AACTion News & Announcements

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American Academy of Clinical Toxicology

Message from the President:

Robert Hoffman, MD

A New Face for the Academy

In just a few short weeks many of us will be going to Brussels for the annual meeting of the EAPCCT. In addition to a unique opportunity to network with colleagues from around the world and listen to the outstanding science and educational programs that we have come to expect at EAPCCT meetings, this meeting commemorates their 50th anniversary. One of the scheduled events that I am most looking forward to attending is a symposium that will focus on the past and future of toxicology; where some of the most prominent members of our community have been invited to share their perspectives about aspects of toxicology. The chance to hear pioneers in our field discuss many of their original works will be memorable.

While thinking a little about this meeting, I paused to think about the past and future of the Academy. I made a mental list of strengths to build on, issues for immediate action, and challenges that need to be addressed to assure the long-term viability of the Academy. Many of these will be items for discussion at our upcoming Board of Trustees meeting, and I will report on them later. I just want to mention a few quick items and ask for your help with one of them.

Where do we come from? The Academy was formed in 1968 as a: "multi-disciplinary organization uniting scientists and clinicians in the advancement of research, education, prevention and treatment of diseases caused by chemicals, drugs and toxins". This principle holds true today and must remain the cornerstone of all of our activities. We are the only clinical toxicology society in North America where people from all walks of life can come together as equals to learn, teach, and advocate for poisoned patients and our environment. The Academy not only recognizes and accepts people whose focuses in life are somewhat divergent, but more so, we gain strength from it.

Where are we now? The Academy is positioned as a responsible partner who is working side-by-side with other organizations that share many of our core values. You have seen the fruits of these labors in the form of joint position papers, evidence-based panels, activities like the Choosing Wisely Campaign, and symposia at NACCT, EAPCCT and others. As with all good partnerships some of these activities are initiated by the Academy with invitations for others to participate, while in others we are the invited stakeholder.

Inside this Edition

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PRESIDENT'S MESSAGE CONTINUED

Where are we going? Quite honestly I wish I knew. The direction we take is largely up to the Board of Trustees with your valued input. One thing is for certain, when addressing every new challenge and every potential direction I would ask that we all focus on the unbelievably wise decision made in 1968 (to be all inclusive) and remember that this is the unique strength and the unique value of the Academy.

With that in mind, I ask you for your help on two very important projects. In a short time, the membership committee will send out its member survey. This is your chance to tell the Board what you value and what direction you would like to see the Academy take. It is your Academy so please spend a few minutes to complete the survey in a thoughtful manner. Additionally, every day when I log onto the Academy Website I see that tired old logo (the benzene ring with the Yin and Yang black and white color scheme). Not only do we need a new face, in all honesty we needed one 10-20 years ago, I will be asking the Board to develop a new logo for the Academy. While they may want to hire professionals for this task, you represent a talented group of stakeholders (it is your logo after all) who have the unique perspective of knowing who the Academy is and what we represent. I think the members should have the first opportunity to make and pick our new logo. I will be asking the Board to formally sponsor a contest (yes with a prize), as part of a planned redesign/refresh of the website, so please stay tuned for this and start putting your ideas on paper (or your computer).

Call for AACT Fellow Candidates

Fellow designation (FAACT) recognizes clinical toxicologists for exceptional service to both the AACT and the field of clinical toxicology....does this apply to you? The electronic application, as well as the complete list of FAACT election criteria, and the application process, are detailed under the AACT Fellowship link on the AACT website (www.clintox.org). All applications are due by June 15, 2014.

Any questions about the application process or criteria, please contact:

Rob Palmer, PhD, FAACT
Chair, AACT Fellowship Committee
RPalmer@toxicologyassoc.com

Message from the Editor:

Jeanna Marraffa, PharmD

The difference that one person's contribution can have on a whole profession is not only remarkable but it is also humbling and motivating at the same time. As I put this issue of AACTion together, I am struck by what a difference that Dr. Gary Wasserman has made to the field of toxicology. The dedication he exhibited in his profession was made evident, not only in Dr. Lowry's tribute but also in all of your kind words of remembrance. Dr. Rumack is another one of those people who is most certainly making a difference…..how we manage acetaminophen poisoning will forever be marked by the work of Drs. Rumack and Matthew. And the influence that Dr. Rumack continues to have is clearly evident when you walk into any lecture room at NACCT where he is the speaker, you will find standing room only! These are just a few examples of the pioneers in the field of toxicology.

I implore each of you to take a look at these fine examples and then turn inward and identify what your lasting contribution will be. Each and every one of us has the ability to impact change and to leave a mark on the field of Clinical Toxicology. What is yours going to be? How do you want to impact Clinical Toxicology and AACT? Perhaps it is by finally finishing that research project that you've been working on; or submitting that manuscript to 'Clinical Toxicology'. Maybe you would like to become involved in a Special Interest Section or throw in your hat for a Board of Trustees position. How about submitting your application for Fellow status or nominate a deserving colleague? Perhaps going to the EAPCCT Congress for the first time or showing up at a NACCT conference you haven't attended in a few years is your focus for now. Whatever you choose, you will leave your mark on AACT and Clinical Toxicology forever. And I guarantee that you will not regret that choice.

I know that I feel inspired by the ones that have come before me and by all of you, my hard working colleagues, and I hope that we will continue to use our talents to motivate each other for the greater rewards in this fascinating field of toxicology. For those of you preparing to travel to EAPCCT in just a few weeks know that your presence there is making a difference. I wish you safe travels and I look forward to seeing many of you in New Orleans at NACCT in just a few months.

2014 North American Congress of Clinical Toxicology

Submitted by Dr. Kennon Heard

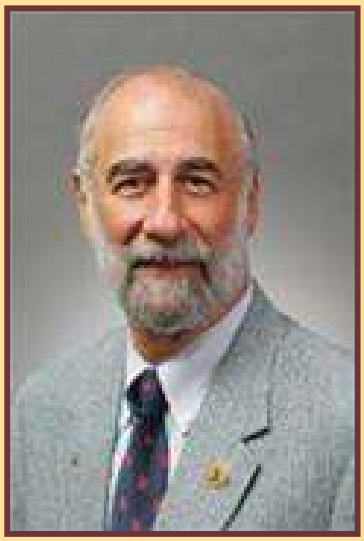
An Update from the Scientific Planning Committee

The Scientific Planning Committee has put together an exciting program for the 2014 North American Congress of Clinical Toxicology. The meeting will kick off with the American College of Medical Toxicology Presymposium with the focus on medication safety. The AACT Presymposium will be a critical care update for toxicologist. Once the meeting kicks off, attendees can attend a panel discussion on naloxone distribution programs, an interactive session on the evaluation of occupational and environmental exposures and presentations on emerging drugs of abuse in Europe, North America and Asia.

Our keynote speaker this year is author Deborah Blum, the author of the Poisoner's Handbook, so we are expecting an entertaining and educational presentation.

All of this takes place October 17-21, 2014 in beautiful New Orleans.

Dr. Gary Seth Wasserman (Wass) 1946-2014



Gary Seth Wasserman, known to colleagues and friends as Wass, is professionally considered one of the founding fathers of pediatric toxicology in the United States and an internationally renowned expert on loxocelism and brown recluse spider bites. He was born in Brooklyn, New York on March 29, 1946. He grew up in New Jersey and graduated from high school Lincoln High School in Jersey City, NJ in 1963. He obtained his undergraduate degree in Chemistry and Biology in 1967 from Albright College in Reading, Pennsylvania. Wass moved to Kansas City in 1967 to pursue a career in medicine at the Kansas City University of Medical and Biosciences where he obtained his Doctor of Osteopathy degree in 1971. He completed his residency in Pediatrics at Children's Mercy Hospital in 1974 and went on to subspecialty training in Clinical Toxicology at CMH. He joined the CMH faculty in Clinical Toxicology and Emergency Medicine in 1975 and served as the staff Pediatrician-in-Charge for the Pediatric Section of Emergency Medical Services and Research Center from 1975-1977. Subsequently, he became board certified in Pediatrics, Medical Toxicology and Pediatric Emergency Medicine.

Wass was responsible for the development of a nationally recognized Section of Medical Toxicology at CMH, served as the Director of CMH's Poison Control Center for over 20 years and trained fellows in Pediatric Toxicology. He enjoyed teaching and taught generations of pediatric fellows, residents and medical students the principles of toxicology. He was promoted to Professor of Pediatrics in the University of Missouri- Kansas City in 1991. During his career at CMH, he worked in the Emergency Department until 1999. During that time, he developed a Medical Toxicology Program that incorporated the poison control center and inpatient consultation service staffed by him, alone. In 1999, he left the ED to take on the fellowship director role and expand the clinical program. Additionally, he served as the Director of Performance Improvement from 1995 to 1999. Throughout his career at CMH, he was involved in numerous investigator initiated and industry sponsored studies, always with children as the focus of benefitting from his work. He served on many committees during his tenure at CMH and was noted to encourage significant positive change with his efforts.

Outside of Kansas City, Wass was a popular invited speaker nationally and internationally in the field of pediatric toxicology. Over the five decades of his career, Wass published over 200 articles, contributed many chapters in pediatric textbooks and served as the toxicology expert for a number of journal editorial boards including Annals of Emergency Medicine, Academic Emergency Medicine and Journal of Toxicology-Clinical Toxicology. He was on the Executive Board of the American Association of Poison Control Centers from 1978-1980 and served as an Assistant Editor for POISINDEX from 1979 – 2004. Wass was a champion of poison prevention in children and chaired a number of injury and poison prevention committees at the state and local level. He also served three terms on the Board of Examiners for the American Board of Medical Toxicology.

Wass took it upon himself to revitalize the Pediatric Section of the American Academy of Clinical Toxicology. Through his efforts as chair for many years, he was able to grow the group and integrate pediatrics into other areas within AACT. His vision has continued to grow through leaders that he has developed with his passion for children.

As mentioned previously, he was a well-respected expert on the clinical effects of Loxosceles recluse, or the brown recluse spider, given the geography of the spider and the unique presentation of envenomation in children. He wrote countless articles including case reports and commentaries about the recognition of differences in children compared to adults with this exposure. He was an expert consultant for the Discovery Channel show, "I Was Bitten" which described this unique presentation in one of his patients.

During his career, Wass served the hospital, medical staff, University of Missouri-Kansas City School of Medicine, KCUMB, Kansas City community, and the national/international toxicology community with tireless energy and great commitment. He received the National Council Citation

Award by Albright University in 1984 for his Professional Accomplishments in the field of Medical Toxicology. He received the Alumni Achievement Award from KCUMB in 2007 and was elected to the Gold Society in 2009. Throughout his 41 year career at CMH, Wass maintained his role as a clinician, teacher and researcher.

With his indomitable spirit, tireless dedication to children, ever present sense of humor and positive attitude, he was an inspiration to many and a friend to all. As a friend and colleague had mentioned previously, "the world needs more Wass's, not one less."

Wass passed away in the comfort of his home on March 26, 2014 (3 days shy of his 68th birthday) with family at his side. He is survived by his wife Cheryl and daughter Madison.

There will be a Celebration of Life on Sunday, June 8th 2014 from 12:30 – 2:30 pm at Drumm Farm Golf Club at 15400 East 34th Street, Independence MO. Wass had planned everything down to the last detail (Wass style) and hoped many would attend.

In lieu of flowers please send donations to the Children's Mercy Hospital, Resource Development, 2401 Gillham Rd, KC, MO 64108, or to the Bone Marrow Transplant Unit Fund, University of Kansas Cancer Center, 3901 Rainbow Blvd, Kansas City, Kansas, 66160-1777

by: Jennifer Lowry, MD

Wass Quotes:

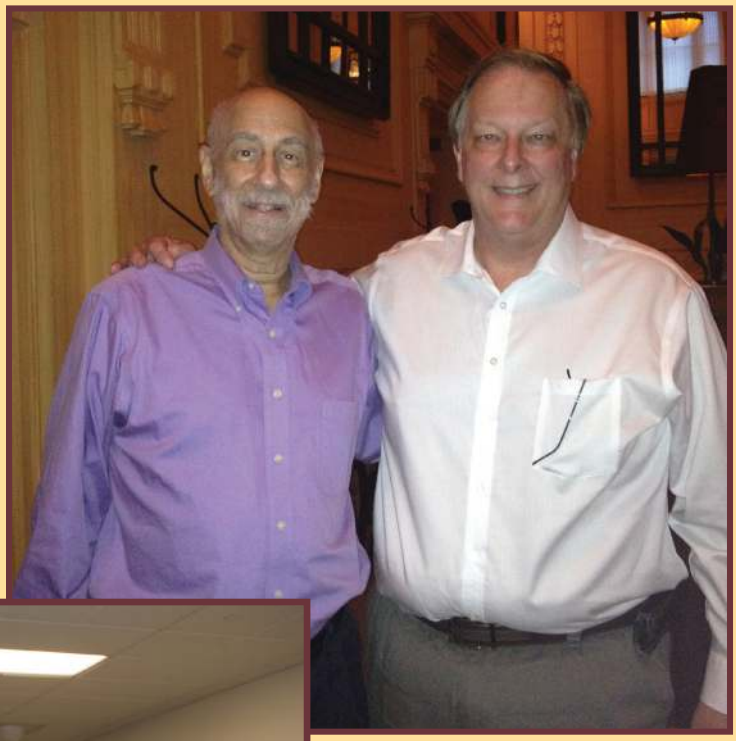
"Always give 100 percent…unless you're giving blood!"

"I finally figured out what I want to be when I get older… YOUNGER!"

"Life may not be the party we had hoped for, but while we're here, we might as well dance."

"Don't get all weird about getting older…our age is merely the number of years the world has been enjoying us."

"Follow your heart wherever it takes you, and be happy. Life is brief and very fragile, and only loaned to us for awhile. Wake up every morning with the thought that something wonderful is about to happen."



Tributes and Memories

Gary was a friend and colleague. He always had a smile and a controversial point to discuss about Brown Recluse Spider Bites. He was a leader in Clinical Toxicology, a mentor to many students, and an inspiration to all of us. I will miss him. ~Donna Seger

I have learned so much from Wass over the years and have great respect for all that he has done. I'm sure that his Lifetime Achievement Award ceremony lifted him up. He certainly imparted a lifetime of wisdom to many but I and many others have learned even more about him as a person through this ordeal. He humbles us. I have faith that he is at peace and whole again with God. I know that this has been a journey for you as well; and God has given you great strength to hold witness for us all and to be strong for Wass and his family. Wass was a hero and mentor for me in life and he bravely showed us his strength even into his passing. ~Tony Scalzo

Sandy and I got to know Wass and Cheryl during vacations...I mean...tox conferences. I visited Wass and Cheryl in Kansas City and remember well his idiosyncratic art collection. He was unable to come to Albuquerque for the Venom Week meeting in 2009 because of the altitude but did contribute his expertise on spider bites and some spectacular photos, as well as helping me from time to time with clinical consultations. Mostly, I remember a warm, smart, fun-loving, colleague and friend. A good man, a genuine zest for life, and a true friend. ~Steve Seifert

He was one of those people that makes me want to be a better person, whenever I think of him. ~Leslie Dye

All I know is when you walk around Children's Mercy Hospital with Wass, you feel like you are with the BMOC. Everybody in the Hospital knows Wass, greets him warmly, and just shows him the love. If you are his friend, then you are their friend. What a great feeling. He fought the good fight. A tremendous friend and colleague, Wass is alive in the memory of what he taught all of us, to emulate his strength and spirit. ~Alan Woolf

We have all lost a great colleague. What an amazing fight Wass waged. May he rest in peace knowing he was loved and cared for as a friend, colleague and fellow toxicologist. ~Ruth Lawrence

What a gallant fight, done with so much courage and dignity.... so few of us could have done the same. Thanks for giving us the chance to say goodbye and thanks for all the good thought and laughs along the way. The good memories we will have forever. We believe we will feel your presence again.....enjoy the journey. ~Don Barceloux

I've only known Wass from "afar" all these years, but I have indeed been an acquaintance and "professional friend" for a long time, I'd guess ~30 years now, dating back to the early 1980s. We got to know each other at the primordial versions of the NACCT, as two of the few Pediatric Tox folks in the next generation after Barry Rumack, Fred Lovejoy, et al. Wass and I would compare notes, and enjoy the small pediatric tox world camaraderie. I, especially, remember his calling one day circa 1999-2000 or so, and asking me a few questions about tox fellowship requirements and certification, in my then role as chair of the medical toxicology subboard. He had this wonderful pediatric senior resident who wanted to do tox, and he was very excited about that and was hoping they could pull it all together for her so that she could stay at Children's Mercy to do her training. I offered a few suggestions and encouragement, though of course all the hard work was on Wass. That sure turned out well... ~Fred Henretig

I met Wass about 4 years ago in Puerto Rico. I remember a man who was a gentle giant- huge in heart and soul, and beyond generous of spirit. I loved his sense of humor and the warm, affectionate sparkle in his eye. As great as the memories are, they are eclipsed by the amazing courage and strength that his last days showed, and now I will always remember a hero. We will miss you, man. ~Michael Alberti (Anne-Michelle Ruha)

I know Wass only as a colleague when we met at tox meetings. But, like so many others, he left an indelible mark on me. He was creative in thinking about our focus of pediatric toxicology and his thoughts were always welcome. But, most of all, he was a person who lived joyfully and was a pleasure to be with. ~Lorne Garrettson

An Interview with Dr. Barry Rumack

Questions by Dr. Kennon Heard

1) *What was the biggest problem (most difficult to treat poisoning) toxicologists faced when you started? What will be the biggest problem in 10 years?*
Barbiturates were the major problem. At issue was the widespread use of analeptic agents (doxapram, ethamivan, nikethamide, caffeine, etc.) which did not help these patients but frequently produced seizures and turned coma into a problem. I attach a photo of a "barbiturate burn." This was common for many things and I am also attaching something from Goodman & Gilman 4th edition 1971 suggesting in the treatment of methanol "Caffeine given rectally as strong black coffee or intramuscularly as caffeine and sodium benzoate (0.5g) is safer and more effective." After training in Edinburgh with Henry Matthew MD I spent a great deal of effort trying to stop physicians from using these agents. Other issues of great difficulty were treatment of aspirin poisoning especially chronic and tricyclic antidepressant poisoning. Chronic aspirin poisoning is still a problem as it seems not to be recognized and approached as aggressively as needed.

2) *What poisoning treatment has changed the most since you started practice?*
Alkaline and acid diuresis was widely used for many drugs utilizing lists of Pka to determine which should be done. In the mid-1970s charcoal hemoperfusion and resin hemoperfusion became treatment of choice although interest waned once we started looking at clearance of total body burden rather than plasma clearance. At one point it was predicted that every ED would have a collection of canisters and would plug a patient into the appropriate one as soon as laboratory confirmation was achieved.

Perhaps the most impressive change was the introduction of Narcan to replace Nalline. We no longer worried about adding to the problem with opiates as we had with Nalline.

3) *How have poison centers evolved and where do you see things moving in the future?*
There were more than 700 poison centers when I started, including 13 in Colorado. Most were simply a red telephone on the wall and a box of clearinghouse cards that were out of date and contained incorrect data. Poison centers were primarily pediatric oriented as they were really first championed by the American Academy of Pediatrics in the mid-1950s after the first one which had been developed in Chicago. The first fellows in medical toxicology were pediatricians and that has been changed to emergency physicians and others with a broader training base.

Barbiturate blisters

4) *How has technology changed the practice of medical toxicology?*
Rapid and very excellent laboratory detection has been a major change in terms of technology. Prior to that we each carried a small tool box allowing us to do bedside tests such as Trinder reagents for aspirin. Sometimes it took a week or more to get a blood test. When we started the Acetaminophen Multiclinic National NAC study in September of 1976 less than 5% of hospitals could even detect acetaminophen other than with a color reaction, which was wildly inaccurate.

Dr. Rumack preparing for orogastric lavage

5) *What was your best "detective work" case?*
A young girl was admitted to the neurology service with substantial problems and after a week or more her hair started falling out. I was consulted during her third week in the hospital. The first thing to come to mind was thallium but it was very difficult to get a laboratory test which eventually showed some thallium but not very high. History was one of living in an urban environment and an exhaustive examination of the home did not turn up any thallium or containers with any of the old rodenticides. When taking an occupational history it was determined that the parents worked in a lab producing various radio isotopes including thallium and they eventually admitted to poisoning their own child.

6) *If you could get every physician to do one thing when they treat a poisoned patient, what would it be?*
Things have really not changed in the last 40+ years in this regard. The old saying, "Treat the patient, not the poison" is still operative. We no longer have analeptics and have stopped using emesis, lavage, cathartics and other things that offered no help. We need to teach and emphasize that treatment needs to be in proportion to the degree of toxicity. Waiting until the levels are negative for certain agents before suggesting that life support be discontinued is equally important. There are important perspectives that should be clearly communicated during any consultation ranging from aggressive treatment to basic life support and prevention by determination of root cause of the exposure.