



AACT*ion*

News &
Announcements

Volume 21, Number 5 December 2011
American Academy of Clinical Toxicology

Message from the President:

Alan Woolf, MD, MPH, FAACT, FACMT

What Color Is Your Interest?

Merriam-Webster's Dictionary defines **diversity** as 'having been composed of different elements, especially the inclusion of different types of people in groups or organizations.' The diversity of AACT members was on display at the most recent North American Congress of Clinical Toxicology in Washington DC. NACCT is such an enriching experience precisely because the people you encounter in the halls between sessions, during breaks, and in AACT group meetings come from many different states, countries, cultures and all walks of life. We don't all think alike; we challenge each other with diverse viewpoints and opinions. The AACT exemplifies this as well. Our members include bench scientists, nurses, pharmacists, clinical toxicologists, specialists in poison information, poison educators, medical toxicology fellows in training, poison center managers and directors, pharmacy postgraduate fellows, pharmacologists, forensic toxicologists, veterinarians, military physicians, government workers, other public health leaders, and



many others. The Academy offers something for everybody and we are proud of the multi-disciplinary nature of our organization.

Nowhere is this diversity more evident than in the many different aspects of toxicology represented in the **AACT Special Interest Groups**. These affinity groups are chartered by the Board of Trustees according to expressions of interest from active AACT members. You need three members to form a new special interest group. The organizers petition the Board to start a new SIG, describing in writing the mission and goals of their group. Then the SIG is open to ANY member of the Academy who wants to join. What color is your interest? What interests you in toxicology?

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AACTion

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AACT Administrative Office
6728 Old McLean Village Drive,
McLean, VA 22101

Phone - (703) 556-9222

Fax - (703) 556-8729

www.clintox.org

Administration

Laura Degnon, CAE

Executive Consultant

Sarah Shiffert

Executive Director

Christine Lusk

Association Manager

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American Academy of Clinical Toxicology

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president@clintox.org

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THE PRESIDENT'S MESSAGE CONTINUED

There are lots of reasons to join a SIG:

- SIGs identify learning needs of their members and organize scientific symposia for the annual NACCT. You can have a say in the direction of your life-long learning opportunities.
- SIGs attract a variety of people with similar interests. Social networking is helpful to your career.
- Some SIGs offer special benefits, such as a list-serve or an abstracting service, or take on special projects. You can keep yourself updated in clinical toxicology via your SIG activities.
- SIGs can write fact sheets for the public or position statements on clinically important toxicology topics. It then undergoes a review and approval process through the board of trustees. Conversely, SIGs are often asked to review the work of another professional society and comment on whether or not the AACT should endorse and adopt the position or the statement.
- SIG membership contributes points towards your accumulated experience in toxicology. Attainment of the prestigious "fellowship" status in the AACT requires so many points and active participation in AACT activities and events.

SIGs need leaders in the way of chairs or co-chairs. Your election to be a SIG chair signals your entry into national leadership service in your medical subspecialty. This is also a good thing for your career.

The Academy currently sponsors ten special interest groups:

Acute & Intensive Care – CoChairs: Anthony Scalzo & Sean Bryant

Envenomations – CoChairs: Deborah Larison & Keith Boesen

Pediatric Toxicology – CoChairs: Gary Wasserman & Jennifer Lowry

Food Safety – Chair: Michael Greenberg

Forensics – Chair: Cynthia Morris-Kukoski

Herbs & Dietary Supplements – CoChairs: Olga Woo, Elaine Kang-Yum, Jou-Feng Deng

Occupational & Environmental Medicine – Chair: David Vearrier

Radiation – CoChairs: Ziad Kazzi & Arthur Chang

Toxicology History Society – Chair: Bryan Judge

Weapons of Mass Destruction – CoChairs: Jerry Leikin & Robin McFee

You can find out more about the AACT SIGs at our website www.clintox.org. So now is the time to check them out and sign up to be a member. Just email our coordinator Christine Lusk and let her know that you want to join a SIG and you'll be included. Then be sure to attend the upcoming NACCT in Las Vegas, Nevada, from October 1-6, 2012. There you'll be able to attend your SIG's symposium and/or business meeting, learn more from the SIG leadership, volunteer your own ideas, and get involved. And we'll all be better off because of your energy and contributions to the work of the Academy.

THIS JUST IN FROM CLINICAL TOXICOLOGY....

The Monarch and the Viceroy

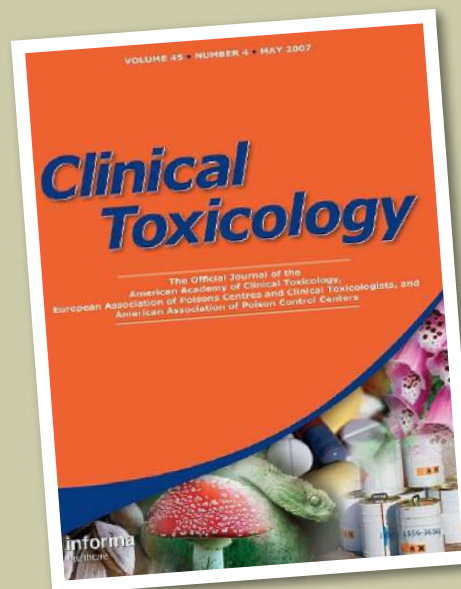
Many students of biology are familiar with the mimicry between the monarch (*Danaus spp.*) and viceroy (*Limnitis archippus*) butterflies. The viceroy butterfly mimics the appearance of the more toxic monarch species in the same ecosystem. It was long thought to benefit the viceroy, which avoided being eaten by predators due to its resemblance to the monarch.

Recently, some members of AACT have received e-mails from a new on-line journal with a name that closely resembles the title of the official journal of the Academy. This mimicry may cause confusion between the two journals.

The differences between the two are these:

Clinical Toxicology is the official journal of the AACT, EAPCCT, and AAPCC with over four decades of publication and a rising impact factor. Internationally known clinical toxicologists comprise the editorial board. Authors are never charged to publish in Clinical Toxicology.

In contrast, the "Journal of Clinical Toxicology" exists only on the website of the OMICS Publishing Group has published 10 articles of varying quality. Authors from high-income countries pay \$1800 to publish the first article in a year and \$900 for subsequent articles (although for \$10,000 per year, one may publish an unlimited number of articles). Just as the differences between the monarch and viceroy are not difficult to discern on closer examination, members of the Academy should be able to recognize the true monarch in our field and to avoid being fooled by the pretender to the throne.



Be a Giant

Over three centuries ago, Sir Isaac Newton famously wrote, "If I have seen a little further, it is by standing on the shoulders of Giants."

Now you have the opportunity to be a giant in your own time. If you have a special interest in a particular toxicological topic, consider writing the definitive review. Share your knowledge, expertise, intellectual interests, and astute analysis so that the next generation of toxicologists can see a little further by standing upon your shoulders.

Recently published review articles in Clinical Toxicology are among our most read and cited articles. Prospective authors should contact the co-editors of the Reviews Section, Prof. Allister Vale (allistervale@npis.org) and Dr. Michael Mullins (mullinsm@wusm.wustl.edu) with a topic proposal including an abstract of up to 600 words or a structured outline of the intended topic.

Be a giant.

*The Editors,
Michael Mullins, Reviews
Allister Vale, Reviews
Martin Caravati, Associate Editor
Nick Bateman, Editor-in-Chief*

IN MEMORIAM: DR WILLIAM O. ROBERTSON, MD

Some years ago my daughter, a student at the University of Washington in Seattle, was involved in a near fatal motor vehicle accident on the interstate and was taken to the tertiary care center in Seattle. At the time, I was practicing in Des Moines, IA, 2000 miles away. I immediately made hurried arrangements to go to Seattle as soon as I could arrange practice coverage and schedule the next available flight out. I arrived two days later and went to her hospital room where she was still in coma. Though relatively stable by that time, I was told by her nurse that during the early critical hours following her accident a doctor had been at her bedside almost constantly from just after admission until close to the time of my arrival. That remarkable person, colleague and friend was Dr. William Robertson. He recently passed on and below is the obituary written by Terri Suzuki, of his Washington Poison Center Staff.



The Washington Poison Center mourns the passing of our founder and dear friend, Dr. William O. Robertson, 86.

Dr. Robertson was very influential throughout his six-decade career in pediatrics, toxicology, teaching, and poison prevention. He began his career in Rochester, New York, but soon began teaching pediatrics at Yale University before heading to Ohio State University (OSU) to chair the Department of Pediatrics. In the mid 1950s, Dr. Robertson came to the Pacific Northwest and started working for the University of Washington (UW), Seattle Children's and started the poison center. Over the next five decades he held multiple and concurrent positions including: attending physician, the Director of Medical Education at Seattle Children's, the Chair of Pediatrics at the UW, and Medical Director and Medical Director Emeritus for the Washington Poison Center.

Dr. Robertson, also known as Dr. R, was one of the guiding forces behind the American Association of Poison Control Centers and served as the Secretary / Treasurer for years. "Dr. Robertson was a tireless defender of poison prevention. Unassuming and intensely loyal to his co-workers and collaborators, it was easy to take his leadership in toxicology and his considerable accomplishments, for granted," said Jim Williams, Executive Director of the WAPC. Dr. R published many books and well over 550 articles, in addition to being instrumental in Washington State's Anti-Scribbling legislation, making it illegal for doctors to scribble or to write sloppy prescriptions that could result in drug errors. He was also a force behind the national drug identification legislation marking all pills for quick identification by health care providers and law enforcement.

Dr. William Hurley, Medical Director of the WAPC observed that, "Dr. Robertson did an astonishing amount of work for the benefit of patients, especially children, who were exposed to toxins. He spent decades doing this work and with such passion and a level of insight and logic that isn't always present in medicine today. When he saw something that wasn't right, or put kids at risk, he had a strong desire to fix it. He was a wonderful physician, superb teacher, and a great leader to many in the toxicology field."

Dr. Hurley noted that when discussing tricky cases, Dr. R often said "this reminds me of what we used to do 30 or 40 years ago." His good friend Dr. Ruth Lawrence, with whom he attended medical school, added that "Bill was a brilliant student, a real scientist, and a genuine friend. He was greatly respected in his field." She also noted that pediatricians like Dr. Robertson and herself, led the movement to create poison centers and were not only practitioners, but true scientists, making each case a teachable moment.

A WAPC Call Room Supervisor said that "Dr. R always considered the patient first. He was not quick to send patients into emergency rooms and always chose the least stressful approach for the patient. Dr. R had fifty years of experience to draw upon, which often gave him a unique perspective; he was able to recall treatments that had been used in decades past that are still relevant today, treatments that younger healthcare professionals are not always aware of."

While Dr. R was not the creator of Mr. Yuk, the iconic figure that warns children and adults of poison danger, but he certainly was an early adopter and supporter.

Dr. Robertson was the consummate gentleman, and always wore a three-piece suit and a plaid bowtie. He was well known for his wicked sense of humor, love of salt, all things chocolate, and his fierce devotion and love for his family. Active up to the last months of his life, he played a weekly game of tennis with his grandkids. The Washington Poison Center staff will greatly miss Dr. R and send our condolences to his family and friends.

Dr. Robertson is survived by his 5 children, Kathy, Lynn, Kerry (Kuenzi), Doug (and wife Robin) and Andy. A public memorial service is planned for early January, 2012.

Mark Thoman, M.D., F.A.A.P., F.A.C.M.T.

Dr. Benitez wins SOT Translational Impact Award

John G. Benitez, MD, MPH, FAACT, FACMT, FACPM, FAAEM was selected for the **Society of Toxicology's (SOT) 2012 Translational Impact Award**. He explains this prestigious award in his own words below:

This award should really be to all the co-authors and workers on this project with me from Vanderbilt University/Tennessee Poison Center (Donna Seger, MD and Saralyn Williams, MD) and Oak Ridge Associated Universities (Donna Cragle, PhD). Per the letter I received this weekend, it states: "The Translational Impact Award is presented to a scientist whose outstanding clinical, environmental health, or translational research in the past decade has improved human and/or public health in an area of toxicological concern."

The SOT's vision, as stated in their web page (www.toxicology.org): "The SOT is a professional and scholarly organization of scientists from academic institutions, government, and industry representing the great variety of scientists who practice toxicology in the U.S. and abroad. SOT is committed to creating a safer and healthier world by advancing the science of toxicology. The Society promotes the acquisition and utilization of knowledge in toxicology, aids in the protection of public health, and facilitates disciplines. The Society has a strong commitment to education in toxicology and to the recruitment of students and new members into the profession." AACT is exploring ways to partner with the SOT; Dr. Woolf has named Ken McMartin, PhD, as the liaison with SOT. Current SOT and AACT members have just started its most recent specialty section: [the Clinical and Translational Toxicology Specialty Section](#). The work was an effort of the Tennessee Poison Center to address the health concerns of residents living in the vicinity of the Tennessee Valley Authority's (TVA) Kingston Fossil Plant. At approximately 1 am on 22 December 2008, the retaining dike broke at the TVA Kingston Fossil Plant, releasing more than 5.4 million cubic yards of coal ash onto TVA property, private property and the Emory River. The ash flow filled several sloughs with ash debris and embankment material. The communities surrounding the spill site had an

additional concern regarding health risks because of



living next to the site, ash on their property, the emergency response and planned remediation efforts. Medical evaluations by a medical toxicologist included a history and physical exam, routine laboratory evaluations, pulmonary function testing, chest radiographs, and blood and urine metal concentration measurement. Three hundred twenty participants signed up initially; 200 were seen by the medical toxicologist. 198 of these had blood and urine testing, 208 had chest radiographs, and 194 had pulmonary function tests. Many participants had ear, nose and throat, and pulmonary complaints. No pattern of heavy metal exposure, abnormal blood testing, pulmonary function testing and chest radiographs were found.

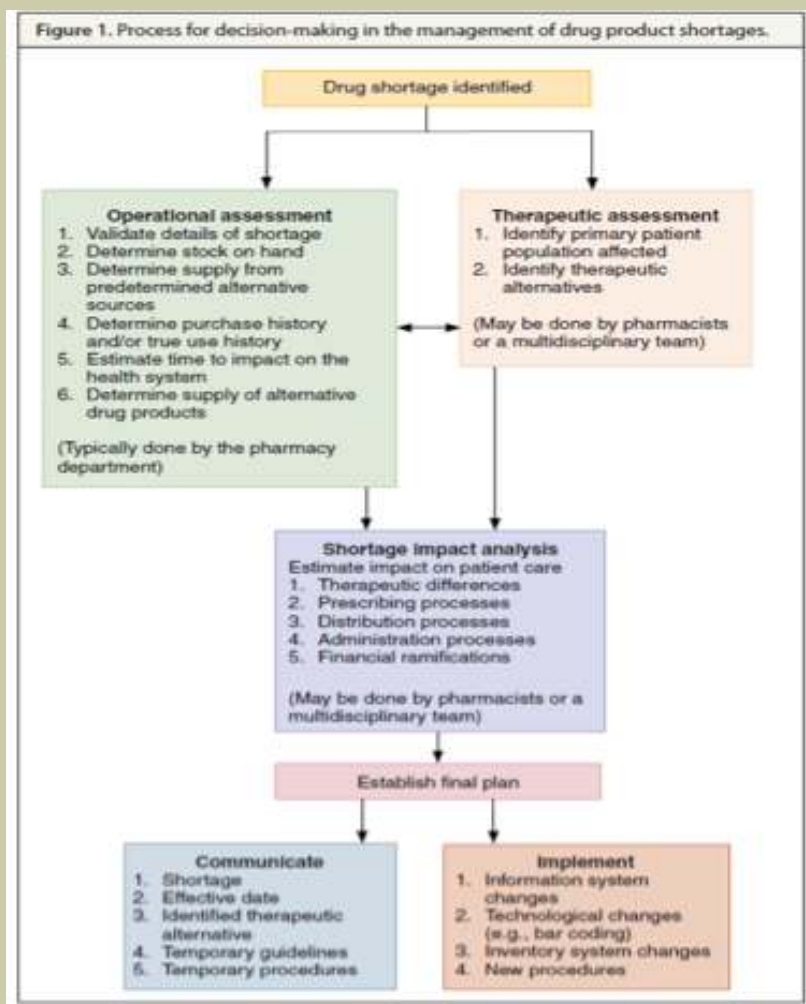
A poster presentation of the ongoing evaluation and response was presented at the 2010 NACCT in Denver, CO. Results of the evaluation results were presented at the 2011 NACCT in Washington, DC at the AACT Occupational Environmental SIG.

DRUG SHORTAGES: A CONTINUING CHALLENGE

Vinnita Sinha Pharm.D. BCPS, Clinical Pharmacist, Emergency Department, Yale New Haven Hospital and Niles H. Amin, Pharm.D., Clinical Pharmacy Specialist, Yale-New Haven Hospital, New Haven, CT

The number of drug shortages affecting institutions has substantially increased the past few years. The factors contributing to drug shortages are numerous and include natural disasters, lack of raw drug materials, manufacturers' non-compliance with good manufacturing practices, voluntary recalls, restricted distribution through post marketing programs, manufacturer discontinuation, shifts in demand, and industry consolidation. Due to the number and scope of drug shortages, many institutions have formed multidisciplinary teams charged with managing drug shortages while maintaining seamless continuity of care for patients.

Figure 1. Process for decision-making in the management of drug product shortages.



The key to managing drug shortages is to have a standardized process, involving key members from pharmacy, physician housestaff, and nursing to identify, assess, analyze, communicate, and implement a plan if necessary. Figure 1 is a process developed by the American Society of Health-System Pharmacists (ASHP), which has been adopted by health care institutions to assist in the management of drug shortages.

At Yale-New Haven Hospital, a similar process to ASHP's has been implemented. The Department of Pharmacy Services has dedicated a full-time Pharmacist to oversee drug shortages. This Pharmacist continually monitors drug shortages utilizing information from ASHP and the FDA's websites on drug shortages. In addition, this Pharmacist collaborates with other members from pharmacy, physician housestaff, and nursing to assess the impact of a shortage and develop and implement a plan, if necessary. Communication of the shortage and education of the alternative regimen is critical in maintaining continuity of patient care. The computerized physician order entry is also updated to reflect the drug shortage and to guide prescribers to alternative regimens. The opportunity is also taken to enhance safety and update guidelines in

accordance with current literature and national recommendations and guidelines.

References:

1. Fox ER. Managing Drug Product Shortages. Am J Health-Syst Pharm. 2009;66:1399-406.
2. Tyler LS. Understanding and Managing Drug Shortages. www.ashp.org/DrugShortages. Accessed December 22, 2011.

Member Spotlight

Questions For: *Rachel Haroz, MD, FAAC*

1. Rachel, you are currently an Assistant Professor of Emergency Medicine at Cooper University Hospital UMDNJ Camden, and are not too far removed from finishing your fellowship in medical toxicology. Tell me how toxicology fits into your every day work life.

I believe I function as a pretty standard academic based ED toxicologist. Most of my focus involves the everyday interactions and teaching of the residents, which I enjoy very much. I also provide a consult service for the hospital and serve on the P and T, med safety and disaster management committees. I had to start the consult service 6 years ago and as the only toxicologist in the hospital, it can be a bit hectic. Most of my consults end up being done by phone. I once even took a consult call from Vail mountain! Our hospital is a large tertiary care facility right in Camden and is starting a Medical School this year. It's a really fantastic place to work. Last, but not least, I am a part of and take call for the Philadelphia Poison Center. Truthfully speaking though, the latter is more of a source of continuing toxicology medication for me than a service.

2. We have worked together in the past organizing and moderating different symposia for AACT, did you find involvement at the national level enjoyable? How did the experience add to your life?

Organizing and working on the symposium was a challenge. Our goal was to find both topics that were interesting and speakers that were engaging. I was amazed to see how unbelievably friendly, responsive and helpful anyone from AACT was that I contacted. Most of them had never met or heard of me, truthfully, although I had certainly heard of them. Even when they could not help personally, suggestions and other speakers were offered. It sort of became everyone's project. You really got the sense that members cared



about this conference. One of our ideas was to have the director of MedWatch come speak about the process of black box warnings. I wasn't sure how difficult it would be to reach him, but to my surprise he got right on the phone with me and was very helpful. Incidentally, he is originally a urologist who had never heard of AACT, but immediately became very enthusiastic about coming to speak.

I walked away from this with a real sense of accomplishment. It went very smoothly and the feedback was very positive. I would really encourage everyone to become involved in such an event.

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3. ***So I understand you are relocating to California soon. How exciting! Tell us about that.***

After moving to the states 19 years ago (I grew up in Germany and Israel, as crazy as that sounds), I have spent all my time on the east coast. This summer, however, we are moving to LA. Although the details aren't finalized, my husband took a job with the LA Phil; he plays trombone. We all love the outdoors and both my husband and I enjoy running, hiking and most of all the sun. My two little boys (5 and 7) just want a pool and a dog. We live in downtown Philadelphia right now so it will be a huge change for us.

I am hoping that I will be able to continue to use my toxicology skills in California, but so far it has been a challenge. Luckily I like challenges.....

Interview by Barbara Kirrane, MD

SIG CORNER: PEDIATRICS

The AACT Pediatric Special Interest Group is a very active SIG within AACT. It is made up of toxicologists, like you, who are interested in children and the developmental, political and social aspects of toxicology in this population. Our annual symposiums (on our own or partnering with other SIGs/Organizations) are often well attended due to the diverse exposures that occur in children and the impact that this has on many toxicologists and poison center staff. Other ongoing activities include interests in pediatric fatality review, adolescent drug testing, pediatric formulary issues that impact clinical care for the child, evaluation of the drug endangered child, pediatric environmental health, over-the-counter medication exposures (cough and cold preparations) and other situations that are commonly addressed in every AACT SIG. While pediatric toxicologists are members of our SIG, the majority of toxicologists are involved in the care of the poisoned child and may find an interest in joining our group. Any questions regarding the Pediatric SIG can be addressed with Jennifer Lowry, MD and Gary Wasserman, DO (Co-chairs).

Jennifer Lowry, MD

DON'T MISS 1ST WORLD CONGRESS AND VENOM WEEK 2012

The 17th World Congress of the International Society on Toxinology and Venom Week 2012, 4th International Scientific Symposium will be jointly held July 8 - 13, 2012 in Honolulu, HI. Online registration, abstract submission and hotel reservations with special conference rates are now open. Natural toxins, all things venomous, and Hawaii too! Come join us! For more information, please visit the conference website: <http://www.istworldcongress17-venomweek2012.org/>

Save The Date!!!

EPACCT Congress May 29- June 1 2012, in London, UK

World Congress of the International Society on Toxinology July 8-13, 2012 in Honolulu, HI

NACCT: October 1-6, 2010 in Las Vegas, NV

AACT ENDORSES POSITION STATEMENT OF CROTALIDAE

The AACT has endorsed a new position statement on the first aid treatment of Crotalidae snake bites. In this action, the Academy joins other professional societies including the American College of Medical Toxicology, the American Association of Poison Control Centers, the European Association of Poisons Centres and Clinical Toxicologists, the International Society of Toxinology, and the Asian Pacific Association of Medical Toxicologists. The position statement was composed by Drs. Michael Levine and Anne-Michelle Ruha and reviewed by AACT member Steven Seifert and also Deborah Larison and Keith Boesen, co-chairs of the AACT Envenomations Special Interest Group, which recommended to the AACT Board of Trustees that it be endorsed. The trustees subsequently voted to endorse it in July.

The position statement, entitled "Pressure Immobilization after North American Crotalinae Snake Envenomation", clarifies the lack of evidence of efficacy for the use of pressure immobilization (i.e. wrapping the affected limb in a pressure bandage and splinting it) in the pre-hospital management of such snake bites and discourages its use by either the public or health professionals. For details regarding the background and context of the statement, please go the Public Information area of the AACT website at www.clintox.org.

CONGRATULATIONS TO AACT'S NEWEST FELLOWS!



Hey, tell us:
How did you get your

F?

From L to R: Michael Mullins, Karen Simone, Cynthia Morris-Kukowski, Dan Keyler, Lisa McKinney (accepting for Patrick McKinney), Jennifer Lowry Photo credit: John Benitez

Each year, the Academy recognizes hardworking members who have made significant contributions to both the AACT and to the advancement of clinical toxicology by designating the honor “Fellow of the American Academy of Clinical Toxicology”, or **FAACT**. In 2011, Michael Mullins, MD, Karen Simone, Pharm D, Daniel Keyler Pharm D, Patrick McKinney MD, Jennifer Lowry MD and Cynthia Morris Kukowski were given this prestigious honor. We wanted to know more about the newest honoree’s, so we asked them to tell us

“How did you get your F?”

“Over the past dozen years since I finished my fellowship in Oregon, I have served my patients, my university, my hospitals, and my community as a practitioner, a consultant, a teacher, administrator, and a researcher – sometimes all in the same day.

I feel that my greatest and most enduring contribution lies in the dissemination of quality science. Toward that end, I have published 30 peer-reviewed articles in clinical toxicology and emergency medicine plus some letters to editors and abstracts. Just as important to me as telling my stories is the editorial process of helping to select and shape others’ works as well. In this role, I have been a reviewer for *Clinical Toxicology* for 13 years during which time I have reviewed about 100 manuscripts. If you include *Annals of Emergency Medicine*, *Journal of Medical Toxicology*, *Academic Emergency Medicine*, and occasionally other journals, I have reviewed about 175 manuscripts over the years. Chances are that if you are reading this, I have probably reviewed your work.

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Building upon that, I became one the Reviews Editors for *Clinical Toxicology* in 2009 to the present. During this journey in the editorial process, I have had the privilege of working with many fine editors, mentors, and colleagues such as Carol Angle, Michael McGuigan, Nick Bateman, Marty Caravati, Allister Vale, Randall Bond, Rick Dart, Lewis Nelson, and others. I thank them for the opportunities to contribute to and make a difference in our field.”

Michael E. Mullins, MD, FACEP, FAACT

“Becoming an AACT Fellow was achieved via an ascending path over time. I have been a member of the Academy for over 25 years, and was a recipient of the Academy’s Research Fellow Award in 1985. This led to the opportunity to perform multiple platform/poster presentations at annual AACT meetings. In addition I have served as an abstract reviewer, Clin Tox Journal reviewer, and Chair of the Envenomations SIG. Publishing in the clinical toxicology and research toxicology is a key element to paying it forward in the field, and I have authored or co-authored numerous toxicology book chapters, and recently co-authored, along with three world-renowned toxinologists (Wienstein, Warrell, White, and Keyler), a book on colubrid snake envenoming released in July, 2011. My career involved having served as co-director of Toxicology Research at the Minneapolis Medical Research Foundation where my research involved the development of immunological approaches to reversing drug-, toxicant-, and toxin-induced toxicities. In recent years the development of a vaccine against nicotine was the primary focus. Academically, moving through the ranks to professor was achieved via professional clinical toxicology and graduate toxicology courses in the College of Pharmacy and Medical School, and advising and mentoring research graduate students and fellows. Involvement with the University of Minnesota’s Global Health Course concerning envenomations in the United States and developing countries has been a favorite academic activity. Complementary to this has been my full involvement in a humanitarian project with Animal Venom Research International and the Instituto Clodomiro Picado of Costa Rica to develop a polyvalent antivenom for the medically important snakes of Sri Lanka.

In summation, clinical and research toxicology, and the American Academy of Clinical Toxicology have been my livelihood and professional career. It doesn’t get any better!”

Daniel E. Keyler, PharmD, FAACT

“I was pleasantly surprised to receive my award as Fellow to the AACT. This was my first time applying, but I had just been promoted in my academic institution and felt that it may be time to apply for Fellow to the Academy. While I am involved in AACT as a Co-chair to the Pediatric SIG, most of my toxicology service occurs in the clinical care to the children at Children’s Mercy, the service to the University of Kansas Hospital Poison Control Center and the collaborations that I have in pediatric environmental health with EPA and ATSDR. My hope is that these experiences will only add to the service that I can provide to AACT in the future. “

Jennifer A. Lowry, MD, FAACT

“I am currently the Director of the Northern New England Poison Center serving Maine, New Hampshire and Vermont. I served as the Secretary-Treasurer of the American Board of Applied Toxicology (ABAT) from 2004 to 2011, and have been the Secretary of the American Academy of Clinical Toxicology since 2008. I am also part of the Clinical Toxicology Editorial Board, and contribute to the North American Congress of Clinical Toxicology (NACCT). For the NACCT, I have presented at the ABAT Symposium and the American Association of Poison Control Centers Symposium, served as a panelist in ‘Articles You May Have Missed’ and as a moderator for platform presentations, and have presented multiple posters over the years. Clinically, I take calls 24 x 7 every other week for the Center, and work with local clinicians to enhance their toxicological awareness and knowledge.”

Karen Simone, Pharm D, DABAT, FAACT

We welcome your participation in AACT. We can’t wait to ask future members “Hey, how did you get your F?”.



POISON AND DRUG INFORMATION SERVICE CELEBRATES 25 YEARS!

This year, the Poison and Drug Information Service (PADIS) celebrates 25 years of service. Located in Calgary, Alberta, PADIS provides advice on poisonings to over 4.8 million people in Alberta, Saskatchewan, and the Northwest Territories. Here are a few quick facts that highlight the tremendous accomplishments of the PADIS team:

- PADIS consists of three services: Poison Centre, Drug Information for Healthcare Professionals, Medication and Herbal Advice.
- PADIS took its first call on March 3, 1986, and its official opening was May 5, 1986. Dr. Ingrid Vicas was the first Director/Medical Director of PADIS.
- In its first year PADIS employed 9 full time staff. PADIS now consists of 28 information specialists, one IT analyst, four medical toxicologists and five administrative and support staff.
- Call volumes to PADIS have increased from 16,000 calls in its first year to over 50,000 calls in fiscal year 2010. PADIS has received over 890,000 calls since its inception.

As part of its celebrations, PADIS hosted a one-day 25th Anniversary Conference on Saturday, November 5th. Over 220 registered delegates attended, representing MD's, Pharmacists, and Nurses from across Canada. Dr. Bob Hoffman, Director of New York City Poison Control Center, gave a keynote address on "The future of toxicology: taking new research concepts from the benchtop to the bedside". An Open House on November 4th allowed delegates to tour PADIS, meet staff, and attend our weekly educational rounds.

Congratulations to PADIS on their outstanding contributions. We look forward to another exceptional 25 years. For more information on PADIS, please visit www.padis.ca.

-Mark Yarema, MD FRCPC, Medical Director, PADIS



L to R: Roy Pursell, Bob Hoffman, Chris DeWitt, Randall Berlin, Mark Yarema, Anne Letarte, Sophie Gosselin, Marjorie Friesen, Martin Laliberte, John Fountain, David Johnson, Ryan Chuang

NACCT 2012 PLANNING COMMITTEE GETS STARTED!

The North American Congress of Clinical Toxicology (NACCT) Planning Committee met in Las Vegas on November 30th to discuss plans for next year's conference. The Congress will be held from October 3rd-6th 2012. All Academy Members are also encouraged to attend the day-long AACT Pre-meeting Symposium being planned for Tuesday, October 2nd. This is the first time that NACCT has ever been held in Las Vegas, Nevada.

The site of the convention will be the fabulous new Cosmopolitan Hotel located in the heart of the Las Vegas Strip at the 3700 block of Las Vegas Boulevard. The stylish Cosmo, one of the Marriott Hotels & Resorts' Autograph Series opened only last New Year's Eve and is the newest destination hotel in Vegas, with unique artistic touches, low rates, and a friendly staff. This property has buzz; it is the talk of the town. The beautiful, comfortable rooms overlook either the Bellagio Hotel or the Planet Hollywood Complex with magnificent views of the surrounding Nevada desert valley and mountains. Rooms feature state-of-the-art push button controls and luxurious features. The hotel has amenities such as swimming pools, a fitness center and spa, and even an in-hotel pool table and amateur boxing ring. The Cosmopolitan is steps away from upscale shopping, fine restaurants, and world-class shows and entertainment. You can find out more about the fabulous features of this hotel at its website: www.cosmopolitanlasvegas.com

The NACCT Planning Committee is chaired by **Dr. Elizabeth Scharman**. Planning Committee members include **Leigh Delatorre** (Contemporary

Forums), **Bob Hoffman** (AACT president-elect), **Ruddy Rose** (AACT treasurer), **Matt Sztajnkrzyer** (NACCT education committee co-chair), **Bryan Hayes** (NACCT education committee co-chair), **Mark Kostic** (NACCT abstracts committee chair), **Marsha Ford** (AAPCC president-elect), **Barbara Walker Bartlett** (AAPCC educators' NACCT committee), **Paul Wax** (ACMT executive director), **Ronica Farrar** (AAPCC education planner), and **Alan Woolf** (AACT president).

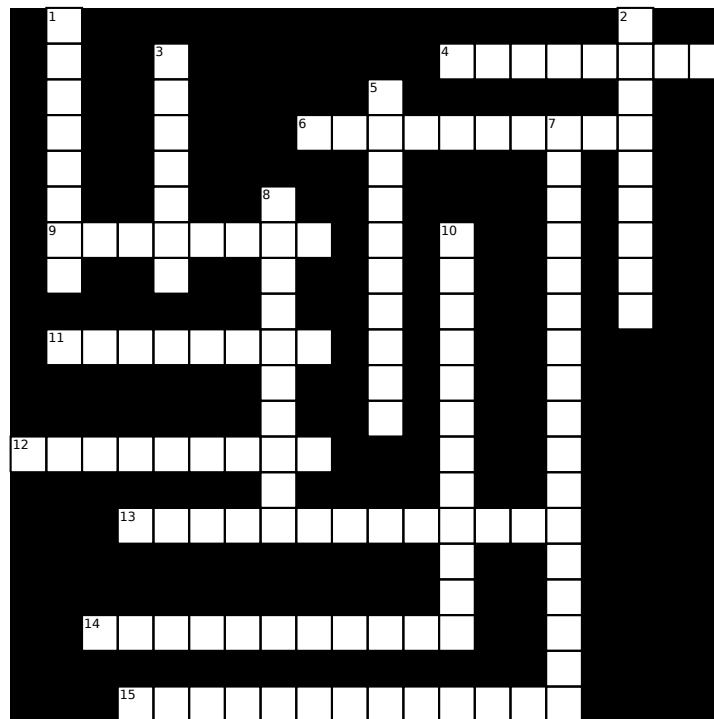
At its November meeting, the Planning Committee unveiled new ideas for a 'greener' convention using the early on-line electronic availability of abstracts and meeting schedules to each registrant weeks before the start of the convention. This will reduce the need for a paper product-based syllabus. A handy pocket guide will be used on-site to orient NACCT participants to when and where educational sessions, society meetings, and other offerings are taking place. The presentation of almost 400 original scientific research abstracts, in both platform and poster sessions, form the foundation of the meeting. More interactive educational sessions are also planned, with the use of audience response systems. Simulation workshops, the popular 'year in toxicology' and 'articles you may have missed' sessions, a toxicology history room, the annual quiz bowl, special interest symposia, trainee-oriented sessions, and will contribute to this unparalleled educational and professional opportunity.

Circle the dates on your 2012 calendar and watch for further updates and announcements at the www.clintox.org website: you won't want to miss it!



Crossword Puzzle:

Drug Interactions



- Across
- 4 If on a MAO inhibitor, avoid foods containing _____
 - 6 Decrease digoxin dose by 50% if used with _____
 - 9 Phenobarbital, phenytoin, and carbamazepine are examples of cytochrome enzyme _____
 - 11 Hypotension is a problem when sildenafil is taken with these _____
 - 12 ACE inhibitors and spironolactone may increase _____ levels
 - 13 This hormone replacement can bind to cations if taken within 4 hours
 - 14 This medication causes skin and nail sensitivity when exposed to sun
 - 15 When this antibiotic is taken with alcohol, nausea and flushing will occur

- Down
- 1 Vitamin K can cause decreased effects of this medication
 - 2 Antibiotic associated with serotonin syndrome
 - 3 Dose reduction needed if taken with NSAIDs or diuretics
 - 5 Blocks acetaldehyde dehydrogenase
 - 7 Antibiotics may decrease the efficacy of this class
 - 8 Statins may interact with this juice
 - 10 NSAIDs (abbrev.) increase levels of this chemotherapeutic agent

Did you Know?

The Toxicologic Historical Society started in 1991. Dr. John Trestrail presented “Poisoners Throughout History” at NACCT, in Toronto, Canada.



Photo credit: John Benitez, MD

We welcome your feedback!

Please send us your articles, announcements, ideas, research articles, and contributions.

We cannot do this without you!

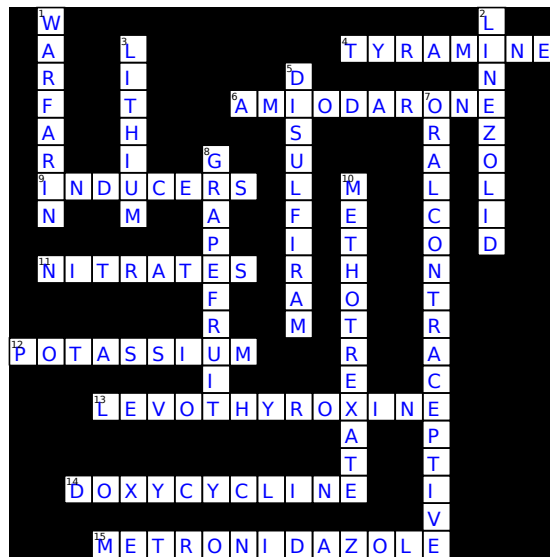
Editor: Barbara Kirrane, MD, FAACT

bmkirrane@gmail.com

AACT

CROSSWORD ANSWER KEY

Drug Interactions



- | Across | | Down | |
|--------|---|------|---|
| 4 | If on a MAO inhibitor, avoid foods containing _____ | 1 | Vitamin K can cause decreased effects of this medication |
| 6 | Decrease digoxin dose by 50% if used with _____ | 2 | Antibiotic associated with serotonin syndrome |
| 9 | Phenobarbital, phenytoin, and carbamazepine are examples of cytochrome enzyme _____ | 3 | Dose reduction needed if taken with NSAIDs or diuretics |
| 11 | Hypotension is a problem when sildenafil is taken with these _____ | 5 | Blocks acetaldehyde dehydrogenase |
| 12 | ACE inhibitors and spironolactone may increase _____ levels | 7 | Antibiotics may decrease the efficacy of this class |
| 13 | This hormone replacement can bind to cations if taken within 4 hours | 8 | Statins may interact with this juice |
| 14 | This medication causes skin and nail sensitivity when exposed to sun | 10 | NSAIDs (abbrev.) increase levels of this chemotherapeutic agent |
| 15 | When this antibiotic is taken with alcohol, nausea and flushing will occur | | |