view, can the postulate of gastrointestinal bleeding bridge that gap. If it was so minor as to pass unnoticed by the Athlete and his medical advisors, then it would have no meaningful effect on the loss/withdrawal dynamic. If it was substantial, it would be virtually impossible to pass without notice. The Panel is not persuaded that gastrointestinal bleeding was a likely scenario and certainly not a scenario contributing substantially to the reduction in blood equating to the Sample 25 value.*

*104. Nor for the reasons expressed above is the Panel persuaded that any weight should be placed on the challenge to the validity of Sample 25, or the asserted impossibility or impracticability of a withdrawal and reintroduction of the quantity of blood implied by Sample 25.*

*105. For those reasons the Panel is comfortably satisfied that there was a reintroduction of the Athlete's blood into his circulatory system in the days shortly before Sample 27 was taken which is the substance of the Charge."*

## III. THE PROCEEDINGS BEFORE THE COURT OF ARBITRATION FOR SPORT

24. On 28 March 2025, the Appellant filed a Statement of Appeal against the Appealed Decision. In the Statement of Appeal, the Appellant nominated Mr Jeffrey G. Benz as arbitrator and made the following requests for relief:

*"Pursuant to Article R48 of the CAS Code, the reliefs or remedies sought by the Athlete are as follows:*

*i. CAS shall declare this Appeal as admissible;*

*ii. CAS shall declare that the Athlete has not committed any anti-doping rule violation;*

*iii. CAS shall set aside the Challenged Decision;*

*iv. No period of Ineligibility shall be imposed on the Athlete and no competitive results shall be disqualified, nor shall there be any resulting Consequences, including the forfeiture of any medals, titles, points, prize money, and prizes; and, consequently, the Athlete shall be reinstated to sports participation with immediate effect;*

*v. The Respondent shall bear all the costs and expenses for these Appeal proceedings; and*

*vi. The Respondent is ordered to pay to the Athlete an amount of at least CHF 50'000 as partial compensation to the Athlete's legal fees and costs incurred in relation with these Appeal proceedings".*

25. On 11 April 2025, the Respondent nominated Mr James Drake KC as arbitrator.

26. On 11 July 2025, the CAS Court Office informed the Parties that the Panel appointed to decide the present matter was constituted as follows:

| | |
|---|---|
| President: | Mr Jordi López Batet, Attorney-at-Law, Barcelona, Spain |
| Arbitrators: | Mr Jeffrey G. Benz, Attorney-at-Law and Barrister, London, United Kingdom |
| | Mr James Drake KC, Barrister, London, United Kingdom |

27. On 6 August 2025, the Appellant filed his Appeal Brief.

28. On 23 December 2025, the Respondent filed its Answer.

29. On 31 December 2025, the CAS Court Office invited the Parties to state whether they wished a hearing and a case management conference to be held in this matter. The Appellant requested that a hearing and a case management conference be held, while the Respondent did not consider a hearing necessary but requested that, should the Panel decide to hold one, a case management conference also be held.

30. On 3 February 2026, a case management conference was held. The Parties' respective counsel attended the case management conference.

31. On 2 March 2026, the CAS Court Office communicated to the Parties that the hearing in this case would be held on 11 and 12 May 2026 at the CAS headquarters in Lausanne.

32. On 30 March 2026, the Parties returned duly signed copies of the Order of Procedure to the CAS Court Office.

33. On 11 and 12 May 2026, a hearing was held at the CAS headquarters in Lausanne. The Panel, Ms Carolin Fischer, CAS Counsel, and the following persons attended the hearing, either in person or by videoconference:

- For the Appellant:
  - Mr Koki Ikeda
  - Mr Jonáš Gürtler – Counsel
  - Mr Emanuel Cortada – Counsel
  - Mr Yoichiro Kuriyama – Counsel
  - Mr Masaki Sakaida – Counsel
  - Mr Masatoyo Yoshioka – Counsel
  - Mr Tomoki Yanagisawa – Counsel
  - Dr Kazuyuki Kamahara – Witness (by video)
  - Mr Koji Miura – Witness (by video)
  - Mr Yuta Koga – Witness (by video)
  - Prof. Ritsuko Shimizu – Expert
  - Prof. Masayuki Yamamoto – Expert
  - Prof. John Saltzman – Expert (by video)
  - Dr Stephen Brandt – Expert (by video)
  - Mr Paul Scott – Expert
  - Ms Mariko Higuchi – Interpreter
  - Ms Naoko Sawada – Interpreter
  - Ms Koko Peters – Interpreter
  - Ms Chiga Funaki – Interpreter (by video)
  - Ms Setsu Funaki – Interpreter (by video)
- For the Respondent:
  - Mr Nicolas Zbinden – Counsel
  - Mr Adam Taylor – Counsel
  - Ms Laura Gallo – AIU representative
  - Prof. Giuseppe D'Onofrio – Expert
  - Dr Laura Lewis – Expert (by video)

- Prof. Paulo Paixão – Expert (by video)
- Dr Laurent Bochatay – Expert (by video)

34. After the Parties' opening statements, the witnesses and experts, assisted by their interpreters when required, were examined, the Parties made their respective closing statements and a turn for rebuttal was also granted to them. The Athlete also made a statement at the hearing. At the outset of the hearing, the Parties confirmed that they had no objections with regard to the constitution and composition of the Panel, and at the end of the hearing both Parties expressly declared that they did not have any objections with respect to the procedure and that their rights were duly respected.

## IV. THE PARTIES' POSITIONS

35. The following summary of the Parties' positions is illustrative only and does not necessarily comprise each contention put forward by them. However, in considering and deciding upon the Parties' claims, the Panel has carefully considered all the submissions made and the evidence adduced by the Parties, even if there is no specific reference to those submissions in this section of the Award or in the legal analysis that follows.

### A. The Appellant

36. The Athlete's submissions, in essence, may be summarised as follows:

- WA, on which the burden of proof lies, failed to establish the commission of an ADRV by the Athlete.

- The Athlete rejects the doping scenario presented by WA and has submitted a detailed alternative plausible physiological scenario that explains the blood values and other abnormalities in Samples 25 to 29 of his ABP: these abnormal values result from a combination of gastrointestinal bleeding, haemolysis and plasma volume shift, which would account for the values of Sample 25, followed by recovery from these factors in Samples 27 to 29.

- With regard to Sample 25 and the explanation of its abnormal values:

  - The Athlete suffered at the time from gastrointestinal bleeding due to several factors, all of which were duly established by the Athlete: intake of Non-Steroidal Anti-Inflammatory Drugs ("NSAIDs") and iron supplementation, intensive training, a suspected history of previous gastrointestinal bleeding, psychological anxiety and lack of preventive or therapeutic measures against gastrointestinal bleeding.

  - The Athlete experienced recurrent haemolysis (destruction of red blood cells) as a result of intensive training at the time of the collection of the sample, and has a genetic predisposition to haemolysis.

  - Exercise-induced plasma volume shifts altered the sample values and also contributed to the abnormalities.

- Concerning Samples 27 to 29, blood reinfusion is incompatible with the values observed in such samples as confirmed by the Athlete's experts. These values are rather

due to the Athlete's recovery from his past medical condition, the mitigation of exercise-induced haemolysis and the normalisation of plasma volume shifts.

- The scenario suggested by the Respondent (acute blood withdrawal followed by blood reinfusion) is not only untenable but also impossible: accepting WA's theory would imply that approximately one litre of blood had been withdrawn from the Athlete, whose weight ranges between 53 and 55 kg. Such an acute withdrawal, representing ca. 25% of his total blood, would have been fatal for the Athlete and in any event would have been incompatible with the Athlete's continued high-intensity training throughout June 2023. In addition, blood reinfusion would have been logistically unfeasible given the Athlete's trips from Japan to France and thereafter to Hungary in August 2023.

37. On this basis, the Appellant makes the following requests for relief:

"*Pursuant to Article R48 of the CAS Code, the reliefs or remedies sought by the Appellant are as follows:*

*i. CAS shall declare this Appeal as admissible;*

*ii. CAS shall set aside the Challenged Decision;*

*iii. CAS shall declare that the Athlete has not committed any Anti-Doping Rule Violation;*

*iv. No period of Ineligibility shall be imposed on the Athlete and no competitive results shall be disqualified, nor shall there be any resulting Consequences, including the forfeiture of any medals, titles, points, prize money, and prizes; and, consequently, the Athlete shall be reinstated to sports participation with immediate effect;*

*v. The Respondent shall bear all the costs and expenses for these Appeal proceedings; and*

*vi. The Respondent is ordered to pay to the Athlete an amount of at least CHF 50'000 as partial compensation to the Athlete's legal fees and costs incurred in relation with these Appeal proceedings*."

## B. The Respondent

38. The Respondent's submissions, in essence, may be summarised as follows:

- The Athlete's ABP abnormalities are the result of a doping scenario. Sample 25 was collected after a blood withdrawal and then the results of Samples 27-29 are the product of blood reinfusion. This happened in a period (June to September 2023) overlapping with the WA World Championships in Budapest on 19 August 2023, in which the Athlete competed.

- The Athlete's case is based on a lack of engagement with the underlying facts, which show no significant difference between the periods of the abnormalities and other periods within the ABP where samples are normal, and on flawed science. The Athlete trained hard throughout 2023 and previous years; he mentioned nothing about gastrointestinal bleeding in 2023; he appears to suggest that any gastrointestinal bleeding problems were part of his normal daily routine when training hard and not limited to the middle of 2023, and yet he had abnormal values only when leading up to the 2023 WA World Championships. The Athlete failed to address why the time

periods when the abnormalities occurred were so factually distinct from the time periods when there were no abnormalities.

- The Athlete gave oral evidence at first instance that he did not seek medical assistance because it was the "normal daily routine" for him to suffer black stools when he underwent intensive training. Therefore, on his own evidence the period of June 2023 was not a factual outlier when compared with the rest of the period when normal ABP samples were taken.

- Gastrointestinal bleeding needed to be acute and intense to explain the ABP abnormalities. However, the Athlete never complained of gastrointestinal bleeding and was not treated by any medical professional. In addition, the Athlete never disclosed any gastrointestinal bleeding on his Doping Control Forms or when directly asked about his health before the AIU.

- The Athlete's reliance on NSAIDs as a potential cause of gastrointestinal bleeding is misplaced, among other reasons because he stopped taking them by the time of Sample 25's collection.

- The Athlete's reliance on exercise-induced haemolysis and intensive training ignores the fact that he had trained intensively at various times other than June 2023, without showing ABP abnormalities.

- The Athlete's linked reliance on a genetic predisposition to exercise-induced haemolysis is speculative. Even more fundamentally, it suffered from the obvious issue with genetic explanations that he had always had those genes yet had not had abnormal ABP values at other times.

- Contrary to the Athlete's contention, a massive blood withdrawal was not impossible, and the subsequent reinfusion was logistically feasible.

- Based on the evidence adduced by WA, the Panel can be comfortably satisfied that the Athlete has committed an ADRV pursuant to Rule 2.2 WA ADR. A doping scenario is the only sensible and likely conclusion in light of the abnormalities found in the ABP.

39. On this basis, the Respondent makes the following requests for relief:

"*World Athletics requests that the CAS Panel grants the following relief:*

*(i)* *The appeal of Mr Koki Ikeda is dismissed.*

*(ii)* *The decision of the World Athletics Disciplinary Tribunal dated 28 February 2025 in case SR/408/2024 is upheld.*

*(iii)* *Mr Koki Ikeda is to bear the arbitration costs of these proceedings, if any.*

*(iv)* *World Athletics is granted a significant contribution to its legal costs and expenses incurred in relation to these proceedings."*

## V. JURISDICTION

40. Article R47 of the CAS Code provides as follows:

> "*An appeal against the decision of a federation, association or sports-related body may be filed with CAS if the statutes or regulations of the said body so provide or if the parties have concluded a specific arbitration agreement and if the Appellant has exhausted the legal remedies available to it prior to the appeal, in accordance with the statutes or regulations of that body.*
>
> *An appeal may be filed with CAS against an award rendered by CAS acting as a first instance tribunal if such appeal has been expressly provided by the rules of the federation or sports-body concerned".*

41. Rule 13.2 of the WA ADR reads in the pertinent part as follows:

> *"13.2 Appeals against decisions regarding Anti-Doping Rule Violations, Consequences, Provisional Suspensions, Implementation of Decisions and Authority*
>
> *The following decisions may be appealed exclusively as provided in Rules 13.2 to 13.7: a decision that an anti-doping rule violation was committed; a decision imposing Consequences or not imposing Consequences for an anti-doping rule violation; a decision that no anti-doping rule violation was committed; a decision that an anti-doping rule violation proceeding cannot go forward for procedural reasons (including, for example, prescription); a decision by WADA not to grant an exception to the six-months' notice requirement for a retired Athlete to return to competition under Rule 5.6.1; a decision by WADA assigning Results Management under Rule 7.1; a decision by the Integrity Unit not to bring forward an Adverse Analytical Finding or an Atypical Finding as an anti-doping rule violation; a decision not to go forward with an anti-doping rule violation after an investigation in accordance with the International Standard for Results Management; a decision to impose (or lift) a Provisional Suspension as a result of a Provisional Hearing; the Integrity Unit's failure to comply with Rule 7.4; a decision that World Athletics/the Integrity Unit lacks authority to rule on an alleged anti-doping rule violation or its Consequences; a decision to suspend (or not suspend) Consequences or to reinstate (or not reinstate) Consequences under Rule 10.7.1; failure to comply with Rule 7.1; failure to comply with Rule 10.8.1; a decision under Rule 10.14.3; a decision by World Athletics not to implement another Anti-Doping Organisation's decision under Rule 17; and a decision under Article 27.3 of the Code.*
>
> *13.2.1 Appeals involving International-Level Athletes or International Events*
>
> *In cases involving International-Level Athletes or arising from Persons participating in an International Event the decision may be appealed exclusively to CAS. […]*
>
> *13.2.3 Persons entitled to appeal*
>
> *(a) In cases under Rule 13.2.1, the following parties will have the right to appeal to CAS: (i) the Athlete or other Person who is the subject of the decision being appealed; […]"*

42. The jurisdiction of CAS is not contested by the Respondent, was accepted in the signed Order of Procedure, and both Parties fully participated in the proceedings.

43. Hence, it follows that CAS has jurisdiction to adjudicate and decide on the present dispute.

## VI. ADMISSIBILITY

44. According to Rule 13.6.1 of the WA ADR, the deadline to appeal to CAS is "*thirty (30) days from the date of receipt of the decision by the appealing party*".

45. The Appellant was notified of the Appealed Decision with grounds on 28 February 2025. As the Statement of Appeal was filed on 28 March 2025, the appeal was lodged within the 30-day time limit set forth in the provision mentioned above.

46. The Statement of Appeal also complies with all the other requirements of Article R48 of the CAS Code.

47. The Respondent did not contest the admissibility of the appeal.

48. It follows that the appeal is admissible.

## VII. APPLICABLE LAW

49. Article R58 of the CAS Code provides the following:

> "*The Panel shall decide the dispute according to the applicable regulations and, subsidiarily, to the rules of law chosen by the parties or, in the absence of such a choice, according to the law of the country in which the federation, association or sports-related body which has issued the challenged decision is domiciled or according to the rules of law the Panel deems appropriate. In the latter case, the Panel shall give reasons for its decision".*

50. Rules 13.7.4 and 13.7.5 of the WA ADR read as follows:

> *"13.7.4 In all CAS appeals involving World Athletics, the CAS Panel shall be bound by the World Athletics Constitution, Rules and Regulations (including these Anti-Doping Rules). In the case of conflict between the CAS rules currently in force and the World Athletics Constitution, Rules and Regulations, the Constitution, Rules and Regulations shall take precedence.*
>
> *13.7.5 In all CAS appeals involving World Athletics, the governing law shall be Monegasque law and the appeal shall be conducted in English, unless the parties agree otherwise."*

51. In line with these provisions, the Appellant holds that the WA Constitution, rules and regulations as well as, subsidiarily, Monegasque law shall be applied by the Panel. The Respondent does not specifically address the issue of the law applicable to the case in its Answer, but makes reference to the WA ADR therein.

52. Bearing the aforementioned in mind, the Panel is of the view that this dispute is to be resolved by applying the WA regulations (in particular, the WA ADR) and, subsidiarily and where required, Monegasque law.

## VIII. MERITS

### A. Introduction

53. The Athlete is appealing in these proceedings a decision of the Tribunal by virtue of which he was found to have committed an ADRV pursuant to Rule 2.2 WA ADR and was

sanctioned with (i) a period of Ineligibility of 4 years, with credit provided for the period from the date of the Provisional Suspension and (ii) disqualification of all competitive results from 20 June 2023, the date of the earliest sample constituting evidence of the ADRV.

54. In essence, the Athlete is claiming in these proceedings that the Appealed Decision (and the sanction imposed on him) shall be set aside as, in his view, WA failed to establish the ADRV, on the basis that the abnormal values found in his ABP samples were not due to doping practices but to other physiological factors (the combination of gastrointestinal bleeding, exercise-induced haemolysis and plasma volume shift in Sample 25 and the subsequent recovery from these factors in Samples 27 to 29). The Respondent requests that the Appealed Decision be confirmed as those abnormal values are due to, and reflect, a doping scenario.

## B. The legal framework

55. The Panel shall start its analysis of the case by noting that in accordance with Rule 2.2 WA ADR (emphasis added):

> *"**Each of the following constitutes an anti-doping rule violation**: […]*
>
> *2.2 **Use or Attempted Use by an Athlete of a Prohibited Substance or a Prohibited Method***
>
> *2.2.1 It is the Athlete's personal duty to ensure that no Prohibited Substance enters their body and that no Prohibited Method is Used. Accordingly, it is not necessary to demonstrate intent, Fault, Negligence or knowing Use on the Athlete's part in order to establish an anti-doping rule violation for Use of a Prohibited Substance or a Prohibited Method.*
>
> *[Comment to Rule 2.2.1.: It has always been the case that **Use or Attempted Use of a Prohibited Substance or Prohibited Method may be established by any reliable means**. As noted in the Comment to Rule 3.2, unlike the proof required to establish an anti-doping rule violation under Rule 2.1, **Use or Attempted Use may also be established by other reliable means such as** admissions by the Athlete, witness statements, documentary evidence, **conclusions drawn from longitudinal profiling, including data collected as part of the Athlete Biological Passport**, or other analytical information that does not otherwise satisfy all the requirements to establish the presence of a Prohibited Substance under Rule 2.1. For example, Use may be established based upon reliable analytical data from the analysis of an A Sample (without confirmation from an analysis of a B Sample) or from the analysis of a B Sample alone where the Anti-Doping Organisation provides a satisfactory explanation for the lack of confirmation in the other Sample.]*
>
> *2.2.2 The success or failure of the Use of a Prohibited Substance or Prohibited Method is not material. It is sufficient that the Prohibited Substance or Prohibited Method was Used or Attempted to be Used for an anti-doping rule violation to be committed.*
>
> *[Comment to Rule 2.2.2: Demonstrating the Attempted Use of a Prohibited Substance or a Prohibited Method requires proof of intent on the Athlete's part. The fact that intent may be required to prove Attempted Use does not undermine the strict liability principle established for violations of Rule 2.1 and violations of Rule 2.2 in respect of Use of a Prohibited Substance or Prohibited Method. An Athlete's Use of a Prohibited Substance constitutes an anti-doping rule violation unless such Prohibited Substance is not prohibited Out-of-Competition and the Athlete's Use takes place Out-of-Competition. However, the presence of a Prohibited Substance or its Metabolites or Markers in a Sample collected In-Competition will be a violation of Rule 2.1, regardless of when that Prohibited Substance might have been Administered.]"*

56. With regard to the burden of proof of the ADRV, Rules 3.1 and 3.2 WA ADR stipulate the following in their pertinent part (emphasis added):

> *"3.1 Burdens and Standards of Proof*
>
> ***The Integrity Unit*** *or other Anti-Doping Organisation* ***will have the burden of establishing that an anti-doping rule violation has occurred***. ***The standard of proof will be whether the Integrity Unit*** *or other Anti-Doping Organisation* ***has established an anti-doping rule violation to the comfortable satisfaction of the hearing panel, bearing in mind the seriousness of the allegation that has been made***. *This standard of proof in all cases is greater than a mere balance of probability but less than proof beyond a reasonable doubt. Where these Anti-Doping Rules place the burden of proof upon the Athlete or other Person alleged to have committed an anti-doping rule violation to rebut a presumption or establish specified facts or circumstances, except as provided in Rules 3.2.3 and 3.2.4, the standard of proof will be by a balance of probability.*
>
> *[Comment to Rule 3.1: This standard of proof required to be met by the Integrity Unit is comparable to the standard that is applied in most countries to cases involving professional misconduct.]*
>
> *3.2 Methods of establishing Facts and Presumptions*
>
> ***Facts related to anti-doping rule violations may be established by any reliable means****, including admissions.*
>
> *[Comment to Rule 3.2: For example,* ***the Integrity Unit may establish an anti-doping rule violation under Rule 2.2*** *(Use of a Prohibited Substance or Prohibited Method)* ***based on*** *the Athlete's admissions, the credible testimony of third Persons, reliable documentary evidence, reliable analytical data from either an A or B Sample as provided in the comments to Rule 2.2, or* ***conclusions drawn from the profile of a series of the Athlete's blood or urine Samples, such as data from the Athlete's Biological Passport****.]*
>
> *[…]"*

57. As to the burden of proof with regard to the establishment of an ADRV of Use of a Prohibited Substance or a Prohibited Method based on abnormalities in an ABP, the Panel endorses the following considerations made in the award CAS 2024/A/10704, which also cites other CAS awards in that respect (emphasis added):

> *"102. It follows that the burden of proving the ADRV falls on World Athletics. It is axiomatic that, in this respect, the atypical ABP values are a necessary but not a sufficient proof of a doping violation: see e.g., CAS 2010/A/2235 at para. 35. It remains for World Athletics to prove, to the relevant standard of proof, that the evidence shows that the Athlete has committed the alleged ADRV, viz., the use of a prohibited substance or method in violation of Rule 2.2 of the 2023 ADR.*
>
> *103. As was explained in CAS 2020/A/7510 at para. 98ff (and see also CAS 2011/A/2384 & 2386 at para. 252ff),* ***the legal burden of showing (to the comfortable satisfaction of the Panel) that the Athlete has committed an ADRV remains at all times with World Athletics****. It is for the Panel to assess the evidence as a whole, including the quantitative analyses provided by the Adaptive Model, the qualitative assessments on the part of the Joint Expert Panel (they being experts in the field), and the explanations (and evidential corroboration thereof, if any) on the part of the Athlete, and form a view that it is comfortably satisfied that an ADRV has taken place. However, because the Athlete is possessed of all or most of the information in relation to his physiological characteristics and habits, whilst the legal burden remains on World Athletics at all times,* ***once the Adaptive Model triggers anomalous results then the Athlete comes under an evidential burden to offer a detailed***

***explanation in order to show that, even if such results are consistent with an ADRV, the particular facts, matters and circumstances surrounding the results militates against a determination by the Panel that it is comfortably satisfied that an ADRV has taken place****. It is sometimes said that the abnormal ABP finding creates a rebuttable presumption but that, in the Panel's view, goes too far. What it does do is* ***impose on the Athlete the evidential burden to bring forward a plausible explanation of the ABP abnormalities that is consistent with innocence on the part of the Athlete***."

58. The Panel also recalls, and agrees, that, as stated in CAS 2010/A/2174 (at para. 14), *"[…] the ABP does not establish new anti-doping rule. Instead, the ABP is -in essence- a method to detect an anti-doping rule violation."*, and that, as mentioned in CAS 2021/A/7833 (at paras. 85 and 109), "*even if it determines that the* [athlete] *fails to justify with a credible explanation the abnormal values in his ABP, doping is not automatically the explanation. […] abnormalities are not sufficient to conclude to an ADRV; one must establish that doping is the plausible cause of the abnormality, to the comfortable satisfaction of the Panel. The Panel also agrees that* ***the*** **[athlete]** ***must make his best efforts to provide alternative scenarios for the abnormality****"* (emphasis added).

59. Finally, with regard to the assessment of evidence in ABP cases, the Panel refers to the considerations made in the award CAS 2010/A/2174, which the Panel also endorses (emphasis added):

> "*13. […] This Panel is in a position to evaluate and assess the weight of a (party-appointed) expert opinion submitted to it. It does so by evaluating the facts, on which the expert opinion is based and by assessing the correctness and logic of the conclusions drawn by the experts.* ***In fulfilling this task the Panel takes into account the statements and opinions of (all) the parties. It is on the basis of this evaluation and balancing of the various submissions that the Panel will form its own opinion on the facts and consequences that follow thereof****. This opinion may be in line with the evidence provided by a party-appointed expert. However, the contrary may be equally true. The Panel's activity is, thus, not a "pure referral" to some other's opinion****. In particular, the Panel is of the view that the ABP can be evaluated and assessed according to the above principles and is, thus, not excluded from the evidence from the outset.*"

## C. The commission of the ADRV

60. Applying the aforementioned to the case at hand, the Panel shall analyse whether WA has established, to the Panel's comfortable satisfaction, that the Athlete committed an ADRV of Use of a Prohibited Substance or a Prohibited Method based on the abnormalities found in his ABP.

61. WA's position is that the abnormalities in the Athlete's ABP are highly likely due to a doping scenario (acute blood withdrawal followed by blood reinfusion) which occurred in a period (June to September 2023) overlapping with the 2023 WA World Championships in Budapest in which the Athlete competed on 19 August 2023, and that this constitutes a violation of Rule 2.2 WA ADR.

62. WA points out that in the Athlete's ABP sequence from Sample 25 to Sample 29:

    (i) HGB moved from the lowest value in the ABP (11.0 g/dL in Sample 25) to the joint-highest (15.7 g/dL in Sample 28).

(ii) The OFF-score for Sample 25 was so extreme that it was actually a minus number (-15.6).

(iii) The RET% for Sample 25 was so extreme that it was at 4.38 (when all other values in the Athlete's ABP are around 1).

(iv) The RET% for Sample 29 was the lowest in the Athlete's ABP at 0.74.

(v) The Sample 24-27 sequence does not involve recovery back to the original HGB level but a continuing increase beyond it, contrary to the Athlete's case of a recovery scenario.

63. WA mainly relies on the various Joint Expert Opinions issued by Prof. D'Onofrio, Dr Lewis and Prof. Paixão in this matter, which essentially conclude that a Prohibited Substance or Prohibited Method had highly likely been used by the Athlete and that the Athlete did not provide any likely justification for the abnormalities found in his ABP.

64. Against this contention of WA, the Athlete holds that the abnormal values of his ABP are due to circumstances other than doping, specifically rejects the scenario of acute blood withdrawal followed by blood reinfusion presented by WA and conversely contends that:

(i) the values of Sample 25 are plausibly explained by the combination of (i) gastrointestinal bleeding he suffered at the time due to several factors including the consumption of NSAIDs and oral iron supplements, (ii) exercise-induced intravascular haemolysis and (iii) exercise-induced plasma volume shift; and

(ii) the values of Samples 27 to 29 reflect a recovery from the aforementioned factors leading to the values of Sample 25, in particular physiological recovery due to enhanced erythropoiesis, healing of gastrointestinal bleeding, and a reduction in exercise-induced intravascular haemolysis, as well as a cessation or reversal of plasma volume changes associated with the tapering of training intensity and volume.

65. With respect to the Athlete's explanations, the Panel shall stress that:

- The Athlete did not merely assert his position on the ABP abnormalities, but adduced very extensive evidence (including several expert reports, documentary evidence and the examination of several experts and witnesses at the hearing) in support of his explanations. Quoting the award CAS 2021/A/7833 referred to above in its pertinent part, the Athlete made "*his best efforts to provide alternative scenarios for the abnormality*".

- The evidence brought by the Athlete to these proceedings before the CAS to support the Athlete's explanations is far more abundant and specific than the evidence he filed in the first instance proceedings, which implies that the Panel had further elements of assessment compared to those available to the Tribunal in the first instance.

66. Therefore, the Appellant contests neither the existence of abnormalities in his ABP nor the validity and reliability of the samples composing his ABP. What the Athlete challenges is the finding that WA established that a violation of Rule 2.2 WA ADR was committed by him. He denies that such abnormal values are the result of a doping scenario and provides an alternative explanation for such abnormalities which he regards as plausible and duly established.

67. The Panel's analysis of whether the Athlete committed the ADRV will therefore proceed from the Parties' conflicting positions as set out above.

68. The Panel shall first point out that, indeed, the values of Sample 25 are abnormal, compared not only to those of Sample 24 (the immediately previous sample in the Athlete's ABP) but also to others in the ABP. *Inter alia*, the decrease in the HGB values and the correlative increase in the RET% are significant, as well as the differences in OFF-score values. The comparison of values between Samples 24 and 25 below is self-explanatory:

| # | Sample code | Collection Date | HGB | RET% | OFF-score | HCT | RET# | IRF |
|---|---|---|---|---|---|---|---|---|
| 24 | 1087823 | 02.04.2023 | 14.5 | 1.13 | 81.2 | 42.5 | 0.0537 | 11.9 |
| 25 | 1149925 | 20.06.2023 | 11.0 | 4.38 | -15.6 | 33.4 | 0.1542 | 19.4 |

69. It is also a fact that the Athlete's haematological values returned to "normal" (bearing in mind the Athlete's ABP values) in the weeks following the collection of Sample 25, as shown in the table below:

| # | Sample code | Collection Date | HGB | RET% | OFF-score | HCT | RET# | IRF |
|---|---|---|---|---|---|---|---|---|
| 24 | 1087823 | 02.04.2023 | 14.5 | 1.13 | 81.2 | 42.5 | 0.0537 | 11.9 |
| 25 | 1149925 | 20.06.2023 | 11.0 | 4.38 | -15.6 | 33.4 | 0.1542 | 19.4 |
| 26 | 978360 | 04.07.2023 | 13.8 | 1.61 | 61.9 | 41.3 | 0.0707 | 9.6 |
| 27 | 1210375 | 16.08.2023 | 15.5 | 1.13 | 91.22 | 46.5 | 0.0570 | 4.1 |
| 28 | 1209658 | 19.08.2023 | 15.7 | 1.08 | 94.65 | 46.1 | 0.0539 | 6.1 |
| 29 | 507400 | 13.09.2023 | 15.1 | 0.74 | 99.4 | 43.3 | 0.0364 | 5.5 |

70. The Panel has assessed the submissions, explanations and evidence put forward by the Parties in order to determine whether it is comfortably satisfied that the Athlete committed a violation of Rule 2.2 WA ADR. This assessment included the consideration of the documentary and expert evidence respectively produced by the Parties to the CAS file, as well as the examination of the testimony given by the Parties' witnesses and experts at the hearing.

71. The result of the aforementioned assessment and the conclusions reached are explained in the following paragraphs of this Award.

***C.1 Sample 25***

72. As mentioned above, it is undisputed that the values of Sample 25 are abnormal. Sample 25's HGB level is the lowest in the Athlete's ABP sequence (11.0) and RET% is the highest (4.38), and both values fall outside the Athlete's normal ranges.

73. WA's assertion is that such abnormal values are highly likely due to acute blood withdrawal (to be later followed by blood reinfusion) while the Athlete holds that these values can be plausibly explained by a combination of gastrointestinal bleeding, exercise-induced haemolysis and exercise-induced plasma volume shifts.

74. The Panel first observes that fluctuations in the Athlete's haematological values are not infrequent:

(i) According to the Athlete's ABP, if Sample 25 is excluded, HGB values range from 12.5 to 15.7. This fluctuation is apparent not only from the Athlete's ABP values, but also from the values recorded in the Athlete's blood tests collected by the Japan Institute of

Sports Science ("JISS"), with HGB values peaking at 16.6. As stated by the Athlete, blood samples collected by the JISS Clinic are tested in the clinical laboratory division of LSI Medience Corporation (except for those tests that can be conducted within the JISS), the only WADA-accredited laboratory in Japan for the analysis of doping control samples. WA, apart from making a general statement in para. 61 of the Answer to the effect that such test results are inadmissible, has not put forward any specific, objective and compelling reason that would cast justified doubt on the reliability of these blood tests.

(ii) The Athlete had episodes of anaemia in the past that affected his HGB values: in accordance with the medical certificate from Ishii Clinic produced by the Athlete to the file, the Athlete suffered from anaemia in December 2014 and January 2015 and his HGB levels at the time were 11.5 and 13.2 respectively, far from his ABP's average values.

(iii) Episodes of acute decrease of HGB and correlative increase of RET% were not new in the Athlete. When checking the values corresponding to Samples 13 to 15 in the Athlete's ABP it is observed that in the space of ca. one month (13 December 2021 to 22 January 2022), the Athlete's HGB levels decreased from 15.4 to 12.5 (nearly 3 points, like the HGB decrease that occurred between Samples 24 and 25), and that the RET% variation from Sample 13 to 14 was also significant (1.20 to 2.31).

75. This being said, the Panel started its analysis by examining the explanations provided by the Athlete on the abnormalities in Sample 25.

76. The Panel first examined whether the Athlete established that he was suffering from gastrointestinal bleeding at the time of the collection of Sample 25, and it is satisfied that he did, for the following reasons:

(i) The intake of NSAIDs can lead to gastrointestinal bleeding, as explained by the experts Prof. Saltzman, , Prof. Shimizu, Prof. Yamamoto, Dr Brandt and even by WA's expert Dr Bochatay, as well as by the witness Dr. Kamahara.

(ii) The Athlete established that he had continuously used NSAIDs in the period April-June 2023. In accordance with the medical certificates produced to the file, in such period and before the collection of Sample 25, the Athlete (a) underwent a tooth extraction and was prescribed 10 tablets of Loxonin to be taken for several days and (b) suffered a knee inflammation and was further prescribed 30 tablets of Loxonin again for several days and 5 bags of Loqoa-Tape to be taken in combination with Loxonin. Dr Kamahara declared at the hearing that the intake of these 2 NSAIDs for a prolonged time can cause intestinal damage and that the bleeding effect can continue for some time after ceasing the intake of NSAIDs. Also on 6 June 2023, the Athlete was prescribed 10 extra bags of Loqoa-Tape, as his knee pain persisted.

(iii) According to the package leaflets of Loxonin and Loqoa-Tape submitted by the Appellant, gastrointestinal bleeding is a side effect of both medicines.

(iv) Gastrointestinal bleeding, which causes a loss in the blood volume and a fall in the HGB levels, is one of the common causes of anaemia, and the Athlete suffered from anaemia at the time. As is apparent from the medical certificates produced to the file, on 2 June 2023 Dr Kamahara recognised anaemia in the values resulting from a blood

test performed on the Athlete by the JISS the day before, and suspected that one of the causes of anaemia was "*gastrointestinal bleeding caused by taking painkillers or the like*" (Loxonin and Loqoa-Tape are painkillers). This anaemia diagnosis was confirmed days after, on 6 June 2023, by Dr Michiko Dohi. The Athlete also told Dr Dohi that he was feeling fatigued, which is typical of anaemia. Furthermore, at the hearing, Dr Kamahara confirmed that it was probable that in June 2023, the Athlete was suffering gastrointestinal bleeding.

(v) The Athlete also took iron supplements at that time: as appears from the relevant medical certificate submitted to the file, Dr Dohi prescribed the Athlete Fero-Gradumet, an iron supplement, to be taken for 90 days, together with vitamin supplement CINAL 200 mg. Fero-Gradumet may irritate the gastrointestinal mucosa in patients with gastrointestinal diseases, as is explained in the leaflet of this supplement submitted by the Athlete.

(vi) The Athlete's HGB value on 1 June 2023 (13.3, according to the JISS test results) was lower than his average ABP HGB values, and more than 1 point lower than the value of the last ABP Sample 24 (14.5). In fact, excluding Sample 25, only Sample 15 shows an HGB value lower than 13.3. As Prof. Saltzman indicates in his report, this decrease in HGB values is compatible with an episode of gastrointestinal bleeding involving blood loss. In addition, the Athlete's BUN/Cre ratio on 1 June 2023 exceeded 36, which Prof. Saltzman considers a predictor of upper gastrointestinal bleeding with high probability. Even though the Expert Panel is of the view that the Athlete overstates the diagnostic significance of this ratio, it admits in the Fifth Joint Opinion that "*the BUN/Creatine ratio can sometimes support the suspicion of an upper GI bleeding in patients who already present with clear GI bleeding*".

(vii) Intensive training in endurance athletes can lead to gastrointestinal bleeding, as noted by several scientific papers submitted to the file by the Athlete and by Prof. Saltzman, and the Athlete was undergoing intensive training at the time of Sample 25's collection.

77. The Panel then examined whether the Athlete established that he had a genetic predisposition to haemolysis and whether intensive training at the time of the collection of Sample 25 could potentially lead to exercise-induced haemolysis, and found that this was indeed established based on the following:

(i) Several of the experts (Profs Yamamoto and Shimizu and Dr Brandt) corroborate in their reports that the values in Sample 25 can be explained as resulting from exercise-induced intravascular haemolysis, together with gastrointestinal bleeding and exercise-induced plasma volume shifts.

(ii) The Expert Panel disagrees with the Athlete's experts as to the impact of haemolysis on the values of Sample 25, but not as to the fact that intensive training can cause haemolysis.

(iii) As established in the preceding paragraphs, the Athlete was undergoing intensive training in June 2023, including in the days before Sample 25 was collected, while he was at the NTC training camp.

(iv) Profs Shimizu and Yamamoto established in their report the Athlete's predisposition to haemolysis. After the genomic analysis conducted on the Athlete, they concluded that he lacks the protective SNP (Single Nucleotide Polymorphism) for haemolysis, which makes him susceptible to haemolysis, a finding that has not been contested by WA. Similarly, Prof. Yamamoto declared at the hearing that the Athlete has a genetic predisposition to haemolysis and that four genetic variants contribute to the destruction of his red blood cells. For reference, the report of Profs Shimizu and Yamamoto reads in the pertinent part as follows (emphasis added):

*"Crucially, Mr. Ikeda carries none of the SNPs in* […] *and* […]*. If Mr. Ikeda has these SNPs, they will contribute to the suppression of hemolysis, but Mr. Ikeda does not have these SNPs (Fig. 17A). Conversely, he carries one copy each of the SNPs in* […] *and* […]*,* ***which contribute to the promotion of hemolysis*** *(Fig. 17B). In total,* ***Mr. Ikeda possesses four polygenic variants that contribute to a genetic predisposition to hemolysis****. These Mr. Ikeda's SNP profiles are presented in the Appendix at the end of the document. While each individual variant may exert only a small effect, their combined presence significantly increases his susceptibility to exercise-induced hemolysis."*

78. With regard to the plasma volume shift contention, the Panel notes that (i) both the Expert Panel and the Athlete's experts admitted that on a general basis, variations in HGB values may be due to exercise-induced plasma volume shifts and (ii) the Athlete was exposed to intensive training in June 2023. Therefore, the Panel finds it established that these shifts can have an influence on the decrease of the HGB values in Sample 25. A different issue is what influence they may have in this specific case, that is to say, whether plasma volume shifts can explain the abnormal values in Sample 25, on which the Parties disagree. While the Athlete attributes a greater influence to such shifts based on the expert report of Prof. Nagatomi (even admitting that fluctuations in Sample 25 cannot be explained by plasma volume shift alone), the Expert Panel mentions in this respect in the Fifth Joint Opinion that "*plasma volume variation may have contributed modestly to the measured HGB, but it cannot plausibly account for the magnitude and pattern of the abnormalities observed in sample 25*".

79. Having established the aforementioned, the Panel analysed whether a combination of these three factors (gastrointestinal bleeding, exercise-induced haemolysis and exercise-induced plasma volume shift) could explain the abnormal values in Sample 25. Based on the allegations made by the Parties and the evidence on record, the Panel notes that:

(i) The opinions of the experts of both Parties in this respect are divergent.

(ii) The AIU Expert Panel illustrates WA's position in the conclusion of the Fifth Joint Opinion, in which it is stated that "*It is noteworthy that the Athlete's defence does not explain the anomaly in his passport, concerning the limited sequence of samples 24-29, with a single pathologic condition, but instead resorts to multiple explanations, sometimes in contrast to each other, to justify a sequence of blood cell anomalies which instead naturally fits the single explanation of a blood doping strategy. Following the third round of additional explanations provided by the Athlete, we confirm our previous opinion that a prohibited substance or method has highly likely been used.* ***The new explanations submitted by the Athlete do not provide any plausible justification for the abnormalities in his passport***" (emphasis added).

(iii) Conversely, all the experts appointed by the Athlete unanimously support his explanation, as well as the witness Dr. Kamahara. Among others:

a. Prof. Saltzman:

*"In summary, the athlete has clear medical reasons for the decreased hgb value observed on June 2023 in Sample 25 with a clinical presentation and tests entirely consistent with blood loss from upper GI bleeding after the use of multiple NSAID containing medications and hemolysis as well as other possible contributing factors."*

b. Dr Kamahara:

*"The decrease in HGB concentration in sample 25 observed from Mr. Ikeda is highly likely to be caused by gastrointestinal bleeding. Furthermore, as mentioned above, it is reasonable to consider that the anemia was also influenced by exercise-induced hemolysis and plasma volume shift."*

c. Dr Brandt:

*"[…] the results of testing for Sample 25 could have plausibly resulted from multiple causes or influences that were not correctly or not at all accounted for by the Expert Panel of World Athletics and in the Disciplinary Tribunal Decision. These factors include intense exercise eliciting exercise-induced intravascular hemolysis, the use of nonsteroidal anti-inflammatory drugs (NSAIDs), genetic predisposition of the Athlete to hemolysis, and other factors such as gastrointestinal (GI) bleeding and plasma volume shifts (PVS). Any or all these factors, but especially exercise-induced hemolysis, are more likely to have influenced the observed values in Sample 25 of the Athlete's hematological data than intentional blood withdrawal.*

*I am further convinced that two principal causes of his abnormal ABP could by themselves explain the observed fluctuation in Sample 25: (a) Exercise-induced intravascular hemolysis caused by repeated foot-strikes seen in runners and race walkers and (b) NSAID use by the Athlete before and after Sample 25 was taken."*

(iv) Contrary to the observation made in this respect by the Expert Panel in the Fifth Joint Opinion, the fact that the Athlete does not explain the anomaly in his ABP with a single pathologic condition only but with the combination of several factors does not *per se* impair or hinder the potential plausibility of his explanation.

(v) The Athlete's intake of two different NSAIDs at the same time was intensive and prolonged in the period preceding the collection of Sample 25. As late as 6 June 2023, he was prescribed a new course of Loqoa-Tape and, as noted above, the bleeding effect of NSAIDs can persist for some time after their intake ceases. The Athlete also suffered from anaemia in June 2023. All this, together with the other factors explained above (iron supplementation, intensive training, etc.), leads the Panel to the view that the gastrointestinal bleeding suffered by the Athlete was not mild, but likely acute, especially bearing in mind Prof. Saltzman's finding that the BUN/Cre ratio in the blood test of 1 June 2023 reveals upper gastrointestinal bleeding. This being said, it shall be recalled that gastrointestinal bleeding is not the sole factor adduced by the Athlete to explain the abnormal values of Sample 25.

(vi) Exercise-induced haemolysis is also not the sole ground adduced by the Athlete to explain his abnormal values in Sample 25. Haemolysis effects can be mild or be

amplified depending on several factors, as explained in the scientific paper of Lippi and Sanchis-Gomar entitled "*Epidemiological, biological and clinical update on exercise-induced hemolysis*" produced by the Athlete to the file. In the Panel's opinion, this, together with other factors such as the medical condition of the Athlete and the medicines he may be taking at any given time, could explain why in other periods of his ABP, the Athlete's values, in spite of intensive training and of his genetic predisposition to haemolysis, did not show abnormalities as in the sequence of Samples 25 to 29.

(vii) With regard to WA's contention that the award in CAS 2020/A/7509 rejected genetic explanations for ABP abnormalities, the Panel shall state that (i) the facts and evidence of the two cases are different and (ii) the Athlete's genetic predisposition to haemolysis is only part of one of the factors raised by the Athlete to explain Sample 25's abnormalities. Therefore, such CAS case is of little avail in the case at hand.

(viii) Contrary to WA's contention, the period of June 2023 was indeed a factual outlier: the Athlete's medical condition described above together with continued intense training made such period different from others.

(ix) Both Prof. Saltzman and Dr Bochatay held that the loss of HGB should have caused fatigue to the Athlete, which the Panel finds compatible with (i) the Athlete telling Dr Dohi on 6 June 2023 that he felt fatigued and (ii) Mr Miura's declaration that the Athlete was not in good shape in mid-June 2023 and that he had to stop his training session of 14 June 2023 at a very early stage.

(x) Dr Bochatay's report produced by WA focuses on the analysis of the gastrointestinal bleeding scenario and concludes that such scenario is highly improbable. However, this report does not analyse the full scenario presented by the Athlete to explain the abnormalities of Sample 25, that is to say the combination of gastrointestinal bleeding, haemolysis and plasma volume shifts. Therefore, its probative value vis-à-vis the full explanation adduced by the Athlete is limited.

(xi) Dr Bochatay contends that gastrointestinal bleeding is not a plausible explanation *in casu* because the Athlete had no symptoms. The Panel disagrees with this contention. First of all, because the Athlete did in fact have symptoms, even if he did not identify them as indicators of gastrointestinal bleeding, which would explain why the Athlete did not report suffering from it or having lost blood anywhere, including in the Doping Control Forms of Samples 24 to 28. The Athlete underwent blood testing and consulted Dr Dohi at the beginning of June 2023 for a reason. He reported feeling fatigued to Dr Dohi and was diagnosed with anaemia. He also affirms having had black stools at the time. And, in any event, even if the Athlete did not have symptoms, it shall be recalled that Prof. Saltzman explained at the hearing that gastrointestinal bleeding may also be asymptomatic, which was not contested.

80. The Panel also analysed WA's thesis of acute blood withdrawal in light of the facts and the evidence taken, and notes that:

(i) The Expert Panel and the experts appointed by the Athlete disagree on the likelihood of the occurrence of such acute blood withdrawal. This discrepancy includes, *inter alia*, whether such a withdrawal, in an athlete with the weight of the Athlete (53 to 55 kg),

would be fatal for him or not, and thus whether the scenario of massive blood withdrawal presented by WA is impossible or not.

(ii) In spite of his medical condition, the Athlete did not stop training in the period April-June 2023, except for short breaks due to a knee injury.

(iii) Prof. Yamamoto and Dr Brandt declared at the hearing that a gradual loss of blood is compatible with training, while acute massive withdrawal is not.

(iv) Dr Brandt states in his report that "*changes seen in HGB, RET%, and OFF-score are not unique to a sudden, large blood loss, and these same changes could have resulted, and more likely did result, from multiple episodes of hemolysis happening close together*", even if this finding is rejected by the Expert Panel in the Fifth Joint Opinion.

(v) Prof. Saltzman also considered it unlikely that the values of Sample 25 are due to massive blood withdrawal, and held that such values are due to a gradual loss of blood.

(vi) Dr Brandt held at the hearing that the increase in RET% from 1.13 to 4.38 between Samples 24 and 25 is not a specific indicator of acute blood loss, while Prof. D'Onofrio mentioned that such an increase in the RET% is a very uncommon event.

(vii) The Expert Panel, in the First Joint Opinion, stated that the abnormalities detected in Sample 25 indicate, in its view, the withdrawal of a large amount of blood. However, from such opinion it can also be inferred that a medical reason could lead to a different conclusion (emphasis added):

*"Such a hematological constellation is typical of acute blood loss, responsible for the low HGB, with reactive stimulation of the erythropoiesis in response to the decreased oxygen availability in tissues, causing the accelerated release of very young and immature reticulocytes from the bone marrow into the circulating blood.* ***Without a medical reason****, these anomalies indicate the withdrawal of a large amount of blood (two or three bags of whole blood or concentrated red blood cells (RBCs)). According to the ABP Supplementary form information, the Athlete did not donate or lose blood due to medical or emergency conditions during the previous three months."*

***C.2 Samples 27 to 29***

81. With regard to Samples 27 to 29, the Panel notes that while WA submits that the values of such samples are highly likely due to a scenario of blood reinfusion after acute blood withdrawal, the Athlete contends that such values are due to, and consistent with, the recovery from his past pathologies explained above.

82. After having analysed the evidence provided by the Parties in this respect, the Panel notes the following:

(i) The Expert Panel holds in the Fifth Joint Opinion that "*the combination of an overincrease in HGB to 15.5 and 15.7 (the highest in the passport) with suppression of reticulocytes in the subsequent samples 27, 28 and 29 is indicative of transfusion before sample 27*". However, the Panel notes that the values of HGB and RET% in these samples are not extremely different from those found in other samples of the Athlete's ABP that did not raise issues for WA. For instance, if we compare Samples 6 and 27, the HGB and RET% are practically identical (15.5 – 1.12 vs. 15.5 – 1.13),

and the same happens if we compare Samples 1 and 29 (15.2 – 0.71 vs. 15.1 – 0.74). Also, similarities are found if we compare Samples 12 and 28 (15.7 – 1.26 vs. 15.7 – 1.08).

(ii) Mr Scott disagrees with the Expert Panel. His report reads in the pertinent part as follows:

*"17. The observed Hb concentration changes in Samples 27–29 are therefore consistent with known physiological processes and do not indicate doping.*

*[…] the reticulocyte data do not align with the expected suppression and recovery pattern following a reinfusion. Instead, the pattern observed here suggests normal variation rather than manipulation."*

(iii) Dr Bochatay (expert designated by WA) and Profs Shimizu and Saltzman and Mr Scott all affirmed at the hearing that the values from Samples 26 on are compatible with recovery from anaemia.

(iv) In a blood test conducted on the Athlete by the JISS on 14 July 2023 (that is to say, ca. 3 weeks after the collection of Sample 25), the Athlete's levels of HGB increased significantly (from 11 to 13.8) and thereafter continued progressing to normal, bearing in mind the Athlete's profile. This is found compatible with the fact that Mr Miura acknowledged that in July 2023, the Athlete was recovering his shape.

(v) The Athlete's intake of NSAIDs, a factor provoking gastrointestinal bleeding as explained above, ceased by the end of June 2023, which would normally contribute to a recovery scenario. In addition, Samples 27 and 28 were taken right before the participation of the Athlete in the 2023 WA World Championships, a period in which the Athlete was supposed to be tapering and in which his plasma volume shifts tend to normalise due to the reduction in the intensity of exercise.

(vi) Mr Scott and Prof. Shimizu found reinfusion to be incompatible with Samples 27 to 29, on which the Expert Panel disagrees. Mr Scott affirmed at the hearing, in line with his report, that reinfusion should have provoked a more acute variation in HGB and RET%, and not the progressive variation they followed. A blood reinfusion days before the WA World Championships would have led to other values: in particular, reinfusion alters the RET% in the next two weeks, while the values in Samples 27 to 29 are rather stable. For her part, Prof. Shimizu declared at the hearing that the increase of HGB and decrease of RET% in Samples 26 and 27 is a normal phenomenon indicating recovery from anaemia and that if blood reinfusion had taken place, the variations in the parameters of these samples would have been higher. She also affirmed that the scenario of blood withdrawal followed by reinfusion was not possible in the case of the Athlete.

(vii) No direct evidence or circumstantial indicators of blood reinfusion have been placed on record. WA's blood reinfusion thesis rests solely on the interpretation of the ABP values. The Panel does not suggest that WA has to provide direct evidence of reinfusion to establish the violation of Rule 2.2 WA ADR *in casu.* This is not the case. However, the Panel notes that (i) the continuous trips of the Athlete (from Japan to France and from there to Hungary) from 10 August 2023 on rendered it very difficult (even if they did not make it impossible) to undertake a blood reinfusion before the

2023 WA World Championships and (ii) the witnesses Mr Koga and Mr Miura declared that they found no abnormal behaviour in the Athlete in those days.

(viii) Prof. D'Onofrio stated at the hearing that even if the Expert Panel did all the scientific work for the assessment of the Athlete's ABP, "*blood transfusions is a difficult topic*".

(ix) Samples 27 and 28 were indeed collected around the time of the Athlete's participation in the 20 km race walk competition at the WA World Championships held in Budapest on 19 August 2023. However, it shall be noted that the Athlete ended in 15th position in such a race, a result that must be regarded as disappointing for an athlete who, not long before, had won silver medals at the Olympic Games of Tokyo held in August 2021 and at the WA World Championships of 2022, among other achievements. In the Panel's view, such an unsatisfactory result is compatible with the Athlete's physical and medical condition in the months preceding the competition and with his gradual recovery from that condition. This is also consistent, in the Panel's view, with the Athlete's declaration at the first instance hearing that the 2023 WA World Championships were not of significant importance to him (see para. 99(e) of the Appealed Decision) and with the fact that it was not until 18 February 2024 that the Athlete again achieved outstanding results in competitions (1st place in the 20 km Race Walk at the 107th Japan National Championship). In the Panel's opinion, all the aforementioned militates against the suggestion that the Athlete had a preconceived plan to dope in advance of the 20 km race walk competition at the WA World Championships.

***C.3 Is the Panel comfortably satisfied that an ADRV was committed by the Athlete?***

83. After having assessed the submissions and evidence filed by the Parties in these proceedings, the Panel shall determine whether it is comfortably satisfied that the abnormalities found in the Athlete's ABP entail a violation of Rule 2.2 WA ADR.

84. The Panel concludes that it is not.

85. In the Panel's opinion and bearing the considerations explained above in mind, the alternative physiological scenario brought by the Athlete to explain his abnormal blood values is plausible.

86. As explained above, the Athlete established the existence or occurrence of the three factors he adduced to explain the abnormalities in Sample 25 (gastrointestinal bleeding, exercise-induced intravascular haemolysis and exercise-induced plasma volume shift). Not one, but several experts corroborated that a combination of the three mentioned established factors could explain the abnormal values of Sample 25, and the objections to their reports raised by WA do not exclude, in the Panel's view, the plausibility of the Athlete's explanations. The fact that the Athlete continued training in the period April-June 2023, even if with fatigue, in spite of the abnormalities in Sample 25, is compatible with a gradual loss of blood rather than with massive blood withdrawal. The fact that in other periods of intensive training, the Athlete's ABP values were not abnormal does not undermine the conclusion on the plausibility of the scenario presented by the Athlete regarding Sample 25, as the Athlete's circumstances of each given period (medical condition, severity of haemolysis, etc.) can be different. Finally, the Panel shall highlight that the Expert Panel held that "*without a medical reason*", the abnormalities in Sample 25 indicate acute blood

withdrawal, and in this case the existence of such a "*medical reason*" leading to a different explanation of the abnormalities is plausible.

87. On the other hand, in the Panel's view the physiological recovery scenario adduced by the Athlete also plausibly explains the haematological values of Samples 27 to 29. The HGB values in the blood test of 14 July 2023 increased with respect to those of Sample 25 and the Athlete's shape progressively improved from July 2023, which would be in line with the Expert Panel's admission in the Fifth Joint Opinion that "*changes in sample 26 can reflect a physiological recovery after acute anemia*". The fact that the Athlete stopped taking NSAIDs by the end of June 2023 and that before the WA World Championships he reduced the intensity of training also supports the recovery scenario. In addition, both the experts appointed by the Athlete and Dr Bochatay admitted that the values of such samples are compatible with recovery from anaemia. Moreover, the HGB values of Samples 27 to 29 are similar to one another, are rather stable and not very different from the HGB values found in other samples of the Athlete's ABP, and the same happens with the HGB and RET% values of these 3 samples compared to other samples in the ABP not considered abnormal, as explained above.

88. The Panel shall stress the fact that the Athlete did not ground his thesis in purely general or speculative statements, but provided detailed explanations supported by extensive expert and non-expert evidence.

89. Following the reasoning of CAS 2024/A/10704 *et alia*, in the present case the various particular facts, matters and circumstances surrounding the results militate against a determination by the Panel that it is comfortably satisfied that an ADRV has taken place. The Athlete submitted a detailed alternative plausible physiological scenario to explain his blood values that, in the Panel's opinion, cannot safely be excluded. In accordance with CAS 2020/A/7510, in ABP cases "*the Athlete need only sow sufficient doubt in the minds of the Panel so that it is not comfortably satisfied that there was an ADRV*". This is one of those cases in which sufficient doubt was sown.

90. Both Parties have presented extensive allegations and evidence to support their respective positions. The findings and conclusions of the expert reports filed by each Party and their respective declarations at the hearing are certainly not coincident in many aspects. As happened in CAS 2017/A/5296, the Panel found itself "*faced with compelling factual evidence and, at best, conflicting scientific evidence that acts as a double-edge sword in determining the truth*", which led the Panel to duly examine the expert evidence but also to revert to the non-expert evidence to make its decision on the establishment of the ADRV or not. The joint analysis of all the evidence indicates, in the Panel's view and for the reasons mentioned above, that the Athlete's alternative explanations to a doping scenario are plausible.

91. The abnormalities in the Athlete's ABP existed. The Panel understands and considers legitimate that (i) these abnormalities were suggestive to WA of a doping scenario and (ii) disciplinary proceedings were started against the Athlete. The Panel can even understand that the Tribunal, with the more limited evidence made available to it in the first instance, decided differently from the Panel herein.

92. Notwithstanding this, after having analysed and considered all the evidence brought to these CAS proceedings, it is the Panel's view that WA, in spite of the efforts made in this respect, did not discharge its burden of proof vis-à-vis the commission of the ADRV by the Athlete.

93. In other words, the Panel did not become comfortably satisfied that there has been a violation of Rule 2.2 WA ADR in this case.

### D. Decision

94. In conclusion, unlike the Tribunal in the first instance and in spite of the abnormalities found in the Athlete's ABP, the Panel is not comfortably satisfied that an ADRV of Use of a Prohibited Substance or a Prohibited Method was committed by the Athlete, and thus the appeal filed by the Appellant is upheld and the Appealed Decision is set aside.

## IX. COSTS

(…)

# ON THESE GROUNDS

**The Court of Arbitration for Sport rules that:**

1. The appeal filed on 28 March 2025 by Koki Ikeda against the decision rendered on 28 February 2025 by the World Athletics Disciplinary Tribunal (ref. SR/408/2024) is upheld.

2. The decision rendered on 28 February 2025 by the World Athletics Disciplinary Tribunal (ref. SR/408/2024) is set aside.

3. Koki Ikeda did not commit a violation of Rule 2.2 of the World Athletics Anti-Doping Rules.

4. No period of Ineligibility shall be imposed on Koki Ikeda and no competitive results shall be disqualified, nor shall there be any resulting Consequences, including the forfeiture of any medals, titles, points, prize money, and prizes; and, consequently, Koki Ikeda shall be reinstated to sports participation with immediate effect.

5. (…).

6. (…).

7. All other and further motions or prayers for relief are dismissed.

Seat of the arbitration: Lausanne, Switzerland
Date: 23 October 2026

# COURT OF ARBITRATION FOR SPORT

**Jordi López Batet**
President of the Panel

**Jeffrey G. Benz**
Arbitrator

**James Drake KC**
Arbitrator