



Message from the President: *Robert Hoffman, MD*

Let's Do Something Big (Together)

Many of you may have seen the extensive media coverage over the death of Philip Seymour Hoffman (no relationship to me) from a presumed heroin overdose. Web outlets, TV, and the print media featured the notice of his death, his funeral and several related articles prominently. Struck by the insensitivity shown by these news services to all the non-celebrities who have died from illicit and prescription opioids, and with a little help from my friends (sorry for the Beatles paraphrase) I wrote an Op Ed for the New York Times that got more attention than any paper I have ever submitted to a scientific journal.

I know my research and publications have not always been of the greatest quality or carried the impact of many of you who are reading this, but that Op Ed went viral; getting posted and reposted on Facebook, tweeted and retweeted on Twitter, and generating nearly 300 emails to the NY Times overnight that put it in the top 10 most emailed stories of the day. I read most of those emails and the common threads they shared were:

- A personal loss of a loved one to heroin or a prescrip-

- tion opioid that could have been averted
- A strong desire to have an antidote (naloxone) in the community to empower families to act on their loved one's behalf
- A lack of adequate substance abuse and mental health services available, especially to people of limited means or insurance status



In the days that have immediately followed I have heard from old friends, former graduates, former employers (meaning the NYC Department of Health and Mental Hygiene) and the time seems right for a renewed emphasis and national discussion. Let's face the simple facts. In just the last few years, poisoning has earned the dubious distinction of being named the leading cause of injury related fatality in the US, passing first firearms and more recently motor vehicle crashes.

A large portion of these deaths can be attributed to both licit and illicit opioids. Although clearly disconcerting, we should look at this statistic not as a failure, but rather as a mandate, a call to arms or a renewed sense of being.

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AACT*ion*

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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

Ellen Pak

Executive Assistant

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Email: president@clintox.org

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Email: simonk@mmc.org

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mmercuri@health.nyc.gov

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rrose1@mcvh-vcu.edu

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PRESIDENT'S MESSAGE CONTINUED

The elders in the North American Toxicology movement nearly eradicated childhood fatalities from caustics, iron and a host of other products by working with the public, manufacturers, and government to change the system. If we are going to make our mark, then striving to reverse the trend of opioid fatalities seems like the right place to start. Many of you are working on this and some great successes have been made. There are prescription monitoring programs to help identify people who might divert drugs if prescribed, limits on dispensing, and smaller movements toward the use of naloxone by police and other non-medical first responders.

Here in New York City I have been lucky enough to be peripherally involved with a pilot project to give naloxone to substance users and their families as part of a larger program aimed at harm reduction. I've watched this program blossom and read reports from other cities where police now resuscitate and bring to health care those overdose victims that they would have previously brought to custody. The time is right to have a discussion about moving naloxone further out into the hands of the community. I envision anonymous dispensing of naloxone to parents, RA's in college dorms, friends of opioid users and others as part of a broader approach to prevent opioid deaths. Perhaps these kits could include poison center numbers where specialists could help evaluate the need for and advise on their use while 911 services are being activated.

I'm watching the Olympics today, celebrating human triumph while thinking about human tragedy. Long before you read this, I will have shared it with the Presidents of our US partners at the AAPCC and the ACMT asking if they would consider joining in a small workgroup to see if we can come to consensus and write a position paper on the use of naloxone by non-health care providers with the hope that together we can work toward a common goal of reducing opioid deaths.

In Memoriam

Frank Bonfiglio, Jr.

Joseph "Frank" Bonfiglio, Jr., DPh, PhD, of Nashville, Tenn., passed away at his home on December 23, at age 60. In addition to earning his degree in pharmacy, Dr. Bonfiglio earned his doctorate in Pharmacology from the University of Louisiana at Monroe in 1980. His impressive scientific career included work as Senior Regional Medical Liaison, Amgen, Inc., Regional Medical Liaison, P&G Pharmaceuticals, Pharmacy Manager and Community Pharmacy Residency Director, The Kroger Co., Assistant Professor of Medicine and Program Director Middle TN Poison Center, Vanderbilt University, Assistant Professor of Medicine, University of Cincinnati and Associate Director of Drug and Poison Information Center, U of Cincinnati.

We extend deepest sympathies to his family including his wife, Cynthia E. Bonfiglio; son, Colin Bonfiglio (Laura) and mother, Gloria S. Bonfiglio.

Message from the Editor:

Jeanna Marraffa, PharmD

I hope that all of you are surviving a record-setting winter across the country. And for you Olympic fanatics out there, I hope that you are enjoying the games and the spirit of sportsmanship they represent.

In the past several weeks, you couldn't turn on the television or a social media site that didn't talk about, not the life, but the death of Philip Seymour Hoffman. I watched and read these stories in awe...his death of a presumed heroin overdose really are the sign of the times. He is neither the first nor the last celebrity (or regular person) that will succumb to heroin and his death speaks to the epidemic we face in the US. In the days following his death, numerous spoke and wrote about the issues and potential solutions. In his President's Message as well as

in his New York Times Editorial, Bob Hoffman calls all of us to action. Stay tuned for how we, as toxicologists, can get involved and be the change that this country needs in the fight against the opioid epidemic.

With spring approaching (hopefully sooner rather than later), I hope that all of you are preparing to attend at least one upcoming scientific meeting. The ACMT Spring Conference will be held in warm Phoenix this year. And the EAPCCT Scientific Congress will be held in Brussels. Look for an EAPCCT update from Dr. Megarbane in this issue of AACTion. And.....don't forget....the abstract deadline for NACCT 2014 is quickly approaching! Turn the page for more information about this.



Photo courtesy of Mary Halsey-Claps, RN, CSPI

AACT Call for Nominations

All members of the American Academy of Clinical Toxicology (AACT) are encouraged to submit recommendations for the following AACT leadership positions for 2014-2015:

- * President-Elect
- * Board of Trustees Member (3 positions)
- * Secretary
- * Treasurer

AACT is 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, and is dedicated to ensuring a breadth of disciplines and geographic representation on the Board and Committees.

Elected by the membership, the Board of Trustees establishes policy and is responsible for providing strategic oversight for AACT. The Board consists of 5 Officers (President, President-elect, Past President, Secretary, and Treasurer) and 10 elected Trustees.

Please send your suggestions for nominees, along with the CV or bio of the person(s) you are recommending, to the AACT Headquarters office at info@clintox.org by **March 14, 2014**.



Photo courtesy of Mary Halsey-Claps, RN, CSPI

NACCT Call for Abstracts



2014 Annual Meeting of the North American Congress of Clinical Toxicology October 17-21, 2014 Sheraton New Orleans Hotel New Orleans, LA

NACCT is an excellent forum for the presentation of original research or novel case series/reports in the field of toxicology.

Abstract Submission Instructions

1. Only unpublished data not previously presented at other national or international meetings may be submitted. Abstracts presented at local or regional meetings may be submitted.
2. Abstracts are to be submitted online at www.prolibraries.com/nacct. This is the same site that manages the conference CME and lecture handouts. If you already have an account on that website, you may use the same login and password you have used in the past or you can establish a new account. The web site is accepting submissions from now until **midnight EDT on 21 April, 2014**. Ensure a smooth submission process by not waiting until the last minute. Notification emails will be sent around the middle of May.
3. After logging on to ProLibraries:
 - a. Redeem the conference code **NACCT2014**
 - b. Click on My Abstracts (located under Your Account)
 - c. Follow the instructions throughout the system
4. Abstracts must include the following sub-categories:
 - a. Studies: Title; background or objectives; methods; results; conclusions
 - b. Case series/reports: Title; background; case report/s; case discussion; conclusions
5. The abstract should be written in complete sentences using grammatically correct English. Spell out all abbreviations on first usage.
6. Abstracts are limited to 2400 characters, not including spaces, author/s and affiliations. Only one institution or affiliation will be allowed per author.
7. Small tables may be accepted using the tool provided by the website. Graphs and illustrations cannot be accommodated.
8. **All abstracts must be blinded.** Authors, including, for example, names of poison centers, should not be identified in any way on the page containing the abstract. Author names, contact information and affiliations will not be included in the material sent to reviewers.
9. Abstracts will be reviewed for oral or poster presentations. Oral presentations (“platforms”) will be allowed 10 minutes followed by discussion. Posters will generally be grouped by topic and presented during one of 3 sessions. If you would prefer not to be considered for an oral presentation and only want to present in poster form, please indicate this in the appropriate section of the submission program.
10. All abstracts that are accepted will be published as received. No copy editing will be performed.
11. All presenters of accepted abstracts must register for NACCT 2014. For more information on NACCT 2014, go to www.clintox.org.
12. We look forward to your submissions!

The last line before the EAPCCT Brussels Meeting

Bruno Mégarbane, Chair of the EAPCCT Scientific Committee

The next EAPCCT XXXIV International Congress will be held in Brussels, including the pre-congress symposium (in May 27th) and the congress (May 28th to May 30th). Our scientific committee encourages you to come and participate in this great event, enjoying exciting moments with colleagues and friends from all parts of the world.

Brussels, the vibrant capital of Belgium, and the seat of the European Commission and most of the major political EU institutions, is one of the great historical cities of the world. The congress will be held in the SQUARE, an inspired 13.500m² meetings venue in the heart of Europe, located in central Brussels. SQUARE is housed in the extensive former Palais des Congr s, an elegant, architecturally significant building originally constructed for the 1958 World Expo. Many of the original features, including expansive murals by Paul Delvaux, Ren  Magritte and Louis van Lint, have been carefully restored and are now juxtaposed with contemporary design conceived by a team of leading European designers.

This congress will include the celebration of the 50th anniversary of the EAPCCT. Our society was founded in 1964 by a group of physicians and scientists with the specific goal of advancing knowledge and understanding of the diagnosis and treatment of all forms of poisoning. Several scientific and social events will be organized to celebrate the accomplishments of the last 50 years in clinical toxicology, and particularly by eminent members of our society which has now 239 members from 56 countries in all continents. The major symposium will be dedicated to history with lectures given by famous "senior" toxicologists who contributed the most to the development of our field in the last decades. The other following symposia will include state-of-the-art lectures provided by the most well-known specialists in their field:

- Where have we come from and where are we going?
- Main challenges for the future
- Poisoning in the developing world/resource-limited areas
- New insights into mechanisms of toxicity and their clinical relevance
- Chemical warfare agents
- Revisiting the challenges posed by new recreational drugs

Approximately 362 abstracts were submitted this year. 349 abstracts will be presented. Forty-two will be orally presented. The format of the invited keynote lectures has been maintained at 20 minutes. Additional slots for discussion have been added during the symposium to allow comments and debating. This year too, the EAPCCT board has decided to make available on the website a registered audio-format of all the oral presentations. These documents will be rapidly available after the congress to all who registered.

This year, plenary lectures will be dedicated to "Ups and Downs in Clinical Toxicology a review from 1964 to 2014" (by Prof. Thomas Zilker), "Mining the GPCR-ome to discover molecular targets for drug actions and side-effects" (by Prof. Bryan Roth), and "Evidence-based treatments" (by Prof. Nick Buckley). Three round tables will focus at: 1)- Poisons Centre Information Delivery, from clay tablet to 2014 and beyond; 2)- The role of poison centres in the eyes of the European partners; and 3)- Challenging the limitation of clinical toxicology in the developing world: Where do we go from here?

Interactive sessions with voting systems will be held, including five case-studies during the pre-congress session and five debates on controversial questions in clinical toxicology: 1)- the exact indications of mannitol for the treatment of Ciguatera poisoning; 2)- the role of antivenom besides supportive treatment in scorpion envenomation; 3)- the necessity to stop totally to do gastric lavage versus to perform gastric lavage only in some useful situations; 4)- The place of hydroxycobalamin as first-line antidote for smoke inhalation; and 5)- the necessity or not to intubate all drug-induced comatose patient.

So please enjoy our rich and interactive congress program and we hope to meet you soon in Brussels.



The American Academy of Clinical Toxicology

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

The AACT Toxicology Trainee Research Award



What is the AACT Toxicology Trainee Research Award?

- This award is intended to support research by clinical/medical toxicology fellows in training

How much money?

- Award is (maximum) \$3000
- A separate award of \$750 is given to present at the North American Congress of Clinical Toxicology

Who can apply?

- Awardee and Mentor are members of AACT in good standing



NEW AWARD!

Applications due:

April 1, 2014

What are the Award requirements?

- The entire study must be completed within one year of the award date
- Final progress report must be submitted to AACT
- A one-time only, no-cost extension may be granted

How do I apply?

- Apply on-line at www.clintox.org

More information?

- Email the AACT Executive Director, Sarah Shiffert: sarah@clintox.org
 - Email the AACT Awards Committee Chair, Dr. Kenneth McMartin: kmcmar@lsuhsc.edu

Lampe-Kunkel Memorial Award for Research

DWH (Driving While Herbed): Lampe-Kunkel Memorial Award for Research Given for Studies on Effects of Ginkgo and Ginseng on Driving Performance

The American Academy of Clinical Toxicology is excited to announce this year's winner of the Lampe-Kunkel Memorial Award for Research on Natural Products of

Toxicology. Michael Greenberg, MD, and his co-investigators, Rita McKeever, MD and Greg Lasala, MD, of Drexel University College of Medicine, were awarded \$3,750 for their project entitled "Ginkgo Biloba and Panax Ginseng's effects on driving vs placebo." The project's goals are to study the effects of ginkgo and ginseng on general driving ability by healthy volunteers due to anecdotal reports that these herbals can increase attention or be alerting. Greenberg's team will use a driving simulator (STISIM 3) to assess a variety of validated driving skill parameters, including divided attention, in-lane positioning and reaction time. Using a test/retest design, subjects will be tested before and after the administration of each supplement separately. Dr. Greenberg noted that "With the support of the Drexel University College of Medicine's Department of Emergency Medicine,

the Division of Medical Toxicology has established a major research effort to study human performance and driving. While other research centers exist around the world to study driving issues, to date, none have involved clinical toxicologists. This effort was initiated because of the shared research concerns between clinical toxicology and human performance issues. So many of the important issues of public safety and public health in the US today involve driving

under the influence of prescription and non-prescription drugs both with and without the overlay of fatigue and distracted driving. We are grateful to AACT for supporting our work by awarding our research team the Lampe-Kunkel Award to help us study the effects of the use of herbals on human performance and driving ability."

The Lampe-Kunkel Memorial Award is designed to investigate some aspect of toxicity due to naturally occurring phenomenon (i.e., plants, mushrooms, algae, insects, snakes).

The AACT offers four different research awards that are awarded in alternating years. Announcements of these awards for 2014, along with the all-important deadline dates for submission (April 1 for the Toxicology Trainee Award and November 1 for the others), is posted on the AACT website. We hope to have many submissions for upcoming awards – you can do it and we hope to help.



From left to right are: Rita McKeever, MD (Toxicology Fellow and Co-Investigator); Michael Greenberg, MD, (Principle investigator); and Greg Lasala, MD (Toxicology Fellow and Co-Investigator).