

EAPCCT news

*The Newsletter of the European Association of
Poisons Centres and Clinical Toxicologists*



April 2011

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Dear EAPCCT members and colleagues from other toxicological societies

It is now only a few weeks until the 2011 Annual Congress of the EAPCCT, to be held in Dubrovnik, Croatia. In January, members of the Scientific and Meetings Committee met to review abstracts and to make final preparations for the scientific programme. I would like to thank them for their hard work and congratulate them for the outstanding programme that they have developed. A particular thanks to Martin Wilks, who has chaired this committee so effectively and masterminded the excellent congresses we have been privileged to attend over the last few years. Martin is handing this responsibility on to Bruno Mégarbane in Dubrovnik, so the best of luck to Bruno with this new role. Further information about the Dubrovnik congress is provided on page 3-5 of this newsletter. I would like to encourage as many people as possible to attend for what is building up to be an outstanding scientific event. The venue is wonderful and the weather should be warm and sunny also.



In February, the EAPCCT Board spent a weekend meeting in London where the weather was not so good. A major item on the agenda was the future direction of the Association. All members made suggestions that were discussed by the Board and many of these are being explored further. Emerging themes included ideas for increasing membership, improved sharing of educational material and congress presentations using the EAPCCT website, registration and accreditation for poisons centres and specialists in poisons information, trainee exchange between poisons centres, EAPCCT fellowships for those who have made a substantial contribution to the association and to poisons centre activity or clinical toxicology, ideas for improving the congresses further, targeted sponsorship of membership or meeting attendance for some members and better relationships with other academic societies. The Board will be taking forward many of these ideas over the next year but in the meantime members are encouraged to provide their own suggestions to me and I will ensure that these are considered.

At the London meeting the Board also recommended changes to the EAPCCT constitution to improve transition arrangements following election of a new treasurer, clarification of the rules for re-election of board members and establishment of on-line voting via the website. These changes need to be endorsed by a vote of the membership. You will be hearing details shortly and I encourage you all to use your vote.

While I am on the subject of voting, there will be elections to EAPCCT executive positions (President-elect, Treasurer) and the Board at the London Congress in 2012. If you feel you might be interested in taking on a role for the Association, I encourage you to discuss this with me or another Board member and to put your name forward. It is important that the Board should represent the interests of all EAPCCT members so nominations from anyone interested in working on behalf of the Association are welcome and will be needed early in the new year.

Finally, the Association is always on the look out for new members, so please encourage your colleagues to join if they are not already members. Benefits of membership can be found on page 13.

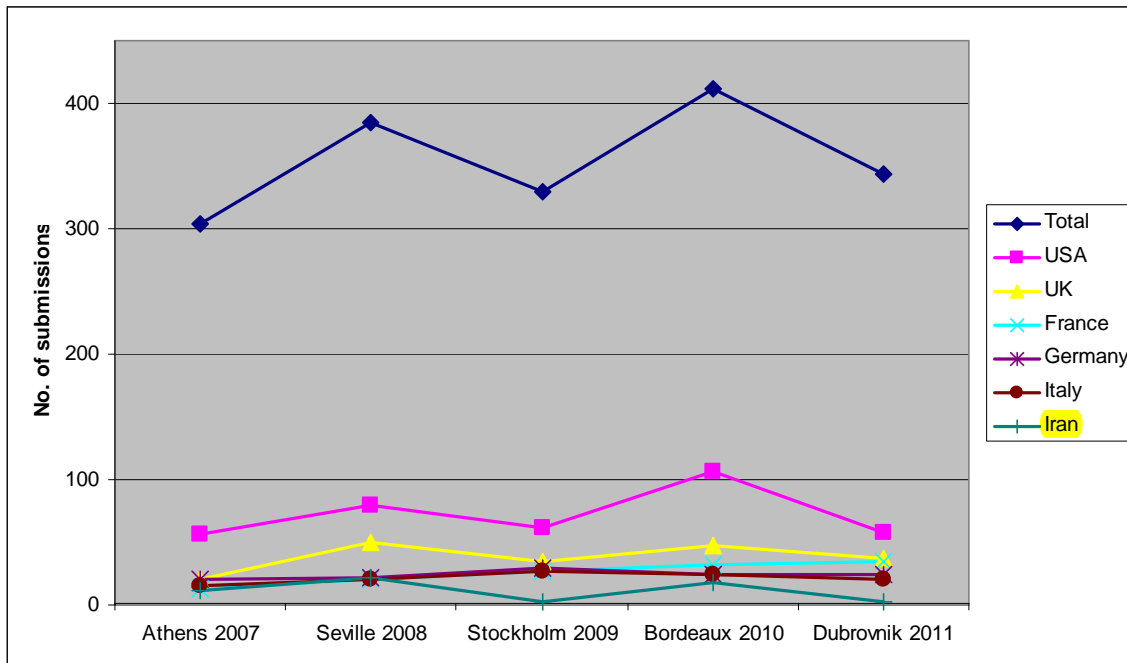
Simon Thomas,
EAPCCT President

Message from the EAPCCT Scientific and Meetings Committee

Each January, the EAPCCT Scientific and Meetings Committee (SMC) meets over a weekend to review the submitted abstracts and learning objectives, to decide on oral and poster presentations as well as rejections, and to start the process of identifying suitable topics for the congress in the following year. It is the most important meeting in the SMC's calendar and there are always anxious moments due to the vagaries of European winter weather which has on occasion prevented members from travelling. Mercifully, this was not an issue for the 15 & 16 January 2011 when 19 SCM members met in Zürich to once again enjoy the hospitality of the Swiss Toxicological Information Centre.

A total of 343 abstracts and/or sets of learning objectives were submitted for the 2011 Dubrovnik congress. This represents a 17% decrease on submissions for the 2010 Bordeaux meeting ($n = 411$) and a small increase compared to the 2009 Stockholm meeting ($n = 329$). As in previous years, the four countries submitting the largest numbers of abstracts were the USA, UK, France and Germany. However, submissions from the USA and the UK were down by 46% and 23%, respectively, whereas there was a small increase from France (6%) and Germany was unchanged. Significant changes were also seen in submissions from Australia ($n=18$, +80%) and Iran ($n=2$, -89%). Figure 1 shows the trend in submission numbers over 5 years from Athens 2007 to Dubrovnik 2011. A biannual fluctuation can be seen with peaks in even and troughs in odd years. The biggest contributors to this fluctuation are the USA, UK and Iran, whereas submissions from France show a steady increase over the years with Germany and Italy showing fairly constant numbers.

Figure 1 5-year trend in submission numbers



Based on the reviewing process the SMC decided that the Dubrovnik congress will feature 39 invited keynote presentations (including pre-congress and plenary lectures), 44 oral and 240 poster presentations. The SMC rejected 20 abstracts, representing 6.6% of non-invited submissions. We have put together a diverse and stimulating programme which will focus on topics of current

interest to clinical toxicologists and poison centre specialists alike: The pre-congress educational meeting will focus on **recreational drug toxicity**, and the themes for the main congress are **novel recreational drugs of abuse, experimental models in clinical toxicology, the public health role of poison centres, the importance of drug delivery systems in toxicology, and genetic and molecular aspects of poisoning**. We will also hold mini-symposia on ASHT II (as well as a satellite workshop) as well as cyanide poisoning and antidotes. The programme is completed by the **Louis Roche lecture given by Professor Philippe Hantson**, numerous scientific presentations, a poster discussion session and, as a new feature, a session on the best papers in 2010, and how to get your own research published in 'Clinical Toxicology'. So, if you haven't registered yet, please do so now and join over 300 colleagues from around the world in the beautiful city of Dubrovnik.

Although our congress is still some weeks away, the SMC also used its meeting in January to start the process of identifying interesting, stimulating and controversial topics for the congress in 2012 which will take place in London. A lot of great ideas were produced which are now being discussed and refined. They will then be circulated to the EAPCCT membership to give all the opportunity to participate in the process. The SMC meeting at the Dubrovnik congress will then produce a shortlist of themes and start the process of looking for suitable speakers.

The EAPCCT is also involved in two other important meetings this year. At the invitation of EUROTOX (the European organisation representing national societies of toxicology) we prepared a symposium on the topic 'Are experimental data helping in the treatment of poisoned patients?' which will be part of the EUROTOX 2011 Congress in Paris (28 – 31 August). Later this year, the EAPCCT has once again been invited to sponsor a symposium at the North American Congress of Clinical Toxicology in Washington DC (21 – 26 September). The speakers and the titles of their presentations are:

- Knut Erik Hovda (Oslo, Norway): Epidemiology of recreational drug use in Scandinavia
- James Dear (Edinburgh, UK): Desoxypipradrol toxicity in Scottish recreational drug users
- Bruno Mégarbane (Paris, France): Respiratory toxicity of maintenance therapy in drug addicts

We hope that many of you will find the time to attend either or both of these interesting and important meetings.

Finally, the Dubrovnik congress will mark the end of my time as Chair of the SMC. The last 3 years have been extremely busy and challenging, but also an immensely enjoyable and rewarding experience for me. Before I put the job into the very capable hands of Bruno Mégarbane I would like to thank all colleagues on the SMC for their support, trust and friendship, in particular the Presidents (Hugo Kupferschmidt, Simon Thomas), General Secretaries (Alison Good, now abstract editor, Peter Hultén) and Treasurer (Alex Campbell). Last, but not least (and before this column becomes an Academy Award monologue): to my wife Lisa Breitner who innocently suggested that she could help me do the job and who ended up becoming the EAPCCT's administrative support – thank you, darling, I couldn't have done it without you!

Martin Wilks

Chair, EAPCCT Scientific and Meetings Committee

XXXI INTERNATIONAL CONGRESS OF EAPCCT

**24-27 May 2011
Dubrovnik, Croatia**

Co-sponsored by the American Academy of Clinical Toxicology

The Congress will be held at Valamar Lacroma, Dubrovnik, Croatia. Further details can be found on the EAPCCT website, www.eapcct.org



Copyright Dubrovnik Tourist Board

Plenary lectures at the Dubrovnik Congress 2011

- Wednesday 25th May

Novel and Emerging Drugs: A Chemical Overview for the Toxicologist

Gibbons S. Department of Pharmaceutical and Biological Chemistry, The School of Pharmacy, University of London, London, UK

- Friday 27th May

Clinical Aspects of Genomics in Poisoning Situations

Stingl JC. Institute of Pharmacology of Natural Products and Clinical Pharmacology, University Ulm, Ulm, Germany

Wednesday 25 May (14.00)

Louis Roche lecture will be given by **Philippe Hantson** on *Myocardial Metabolism in Toxic Heart Failure*

Have a look at the preliminary [Programme](#) (as per February 25, 2011)

New Board Member

Assoc. Professor Anna Krakowiak, MD, PhD – is the head of the Toxicology Unit at the Nofer Institute of Occupational Medicine (NIOM) in Lodz, Poland. She is a specialist in internal medicine, occupational medicine, pulmonology and clinical toxicology, and has been working at NIOM since 1989, first at the Department of Occupational Diseases, and since 2002 at the Toxicology Unit.



Her main interests during her early research career within the field of occupational medicine were the application of nasal pool technique and immunologic effects after exposure to formaldehyde. Subsequently she has focused more on the prevalence and risk factors for occupational allergy due to high and low molecular weight allergens. This has particularly involved risk factors due to laboratory animal allergens, including effects on children and other cohabitants of exposed workers.

During her employment at the Department of Occupational Diseases, she has developed many diagnostic tests, including biochemical and cytological evaluation of nasal, bronchoalveolar lavage and induced sputum samples and the measurement of nitric oxide levels in exhaled air. Since 1992, she has investigated the health effects of exposure to disinfectants and researched provocation tests in glutaraldehyde asthma. While working at the Department of Occupational Diseases, she has also provided expertise on health hazards arising from occupational and environmental exposure to harmful agents.

Currently, as the head of the Toxicology Unit, she is involved in the treatment of acutely poisoned patients. Regular contacts with psychologists and specialists in psychiatry have increased her experience of psychosocial disturbances after suicidal drug intake and of those suffering from psychiatric diseases. She has been sharing her experience with postgraduate students and physicians specializing in occupational medicine, rescue medicine and clinical toxicology. Over the past two years she has conducted research on the role of markers such as CC16 and HMGB1 (*High mobility group box 1 protein*) in pulmonary toxicity, prognostic factors and optimal treatment for poisonings by toxic alcohols and carbon monoxide and the investigation of novel recreational drugs and their adverse effects in humans - such studies have not been performed in Poland so far.

She decided to stand as a Board member to continue the important collaboration between Western European and New Accession Countries. She believes that, given slight differences in epidemiology of poisonings between these regions and different healthcare organisations, both sides can benefit from strengthening the cooperation in the area of research and education.

Society of Toxicology 50th Anniversary Annual Meeting 6-10 March 2011 Washington DC

The 50th Anniversary Annual Meeting of the Society of Toxicology (SOT) was my fourth attendance and once again a thoroughly enjoyable and academically stimulating experience. Founded in 1961, The Society of Toxicology is the largest Toxicological Society in the world with more than 6600 members. Most are scientists drawn from academic institutions, industry, government agencies, non-profit organizations and private consulting firms. The SOT Annual Meeting and ToxExpoTM is the largest meeting of its kind and focuses on presenting groundbreaking toxicological research. This year there were some 8000 registrants, 3000 abstracts, 200 platform sessions and more than 650 exhibitors.

As someone used to being part of the small speciality of Clinical Toxicology, the sheer size of the SOT meeting is quite overwhelming.



I have been inspired, encouraged, educated and excited in equal measure by the SOT meetings. The emphasis is on basic science and mechanistic aspects and getting the most out of the meeting requires astute planning as to which of the many parallel sessions, workshops, round table discussions, speciality section meetings and poster sessions are of most interest and value. There is, however, something for everyone who is interested in understanding the latest advances in drug and chemical toxicity, new drug development, chemical and

biological hazards and their counter measures and all aspects of environmental and occupational toxicology.

The SOT attracts researchers from all over the world to present their findings ahead of publication. Plenary speakers are often Nobel laureates or Directors of influential governmental and research organizations. One of the highlights for me is the opportunity to hear gifted scientists bring to a multi-disciplinary audience an address that explains latest toxicological advances in a way that everyone can understand. For example, this year the Annual Medical Research Council Lecture was given by Professor Steve Jackson of the University of Cambridge, UK. In 50 minutes his address, *Cellular responses to DNA damage: new molecular insights and approaches for cancer therapy* traced the history of the latest chemotherapeutic agents now in clinical trial in a clear, concise and entertaining way.

Although many of the presentations at the SOT meetings are non clinical, there is an increasing emphasis on the clinical relevance of research. Symposia on *Translational toxicology* (tracing the path from molecular mechanisms to effects on global health) have been particularly fostered at recent meetings and were very much in evidence again this year. Other symposia included *The developmental origins of adult disease: the effects of low dose lead*, *Toxicological considerations in*

the gulf of Mexico oil spill, Chemical and Biological weapons, Reproductive Toxicology, Mechanisms of Carcinogenesis, Nanotoxicology, Use of epidemiological data in risk assessment and The role of bio-markers in assessing toxicity, to mention but a few. Poster sessions ranged from *Acetaminophen hepatotoxicity to Alternative approaches to animal testing for toxicological research!* Reproductive and developmental toxicology is always well represented in both poster and platform sessions as are the toxicology of xenobiotics, industrial chemicals including pesticides and metals and public health issues including safety and risk assessment, epidemiology and exposure evaluations.

I would encourage all of you who are interested in the science of toxicology to take a look at the SOT website at www.toxicology.org and to consider attending the next meeting in San Francisco 11-15th March 2012.

Sally M Bradberry

EAPCCT Board and Scientific Committee member
NPIS (Birmingham) UK

In memoriam – Dr Jenny Pronczuk de Garbino

In the autumn of 2010, we got the sad and unexpected news that Dr Jenny Pronczuk de Garbino had passed away in Geneva, Switzerland, on September 20. Thereby a charismatic, experienced and judicious colleague is gone.

Jenny Pronczuk was born in Uruguay. She grew up in Montevideo, where she studied medicine at the Universidad de la Republica. She specialised in Clinical Toxicology and Occupational Health. After completing post-graduate studies she went to Paris to gain further clinical training. She never failed to give recognition to the year she spent at Hôpital Fernand Widal in Paris, where the Clinical Toxicology ICU was run by professor Chantal Bismuth, a legendary pioneer in the development of clinical toxicology. The two maintained a true friendship ever since.

Another scholarship allowed a study period at the Medical Center in Houston, Texas. After years of hard work Jenny Pronczuk became Professor of Clinical Toxicology and Director of the National Poisons Centre in Montevideo.

Through the energetic efforts of Professor Louis Roche, the WHO gradually drew more and more attention to the problem of acute poisoning worldwide, not least in developing countries. A meeting in 1985 at the WHO quarters in Geneva resulted in collaboration between the International Programme on Chemical Safety (IPCS) and clinical toxicologists/poisons centre staff from all over the world. This was the start of an endeavour to reduce the incidence of serious poisonings in all parts of the world, and to implement relevant treatment strategies. Jenny Pronczuk attended this meeting, and her capacity was recognised from the very beginning. She then participated, with efficacy and pragmatism, in a number of subsequent projects. In 1991 she joined the WHO permanently and worked together with many EAPCCT members in different projects. She also attended a number of EAPCCT congresses. A great advantage was her excellent command of four languages.

After 1999 Jenny Pronczuk was committed to develop the WHO Task Force on the Protection of Children's Environmental Health. This occupied her until retirement in 2009. She was honoured as the 2008 International Children's Health Champion.

An intelligent, effective and enterprising colleague has left the scene. Jenny Pronczuk was a vibrant personality; serious and thoughtful, pragmatic and effective, stylish and elegant, witty and humorous. Her laughter was contagious.

Hans Persson

Senior Consultant Physician in Clinical Toxicology
Swedish Poisons Information Centre
Past-President of the EAPCCT

International surveillance system - RADARS® system Special information and discussion session at the EAPCCT Congress May 26th at 8pm

Abuse of pharmaceuticals, both legal and illegal, is a global public health problem with massive personal, economic and societal costs. In the U.S. alone, the financial burden of substance abuse and addiction on federal, state and local government is estimated to exceed \$467 billion annually. In the past, law enforcement agencies were focused primarily on illegal drugs - abuse of prescription drugs was viewed as a health concern of the individual person. However, the increasing use and spread of prescription drug abuse to the entire population is now recognized to be at the "center of a major public health crisis of addiction, misuse, abuse, overdose and death". In the United States, over 33 million people, 12 years of age or older, have reported non-medical use of prescription pain relievers.

Prescription drug abuse seems to be increasing in many countries, but it is difficult to find estimates of prescription drug abuse. Much more information is needed to be able to assess the situation. The World Health Organization recently launched ATLAS: 2010, the first comprehensive global report on substance abuse and related disorders, acknowledging that drug abuse and dependence concern all nations. Societal globalization provides improved opportunities but also presents unique research challenges for those attempting to quantify prescription drug misuse. Epidemiological assessment and comparison of international prescription drug abuse trends can be augmented by the development of comprehensive data collection systems and reporting methodologies within countries and regions.

Standardization of methods for prescription drug abuse rates and signals is important for the comparability of data within countries and internationally. EAPCCT, EMCCDA, EUROPAD, EudraVigilance and ENCePP represent the foundation of collaborative data collection and allow for broader data-based decision making. In addition, readily available data from poison centers and opioid treatment programs can improve understanding of prescription drug abuse-related trends at the local, provincial, country and intercontinental levels. Data collection on market-specific and brand-specific products allows for a determination of class-level and product-level trends.

Geographically-specific information such as a caller's city or province, when gathered at poison centers, provides insight into local and regional drug misuse trends.

As the prevalence of prescription drug abuse, misuse and diversion increases, so does the importance of improving systems designed to capture data related to these exposures. Whether on the cusp of, or immersed in, an epidemic of drug use, all nations can strive to improve understanding through partnerships and collaborative data-sharing efforts. Developing cooperative international research partnerships assessing the impact of prescription drug abuse can help governments create targeted intervention and harm-reduction strategies. These same data sources can then be used to evaluate the success of such interventions. Cooperative data sharing provides opportunities for clearer understanding of global trends in overall prescription drug use.

In the United States, manufacturers of drugs with abuse potential are required to perform post marketing surveillance. This requirement has been heightened for prescription opioids, stimulants and some other drugs perceived to have increased risk. Thus, there are extensive surveillance systems that have been established for all of the prescription opioids and the primary prescription stimulants. The European Medicines Agency (EMA) has communicated changes in pharmacovigilance requirements which will necessitate advanced post-authorisation surveillance systems in Europe. These regulatory alignments create great opportunity for international collaborations.

In an effort to initiate the discussion of international surveillance, the Rocky Mountain Poison & Drug Center (RMPDC), located in Denver, Colorado (USA) will be hosting an interactive seminar during the EAPCCT Congress. Dr. Richard C. Dart, RMPDC Executive Director and Dr. Jody Green, RMPDC Research Director invite you to attend a special information and discussion session on May 26th at 8pm. For additional information please contact Dr. Green via email at

Jody.Green@rmpdc.org

The New EAPCCT Website

Since the beginning of 2011, our Association has a new website! The URL (www.eapcct.org) remained unchanged, so that you do not have to change your bookmarks. The EAPCCT Board has decided that the website should receive a more colourful, fresh and modern layout without losing the quick overview and the ease of navigation.

The new layout divides the pages into four segments: The main menu is located in the left-hand field below the EAPCCT logo; the navigation is made easier by the introduction of sub-menus which appear when clicking on the main topics. The login for the membership section is at the bottom of the main menu field. The individual user ID (Username) can be directly entered into the «USER» field, and the password into the «•••••» field, followed by a click on the «MEMBER LOGIN» button. A new feature is the portrait photograph which can be uploaded into the membership directory; a few examples are already there, and you are welcome to upload yours!

The main menu is departed from the main page by a graphic picture with a toxicological theme, one picture for each main menu. The picture stands still when scrolling down the text. The main text field has a common style of appearance, and there is an update date on every page. In general, there are more pictures on the pages; e.g. Board members are introduced with portrait photos.

Entirely new is the strip to the right. It contains related topics and links. This field is not present in the membership section of the website, although the general layout has been adapted there too. An electronic archive with sections for the Board, the General Secretary, the Treasurer, and the Scientific Committee has been developed and is now ready to use. The contents have been revised and regrouped in the open part, but the revision of the contents in the membership section is still pending and will be done step by step.



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Aims and Objectives

The European Association of Poisons Centres and Clinical Toxicologists (EAPCCT) 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. In pursuance of this objective,

The Association intends to

- Foster a better understanding of the principles and practice of clinical toxicology in order to prevent poisoning and to promote better care for the poisoned patient particularly through poisons information centres and poisons treatment centres.
- Unite into one group individuals whose professional activities are concerned with clinical toxicology whether in a poisons centre, university, hospital or in government or industry.
- Encourage research into all aspects of poisoning.
- Facilitate the collection, exchange and dissemination of relevant information among individual members, poisons centres and organisations interested in clinical toxicology.
- Promote training in, and set standards for the practice of, clinical toxicology and to encourage high professional standards in poisons centres and in the management of poisoned patients generally.
- Collaborate with international and integrational organizations including the WHO and European Communities.
- Establish and maintain effective collaboration with governments, governmental organisations, professional bodies and other groups or individuals concerned with clinical toxicology.

AFFILIATIONS

The EAPCCT is a member of the International Union of Toxicology (IUTOX).

The EAPCCT is co-sponsoring the Journal **CLINICAL TOXICOLOGY**, together with the American Academy of Clinical Toxicology (AACT) and the American Association of Poison Control Centers (AAPCC)

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CONSTITUTION
 Constitution of the EAPCCT

CONGRESSES
 EAPCCT Congress in Dubrovnik, Croatia, 24-27 May 2011
 more...

NACCT 2011, Washington, DC 21-26 September 2011
 more...

THE JOURNAL
 Clinical Toxicology
 more...

IUTOX
 INTERNATIONAL UNION OF TOXICOLOGY
 more...

The new website has been developed by our web technician, Clemens Holenstein (Zürich), the graphic design by Karin Gleichner, (Zürich), under the supervision of the webmaster.

Hugo Kupferschmidt, Webmaster

ASHT II Update: Pilot Surveillance System

The Alert System for Chemical Health Threats phase two (ASHT II, 2007210), a project partly funded by the European Commission, is now in its third and final year. The project will close at the end of September 2011, and the results will be presented during the EAPCCT Congress in Dubrovnik, Croatia, in May this year. In addition, the ASHT Newsletters and a link to the ASHT Website are available on www.eapcct.org.

The EAPCCT contribution to the ASHT II project is information dissemination (Work Package 2) and testing of a poisoning Pilot Surveillance System (Work Package 4b). The Pilot Surveillance System is dependent on other project deliverables (Work Packages 4, 6, 7) which includes the proposal to use harmonized terminology for the reporting of symptoms and event definitions in the wider RAS-CHEM alerting system. Both the Medical Dictionary for Regulatory Activities (MedDRA) and International Programme of Chemical Safety (IPCS) INTOX definitions have been proposed to meet these needs. As the development of the Pilot Surveillance System is dependent on other project deliverables this work package activity is therefore weighted until the end of the project.

The aim of the Pilot Surveillance System is to **test the feasibility of near real-time multi-centre poisoning case collection from a number of European Poisons Centres** using an automated data extraction, translation and upload software. Such a system has the potential to detect wide-spread but silent chemical exposures to be reported to the European Rapid Alerting System for Chemical Threats (RAS-CHEM).

For this Pilot Surveillance System, a database was created on a central server, a standard data set and data structure had to be defined, data exchange formats and protocols were agreed upon. A core item of the system is the translation table that controls the transcription of the local database contents into the coded structure of the common database. This is a crucial step for the quality of the information as it deals with both the different languages and differences of definitions used for the data fields. Partner Centres within the project (Goettingen, Lille, Prague, Vilnius, and Zurich) will participate and contribute cases in this test.

As an outcome, besides the general feasibility of case data pooling in Europe, we will be able to demonstrate which data fields are particularly difficult to extract, to translate, to pool, and where there is the most urgent need to harmonize poisoning case data in European Poisons Centres. These results will be made available to the EAPCCT members in order to launch the discussion about our future efforts to develop and maintain a surveillance system comparable with the US American National Poison Data System (NPDS).

Hugo Kupferschmidt, EAPCCT Past-President

Herbert Desel, EAPCCT Board and Scientific Committee member

Membership

Membership provides the following opportunities

- To identify and meet fellow professionals who may be able to resolve challenging problems, collaborate on research projects and provide general support for new initiatives.
- To help shape the development of poisons centre activity and clinical toxicology in Europe and further afield.
- To attend and contribute to the EAPCCT annual Congresses, which provide a forum for in-depth discussions on clinical toxicology, including the pre-congress study day directed at Continuing Education in Clinical Toxicology (CECT).
- To access educational material (including slide presentations) from previous congresses via the members section of the EAPCCT website.

Members receive

- '*Clinical Toxicology*', the official journal of the EAPCCT, which is published ten times a year
- reduced registration fees to EAPCCT Congresses
- Reduced membership fees for our partner organisation, the American Academy of Clinical Toxicology, and registration fees for the North American Congress of Clinical Toxicology
- the Newsletter of the Association
- Current Awareness in Clinical Toxicology, a monthly summary of research publications in clinical toxicology, including abstracts of the most important papers
- access to the regularly updated electronic Directory of Members;
- news from Committees and Working Groups.

As an Associate member you will receive

- all of the above benefits except the Journal.

Application for Membership

Those wishing to apply for membership must complete the combined Application and Fee Form and submit it to the General Secretary (gs@eapcct.org), together with a more detailed CV for consideration. The Application Form can be downloaded from the website, www.eapcct.org. Once your application for membership has been accepted (usually within one month) you will be notified.

Report from Board meetings	
London, 18 September 2010	London, 12-13 February 2011

Short report from the Board meeting on Saturday:

- Alison Good accepted the position as Abstract Editor
- Update on the congress in Bordeaux.
- Update on future congresses - Dubrovnik and London.
- Inclusion of Succimer on the WHO Essential medicines Lists was supported
- Slide presentations are going to be made available for the congress attendees and archived for the future

Short report from the Board meeting on Saturday and Sunday:

- Ideas of future direction of the Association
- Changes to the Constitution
- Update on the congress in Dubrovnik
- Planning for London 2012 including visit to lecture halls and venue areas
- Update on future congresses in Copenhagen and beyond
- Support of Current Awareness
- Evaluation of Regional African Poisons Centres

The EAPCCT welcomes the following new members:

Feeny Patrick

Royal Adelaide Hospital, South
Australia
22 Union Street
Semaphore SA 5019
Australia

Ceschi Alessandro

Swiss Toxicological Information
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Freiestrasse 16
8032 Zürich

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Actavis
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Bulgaria

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Andresen Hilke

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Department of Toxicology,
University Hospital Hamburg,
Eppendorf
Butenfeld 34
22529 Hamburg
Germany

Forthcoming Congresses, Meetings and Courses

Future EAPCCT Congresses

2012: XXXII International Congress in London, United Kingdom, May 29-June 01 at the [Lancaster London](#)

2013: XXXIII International Congress in Copenhagen, Denmark, May 28-31 at the [Radisson Blu Scandinavia](#)

North American Congress of Clinical Toxicology (NACCT)

2011: Washington DC, September 21-26
Venue: The Omni Shoreham Hotel
Abstract deadline: April 11, 2011
More information [here](#)

2012: Las Vegas NV, October 1-6

Other Congresses and Courses

APAMT 2011: 10th Congress of the Asian Pacific Association of Medical Toxicology, Penang, Malaysia, November 12-14

EUROTOX 2011: 47th Congress of the European Societies of Toxicology Paris, France, August 28-31
[More information](#)

IRANTOX 2011: 11th Congress of the Iranian Society of Toxicology Mashad, Iran, September 13-15
[More information](#)

Master Course in Toxicology at the Medical University of Vienna:
Deadline for registration is April 2011 (later registration is possible if places are still available).
Information on the website of the [Medical University of Vienna](#). See the programme [here](#).

Contributions to the Newsletter

Important news or information for other members of the EAPCCT will always be welcome. Your contribution to the Newsletter should preferably not exceed 500 words and be sent to the EAPCCT Secretariat:

Peter Hultén,
General Secretary
gs@eapcct.org