

AACTion

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Editor

Michael G. Holland, MD

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President's Corner Michael I. Greenberg, MD, MPH, FAACT



Go ahead, Make My Day ...

I've always wanted to have a reason to tell someone to "go ahead and

make my day".....and now that day has finally come. Before I explain though, I would like to take a moment to state the goals I personally hope to see AACT achieve during my time as President. I know that I can count on each of you to help. These goals are essentially in concert with the Strategic Plan (yet to be fully formulated but in development) but some are a bit beyond. These goals are as follows:

1) Increase AACT membership to 1,000 by the year 2010 by implementing an organized approach to recruiting. New constituencies and strategic alliances will be essential. Along these lines I am renewing Jerry Leikin's appointment as Chair of the Membership Committee. However, I am appointing three additional Co-Chairs to assist him: James Madsen, MD (Colonel in the US Army and tox fellow in training) who will concentrate his efforts on potential members from the government and military sectors; Robert G. Hendrickson, MD (faculty at OHSU) who will concentrate his attentions on young/recent graduates (within 5 years) from completion of their training, and Jamie Nelsen, PharmD., who will concentrate her efforts on the recruitment of PharmDs, PhDs, CSPIs and pharmacists;

2) Increase member retention across the board with a goal of 0% attrition by 2010;

3) Increase the participation of younger AACT members on committees, working groups, SIGs, and at the annual

NAACT. Implicit in this goal will be the recruitment of new, young AACT members;

4) Reach out to fellows-in-training (MDs) as well as PharmDs in training and pharmacists in training to foster their interest in becoming AACT members (and active members at that!);

5) Increase the international impact of AACT by the development of working groups to focus on specific parts of the world and alliances with a variety of international health organizations. To this end, Ed Krenzelok, PharmD. has graciously agreed to be the AACT point person for the Caribbean and Latin America;

6) Increase the public health impact of AACT by the development of working groups to focus on highly visible public health issues;

7) Develop a program for Board of Trustees (BOT) education regarding financial, fiduciary, legal, and best practices issues that face BOT members for all non-profits with a focus on AACT in specific. This will be accomplished by a series of planned educational activities organized by AACT Past President Randy Bond who has generously agreed to direct this effort;

8) Codify and organize the duties and responsibilities of BOT members, SIG Chairs, Committee Chairs. Thanks to President Elect Alan Woolf who has agreed to honcho this initiative and who has already complete a considerable amount of work to this end. Thanks Alan!

9) Develop an outstanding and dynamic web presence for AACT. Our website will become the "hub of the wheel" (as Randy so aptly stated) and will provide a special focus for AACT to accomplish much of the Strategic Plan when that is finalized this winter. Our web presence is being directed ably by Michael Holland, Chair of the AACT Technology Committee with the assistance of Co-Chair Jamie Nelsen, PharmD

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Herbal and Dietary Supplements Special Interests Group at the 2008 NAACT Meeting in Toronto

Olga F. Woo, PharmD 2tao.olga@gmail.com



What do Kratom, Poppy Seeds, Selenium, Cang Er Zi, Manganese, Tutu, AAKG, and Bloodroot have in common?

They were the featured selected topics that were chosen for presentation by their authors at the second Herbal and Dietary Supplement Special Interest Group (HDS SIG) poster-platform session at the Toronto Annual Meeting.

Approximately 75 attendees engaged in a lively discussion with these varied subjects that included the ease of internet access to mood elevating substances such as Kratom, herbal cures with bloodroot, and healthy bodies with arginine alpha-ketoglutarate (AAKG). A home remedy with an old traditional poppy seed recipe produced narcotic poisoning in a 6-week-old infant. Can you guess how much poppy seeds would have been used in the recipe? Chronic overuse of micronutrients such as selenium and manganese may lead to toxicity with unexpected results such as alopecia totalis (total body hair loss) and psychosis, respectively. Chinese traditional medicine products continue to be associated with serious poisoning such as Cang Er Zi Wan. Not all honey is sweet as evidenced by vine hoppers that drop their "honey dew" tainted with the tutu plant from their feeding diet.

Besides the clinical presentations and mechanisms of toxicity, these case examples illustrated how the public continues to rely on non-traditional methods to self-medicate and obtain remedies, the role of regulatory agencies to safeguard public welfare, the collaboration and sharing of information between neighboring poison centers that raised awareness to detect and prevent further poisoning cases, and to think

'outside the box' when challenged with a HDS or include a HDS in the differential as a potential etiologic culprit. Several proposed concepts for position statements on herbs and dietary supplements were sent to HDS SIG members for their consideration. Members have provided feedback and further developments will continue in the future. These will be conveyed to AACT membership via the AACTion newsletter.

The HDS SIG leadership has drafted a Policy and Procedure document on the functioning of Special Interest Groups which was accepted by all the SIG leaderships. The document will be presented to the Board of Trustees (BOT) for approval at the January 2009 meeting. This document will help AACT members pursue a special interest/topic in an area of toxicology; define the SIG relationship with the BOT and functions of the SIG; development of concept and position statements and the use of written proposals; and collaboration with other organizations.

The second poster-platform session at the 2008 meeting was a great success and invited new members into the HDS SIG group. During the year, the HDS SIG initiated an abstracting service of scientific literature relevant to HDS that members receive monthly. Members were very enthusiastic and supportive of continuing with this service. The FDA has in place an important alert on Ayurvedic products since 2007 and their review of Ayurvedic Products was sent to the HDS members. We invite AACT members to join the HDS SIG and receive the free abstracts and updates.

**Olga F. Woo, Pharm.D.
Co-Chair, HDS SIG**

Archives of the Drug Information Service at Upstate Poison Center; SUNY Upstate Medical University, Syracuse, NY

Jamie Nelsen, PharmD, DABAT nelsenj@upstate.edu



Question: Does N-acetylcysteine affect prothrombin time? Would this impact patient care?

Clinical Relevance

N-acetylcysteine (NAC) is used to prevent acetaminophen-induced hepatotoxicity. One marker of acute liver injury is hemostatic dysfunction (elevated PT) resulting from an inability to synthesize clotting factors. NAC has been associated with decreased activity of several vitamin K dependent clotting factors both in vitro and in healthy human volunteers.⁽¹⁾ The clinical relevance of this finding in acetaminophen (APAP) poisoned patients is addressed.

NAC & Anticoagulation

Knudsen et al.¹ prospectively evaluated the prothrombin

time in ten healthy volunteers following the IV administration of NAC. Serial blood draws were performed at 0, 3, 6, 8, 12, 16, 24, 32, 38, 48, 72, and 120 hours. The activities of factors II, VII, IX, and X decreased significantly within one hour of administration of NAC. In all instances this was followed by an increase in factor activity. Factor II and IX activities returned to baseline by six hours following infusion while factor VII activity returned to baseline at 38 hours. Factor X activity returned to baseline at 120 hours.

This finding has also been observed in retrospective case series, where the observation has similarly been made that this effect is most pronounced early after therapy initiation.^{2,3,4}

The basis for this adverse effect is not well defined although two mechanisms have been proposed. Vitamin
(Continued on page 5)

President's Corner

Continued from Pg. 1

10) Implement the strongest and most effective management solutions for AACT. This discussion was begun at the Toronto BOT meeting but will continue as per S/P and, in part, under the direction of Dan Cobaugh, PharmD. and Chris Holstege, MD;

Obviously there are many, many other goals that will be further enumerated in the formal AACT Strategic Plan but the above ten are my "pet" goals and I will be working hard to see them come to pass.

However, none of the above can be done alone or in any sort of vacuum. I need the help and energy and commitment of all AACT members. To that end I have a question for you: Have you ever seen the commercial

with that dude who displays his real social security number defying all comers to defraud him? He boldly trumpets confidence in his company's fraud protection abilities in this way. Well...I'm not going to give you my social security number (I'm not THAT trusting) but I will give you my cell number. Its 610-656-0223 and I ask you to call me. Call me with your ideas and call me with your suggestions. I want to hear them all. But don't be surprised if, when you call...I ask you to get on board and do some work with us and join in helping me to move AACT to the next level ASAP. Come on.....call me and.....make my day.

Michael I. Greenberg, MD, MPH

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Exciting New Changes Planned for *Clinical Toxicology* Journal

Michael A McGuigan, MD; Editor-in-Chief, *Clinical Toxicology*



Under the direction of its Editor-In-Chief, Michael McGuigan, and its publisher, Informa Pharmaceutical Science, the AACT, AAPCC, and EAPCC-sponsored scientific journal, *Clinical Toxicology*, will embark in a new direction beginning in January 2009. These changes are of particular interest to members of the American Academy of Clinical Toxicology.

For the ease of readers, the journal will be re-organized into the following sections:

Research
Reviews
Critical Care Toxicology
Occupational/Environmental Toxicovigilance/Epidemiology Laboratory/Forensic Toxicology
Complementary & Alternative Medicine
Poison Centers/Poison Prevention
Brief Communications
Images
Editorials
Letters to the Editor
Book Reviews

Both peer-reviewed, state-of-the-art reviews and original research will be emphasized and timely publication will be assured within 6 months of acceptance. In addition, a new "fast-tracking" system will further shorten the time from article acceptance to publication for selected, highlighted clinical research that is judged

to require rapid dissemination to the readership. Such critical new research findings will be published within 2-3 months of acceptance. The Journal will continue as before to publish abstracts of both the NACCT and EAPCC annual meetings and the NPDS annual report of U.S. poison center experience from the AAPCC. It will also continue to publish official communications and guidance from its three sponsoring societies.

All published work, including iFirst electronically published work and archived issues, is available to AACT members online at the publication website:

<http://www.informapharmascience.com/ctx>

Link to the site through the AACT member area to gain full access. Also, follow the links to sign up for free table of contents alerts.

The long-term plan for the Journal is to expand to 12 issues per year (up from the current 10 issues per year), and thereby increase the amount of scientific information published. To reach this, the Journal is encouraging members of the AACT to submit their research to the Journal to assure that their work gets the widest dissemination (the Journal is currently distributed to 2000 subscribers worldwide) to an international audience of clinical toxicologists, poison center personnel, and other interested professionals.

Michael A McGuigan, MDCM, MBA
Editor-in-Chief, *Clinical Toxicology*

Archives of the Drug Information Service

(Continued from page 3)

K-dependent proteins are homologous multi-domain proteins that share a unique 'Gla' domain. It is proposed that NAC affects the structure/function of these proteins either via denitrosylation of the protein or reduction of the exposed disulphide bonds.⁽¹⁾ The effect appears to be dose dependent and would account for the relative restoration in clotting activity following administration of the initial bolus recommended in patients receiving NAC secondary to APAP poisoning. Recently Pizon et al. performed an in vitro evaluation of Acetadote® on prothrombin time. Acetadote® was found to have a linear dose-dependent effect upon the measurement of PT and all Acetadote® spiked samples were significantly higher than control samples.

Translation Into Patient Care

Despite this finding, the clinical implications to the acetaminophen poisoned patient are not substantial. When evaluating a patient for acetaminophen-induced liver failure, it is extremely important to consider other parameters besides the prothrombin time. Poor prognostic markers in patients with APAP-induced liver failure include: pH < 7.3 after fluid and hemodynamic resuscitation OR the combination of PT > 100s, creatinine > 3.3 mg/dL, and grade III/IV encephalopathy.⁶ In addition both lactate,⁷ serum phosphate,⁸ and an APACHE score > 15 in isolated

APAP ingestions⁹ may also be indicative of poor outcome without transplantation. Since NAC is only expected to mildly elevate the PT (~1/3 of baseline) relatively early after therapy initiation, this adverse effect should not be consequential in the overall assessment of the APAP poisoned patient.

Oral Versus Intravenous Administration

It is important to that this observation has only been observed with intravenous and not oral therapy. The bioavailability of NAC following oral administration is approximately 10-30% and it is unlikely that oral administration would achieve the serum concentration necessary to achieve this effect.¹⁰

Jamie Nelsen, PharmD, DABAT

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New Editor of AACTion Newsletter Requests Member Input and Contributions

Michael G. Holland, MD; hollandm@upstate.edu



This is my first issue as AACTion editor, and I want to start by first thanking Elizabeth Scharman, PharmD for her four years of service as the previous editor. As you all know, Elizabeth transformed the newsletter from an occasionally-published brochure, into

a professionally-produced regular feature of AACT membership. I hope to at least be able to continue producing as fine a product as Elizabeth did.

We hope to continue to publish a newsletter quarterly, as has been done in the previous four years. Our short-term goal is to expand the number of issues to six per year; more if interest keeps growing. In order to produce that many issues I will need a lot of help. The main person who has helped me thus far is Jamie Nelsen, PharmD, DABAT. Assistant Editor of AACTion. She has agreed to start a new feature to our newsletter that will have a broader appeal to all members. In line with new President Greenberg's goal of increasing membership in AACT, we hope that this new

clinical feature will appeal to current members and to clinical pharmacists, a field that is under-represented in AACT. Perhaps we can attract new members to join when they see that a tangible member benefit is a clinical pearl that may help them in their chosen profession. We hope these clinical pearls will be useful for CSPIs and toxicologists as well.

However, Jamie and I can't do it all, so we reach out to you: the members of AACT. As you read the new issues, think of news items that would be of interest to the membership, and send them to us. We also welcome suggestions on how to improve the newsletter, and contributions to the new clinical feature. If we as members contribute, the members all benefit from a product we all find interesting and valuable.

Finally, I want to thank my colleagues at the Upstate Poison Center in Syracuse, who have endured my Phillies fanaticism. When the Phillies won it all this year, the only way they could get me to quit talking about it was to agree to wear the hats for a day (it won't work).

Michael G. Holland, MD

AACT Awards at NACCT 2008 in Toronto, ON

Donna Seger, MD



AACT Pres. Randall Bond presents the Career Achievement Award to Allister Vale on Sunday September 14 at NACCT 2008 in Toronto, ON

On Sunday, September 14, 2008, the Academy held its annual awards ceremony. For the first time in its history, AACT opened the awards ceremony to the entire membership, and it proved to be a very enjoyable affair. The evening started out with a cocktail hour where excellent hors d'oeuvres were served. The Academy's highest award, the Career Achievement Award, was presented by President Bond to **Professor Allister Vale MD, FRCP, FRCPE, FRCPG, FAACT, FFOM, FBTS, Hon FRCPSG.**

Professor Vale, is Director of the National Poisons Information Service (Birmingham Unit) and the West Midlands Poisons Unit, both of which are based at the City Hospital Birmingham, UK. Allister Vale holds professorial appointments in the School of Biosciences (where he co-organizes the MSc(Tox)) and in the College of Medical and Dental Sciences in the University of Birmingham.

Allister Vale has been a member of the Academy for more than 25 years and was elected to the Fellowship in 1988. He was on the Board from 1991-97 and was Co-Chairman, Position Paper and Position Statement Committee from 1993-2002. He has also served on the Fellowship Committee (1997-2000) and as Chairman of the Abstract Review Committee (2000-1).

Dr. Vale was President of the European Association of Poison Centres and Clinical Toxicologists (EAPCCT) from 1992 – 98 and President of the British Toxicological Society from 2004 – 2006. Allister Vale was a member of the Senior Editorial Board of *Clinical Toxicology* from 1984-1991, and subsequently was Associate Editor (1991-2001), Deputy Editor (2001-2004) and Reviews Editor (2008-). He was Editor-in-Chief of *Toxicological*

Reviews from 2003-6. Allister Vale is the founding editor of *Current Awareness in Clinical Toxicology*, which has been distributed monthly since 1997 to members of the Academy. He has published more than 400 peer-reviewed papers and awarded the President's Medal of the Royal College of Physicians of London in 2006 and the Honorary Fellowship of the Royal College of Physicians and Surgeons of Glasgow in 2007.

Allister Vale is the first European to be awarded the prestigious Career Recognition Award from the Academy. Academy President G. Randall Bond said: "We are honoring Dr. Vale with the AACT Career Achievement Award for the sum of his career rather than a single achievement. He has brought important clinical information to thousands through educational writing, editing, speaking and research. In doing so he has collaborated with scores of trainees and colleagues and trained several key figures in Clinical Toxicology. He has been a key figure in advancing collaboration in Clinical Toxicology across the Atlantic. The depth and breadth of his achievements are truly inspirational."

Allister believes that his most important role was in establishing an agreement between the American Academy and the EAPCCT to publish joint Position Papers/Position Statements on the efficacy of treatments in toxicology. A series of Position Papers/Position Statements were published on behalf of both Societies which replaced anecdote with evidence-based recommendations and which have changed the practice of clinical toxicology and improved the care of poisoned patients worldwide.

Four New Fellows Designated

Four AACT members were also designated Fellows of the American Academy of Clinical Toxicology at the awards night. Fellow designation is given to those who have been active AACT members for at least seven years and have demonstrated significant contributions to the organization and the discipline of clinical toxicology, and are selected through a peer review process. Designees are allowed to signify their fellow status by the letters FAACT after their names. The new Fellows are: **Alan Woolf, MD, MPH, FAACT** (Alan is also President-elect of AACT); **E. Martin Caravati, MD, FAACT** (also AACT Treasurer); **David A. Juurlink, MD, PhD, FAACT** (AACT BOT), and **Michael G. Holland, MD, FAACT.**

The new fellows are joining a distinguished group of current fellows listed below in alphabetical order:

Current Fellows of AACT:

Franklin D Aldrich MD, FAACT
 Carol R Angle MD, FAACT
 Regine Aronow MD, FAACT
 Bryan Ballantyne MD, FAACT
 William Banner MD, FAACT
 Donald G Barceloux MD, FAACT
 Charles E Becker MD, FAACT
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 Lorne Garrettson MD, FAACT
 Robert J Geller MD, FAACT
 David J George PhD, FAACT
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 David Gummin MD, FAACT
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 Edward P Krenzelok PharmD, FAACT
 Kenneth Kulig MD, FAACT
 Tom Kurt MPH, FAACT

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NACCT 2008 Photo Gallery

James Madsen, MD



Lee Livermore introduces John Trestrail



John Trestrail holds the crowd's rapt attention at his mushroom lecture

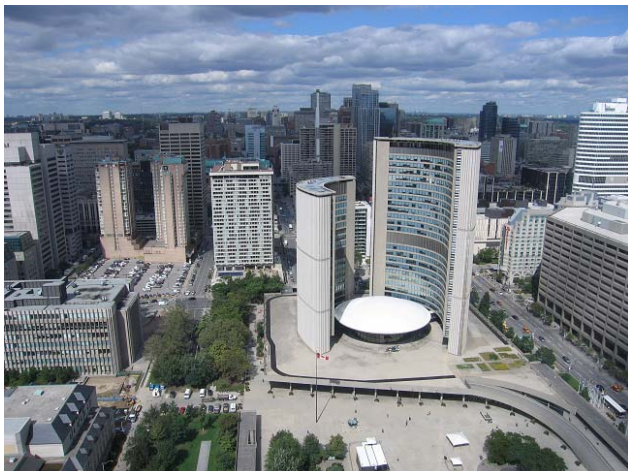


Randall Bond, James Madsen, Lewis Nelson, Suzanne White at AACT annual membership meeting



Randy Bond passes the torch of the AACT Presidency to Mike Greenberg at the annual AACT membership meeting on 9/14/08

NACCT 2008 Toronto Photo Gallery



View of Toronto from the NACCT 2008 headquarters hotel



Poster sessions were interesting and well attended at NACCT 2008



Drexel University Toxicology Fellow & Phillies fan Joe D'Orazio presents his poster at NACCT

NACCT 2008 Toronto



Cindy Aaron and others visit vendors at NACCT 2008 in Toronto

Upcoming Meetings of Interest

The Asia Pacific Association of Medical Toxicology/7th Annual Meeting
December 7-10, 2008
Chandigarh, India
<http://www.asiattox.org>

NACCT 2009
September 21-26
San Antonio, Texas
www.clintox.org

XXIX International Congress of the European Association of Poisons Centres and Clinical Toxicologists
May 12-15, 2009
Stockholm, Sweden
www.eapcct.org/show.php?page=congress

AAPCC 2009 Mid-Year Directors Meeting
February 24/25, 2009
Albuquerque, New Mexico
<http://www.aapcc.org>

ACMT Spring Meeting
March 27/28, 2009
San Juan, Puerto Rico
<http://www.acmt.net>

Society of Toxicology (SOT) Annual meeting
March 15-19, 2009
Baltimore, MD
www.toxicology.org/ai/meet/am2009/

American Occupational Health Conference
April 26-29, 2009
San Diego, Ca
www.ocoem.org/conferences.aspx

Preventive Medicine 2009
February 11-14, 2009
Los Angeles, CA
www.preventivemedicine2009.org/

Late- Breaking News: New Special Interest Groups (SIG) Formed

AACT is pleased to announce the creation of two new Special Interest Groups (SIGs): The Weapons of Mass Destruction (WMD) SIG, and the Radiation Medicine SIG. The new Radiation Medicine SIG leader will be Ziad Kazzi, MD (ZKAZZI@emory.edu). Dr. Kazzi states that the purpose of the Radiation Special Interest Group (RSIG) is to foster knowledge of its members in the study of radiation toxicology through an exchange of ideas, resources, and expertise. Areas of interest include biological and health effects of radiation from an environmental, occupational, or medical origin. Additionally the RSIG is committed to enhance the role of toxicologists in preparedness and response to accidental or intentional radiological incidents. He also advises that the AACT-RSIG list-serve is ready to add members. He is preparing the first draft of the NACCT 2009 RSIG symposium abstract and objectives, and will be sending this to Dr. Woolf in the next few days. The topic will be Internal Contamination and Countermeasures (DTPA, Prussian Blue and KI). Dr. Kazzi also advises that he has contacted HEYLTEX Pharmaceuticals (maker of Prussian Blue- Radiogardase™) and invited them to participate in NACCT 2009 as a vendor. He also plans to develop an RSIG webpage, and is currently working on a budget and long-term plans.

Dr. Kazzi states the activities of the RSIG will be:

- Encouraging intellectual discussion among members
- Promote clinical and scientific research in radiation

toxicology

- Organizing periodic symposia on radiation at regional and/or national meetings
- Developing mechanisms to disseminate new information relevant to radiation toxicity
- Increase awareness and response capabilities within AAPCC network in a radiological incident
- Support the development of national surveillance programs to detect radiological events
- Provide a centralized repository of radiological resources for our members
- Enhance the formation of new partnerships between members and other organizations that share common interests and goals

The WMD SIG will be led by Robin McFee. Robin can be reached at HUUTweetyDoctor@aol.com. As soon as we have some more information as to the status of this new WMDSIG, it will be published in *AACTion*.

Please contact these new SIG leaders if you are interested in joining either of these SIGs. A listing of all the SIGs can be found on the AACT website at www.clintox.org.