



AACT*ion*

News & Announcements

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American Academy of Clinical Toxicology, Inc.

Message from the President:

Alan Woolf, MD, MPH, FAACT

A Satisfying Life: Membership in AACT

Sometimes the daily grind of activities and details may distract us from the real joy and excitement in clinical toxicology, the reason we went down this path in the first place. Taking yet another telephone consultation, sitting through another committee meeting, working through another budget, teaching another class, taking another overnight in the emergency department or poison control center, working through the daily to-do list, answering one more e-mail. The drumbeat of day-to-day work is always softly beating in the background. However the bottom line for most of us is that a satisfying professional life, one filled with intellectual challenges and attainable goals, is a life fulfilled. And to my mind a key to that satisfying life is the professional home we enjoy in the American Academy of Clinical Toxicology.

It's membership renewal time in the AACT, when we ask for your support and your dollars and you naturally ask what you get in return. It's a time when we renew our commitment to each other



and to our goals professionally. Time to go back to the original mission of the AACT:

...uniting scientists and clinicians in the advancement of research, education, prevention and treatment of diseases caused by chemicals, drugs and toxins.

This is a commitment that rises above the daily grind of details and committee meetings and telephone calls. We believe in the mission of the AACT and we respond gladly to its promise of life-long learning and collegial relationship-building. Did you enjoy the incredible symposia, social networking opportunities, exhibits, and original research presented at the outstanding NACCT meeting in Denver, Colorado this year? Time to renew. Do you read our internationally acclaimed journal *Clinical Toxicology* or the newly formatted and expanded AACT*ion* newsletter? Time to renew.

(continued page 2)

Inside this Edition

President's Message	1-2	Fellow Perspective	8
Just in from Clinical Toxicology	3	SIG Corner.....	9
The Perils of Poison Control.....	4	Building Bridges	9
Plans for NACCT 2011.....	5	Announcements.....	10
Photos.....	6	Did You Know?	11
New Management Team.....	7		

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PRESIDENT'S MESSAGE CONTINUED

Are you planning or carrying out a basic or clinical research project in toxicology? Time to renew. Do you teach nurses or pharmacists or fellows or residents some of the fundamentals of clinical toxicology in a lecture or in the poison center or at the bedside and are always looking to update yourself in your field of expertise? Time to renew.

The Academy continues to make good on its promise to members of new activities and opportunities that add value to membership. We are sponsoring two new special interest groups that members can join and take advantage of: **the Food Safety SIG** (chair: Dr. Michael Greenberg) and **the Toxicological History Society** (chair: Dr. Bryan Judge). These are wonderful additions to the larger umbrella AACT organization. Food safety is a front burner public health topic and covers an incredible number of topics, including food-borne disease, genetically engineered food, irradiated food, trace contaminants, etc.

I want to add just an additional word about the Toxicological History Society, which Dr. John Trestrail, formerly of the Michigan poison control center in Grand Rapids (now retired), founded more than a dozen years ago. Since then we have witnessed a tremendous increase in the interest and scholarly work by AACT members in all sorts of topics regarding the history of toxicological science. The Society has sponsored an annual symposium at NACCT and this year also presented the Toxicology History Room, featuring a number of tapestry-posters on historical points of interest in toxicology. It was with great pleasure that I announced recently that the AACT Board of Trustees had enthusiastically voted to recognize and sponsor formally the Society, carried on so ably these past few years since Dr. Trestrail's retirement by his friend and colleague, Dr. Bryan Judge. Bryan tells me he has many new, ambitious activities planned for the AACT's Toxicological History Society, and already has symposium speakers and topics lined up for the NACCT sessions through the year 2015!

We support our professional Academy because we always aspire to a life fulfilled in clinical toxicology, because we share each other's interests in all aspects of poisoning and poison prevention, be it the history of toxicology or occupational and environmental toxins or pediatric toxicology or acute poisoning diagnosis and management or the toxicity of herbs and dietary supplements, or the unpredictability of snake venoms or our curiosity about forensics or our interest in emergency preparedness and weapons of mass destruction or our expertise in radiation safety or our interest in food safety.

We have made renewal of membership in AACT easier than it has ever been. We have a new management team in place at Degnon Associates in McLean, Virginia, with Sarah Shiffert as our executive director and Christine Lusk as our association manager. Laura Degnon, a vice-president in the firm, oversees the team as our executive consultant. Our management team has helped us to streamline the process of renewal. You can download the renewal form and renew by mail by sending in a check or renew and pay on-line at www.clintox.org. Take a minute now and do it while you're thinking about it.

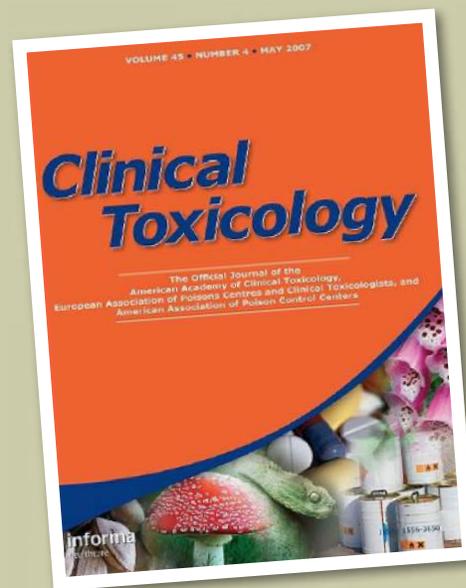
And so, yes, it is renewal time in the calendar cycle of AACT and we ask for your support and your participation in the Academy because you too want to lead a satisfying life, a life fulfilled professionally, and this, indeed, is the very best way to accomplish that.

THIS JUST IN FROM CLINICAL TOXICOLOGY...

As editors our goal is to maintain the standard of the Journal and increase its broader appeal to our readership, in order that they find something of interest in every issue. Over the past 2 years we have published occasional articles on an historical aspect of clinical toxicology.

We do not share the view of Henry Ford that “history is bunk”, but rather take the view that the world will be a better place if people took care to learn the lessons of history. It is interesting to reflect whether our present problems with opioid addiction would be as great if the East India Company had not decided that a profitable business would be the selling of opium grown in India and Afghanistan to China, and the British and other governments not responded to the natural reticence of the Chinese authorities to accede to this trade by invading China!

We were thus encouraged by the formation of a toxicology history special interest group of the AACT and believe that short historical articles in the Journal will be as interesting to you as they are to us. Therefore, in future we will be publishing an intermittent series of articles on historical aspects of toxicology. The first has appeared in the January issue of the Journal and is written by Steven Seifert about the famous English physician Dr. Mead. Readers will be interested in his novel approach to studying the effects of snakebite (you will have to read the article to find out!)



We are grateful to Steve for volunteering this piece and for agreeing to help us recruit articles, and assist in the refereeing of some of them.

We would encourage all members of the AACT with an interest in matters historical to submit articles of about 1500 words with key references to the Journal. We have created a separate drop-down menu bar article category for those wishing to submit historical articles on the Journal's submission website:- <http://mc.manuscriptcentral.com/lct>.

We look forward to receiving your submissions and will be happy to answer any questions from authors new to the Journal.

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



THE PERILS OF POISON CONTROL: HELP SAVE POISON CENTER FUNDING!

Pressure Needed To Prevent Loss of Poison Centers!

We assume that everyone has some notion of what a poison center is/does. It is, at its core, a telephone hotline for advice when someone believes that a loved one or patient has been exposed to some toxin, poison or is having an adverse reaction to a medication or other substance. They have existed in the United States in some form or other since the 1950s. As they developed they became more robust and involved in many aspects of public health. While the centers have proven their effectiveness in terms of improved care and reduced health care costs, poison centers have always seemed to “live on the edge” of economic doom.

The first good “break” in funding came for poison centers as the result of US Congressional legislation in 2000, the Poison Center Stabilization and Enhancement Act. Based on evidence that the federal government health plans, Medicaid and Medicare, save millions of dollars in expense because of the work of the centers, Congress agreed to support the development of a nationwide system coordinated through a unique, single toll free telephone number. Every subsequent year congress has authorized continued support. Total authorization has reached approximately \$30 million each year.

The federal funds were never intended to completely pay for poison centers, but represented a proportional amount thought to be the responsibility of the federal government and responsible also for coordinating outreach to the centers throughout the country.

An Institute of medicine report in 2004 estimated the national cost of poison center services at around \$160 million. That report also looked at the question as to how many centers are really needed and could not reach a conclusion. It did state, however, that the savings from consolidation would probably not exceed 10% anyway.

Things were going along pretty well, poison centers in general were surviving well with their new budgets, until this year. The economic downturn led to belt tightening everywhere. The 2010 election brought a new set of problems to the poison center movement. The new House of Representatives, in February 2011 passed a budget bill, HR-1, cutting billions of dollars in federal programs. Among those specifically mentioned was the poison center program. The suggested cut would all but eliminate federal funding across the board. The potential effects are draconian. Many if not all of the nation’s poison centers would find themselves with insufficient funds to continue their operations. The system could soon disappear.

A campaign is on to have the Senate reject HR-1 and restore funding to the poison centers. Everyone is urged to reach out to their US Senators for support. The AAPCC has extensive information about this on its website <http://www.aapcc.org/dnn/NewsandEvents/PoisonCentersinDanger.aspx>. We urge everyone to support poison centers in their bid for survival.

Dr. Steven M. Marcus is the Executive & Medical Director of the New Jersey Poison Information & Education System.

Plans for NACCT 2011 Are Underway!

The Planning Committee for the North American Congress of Clinical Toxicology (NACCT) meeting in 2011 met in Washington D.C. on November 21st, 2010 at the locale for this year's fall event, the historic and beautiful Omni Shoreham Hotel in downtown Washington D.C. The hotel is conveniently located near the National Zoo, DuPont Circle, many fine Connecticut Avenue restaurants, and other area attractions and conveniently is just a short subway ride from both the train station and the Reagan National Airport. NACCT 2011 will take place from September 21-26, 2011, so mark your calendars today. The AACT will hold its pre-meeting day-long symposium on Wednesday, September 21st and ACMT will hold its pre-meeting symposium on Thursday, September 22nd. Both events will feature cutting-edge science that will enhance life-long learning goals of all our participants. The main conference will begin on Friday, September 23rd with an early breakfast and celebratory opening ceremonies.

Representatives from the AACT, ACMT and AAPCC met together with hotel representatives and the meeting planner, Contemporary Forums to review themes for the planned symposia and to offer exciting new ideas for enhancing the meeting. The Committee is continuing its efforts to have the meeting "go green" by reducing the paper distributed to participants. Even more resources, lectures, scientific abstracts, and other educational materials will be made available this year to registered attendees online. The innovative and popular 'medical toxicology simulation' exhibit that made its debut last year under the guidance and leadership of Dr. Anthony Scalzo will return, but this time with modules offering CME credit. Organizers are also planning some special tours and speakers to take full advantage of the first time ever that the NACCT meeting has been held in the nation's Capital.

The Keynote Speaker this year is slated to be **Dr. Joshua M. Sharfstein**, a graduate of Harvard College and Harvard Medical School who completed his pediatrics residency training at the Children's Hospital Boston and Boston Medical Center and his fellowship training at Boston University. Dr. Sharfstein served as

Commissioner of Health in Baltimore, Maryland from December 2005 to March 2009. In this position, he supported innovative projects that won four national model practice awards from the National Association of City and County Health Officials. Particular areas of interest included expanding access to substance abuse treatment, reducing lead poisoning, improving birth outcomes, and supporting the immunization of children, adults, and healthcare workers. He has also served as a member of the Board of Population Health and Public Health Practice of the Institute of Medicine. In 2008, Dr. Sharfstein was named a Public Official of the Year by Governing Magazine. Dr. Sharfstein was appointed by President Obama in March 2009 to be the Principal Deputy Commissioner of the U.S. Food and Drug Administration a post he held until earlier this year. Dr. Sharfstein was recently appointed as the Secretary of Health & Mental Hygiene for the state of Maryland. His keynote address promises to give us his experienced view and keen assessment of the current status and evolving landscape of many public health issues of concern to toxicologists, poison center workers, and health care practitioners generally. The call for original scientific research abstracts for presentation at NACCT went out on January 19th, and the deadline for submission of your abstract will be April 11, 2011. NACCT this year once again will showcase data from the most cutting edge original research studies in clinical toxicology, as well as thought-provoking, sentinel cases and unusual case series in poisoning that will likely change the way you practice clinical toxicology.

Other annual events at NACCT will include the Toxicological History Society's popular evening symposium and the always intensely competitive Quiz Bowl!

All of these unique and exciting activities and unparalleled educational forums will make NACCT 2011 the can't-miss toxicology event of the year. Watch for details and early registration at our website: www.clintox.org.

Mark your calendars and make your plans now to join us!

AACT MEMBERS : HARD AT WORK!



AACT ANNOUNCES NEW MANAGEMENT TEAM!

The Academy is pleased to announce that it a new management team at **Degnon Associates** in McLean, Virginia, help us manage our organization. We welcome Sarah Shiffert, our new Executive Director, and Christine Lusk, our new Manager, who will work closely with Laura Degnon, our Executive Consultant and a vice president at Degnon Associates, to help the Academy achieve its professional goals through a variety of new activities and initiatives. Sarah, Laura, and Christine began working with us in November, 2010, and have engineered a smooth transition, thanks to the efforts of Connie Gray who has been the interim administrative director of AACT. Connie has retired, and we thank her for her invaluable service to AACT and wish her well in all her future pursuits. Contact information for our new management team is:

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We hope that all AACT members will have the opportunity to meet our management team at the upcoming North American Congress of Clinical Toxicology in Washington D.C. to be held September 21-26th, 2011. Stop by the AACT exhibit at the meeting and get to know Laura, Sarah and Christine. They are working hard on your behalf.



Laura Degnon, CAE; George Degnon, CAE (President, Degnon Associates); Sarah Shiffert; and Christine Lusk

A Fellow's Perspective: The Experience of Uncertainty

The first snowflakes were starting to fall, covering the city in a dusting of white. It was December 26th, the day of the biggest blizzard to hit New York City in years, and I was on call. As a first year toxicology fellow at the New York City Poison Control Center, "Call" had ceased to become the subject of the abject terror that had accompanied those first few sleepless, diaphoretic nights when my name started appearing on the August schedule. Over time, the mismatch between the immensity of my responsibility and the vast inadequacy of my toxicologic knowledge, had begun to diminish. Six months in, I knew to be less concerned about some things and more concerned about others. I became more comfortable with my resources and more confident in my judgement. I found that months of book learning and bedside consults were beginning to translate into situations in which I was asked a question and actually knew the answer. But not always.

More specifically, not on the day after Christmas when I was on call during the blizzard.

A young Mandarin-speaking female had presented to the Emergency Department with epistaxis, hematemesis, and hemoptysis following the ingestion several days prior of a blue liquid rodenticide. The resident on the phone slowly read off the only English word on the package: "bro-di-fa-coum?" My first thought was – "AWESOME." Long-acting anticoagulants were something that I had read about, something that had been discussed esoterically on rounds, and something that I had even myself ingested (during residency, as part of an educational demonstration of the relative safety of a couple of pellets of d-CON). And now there was a young woman who, at that very moment, across the snow-covered city, was hypotensive and hemorrhaging from a superwarfarin rodenticide ingestion.

The gears began churning: factor inhibition... vitamin K 2-3-epoxide reductase... lipophilicity... hepatic sequestration... prolonged duration of action. Give FFP. Give vitamin K. And then the question, "How much vitamin K?" The churning gears ground to a halt. I realized that my answer was "I don't know."

I did know that the correct answer was probably somewhere in the range of A LOT. However, despite a basic understanding of the mechanism of toxicity (I could picture the vitamin K cycle in my mind, complete with arrows and enzymes and little activated clotting factors), the practicalities of a dosing regimen for acute toxicity escaped me.

The process of uncovering the answer to that question was enlightening. Of course, the immediate first step was to look it up, and then call someone with more experience. And this cemented what I have really known for years: that book learning is often worthless without experience (or at least access to someone with experience). "Experience" is a nebulous achievement that is difficult to define. When you are so fortunate as to have attained "it," it can give you the luxury of feeling comfortable with the uncertain. Experience shows you that numbers and cutoffs and "official" recommendations are often arbitrary or relative. It reassures you that it is acceptable, when uncertainty exists, to pick something and go for it (i.e., pick a big dose of oral vitamin K and see if it works. If it doesn't work, give more.) Experience teaches you to learn from your past and to turn to your peers. However, even among other people with experience, disagreement exists. Experience, instead of always teaching you the correct answer, may show you that there is not one correct answer to everything.

The patient was treated in the Emergency Department with FFP, red cells, fluids, and an arbitrarily large dose of oral vitamin K that was suggested by someone with more experience than I. She ended up needing more.

Continued on Page 9

THE FELLOW'S EXPERIENCE CONTINUED

The next morning, when I made the trek across the whitewashed, paralyzed tundra of New York City to her ICU bed, I found a pale, terrified young woman (who, incidentally, probably looked better than I did my first night on call). In broken English, she explained to me how she came to drink the rat poison “by accident.” In speaking with her, it struck me that we are often asked to wade through the murky waters of our own assumptions and instincts to interpret the “intent” of a poisoned patient. This is mired by language barriers, cultural norms, expectations of behavior and affect, and, of course, experience. In this case, my own experience had taught me to presume that such an “accidental” ingestion was in fact a suicide attempt. But this suspected suicidal patient, who I have now come to know well, diligently takes multiple vitamin K tablets daily, maintains close phone contact, and has faithfully attended every clinic appointment over the past ten weeks. Does this negate my initial assumption of suicidality?

This represents one case in a long series of cases, some more interesting than others, that has made up my toxicology fellowship thus far. Each case, each 3 AM phone call, each ICU bedside visit adds to a growing collection of experiences that will help me answer difficult questions in the future. I am starting to be able to answer such questions with, “In my experience...”

Dr. Fiona M. Garlich is a first year Medical Toxicology Fellow at New York University/The New York City Poison Control Center, New York

SIG Corner: Occupational and Environmental Toxicology

The Occupational and Environmental Toxicology Special-Interest Group recently hosted the first ever “occupational-environmental day” at the recent North American Congress of Clinical Toxicology in Denver, Colorado. This event, which featured the availability of a one-day only registration fee, resulted in an increase in attendance and registration for the occupational and environmental features of the meeting.

Our special interest group collaborated with the Radiation Special Interest Group in presenting our first joint symposium, which featured presentations from Capt. John Cardarelli, PhD, Capt. David Saunders, PhD, and Edward Cetaruk, M.D., was both interesting and very well received.

The symposium for the upcoming meeting in Washington DC is currently in the planning stages, and will feature several speakers from within AACT on the experiences regarding the recent Tennessee fly ash disaster.

Recent activities of the SIG include the creation of a standardized form for collecting occupational and environmental exposure histories (freely available at www.clintox.org). Please take the opportunity to review

this form, and feel free to download it and use it in your personal practice if you find it applicable, and please recommend it to colleagues and other organizations. The SIG would like to particularly thank James Madsen, M.D., MPH, for his work on this project.

In addition, occupational and environmental CD member, and past-president of AACT, Michael Greenberg, M.D., MPH, has recently edited a textbook entitled “Occupational Emergency Medicine”. Several members of the SIG have contributed to the first edition of this text which will be available through Wiley-Blackwell in spring 2011.

SIG member Mohammad Abdollahi has recently published 3 articles regarding organophosphate toxicity, examining the protective effects of rolipram, a phosphodiesterase-4 inhibitor, pentoxifylline, a phosphodiesterase-5 inhibitor, and magnesium carrying nanoparticles in a rat model of malathion toxicity.

Anyone interested in joining the SIG, or with ideas for future SIG activities, projects or web site content should contact John Curtis through the SIG page on the AACT web site.

By John Curtis, MD

BUILDING BRIDGES

EAPCCT'S XXXI INTERNATIONAL CONGRESS PLANNED FOR DUBROVNIK, CROATIA

The European Association of Poisons Centres and Clinical Toxicologists has opened the registration for the upcoming 31st International Congress to be held May 24-27th in the romantic and beautiful city of Dubrovnik, Croatia at the Valamar Lacroma Resort. The EAPCCT's Scientific and Meetings Committee (SMC), capably chaired by Dr. Martin Wilks, met in January to review and choose for presentation an extraordinary number of high caliber scientific abstracts of case reports and original research in toxicology. The AACT is a co-sponsor of this international meeting. AACT member Matt Sztajnkrzyca manages the CME credentialing for those attendees who desire this credit, and Alan Woolf, current AACT president, attended the January meeting as the AACT's representative to the SMC.

This year's Congress will feature a pre-meeting on the topic of "recreational drug toxicity" that will be held on Tuesday, May 24th. A variety of educational symposia are planned for the main meeting on subjects including experimental models in clinical toxicology, novel recreational drugs of abuse, genetic and molecular aspects of poisoning, public health roles for poisons centres, and the importance of drug delivery systems in toxicology. Research presentations will again be featured in both plenary and poster sessions. Special attractions of the meeting include the annual Louis Roche Lecture, the Young Investigator and Informa Awards, the welcome reception and the congress dinner at the historic Fort Revelin in the old town of Dubrovnik. All AACT members are urged to mark your calendars now and make

plans to attend this wonderful and unique international toxicology conference. For more information and to register simply consult the EAPCCT's website at <http://www.eapcct.org>



Announcements

Miguel C. Fernández, M.D., medical toxicologist at the UT Health Science Center San Antonio, was appointed this month to the National Toxicology Program (<http://ntp.niehs.nih.gov/>) Board of Scientific Counselors. This 15-member board controls toxicology testing across the U.S. and informs the public about potentially toxic chemicals

Health and Human Services Secretary Kathleen Sebelius made the appointment, which is through June 2013. Dr. Fernández, professor of surgery in the Health Science Center School of Medicine, is director of the South Texas Poison Center.

Did You Know?

The first AACT meeting was held in October 1968 and had 52 attendees. Dr Eric Comstock was the Academy's first President.



*Eric Comstock, Mark Thoman, Griffin Quinby
at the Palmer House at AACT 1978*



*Today, Dr. Thoman is proud to report he can
still fit into his Navy uniform!*

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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