AACTion

News & Announcements

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American Academy of Clinical Toxicology

Message from the President:

Alan Woolf, MD, MPH, FAACT, FACMT

Mapping the Future of AACT

One of the many challenges given to boy scouts as they climb the ladder of scouting is to master the science of orienteering. The scout needs to use a compass and a map to discover various small flags placed along a route identified only by number coordinates. After you reach one of the markers, you collect the flag and reset the bearings you'll need for the new destination on the course. In hilly terrain, to stay on course you might need to take your bearings from the starting point on the top of one hill to the summit of the next. It requires patience, study, and precision. In the woods, without a compass and the map, you'd be lost. Even with those tools, if you mess up one of the plots, you are off the trail out in the high weeds scratching your head as to where to go and what to do next. And inevitably the only recourse is to retrace your steps. But with planning, perseverance, and careful study of the map and compass, you will follow the right path, collect all the flags, and achieve your goal.

There is a place for orienteering in thinking about the way forward for AACT over the coming years. The future of our profession of clinical toxicology can truly be considered uncharted territory. The path to take in order to make progress is uncertain. The scout handbook (11th edition, Irving, Texas, 1998), in discussing the challenges of orienteering, points out the fact that there are two norths: the "true north" (which ends up at the North Pole) and the "magnetic north" (about 1000 miles away from the North Pole in Canada). The difference between them is called the declination, measured in degrees. In a sense, the AACT wants to follow its "true north" in carrying out its mission, focusing on its members' needs and how to advocate for our profession. We want to avoid the "magnetic north" of what may seem an attractive short-term goals or activities that take time and energy but lead us astray from our true purposes.

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Inside this Edition

AACTion

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Board of Trustees

In order to make the right choices in orienteering, the AACT's Trustees need a compass. You, the AACT members, are our compass. The Academy relies on our membership to volunteer their time, talent, and treasure to help it chart its way forward. Your novel ideas, energy, and direction help the AACT to stay true to the course and keep our focus on what is important to our profession. We value your ideas, your innovation, and your feedback. At its March meeting, the Trustees recognized the need to refresh our compass and they voted to pursue the goal of understanding better our members' needs and interests. We will be seeking out your opinions in the very near future about what directions we should take as an organization. So I'm giving you the heads-up today. When you see our survey coming to your email in-box, please pay attention to it, take a moment to fill it out, and give us your thoughtful responses.

We also need a strategic map, or we will not be able to reach our goals. Strategic maps can help an organization to look realistically at what resources it has, what overarching goals it wants to set, and how it needs to deploy its resources in order to achieve success. The colored table shown below shows the 2011-2012 AACT strategic map that the Board of Trustees recently approved at their March meeting. On the far left column, you'll see what our underpinning foundation is, what sorts of strategies we need to marshal to do our work, the stakeholders we work with to accomplish our aims, and the outcomes we hold true to our mission. Our goal, across the top, reflects that mission: to be the best in the world in clinical toxicology education and advocacy. Below that are three outcomes of the Academy that we hold as truths: our outstanding reputation and brand name, our sense of advocacy and involvement in continuous professional development, and our focus on the growth of our organization.

Our stakeholders include both internal and external groups that contribute to our goals and objectives. Our internal stakeholders include AACT members, committee and special interest group chairs and members, task force and other ad hoc group members, the Board members and leaders, and our management team. Our external stakeholders include, for example, government agencies and professional associations and societies with whom we work.

The strategies that we employ can be grouped under such broad headings as: innovation, service, and those activities that sustain and increase value to our members. These strategies are developed and pursued by the elements that comprise our foundation: our excellent management team who carry out the day-to-day operations of the organization itself, our talent (our members, the outstanding faculty who present educational curriculum, the stature and vision of our leaders), and the resources that allow our sustainability (for example, sufficient funds from membership dues, a balanced budget).

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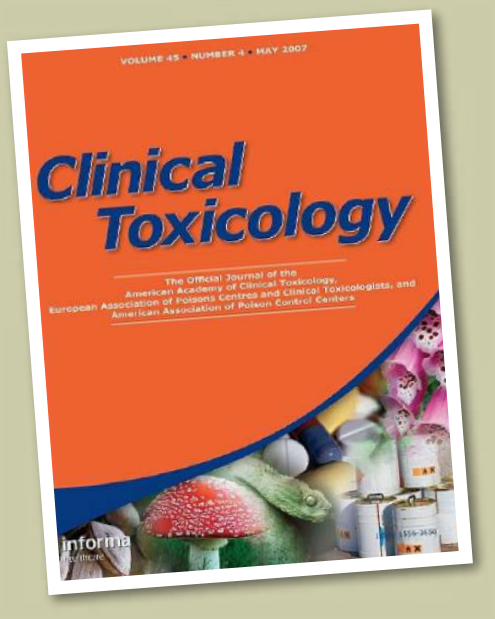
This is our strategic map, our way forward. I would invite you to consider it carefully and give me your thoughtful feedback on our direction as together we chart the future of the Academy.

AACT Outcomes	Best in the World in Clinical Toxicology Education & Advocacy		
	Reputation	Advocacy & Continuous Professional Development	Sustainable Growth
Internal & External Stakeholders	Payers/Government Public	AACT Members	Government & Professional Society Alliances
Strategies	Innovation •Social networking •Grants •Ground-breaking educational advances	Excellent Service •Value-driven •Affordable •Resources utilization •Quality measures •Ops efficiencies	Justifiable Value •Commonalities •Leverage goals •Augment strengths •Expanded opportunities
Foundation Financial + Human Capital	Organization •Excellence in support •Lean decision-making	Talent Destination •Society of choice •Best & brightest faculty	Sustainability •Balanced budgets •Rule-based resource

THIS JUST IN FROM CLINICAL TOXICOLOGY....

Peer Review For Clinical Toxicology



The Journal strives to publish high quality, original articles, which are important to the field of clinical toxicology and the readership. The peer-review process is critical to assuring that submitted manuscripts meet these goals. The reviewers are experts in their fields and agree to critically evaluate manuscripts in an unbiased and timely manner. Each manuscript submitted to the journal is first reviewed by the Editor-in-Chief or Associate Editor for appropriateness before sending it for peer review. This editor then sees the manuscript through to publication (or rejection). Each manuscript considered for publication is sent to two or three reviewers who are blinded to the authors. The reviewers are requested to complete their review within a reasonable time frame (about 2 weeks). Occasionally, the opinions can be so different that an additional review may be requested to evaluate the manuscript.

The editors rely upon reviewer expertise and critical evaluation of manuscripts for improving the quality of the submission and deciding whether it is appropriate for publication. Authors benefit by receiving expert advice on how to improve their work. Readers benefit by knowing that the articles have been approved by independent, unbiased review. The reviewers' critique is reviewed by the relevant editor for appropriateness and biases before sending on to the authors for consideration. Authors are expected to respond to each comment or question posed by the reviewers in their revision.

The benefits of serving as a reviewer include the opportunity to be involved in cutting edge knowledge of your specialty, development of academic experience and promotion, and service to your peers. In addition, it can be a lot of fun and satisfying to know that you contribute to the development of scientific knowledge.

The Journal is always interested in adding new reviewers. In order to be a good reviewer, one should be familiar with basic research design and common statistical methods have an eye for detail and a critical mind with the aim of providing constructive suggestions to improve the manuscript. Research and publication experience is generally preferred. Experience may be gained by working with an existing reviewer (e.g. while as a trainee) and we would encourage established reviewers to consider this as an exercise for trainees.

Anyone interested in becoming a reviewer for Clinical Toxicology should submit the request, areas of expertise and their CV to the Editor-in-Chief and/or Associate Editor for consideration.

by Nick Bateman, MD, Editor-in-Chief
and E. Martin Caravati, MD Associate Editor

THE ROLE OF TOXICOLOGISTS IN THE AFTERMATH OF THE JAPAN NUCLEAR PLANT CRISIS

The release of radioactive materials from the Daiichi Nuclear Power Plant following the recent earthquake in Japan raised many questions on the health effects of radiation from direct and indirect (contaminated food, water, etc) exposure. The field of toxicology is continually evolving and expanding. Clinical toxicologists assess and treat a variety of acute and chronic poisonings from a multitude of sources, including pharmaceutical, environmental, occupational, biological and chemical agents. Consequently, toxicologists are particularly qualified to fulfill a unique need in the evaluation and management of radiation exposures and the use of radiological countermeasures like potassium iodide (KI), Prussian blue, and Diethylentriamene pentaacetate (DTPA).

Many within the toxicology community have already expanded their practice to include assessment of suspected and known cases of radiation exposure. In the weeks following the disaster in Japan, United States (US) poison centers (PCs) across the nation served as a valuable and easily accessible informational resource on radiation for the public, including travelers returning from Japan in particular. United States PCs have also responded to the nuclear power plant crisis in Japan by establishing and or strengthening relationships with their respective state radiation control programs. The American Association of Poison Control Centers provided their public health partners, important surveillance information regarding exposure calls pertaining to radiation and KI through data reported to the National Poison Data System. The American Academy of Clinical Toxicology's (AACT) Radiation Special Interest Group (RSIG) responded to this crisis by serving as a communication platform to its members about the public health issues related to the Japan nuclear crisis and the potential impact in the United States. The RSIG will continue to function as an educational resource for toxicologists and invites everyone to attend the Weapons of Mass Destruction-RSIG symposium to be held during the 2011 North American Congress of Clinical Toxicology Washington DC this September. This event will consist of a 2-hour case-based discussion of the role of a toxicologist in the aftermath of a radiation emergency.

While the toxicology community has taken steps to address issues arising in the wake of the radiation release in Japan there are areas that need more work. These areas are not limited to the Japan incident, but could be developed now in order to effectively respond to future radiation events occurring domestically and internationally. Possibilities include: (1) The development of an AACT Position Statement that discusses the role of toxicologists in a radiation emergency and describes future needs and priorities. (2) The development or delineation of a network of outpatient and inpatient resources that can provide clinical evaluation of patients with suspected or confirmed exposures related to radiation or radioactive materials. Currently, no such clinical resource exists for this potential population of patients. (3) The expansion of educational activities by toxicologists in the field of radiation within the health care community (5) The development of clinical guidelines that pertain to the evaluation and management of radiation exposure and contamination with radiological material as well as the proper use of radiological countermeasures such as KI, Prussian blue, and DTPA.

Although radiation incidents have occurred previously, the Japan event has fueled public concern and fear about radiation. The health effects of radiation after previous radiation releases in people have been studied for years but many questions remain unanswered. Toxicologists are uniquely positioned to serve as both clinical and educational resources within their communities and to state and federal public health partners.

-Dr. Sophia Sheikh is a fellow in medical toxicology and Dr. Ziad Kazzi is a medical toxicologist with Emory University and the Georgia Poison Center.

Testing an Old Dog as a New Trick:

AACT Junior Investigator Research Grant Awarded for Studies on Methylene Blue

The American Academy of Clinical Toxicology is excited to announce the most recent winner of the Junior Investigator Research Award, ***Dr. David Jang***, a Medical Toxicology Fellow at New York University School of Medicine, for his project entitled "***Methylene blue in a rat model of severe amlodipine poisoning"***. Dr. Jang was awarded $28, 643 for a two year study to develop an animal model of amlodipine toxicity, the prototypical dihydropyridine, and to also examine the effects of methylene blue in this model. Although methylene blue has been used for the treatment of vasodilatory shock from sepsis, its use in vasodilatory shock from overdoses is rarely reported. While verapamil and diltiazem have received much of the attention for calcium channel blocker overdoses, deaths from amlodipine with no reliable treatment have been reported in severe cases. Dr. Jang noted that "One of our goals is to take this basic research and apply it to a clinical setting. Translational research is an increasingly important aspect of research. I think as toxicologists, we are in good position to bridge this gap."

The AACT Junior Investigator Research Grant is designed to support clinical toxicology research and the development of the research skills of new investigators. Mentoring of new researchers by more experienced senior investigators is a priority of this program. The junior and senior investigator must be members of the AACT. For this award, Dr. Robert Hoffman is the senior investigator. When notified about the award, Dr. Jang stated that "As a resident at the University of Pittsburgh, I developed a strong interest in basic science research, and was able to study the effects of NAC on coagulation factors in plasma samples from healthy subjects, using funds provided by a previous AACT research award. These research projects would not be possible without the support for the development of research from AACT".

The AACT offers three different research awards, the ***Junior Investigator Research Grant*** (up to $30,000 for two year projects), the ***AACT Research Award*** (up to $3,250 to support clinical research that encourages the development of new therapies and treatment) and the ***Lampe-Kunkel Memorial Award*** (up to $2,250 to investigate some aspect of toxicity due to naturally occurring phenomenon (i.e., plants, mushrooms, algae, insects, snakes). The latter two awards may be part of a larger project, but must have a specific hypothesis and aims to produce distinct results. Announcements of these awards for the current year, along with the all important deadline date for submission, will soon be posted on the AACT website. We hope to have many submissions – even if your idea is to test another old dog.

-Dr. Kenneth McMartin is a Professor of Pharmacology, Toxicology & Neuroscience at LSU Health Science Center – Shreveport and the Chair of the AACT Awards Committee.

Dr. David Jang

CALL FOR NOMINATIONS:

CAREER ACHIEVEMENT AWARD

The American Academy of Clinical Toxicology would like to announce the call for nominations for one of its highest accolades: ***the AACT Career Achievement Award***. The AACT Career Achievement Award is given annually to a distinguished individual of high moral character, good citizenship, and elevated professional ideals. The recipient must be an active member of AACT for at least 10 years, must be an elected Fellow of the Academy, and must have made outstanding contributions to clinical toxicology and the Academy throughout the candidate's career. The recipient has made significant contributions to clinical toxicology, including sustained exemplary service, an outstanding single achievement, or a combination of accomplishments benefiting the profession and public health.
All AACT members and fellows are invited to nominate individuals to be considered by the Selection Committee for this award. Dr. Jeffrey Brent, winner of the 2010 award, will present the Career Achievement Award Lectureship at this year's session of the North American Congress of Clinical Toxicology.
Past winners have included:

2010 : Jeff Brent
2009: Ed Krenzelok
2008: Allister Vale
2007: None
2006: Milton Tenebein (awarded at 2007 meeting)
2005: Mark Thoman
2004: Bill Robertson
2003: Tony Temple
2002: Ruth Lawrence and Howard Mofensen
2001: Walt Decker
2000: Fred Oehme

The 2011 award winner will be announced at the Academy's Members & Fellows Reception at the NACCT meeting in Washington, D.C. on the evening of September 24th, 2011, Nominations can be sent to the Academy's email address: admin@clintox.org. The call for nominations closes on ***June 15th, 2011***.

AACT Congratulates Society of Toxicology (SOT) on 50th Anniversary

The Academy sent an official letter of congratulations to the Society of Toxicology (SOT) on its 50th Anniversary. The Society of Toxicology, founded in 1961, is a scholarly professional organization of scientists from academic institutions, government, industry, and other organizations representing the great variety of scientists who practice toxicology in the U.S. and abroad. The SOT's 50th Anniversary meeting was held in Washington D.C. on March 1-3, 2011. The Academy also displayed a poster at the meeting in a hall honoring toxicology-related organizations around the world. The poster provided information about the AACT's history, membership, publications, and advocacy activities. Board of Trustees member Dr. Kenneth McMartin is the AACT's liaison to SOT. SOT is convening a group of health professionals and scientists interested in clinical toxicology for topics to be included at its next meeting, and Dr. McMartin will represent AACT when he attends a session in September 2011 that will be devoted to organizing this new initiative.

CALL FOR NOMINATIONS:

DISTINGUISHED SERVICE AWARD

The American Academy of Clinical Toxicology would like to announce the call for nominations for one of its highest accolades: the AACT Distinguished Service Award. The AACT Distinguished Service Award is given annually to an individual of high moral character, good citizenship, and elevated professional ideals. The recipient must be an active member of AACT for at least 10 years, must be an elected Fellow of the Academy, and must have made outstanding contributions to clinical toxicology and the Academy throughout the candidate's career. This award is reserved for those individuals who have dedicated themselves tirelessly to important activities that benefit the mission and goals of the Academy throughout their professional career. The Distinguished Service Award is intended to recognize those who have made performed extraordinary work on behalf of the AACT.
All AACT members and fellows are invited to nominate individuals to be considered by the AACT Distinguished Service Selection Committee for this award. Past winners have included:

2010: Randy Bond
2009: Donna Seger
2008: Michael McGuigan
2007: Jim Mowry
2006: Greg Gaar
2005: Frank Walter

The 2011 award winner will be announced at the Academy's Members & Fellows Reception at the NACCT meeting in Washington, D.C. on the evening of September 24th, 2011,
Nominations can be sent to the Academy's email address: admin@clintox.org. The call for nominations closes on ***June 15th, 2011***.

SIG CORNER: HERBAL & DIETARY SUPPLEMENTS

The investigative arm of Congress, and the Government Accountability Office (GAO) conducted an investigative study on 22 storefront and mail-order retailers of herbal dietary supplements from September 2009 through March 2010. The results of the GAO's investigation were reported to The Senate Committee on Aging. At the NACCT annual meeting in Washington D.C. in September 2011, the Herbal and Dietary Supplement Special Interest Group will host a dynamic one hour symposium with a focus on the federal agencies responsible for mandating public safety standards, and the implications of the GAO report. The HDS SIG is honored to engage Jack Mitchell, Chief of Oversight and Investigations for the Senate Special Committee on Aging under Senator Herb Kohl who will discuss the legislative aspects of this report. Also, on the program, is Dr. Louis R Cantilena Jr, a clinical pharmacologist and toxicologist and emergency physician with the Uniformed Services Univ. of Health Sciences who will discuss how the separate governmental agencies may/can interpret and respond to the results of the study. The HDS SIG invites all members to attend this symposium which will stimulate an exchange of ideas and promote new regulations for herbal and dietary supplements.

-By Olga Woo, retired, former Associate Clinical Professor UCSF/SF Poison Control Center

Member Spotlight

Questions For: *Keith Burkhart, MD, FAACT, FACMT, FACEP*

1. Dr Burkhart, you are currently a Senior Advisor for Medical Toxicology, Safety Policy and Research Team, Center for Drug Evaluation and Research for the FDA. Could you tell us a little more about what this position entails?

I spent my first three years at the FDA as a medical review officer in the Division of Anesthesia, Analgesia, and Rheumatology Products. I reviewed Investigational New Drug (INDs) and New Drug Applications (NDAs) for anesthesia, analgesia, addiction, and rheumatology products. I focused on rheumatologic products to hone my understanding of the immune system and its intricate role in adverse drug events. I have also been involved in safety policy work focused on the implementation of FDAAA, the FDA Amendments Act of 2007. I have worked on Risk Evaluation and Mitigation Strategies (REMS) for a number of drugs including the opioids. AACT members have also provided advice on the Opioid REMS. Hopefully, members of AACT follow the quarterly FDAAA Section 921 postings which communicate the emerging safety issues. I have participated with the teams that evaluate these safety issues.

Most recently, I am focusing my work at the FDA on predictive safety. The goal is to integrate knowledge through cheminformatics, bioinformatics, pharmacogenomics and systems biology to make pharmacologic mechanism based safety predictions. The predictive safety team seeks collaborations between pharmaceutical sponsors, academia, biotechnology companies and the FDA and other governmental agencies. This effort strives to move safety science from a qualitative prediction to a more quantitative science. I believe that the development of informatics tools coupled with the rapidly expanding electronic databases make these goals achievable.

2. That is truly interesting. So, as an example, how would what you are working on differ from say reports from Med Watch and post-market surveillance that were relied on for safety reports in the past?

The predictive safety team data mines these reports. The MedWatch and other post-market surveillance reports comprise the FDA Adverse Event Reporting System (AERS). Traditionally data mining of AERS has been used to evaluate safety signals that may result in safety label changes for a drug or lead to further epidemiological or other scientific investigations. The predictive safety team is evaluating the drugs most commonly associated with an adverse event to potentially gain mechanistic insights. These results can be used in the development of informatics tools to ultimately predict safety.

3. You have spend a great deal of time working in Academic Emergency Medicine. Do you ever miss working in the clinical arena, or miss the time spent teaching housestaff?

I am thankful that the FDA supports Professional Development time. The leadership recognizes the value of staying connected to clinical practice. Therefore, I continue to work two days a month at PinnacleHealth Toxicology Center, where I continue to teach house staff in the setting of the busiest inpatient toxicology service in the country. I am also a Clinical Professor of Emergency Medicine at the Pennsylvania State University College of Medicine and continue to give pharmacology lectures to the medical students.

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4. What other things do you find interesting outside of drug safety?

I missed my first NAACT meeting in 23 years due to the birth of my first grandchild. My joy and fun in life is now focused upon my granddaughter, Rosemarie Therese Szostak. My daughter and son-in-law are now living with us in DC while he completes his doctorate. My hobbies focus on hunting, gardening and eating. I look forward to providing Rosemarie with an abundance of organic vegetables and meat for many years to come.

Interview by: Barbara Kirrane, MD

Notes from the AACT Board of Trustees

The AACT Board of Trustees held its winter/spring meeting on March 28 and 29, 2011 in Alexandria Virginia. This was the first face-to-face meeting of trustees with five members of its new management team: Sara Shiffert (Executive Director), Laura Degnon (consultant & Vice-President, Degnon Associates), Christine Lusk (manager), Kathy Hemmings (consultant), and George Degnon (consultant & President, Degnon Associates). The Board reviewed a range of topics including an update on the planning of the next meeting of the North American Congress of Clinical Toxicology to be held in Washington DC in September, a review of written committee and special interest group reports, a status update on our strategic plan, and an excellent discussion of our membership renewal and recruitment processes. Trustees proposed a variety of exciting new ways to add value to AACT membership.

Karen Simone, our secretary, reported to the Board the results of a pre-meeting, self-assessment survey that had been distributed to the trustees in February. The board members participated in a lively discussion on how the board can work more efficiently. A board development session on the nature of leadership responsibilities in a thriving non-profit organization was led by Laura Degnon. A new book, Race For Relevance – 5 Radical Changes for Associations, by Harrison Coerver and Mary Byers (publishers: ASAE, Washington DC 2011) was discussed and a copy was given to each board member as part of the board development process. The business of the Academy was carried by the Board over the two-day session and action plans were developed for many agenda items. Academy activities and plans for the future will be discussed at an open business meeting with its membership that will take place at NACCT in September.

AACT & ACMT Collaborate on Medical Toxicology Life-Long Learning Symposium at NACCT 2011

Leaders of AACT and ACMT will collaborate on an educational initiative responsive to the American Board of Emergency Medicine (ABEM) Medical Toxicology Sub-Board's requirements for life long learning among board-certified physicians. The new venture will include a workshop whose learning goal is to review the 13 published articles selected by the Sub-Board. A copy of the reading list is available at www.abem.org; the articles are selected every two years from the Core Content of Medical Toxicology. The workshop will include an opportunity for participants to take the ABEM's on-line electronic Life Long Learning Self-Administered (LLSA) test.

The 2 1/2-hour symposium will be offered at the NACCT 2011 meeting in Washington D.C. on Tuesday, September 26th. The session will be facilitated by two board-certified medical toxicologists, Drs. Leslie Dye and Matt Szanjcyker, and it will be open to all attendees of the NACCT, not just those physicians preparing for the exam. Learning points in each paper will be discussed in detail and participants will have the opportunity at the Washington D.C. meeting to participate in the administration of the electronic examination in a group format. Since the life-long learning process reviews new articles every two years, both ACMT and AACT plan to continue this collaboration of educational presentations in future meetings as a service to their physician members.

WHO ADDS CHELATOR, DMSA, TO ESSENTIAL MEDICINES LIST

Dr. Joanna Tempowski, a scientist at the International Programme on Chemical Safety and the Evidence & Policy on Environmental Health (EPE) group in the World Health Organization in Geneva, Switzerland, recently announced that the 18th Expert Committee on Essential Medicines recommended **the inclusion of succimer** (dimercaptosuccinic acid, or DMSA) 100mg solid dosage form to both the adult and child essential medicines list (EML). The Trustees of AACT voted last November to endorse this application. Other WHO decisions on antidotes were as follows:

DELETE: **Methionine powder** for injection: 500 mg; tablet 250 mg because of reported limited availability, the unknown real cost difference between DL-methionine and N-acetylcysteine and the fact that N-acetylcysteine has become the standard of care globally.

DELETE: **Penicillamine** solid oral dosage form 250 mg from the children's Model List due to the higher risk of adverse events compared to other oral lead chelators in children. The expert committee has requested that the deletion of penicillamine from the adult list be considered by a future committee.

Sodium calcium edetate and dimercaprol to be retained on the complementary EML and EML Children (reason: dimercaprol is necessary for the initial phase of treatment (first day) to avoid increased toxicity from sodium calcium edetate but that its use should be restricted due to the need for multiple potentially painful and harmful IM injections per day;

DMPS not be included, due to insufficient evidence (its inclusion was only considered as a chelator for lead poisoning).

The full report is at http://www.who.int/selection_medicines/committees/en/

NEW MEDICAL TOXICOLOGY FELLOWSHIP ANNOUNCED!

The ACGME just approved a new medical toxicology fellowship. ***The University of Arizona/University Physiciand Healthcare - Kino GME Consortium Medical Toxicology Fellowship*** is based out of University Physicians Healthcare Hospital and is slotted for one fellow for each of two years. ***Mazda Shirazi, MD, PhD***, is the Program Director and ***Spencer Greene, MD, MS*** is the Associate Program Director.

CALL FOR POSTERS

The Toxicology History Room at NACCT 2011, Washington, DC

Following up on successful recent exhibits at meetings of the Society of Toxicology, the International Union of Toxicology, and NACCT in 2010, the Toxicology History Room will be presented once again at the 2011 NACCT in Washington, DC

We are seeking contributors to create new posters with a focus on clinical toxicology or other areas of interest. If you have participated in a NACCT Toxicological History Society session, consider converting your presentation to a poster. See www.toxhistoryroom.org for existing posters. Please contact Phil Wexler at wexlerp@mail.nih.gov with your best ideas and we will send you further details.

Did You Know?

The first US Poison Control Center was established in Chicago in 1953.

Today, there are 58 poison control centers that serve the entire U.S., including American Samoa, the District of Columbia, the Federated Sates of Micronesia, Guam, Puerto Rico and the U.S. Virgin Islands.

The next AACTion Deadline is June 25, 2011!

We welcome your feedback!

Please send us your articles, announcements, ideas, research articles, and contributions.
We cannot do this without you!

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