



# AACT*ion*

News &  
Announcements

Volume 21, Number 4 October 2011  
American Academy of Clinical Toxicology

## Message from the President:

*Alan Woolf, MD, MPH, FAACT, FACMT*

### **STAND UP AND BE COUNTED! Advocacy in AACT**

One of the most gratifying aspects (and there are many) of being President of AACT is having the ability to push forward ideas and programs in clinical toxicology that you care about. The Academy is a respected voice of clinical toxicology and we can make ourselves heard when we stand together and take a position! Webster's Dictionary defines an 'advocate' as 'one that pleads the cause of another' or 'one that defends or maintains a cause or proposal'. The ubiquitous Wikipedia defines 'advocacy' as "a political process by an individual or group which normally aims to influence public-policy and resource allocation decisions...it may be motivated from moral, ethical or faith principles or simply to protect an asset of interest." I would claim that the Academy has an ongoing and important role in advocacy: it defends its own causes and it pleads the case of others ('assets of interest' are, for example, poison control centers). Let me give you a few recent examples.



Over this past year our members have created and/or endorsed a number of influential public position statements on a range of topics:

World Health Organization – AACT endorsed the adding of dimercapto succinic acid (DMSA) to the WHO list of essential medicines.

Public Employees – AACT joined the Society of Toxicology (SOT) in advocating for fair treatment for governmental employees who are members of non-profit societies, allowing them to hold office and participate fully in the activities of professional societies.

Crotalidae Snake Bite First Aid – AACT joined AAPCC, ACMT, APAMT, EAPCCT, and others in endorsing a statement opposing pressure immobilization as a first aid measure in the treatment of rattlesnake bites.

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# AACT*ion*

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## THE PRESIDENT'S MESSAGE CONTINUED

You can read about the details of the snake envenomation first aid position statement elsewhere in this issue of *AACTion*, as well as at the **AACT's "Position Statements"** section of the website at [www.clintox.org](http://www.clintox.org). These endorsements advance the field of clinical toxicology and perform a public service.

This year the AACT also joined the American Association of Poison Control Centers (AAPCC) in taking an important stand in advocating for poison control centers in the United States (see the commentary in *Clinical Toxicology* 2011; 49: 284-286). The functionality of the nation's integrated poison control system is under financial attack by cutbacks in Federal funding, even while the government looks to its 24-hour daily poison control services as a critical first-line resource for insuring the nation's emergency preparedness. The AACT's advocacy efforts for poison control centers have not achieved all that we might have hoped for yet; severe financial constraints remain among the daily operational challenges testing most, if not all, poison control centers. But we remain committed to the long-term objective. Working together with our colleagues in AAPCC, we must convince our public officials going forward that supporting poison control is the fiscally sound, ethically and morally right thing to do.

I hope these examples showcase for you the role that the Academy can, and in my opinion, must take in protecting and advancing the public and professional interests of our members, colleagues working in toxicology world-wide, and the general public. I also hope that you will consider how you, as an AACT member, can advocate for the Academy and for our profession. "Think globally, act locally" as the adage says. We welcome and solicit ideas and direction from our membership. The process of a formal policy or position statement often begins at the level of our committees or special interest groups. The Board of Trustees endorses each only after careful deliberation and, often, debate, so that we protect our reputation as an organization holding to the highest standards of science and ethics.

**I urge you to stand up and be counted!** Be an advocate for clinical toxicology in your professional life and your community. And let the leadership of AACT, its trustees and officers, know how we can more effectively represent you in taking up the cause.

*by Alan Woolf, MD, MPH*

## Dr. Mary Ann Howland Wins Distinguished Service Award

**Mary Ann Howland, PharmD, DABAT, FAACT** has won the 2011 American Academy of Clinical Toxicology's Distinguished Service Award. This prestigious award is presented to an AACT member who has served the Academy with dedication and distinction throughout his or her career. The Distinguished Service Award nominees are proposed by Fellows of the Academy to the AACT's Executive Committee, who then makes the final selection. Dr. Howland is a Clinical Professor of Pharmacy at St. John's University College of Pharmacy and an Adjunct Professor of Emergency Medicine at New York University School of Medicine, Bellevue Hospital Center and New York University Langone Medical Center, as well as a Senior Consultant in Residence at the New York City Poison Center. She is an editor of *Goldfrank's Toxicologic Emergencies* (editions 3-9). In 1980, Dr. Howland joined the AACT and attended her first NAACT in 1981 in Salt Lake City, Utah. Since that time, she has attended every NAACT except for 1985 (when her daughter was born). Dr. Howland became board certified and a diplomat of the American Board of Applied Toxicology (ABAT), a standing committee of AACT in 1986, the first year the examination was administered. Dr. Howland served as Chairman of ABAT in 1988 and then remained on the ABAT board for several terms. She served on the Board of AACT for two terms and became a Fellow of AACT. Dr. Howland has served as a member of the AACT International Travel Awards Committee, the ABAT exam writing committee, the ABAT credentialing committee, the ABAT recertification committee, the AACT Herbs and Supplements special interest group and the AACT Abstract Committee where she also served as Vice Chair for one year. Dr. Howland has promoted throughout her professional life the mission statement of the Academy; that is, to advance the many facets of clinical toxicology including prevention, research, education, and treatment. The award presentation was made to Dr. Howland at the AACT Members' and Fellows' Reception which was held at the Omni Shoreham Hotel in Washington DC on Saturday evening, September 24th.



## DR. BARRY RUMACK WINS THE 2011 CAREER ACHIEVEMENT AWARD

Barry Rumack, MD, has won the AACT's Career Achievement Award for 2011. This unique and prestigious award is presented to an AACT member who has demonstrated extraordinary service to the profession of clinical toxicology throughout their career. A committee of past career achievement awardees selects the recipient each year from a list of candidates proposed by Fellows of the Academy to the AACT Nominating Committee.

Dr. Rumack was the director of the Rocky Mountain Poison and Drug Center from 1974 through 1991 and is now director emeritus. He was Professor of Pediatrics at the University Of Colorado School Of Medicine and is now emeritus retired. In addition to his academic pursuits he founded Poisindex, a toxicology database and developed other databases as part of Micromedex and then the Thomson Corporation. He served as president of the American Association of Poison Control Centers from 1982 to 1984 and was chairman of the American Board of Medical Toxicology from 1988 to 1990. He has published more than 200 original scientific articles, presented numerous abstracts at scientific

meetings and written many chapters and books. His primary research interest has been in general toxicology with a special interest in acetaminophen and mushrooms. He was appointed by the Governor to the Colorado State Board of Health and has served on advisory committees to the Consumer Products Safety Commission, the Governor of Colorado for the Rocky Mountain Arsenal, Food and Drug Administration, Institute of Medicine and others. He is married to Carol M. Rumack, M.D. Professor of Radiology and Pediatrics and Dean of Graduate Medical Education.

The award presentation was made at the AACT Members' and Fellows' Reception held at the Omni Shoreham Hotel on Saturday, September 24th. As part of the award, Dr. Rumack will present the AACT's Career Achievement Lectureship in Las Vegas at NACCT in 2012.





## THIS JUST IN FROM CLINICAL TOXICOLOGY....

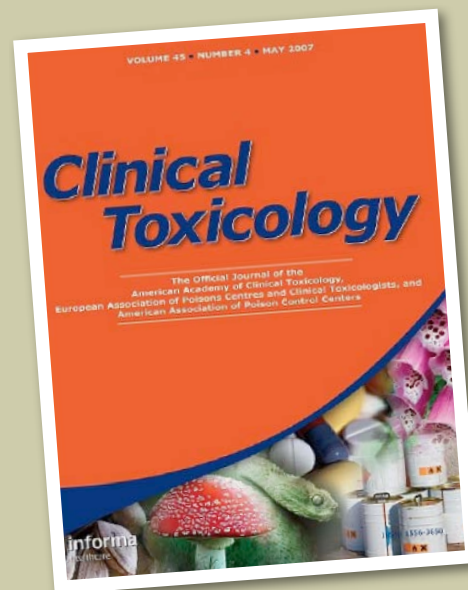
The Journal is very keen to provide a product that is valued by its readers. To that end a survey of the members of AACT, EAPCCT and AAPCC was conducted over recent months to obtain feedback on key issues for the Journal, as well as suggestions for future developments. The response rate, at 74%, was extremely high for this type of process indicating high reader interest.

We sincerely thank those of you who completed the survey. We take your suggestions very seriously. The results were shared with the entire editorial board when it met at the NAACT meeting in Washington, DC, and report some of the highlights here.

The majority of respondents were satisfied with the state of the journal, with 50% ranking their satisfaction an 8 to 10 out of 10. An "Images" section was added in the last year and 93% found it valuable and 20% requested more of them. Both print and online access is important to our readership as only 4% of respondents access the Journal only online. The print version clearly continues to be an important medium.

The submission process appears satisfactory with 90% of respondents reporting that the process was the same or better compared to other journal submission experiences. Of course, we want to continue to improve the process so that 100% of potential authors are content. We continue to work on improving the manuscript review process and the Instructions for Authors and welcome comments on these from authors.

A majority of respondents stated they would be interested in a "CPC" or teaching type article and we will be actively pursuing submissions and considering the best format over the next year. We welcome reader's suggestions!



We strive to include a broad range of clinical toxicology topics, including industrial, forensic, toxicokinetic, and acute care subjects in Clinical Toxicology. The Journal has an International scope and we hope you enjoy reading about toxicology problems from around the world.

Reader feedback is very important and we plan on periodically surveying the sponsoring organizations. In the meantime, do not hesitate to provide feedback directly to the editors ([spib@luht.scot.nhs.uk](mailto:spib@luht.scot.nhs.uk)) or publisher ([Kimber.Jest@informa.com](mailto:Kimber.Jest@informa.com)).

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



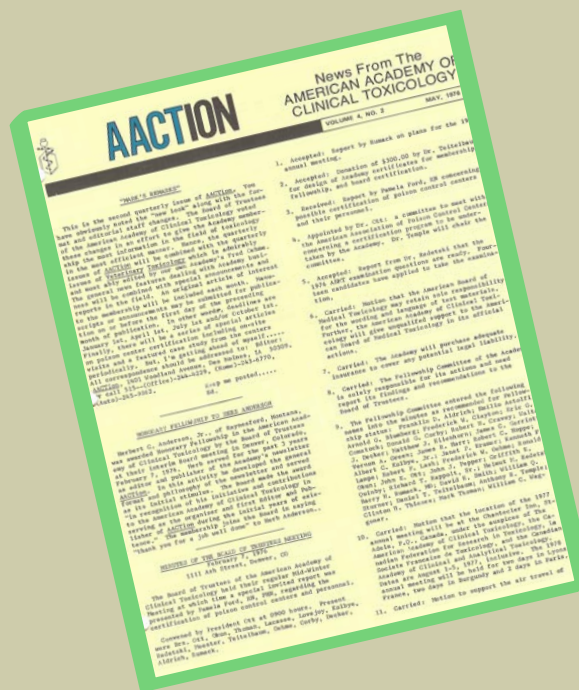
# NOTED MARYLAND OFFICIAL GIVES NACCT KEYNOTE ADDRESS

Dr. Clifford Mitchell, a physician specializing in occupational & environmental medicine, presented the keynote address at the North American Congress of Clinical Toxicology on September 23, 2011. Dr. Mitchell received his MD degree from Case Western Reserve University School of Medicine, an MS in technology and public policy from MIT, and an MPH in occupational health from Johns Hopkins University, where he also completed a residency in OEM and then served on the faculty for 11 years. He is currently the Assistant Director in the Office of Environmental Health & Food Protection, Infectious Disease, & Health Administration in the Maryland Department of Health & Mental Hygiene. There he has been a tireless advocate for worker training and protection from toxic exposures as well as for appropriate controls on chemical agents and chemical exposures. His talk was entitled: "Toxicology and the Regulators: Local, State, and Federal Initiatives."

Dr. Mitchell provided some local, regional, and national case examples of environmental toxins in which intense media coverage and public concerns were prominent, for example lead contamination of public water supplies, melamine contamination of pet foods, Chinese-made drywall used in the interior of homes, and polychlorinated biphenyls (PCBs) off-gassing from caulking used in schools.

Dr. Mitchell emphasized the role and responsibility of clinical toxicologists as highly regarded professionals in voicing their opinions and taking an active role in public discourse and debate regarding environmental threats. Such communications involve a variety of community groups: the public, health care providers, industry representatives, other interest groups, and policy makers. He cited 'credibility', 'objectivity', and 'clinical' as important elements that toxicologists bring to the table. Clinical toxicologists can analyze the scientific data and interpret it correctly. He acknowledged the value of any professional who can frame the discussion in terms of a realistic estimate of the clinical risk a hazard poses to the public's health using extant scientific evidence as the grounding for such educated opinions.

Finally Dr. Mitchell urged health professionals to take public positions and offer their professional guidance as a duty as advocates and citizens. While it may be uncomfortable to interact with media and participate in raucous public meetings, he challenged clinical toxicologists to volunteer their expertise and be the resource that can be so helpful to policy makers and regulators as well as to the public.



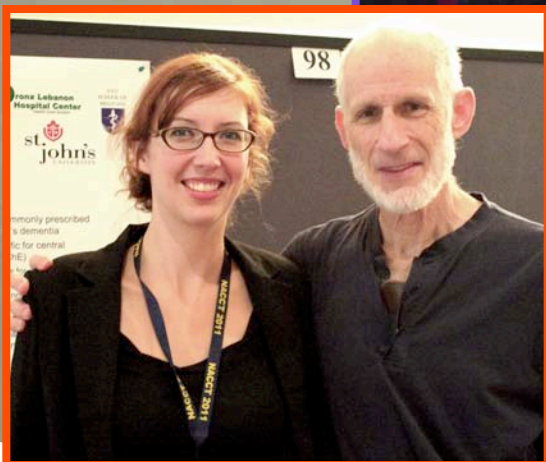


# NACCT 2011: WASHINGTON, DC





# NACCT 2011: WASHINGTON, DC





# Member Spotlight

Questions For: *Mark Thoman, MD, FAACT*

**1. Dr. Thoman, you serve as AACT's official historian, and have made it possible for our organization to celebrate it's history, in addition to understanding the path we took to arrive where we are today. Tell us about your role, and what motivates you to be in this position.**

When I was asked to put together the 25 year anniversary program for the AACT in 1993 in New York City, I had amassed considerable material and, having been a charter member of the AACT since its inception in 1968, I had a plethora of pictures, documents AACTions, Clinical Toxicology Journals, etc. over the years. From then on I have continued to collect more of the same and as many of the original AACT charter members retired, became inactive or went on emeritus status, they would send all or most of their historical documents, pictures, etc. to me. This included such AACT icons as Alan Done, Frank Aldrich and Walt Decker. (And, to paraphrase Paul Harvey, now you know "...the rest of the (his)story.)

**2. We would like to hear more about your military experience; you have spent a great deal of time serving our country. I understand that you had many positions, including flight surgeon for the US Navy as well as Captain of the US Navy Reserve. What part of your time spent with the Navy did you find most memorable?**

Well, there I have many memorable moments. In 1954, 6 of us fresh out of graduation from an Independence, MO, high school, joined the U. S. Marine Corps going to California to become "Hollywood Marines"...several of this group continued on active duty but, due to an injury, I went into a reserve status. I continued with my education and in the mid-1960's, with the draft looming over most physician's during the Viet Nam era, I applied for the Navy residency deferral program. Since there were no vacancies in that program at that time, I then applied for a commission with the U.S. Public Health Service to satisfy my selective service (draft) requirement and in order to be deferred to complete my residency. On completion of my residency in 1965, I went on active duty and I was assigned to the PHS's Poison Control Branch in Washington, DC. This was the primary coordinating agency for the, then 550(!), poison centers around the U. S. I began my assignment with two full time pharmacists, another pediatrician as well as a support staff and we would periodically send



out the now infamous 5 x 7 cards to each PCC which became a primary source of timely information on commercial and industrial products. We also sent out regular newsletters on contemporary toxicology issues and were the primary organization supporting the annual Poison Prevention Week. I also served as the U.S.P.H.S. liaison officer to the American Academy of Pediatrics.

After active duty in the late 1960's, I stayed on an inactive reserve status but in 1988, when the Des Moines, IA, U. S. Navy Reserve unit had a critical need for a medical officer, I resigned my PHS commission and took a commission in the Navy Reserve. Because I was a commercial, multi-engine and instrument rated pilot, a Senior Aviation Medical Examiner for the FAA, as well as a faculty member for the FAA seminars around the U.S., I was allowed to take the flight surgeon course and was subsequently given flight surgeon status. My TDY, or temporary duty assignments, included Souda Bay, Crete, in Greece, as a flight surgeon on the USS Lincoln, a nuclear carrier in the Pacific and also included being sent to Argentina to set up multi-specialty clinics there.

When I retired, at the mandatory age of 60, I kept my commission and I continue to review medical documents as well as screen Navy personnel for the active duty, recruiting and reserve components of the Navy Base at Bremerton and the Bangor Submarine Base here in Western Washington.

One of the most memorable moments during my many tours was a time when a young F-14 LT approached me on the bridge of the USS Lincoln, while we were in the middle of the Pacific, who noticed my wings, ribbons and finally my name tag and asked if I was related to a pediatrician in Des Moines, IA by that name. I told him I WAS the pediatrician from Des Moines, IA. Without hesitation he said, "Sir, you were my pediatrician." He graduated from a Des Moines high school, went to Annapolis, became a fighter pilot and was assigned to the U.S.S. Lincoln, only to have his pediatrician as the senior flight surgeon on board!

#### 4. So what keeps you busy today?

Now I review pediatric disability cases for the SSA, and continue as a member of the SRP, or Scientific Review Panel for the National Library of Medicine along with the Navy work cited above. I also continue my "secret hobby" of playing my grand piano which, though I still can't read a note, still serves as my main "tranquilizer." Not to mention my children (6), grandchildren (10), photography, flying (usually with an airplane) and RV-ing.

*Interview by Barbara Kirrane, MD*

## Thank you Dr. Cobaugh and Dr. Kent!

Please join us in the Academy in thanking **Dan Cobaugh** and **Debra Kent** for their tremendous contributions to the AACT over these past 6 years, as they complete their service as valued and productive members of the Board of Trustees. Their efforts have enabled the Academy to prosper and to become a much stronger organization, well-positioned to serve the needs of its members. We are truly grateful for their service!



Dr. Simone with Dr. Kent and Dr. Cobaugh during a recent board meeting

## New Board of Trustees Elected

The AACT held an election this summer for new members of the Board of Trustees to replace three who are finishing their terms. Trustees serve the Academy in this leadership role for 3 years with the promise to represent the interests of all AACT members in the business of the organization. A slate of seven candidates was presented to and approved by the Trustees in June.

**Dr. Anthony Tomassoni** was re-elected to a second term. Dr. Tomassoni practices and teaches Emergency Medicine and Toxicology at Yale University. He has been an active participant in NACCT meetings since 1993, has served on the AACT Board of Trustees since 2008. He has been appointed as the Chair of AACT's new Website Education Committee where, with AACT leaders and members, he is exploring curriculum and collaborations with professional organizations sharing educational needs.

**Drs. Robert Palmer and Christine Stork** were also elected and will serve their terms of office from 2011-2014. Dr. Palmer is presently in private practice with Toxicology Associates, PLLC in Denver, Colorado, and serves as an attending toxicologist and faculty member for the Rocky Mountain Poison and Drug Center in Denver. He holds academic appointments at the University of Colorado School of Medicine and University of Wyoming College of Health Sciences. He has previously been active within AACT as a member of the Board of Trustees as well as an NACCT abstract reviewer, session moderator, symposium organizer and speaker. He presently serves as a member of the AACT Fellowship Committee. He is also a diplomat of the American Board of Applied Toxicology and has served in the past as an elected member of its Board of Directors.

Dr. Christine Stork is clinical director of the Upstate New York Poison Center and a clinical associate professor in the departments of emergency medicine, medicine, and pharmacology at Upstate Medical University of New York. She is also adjunct faculty at both the Albany College of Pharmacy and Wilkes University. Dr. Stork has previously served on the Board of Directors of the American Board of Applied Toxicology from 1998-2002 and has also served on several of ABAT's committees: Scientific Affairs (and Chair), Membership, Examination, Education task force. She was previously on the Board of Trustees of the American Academy of Clinical Toxicology from 2001-2004 and has participated on several AACT committees: Web development, Strategic Planning, Awards, Education, and Fellowship. Dr. Stork was elected as a fellow of AACT in 2009.

Please join us in congratulating our newest members of your Board of Trustees!



Anthony Tomassoni



Christine Stork



Robert Palmer



## Informa Healthcare Award Winners

This year, Informa Healthcare established two annual awards for original research presented at NACCT; the **Informa NACCT annual outstanding innovation award** and the **Informa NACCT annual outstanding young investigator award**.

Both awards were established to encourage the pursuit of excellence in research in clinical toxicology and to encourage endeavors to develop scholarly products suitable for publication in the journal, *Clinical toxicology*. The young investigator award in particular is aimed at encouraging and supporting the younger members. To be eligible the main author or presenter had to be a student, fellow or other health professional in training.

These awards were chosen from the 20 platform presentations presented over the course of the NACCT conference and based on scientific quality, innovation, potential to change the thinking or practice of toxicologists and quality of the presentation.

This year's recipient of the annual outstanding innovation award was **Dr. Kenneth McMartin** for his presentation entitled: Diglycolic acid is the nephrotoxic metabolite of diethylene glycol. The annual outstanding young investigator award was awarded to **Dr. Jon Cole** for his presentation entitled: 10U/kg/h of High Dose Insulin is superior to 1U/kg/hr in a blinded, randomized, controlled trial in poison-induced cardiogenic shock.

In addition to the certificate, the recipients receive a cash prize and fast track consideration if the resultant manuscript is submitted to *Clinical Toxicology*.

**Congratulations to Dr. Kenneth McMartin and Dr. Jon Cole!**

*by Rachel Haroz, MD*

### SAVE THE DATE!

EAPCCT CONGRESS: MAY 29-JUNE 1 2012 IN  
LONDON, ENGLAND.

ABSTRACTS DUE NOVEMBER 21, 2011

NACCT: OCTOBER 1-6, 2011 IN LAS VEGAS,  
NEVADA

## In Memoriam: Findlay E. Russell, MD, PhD 1919-2011

Findlay Ewing Russell, a physician, neurosurgeon and toxicologist, died peacefully Aug. 21 in Phoenix. He was an emeritus member of the American Academy of Clinical Toxicology. Dr. Russell came to the University of Arizona College of Pharmacy in 1981 after serving as professor of neurology, biology and physiology at the University of Southern California and director of the Laboratory of Neurological Research and Venom Poisoning Center at Los Angeles County-USC Medical Center. Dr. Russell was an expert on snakebite in the United States and made important contributions in two specific areas. First, he advocated for the use of antivenom for rattlesnake bites and with John Sullivan, MD, performed research that ultimately led to a new antivenom – CroFab. Also important were his efforts to discourage the use of tourniquets and fasciotomy. Dr. Russell received his medical degree from Loma Linda University in 1952 after serving as an Army medic in World War II. He was a Fulbright Scholar, a visiting professor at universities throughout the world and a consultant for the World Health Organization, Doctors Without Borders and the National Science Foundation. In 1992, the University of Arizona College of Pharmacy established the Findlay E. Russell Distinguished Citizen Award in his honor and named him the first recipient.

## BUILDING BRIDGES

### **AACT & EAPCCT Submit Joint Symposia Proposals for IUTOX Event**

The AACT has again collaborated with the European Association of Poison Centres and Clinical Toxicologists (EAPCCT) in submitting educational symposium proposals for the upcoming International Congress of Toxicology (ICT) to be held in Seoul, Korea on June 2013. The ICT is organized by the International Union of Toxicologists (IUTOX), of which AACT is an active member. **Dr. Bruno Megarbane** of the EAPCCT led the effort for both societies and helped members to develop and submit their symposia abstracts to IUTOX by the July 31st deadline. A variety of symposia ideas were proposed, including such varied topics as the toxicity of herbs and dietary supplements, global toxico-surveillance, childhood lead poisoning, adult metals poisoning, teratogenicity and medication hazards in pregnancy, an update in pesticide toxicity, translational toxicology, novel recreational drugs, global environmental poisoning with arsenic, and natural toxins. In a related matter, **Dr. Robert Hoffman**, AACT president-elect, was nominated by AACT and EAPCCT to serve on two influential IUTOX committees: the International Advisory Committee and the International Scientific Program Committee, both of which are involved in organizing the International Congress in Toxicology.

## Did you Know?

The North American Congress of Clinical Toxicology is an annual forum for ground-breaking research. This year, there were 304 original posters, and 20 platform presentations presented.



**Tibet**

Photo credit: Jeff Lapoint, DO

## 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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