



## President's Corner

Donna Seger, MD

In recognition of contributions and achievements in toxicology, Dr. Anthony Temple was awarded the AACT Career Achievement Award at the NACCT meeting in Chicago in September.



Dr. Temple

Dr. Temple, a pediatrician and medical toxicologist was educated at Stanford University and the University of Utah College of Medicine. He subsequently did a pediatric residency at the Children's Service of the Massachusetts General Hospital and the University of Utah Medical Center and Affiliated Hospitals. Following his training, he joined the faculty of the University of Utah College of Medicine, combining his interests and skills in general pediatrics with his specialty training in medical toxicology. During that time, he served as the Director of the General Pediatric Ambulatory Care Clinic and as Director of the Intermountain Regional Poison Control Center. In 1979, he joined McNeil Consumer Products Company as Chief for the Medical Affairs activities of the Medical Department. An early major activity was to manage projects that provided seed funding for development of regional poison control centers and for training of specialists in clinical toxicology. Over the ensuing years he has participated and/or managed activities in regulatory affairs, clinical research, drug surveillance, and the broader range of medical information and scientific support for the company's marketed products. Among his achievements was the development of the current pediatric acetaminophen dosing schedule, a standardized approach to pediatric dosing of over-the-counter medicines, and its application to the current FDA approved pediatric dosing of ibuprofen. He has been an active participant in a variety of professional organizations, particularly those in the fields of pediatrics and clinical toxicology. He has served as a consultant to the Committee on Drugs of the American Academy of Pediatrics and as a member of the Board of Directors and President of the American Association of Poison Control Centers. During his reign as President, the first PC was certified, the AAPCC logo was developed, and AAPCC data collection system was initiated. One of his fondest

professional recollections is writing the first regional PC definitions and standards. He has served on advisory panels to the Consumer Product Safety Commission, which advised on implementation of child-resistant packaging regulations and on labeling for household chemicals. He currently serves as a member of the Board of Directors of the Johnson & Johnson Pediatric Institute. At present, he is Vice President, Medical Affairs at McNeil Consumer & Specialty Pharmaceuticals.



Dr. Seger

## Position Paper Process

The first issue of *Clinical Toxicology* in 2004 will contain the Position Paper on urinary alkalization. Each of the subsequent issues (with the exception of issue 5 which will contain the abstracts for NACCT) will contain updates of the original GI Decontamination Position Papers.

The editorial by Dr. Ed Krenzelok and Dr. Allister Vale that accompanied the original Position Papers, published in *Clinical Toxicology* 35:(7) 1997, explains the origin of the Position Papers. It is worth reviewing to understand the reason that these two presidents undertook this monumental task.

**In 1993 the American Academy of Clinical Toxicology (AACT) and the European Association of Poison Centres and Clinical Toxicologists (EAPCCT) agreed to collaborate in the preparation and dissemination of Position Statements on key issues in clinical toxicology, including the role of gut decontamination, to take advantage of the expertise and experience available in both societies. It was recognized also that the production of sound and valid clinical practice guidelines is costly in terms of professional time and that duplication of effort should be avoided.**

**Since members of the two societies are drawn from more than sixty countries, it is hoped that this collaborative effort will have a significant influence on medical practice worldwide. Furthermore, the endorsement of these Position Statements by the American Board of Applied**

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# North American Congress of Clinical Toxicology 2003: The President's Reception

The President's Reception delivered all that was promised. The "Night at the Oscars" roasting all past-Presidents of the American Association of Poison Control Centers (AAPCC) was both educational and entertaining. Dr. Tim Erikson led the group through the cultural forces of the 50's, 60's, 70's, 80's, 90's, and new millennium that have shaped our lives while Dr.'s Donna Seger and Doug Borys took turns highlighting the activities of the past Presidents. The accomplishments of the men and women who have helped turn the AAPCC into what it is today were numerous and included development of the first poisoning treatment book and microfiche system, and development of the Matthew-Rumack nomogram.



Left, Tim Erikson, the 60's; right, Tim Erikson, the new Millennium



## The past-presidents honored included:

1958	Edward Press, MD	1970-72	Howard C. Mofenson, MD	1988-90	William O. Robertson, MD
1958	George Wheatley	1972-74	Mitchell R. Zvon, MD	1990-92	Toby L. Litovitz, MD
1958-60	Robert Grayson, MD	1974-76	Carol R. Angle, MD	1992-94	Gary M. Oderda, PharmD
1960-62	William Curtis Adams, MD	1976-78	Robert Scherz, MD	1994-96	Richard S. Weisman, PharmD
1962-64	Robert J. Haggerty, MD	1978-80	Matilda S. McIntire, MD	1996-98	George C. Rodgers, Jr., MD
1964-66	Harry C. Shirkey, MD	1980-82	Anthony R. Temple, MD	1998-00	Blaine E. (Jess) Benson, PharmD
1966-68	Irving Sunshine, PhD	1982-84	Barry H. Rumack, MD	2000-02	Alan D. Woolf, MD
1968-69	Jay M. Arena, MD	1984-86	Regine Aronow, MD	2002-04	Douglas J. Borys, RPh
1969-70	Charles A. Walton, PhD	1986-88	Anthony S. Manoguerra, PharmD		

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Toxicology and the Canadian Association of Poison Control Centers will encourage widespread acceptance of these Statements.

Position Statements are systematically developed clinical guidelines that will provide those involved in the care of poisoned patients with a source of up-to-date peer-reviewed information. It is intended that these Statements will be important tools for ensuring that relevant research data are incorporated rapidly into clinical practice.

In addition to acting as a means of continuing toxicological education, the Position Statements will also promote optimal patient care by recommending treatment protocols based on scientific evidence and broad consensus, while allowing for justifiable variations in practice. These Position Statements should be used to inform medical decision making, not to enforce medical decisions. Physicians must be free to diverge from these guidelines when new data warrant change and to tailor treatment strategies to the specific needs of their patients.

In preparing these Statements, all relevant scientific literature was identified and reviewed critically by acknowledged experts using agreed criteria. Well-conducted clinical and experimental studies were given precedence over anecdotal case reports and abstracts were not usually

considered. A draft Position Statement was then produced and subjected to detailed peer review by an international group of clinical toxicologists chosen by the two societies. Each Position Statement went through multiple drafts before being approved by the boards of the two societies and being endorsed by other societies.

As a result of this process it is hoped that the Position Statements published in this issue of the Journal are scientifically robust, readable, logical, and free of ambiguity. The Statements distinguish those recommendations that are supported by high quality research evidence from those that have limited evidence to support them. The Statements also identify those patients who will probably receive benefit from the specified treatment, those who will not, and those who might be harmed by a particular treatment.

The Societies have developed a review mechanism for ensuring that the Position Statements will remain up-to-date and clinically relevant.

It is acknowledged the publication of the Position Statements alone will not have a major impact in informing and changing clinical practice.

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# Awards

The American Academy of Clinical Toxicology makes research awards available to encourage the advancement of scientific knowledge in the field of clinical toxicology. Described below are the awards currently available. Information on AACT awards can also be found on the Web at [www.clintox.org](http://www.clintox.org).

## AACT Research Awards

### Award Information

**Goal:** Two awards are given annually to encourage beginning clinical and/or basic scientists to formulate and carry out sound clinical toxicology research. The award also encourages participation in AACT programs by providing funds for travel to the NACCT to present the research.

**Eligibility:** Individuals within 5 years of their most recent training program (basic science, medicine, osteopathic medicine, pharmacy, veterinary medicine, residency and fellowship training)

### Procedures:

1. Announcement of the award is distributed to the membership of the Academy and other appropriate and interested individuals and organizations. Potential recipients include colleges of pharmacy, schools of medicine, schools of veterinary medicine, toxicology fellowship programs, and practicing toxicologists. The AACT web site, AACT e-mail network, ACMTnet, Intox list server, and other appropriate electronic media are used to promote this grant program. The award timetable is placed in every edition the AACT newsletter. Announcements are placed in *The Journal of Toxicology — Clinical Toxicology* and other appropriate journals. Announcements to the membership can be included in the annual membership renewal notice. The AACT office will prepare and send the announcements when possible.
2. Applications are sent from the office of the committee Chair.
3. The deadline for receipt of applications is early Spring. Completed applications are sent to the Chair of the committee. Upon receipt of completed applications, the Chair of the committee reviews them and forwards blinded copies (including the project budget) to committee members for review.
4. Committee members review the applications and rate them using a previously approved evaluation tool. Comments from committee members are solicited, and all appropriate comments will be forwarded to the applicants.
5. Recipients are notified of acceptance or rejection within 6 to 8 weeks of receipt of the application.
6. Funds are disbursed by the AACT office within 2 weeks of receipt of applicant information.
7. Recipients are contacted to coordinate submission of an abstract of their research to the NACCT.
8. Recipients are reimbursed for their travel expenses to the NACCT using the usual and customary procedures of the Academy.
9. Extensions: An extension of no longer than one award cycle may be made with the approval of the committee. The request for extension must be made in writing, explaining in detail why the extension is necessary.

### 2003 Award

Investigator: Jeanna M. Marraffa, Pharm.D  
Central New York Poison Center, Upstate Medical Center  
750 East Adams Street  
Syracuse, NY 13210

Project Title: The Pharmacokinetic analysis of intravenous fomepizole versus oral fomepizole in healthy human volunteers

## Lampe-Kunkel Memorial Award

### Award Information

**Goal:** The biennial award was instituted by the AACT Board of Trustees in 1990 to honor the memory and lifetime commitment to natural toxins toxicology by Kenneth F. Lampe, a world renowned plant toxicologist and active member of the Academy. The award was expanded in 2001 to also honor the contributions of Dr. Donald Kunkel. It is awarded to encourage research in the area of natural products toxicology.

**Eligibility:** Members of the AACT and graduate and post-doctoral students in any applicable discipline (basic science, medicine, osteopathic medicine, pharmacy, veterinary medicine)

### Procedures:

1. Announcement of the award is distributed to the membership of the Academy and other appropriate and interested individuals and organizations. Potential recipients include colleges of pharmacy, schools of medicine, schools of veterinary medicine, toxicology fellowship programs, and practicing toxicologists. The AACT web site, AACT e-mail network, ACMTnet, Intox list server, and other appropriate electronic media are used to promote this grant program. The award timetable is placed in every edition the AACT newsletter. Announcements are placed in *The Journal of Toxicology — Clinical Toxicology* and other appropriate journals. Announcements to the membership can be included in the annual membership renewal notice which is sent in January. The AACT office will prepare and send the announcements when possible.
2. Applications are sent from the office of the committee Chair.
3. The deadline for receipt of applications is early Spring. Completed applications are sent to the committee chair. Upon receipt of the completed applications, the chair of the committee reviews them and forwards blinded copies (including the project budget) to committee members for review.
4. Committee members review the applications and rate them using a previously approved evaluation tool. Comments from committee members are solicited, and all appropriate comments are forwarded to the applicants.
5. Recipients are notified of acceptance or rejection within 4 to 6 weeks of receipt of the application.
6. Funds are disbursed by the AACT office within 2 weeks of receipt of the information about the applicant.
7. Recipients are contacted to coordinate the preparation the presentation of their research at the NACCT.
8. Recipients are reimbursed for travel expenses to the NACCT using the usual and customary procedures of the Academy.
9. Extensions are not granted.

### 2003 Award

An award was not made in 2003.

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## Awards

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### Micromedex International Travel Scholarship

#### Award Information

**Goal:** The scholarship established by Micromedex is intended to foster the exchange of ideas in the clinical toxicology disciplines between scientists and clinicians from different cultures with differences in language, styles, philosophies, educational background, and clinical experiences. Financial assistance for travel and lodging to attend the NACCT is provided to one eligible candidate.

**Eligibility:** Scientists and practitioners from developing nations are encouraged to submit abstracts of their work to the abstract review committee of the NACCT. The applications of candidates having abstracts accepted to the NACCT will then be evaluated for possible receipt of the award. One \$5,000 award is available.

#### Procedures:

1. Announcement of the award occurs via several mechanisms including the AACT web site, the AACT e-mail network, the ACMTnet, and the Intox list server.
2. Applications are coordinated by the AACT office.
3. The deadline for receipt of applications is coordinated with the NACCT abstract submission timetable. The applications will be sent to the AACT office.
4. Upon receipt of the application materials, the Chair of the committee reviews the applications for completeness and contacts the NACCT Abstract Review Committee Chair to confirm that each applicant's abstract has been accepted for presentation at the NACCT. Applications from those applicants who have had an abstract accepted at the NACCT are then forwarded to the entire committee for review.
5. Committee members will review the applications and rate them using a previously approved evaluation tool.
6. Recipients are notified of acceptance or rejection within 4 weeks of notification of the acceptance of the abstract to the NACCT.
7. The AACT office coordinates travel and lodging arrangements (including \$50.00 per diem for expenses) for the recipient.
8. The AACT invoices Micromedex, Inc. for the expenses incurred.

#### 2003 Award

Investigator: Sule Kalkan, MD  
Department Of Pharmacology  
Dokuz Eylul University, School Of Medicine  
Balcova Izmir 35340-Turkey  
Project Title: The Effects of Adenosine Receptor Antagonists on Amitriptyline-Induced Cardiovascular Toxicity in Rats

### Multicenter Clinical Toxicology Research Award

#### Award Information

**Goal:** The goal of this award is to provide competitive funding for clinical research that encourages the development of new therapies and treatment in clinical toxicology that enhance the understanding of the principles and practice of clinical toxicology. Proposals submitted for this award should advance the AACT mission. Funding is available to fund one protocol in an amount up to \$25,000.00.

#### Procedures:

1. The primary investigator and all site investigators must be members in good standing of AACT.
2. Applicants may not be members of the AACT Multi-Center Research Committee.
3. Protocols will be considered for funding up to 2 years in length in an amount up to \$25,000.00
4. The AACT will not consider funding requests for principal or site investigator salary, institutional indirect costs, or capital equipment purchases. Funding can include subject recruitment costs, and costs for data management, statistical analysis, and similar activities.
5. Funding will be provided in 2 equal installments, with 50% of the total funding provided at study initiation, and the remaining 50% upon completion of 50% of the study (generally defined by the number of patients enrolled.)
6. Six (6) copies of the cover letter, application, and any supporting documents must be received by chair of the AACT Research Committee by January 31.
7. Applications must include a cover letter addressed to the Chair that includes a statement that the protocol is being submitted as the investigator's intellectual property. The investigators must also provide justification that their grant request will allow them to complete the protocol as it is submitted. The investigator must state whether or not the protocol is currently being considered for funding by any other agency. If the protocol is concurrently being considered for funding by any other agencies, the investigator must state that they will not accept duplicate funding.
8. Institutional review board approvals must be provided prior to distribution of funds.
9. The application must include the following supporting documents:
  - A. Letters of participation/agreement from each site investigator.
  - B. A statement documenting the feasibility of study implementation and its successful completion. This should include sample size and power calculations, support for estimates of expected patient enrollment rates, availability of resources needed to complete the protocol, and any other evidence that supports the investigators' ability to successfully complete the study protocol in the time period described.
  - C. Curricula vitae for all investigators.
  - D. A detailed budget which includes all in-kind or matching support from the investigator's institution or other sources.
  - E. Documentation from the host institution's Grants Management Office indicating the waiver of all indirect costs.
10. The protocol should be limited to no more than 6 pages, single spaced with one inch margins, excluding a one-page coversheet. Protocols must include the following:
  - A. A clear statement of the scientific hypothesis that will be tested.
  - B. An introduction that clearly demonstrates why the hypothesis being tested is important and how the results of the protocol will impact clinical toxicology. The introduction should include all relevant prior work and be appropriately referenced.

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**Thus, there will also be a coordinated effort, particularly at scientific meetings organized by the societies, to ensure that all members are aware of and understand the practice guidelines developed in the Position Statements.**

These two presidents had a vision far beyond the times. They shaped a project that changed the practice of clinical toxicology. Methodology for the papers has been defined and agreed by Boards of both societies. The updates have been undertaken with the same rigor established by the original Position Papers. As acknowledged in the original editorial, these papers will only be of value if they are updated by current scientific standards. Evidence-based medicine and Cochran reviews have become the evidentiary standard since the original Position Papers were published. The updates will be so based.

Committees have also been appointed to work on Position Papers on chemical warfare agents. These papers are at a more infant stage of development, but may play an important role in determining the approach to the patient exposed to chemical warfare agents.

The commitment of each member of the Position Paper Committees is the reason the end product is excellent. This work is not compensated and is an example of the dedication of each of the following people on the GI Decontamination Update Committee:

Tony Manoguerra  
Ken Kulig  
Nick Bateman  
Philippe Lheureux  
Ed Krenzelok  
Allister Vale

## Awards

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- C. The primary and secondary trial outcomes.
  - D. Sample size and power calculations.
  - E. The document used to obtain written, informed consent.
  - F. Study methodology and timeline of interventions.
11. *The Journal of Toxicology – Clinical Toxicology*, the official journal of the Academy, has the right of first refusal for all manuscripts resulting from the funded protocol.
  12. All presentations and publications of the research must recognize the Academy as the research-funding source.
  13. Copies of all protocol amendments, as they are approved by the Institutional Review Board, should be provided.

## IUTOX Newsletter

Kevin Chipman, the *IUTOX* Newsletter Editor, is putting together a Web based News & Review section for the *IUTOX* Web site. As well as containing news from the various commissions of the Executive Committee and the Presidents Letter, the Editor hopes to make this an effective mechanism to advertise recent activities, articles of interest and future plans of all of the Member Societies. People may submit a brief statement of activities or news that may be of interest to other members; text plus any supportive pictures are invited.

Information can be sent by mail to:  
Professor JK Chipman  
School of Biosciences  
The University of Birmingham  
Birmingham  
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Or e-mail: Michele Reimold at [iutoxhq@iutox.org](mailto:iutoxhq@iutox.org).

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