



American Chinese Pharmaceutical Association Newsletter

美洲華人藥學會通訊

Editor: James W. Shaw, Ph.D., Pharm.D., M.P.H.

October 2004

Message from the Interim President Jonas Wang, Ph.D.

My dear ACPA fellows, I hope you are having a wonderful fall season. In the second quarter of 2004, the ACPA executive committee (EC) made several important decisions that I would like to share with you now. In May, the Association's President, Dr. Wendy Chou, decided to resign her position due to an illness in her family. The EC accepted her resignation and appointed me to serve as the interim President for the remainder of 2004. Our thoughts are with Wendy's family at this time, and we hope that her father has a speedy recovery.

This has not been a banner year for ACPA. Given instability in its leadership, the Association failed to achieve most, if not all, of its objectives. In May, there was a serious debate among the EC members as to whether ACPA should continue to operate as a professional pharmaceutical organization or be dissolved (with the remaining organizational funds being released back to its members). Since its inception in 1984, the goal of ACPA has been to promote the contributions of Chinese-American pharmacists and pharmaceutical scientists to the pharmaceutical profession. In general, I believe that ACPA has succeeded in meeting this goal. However, in recent years the organization has changed such that it no longer represents practicing pharmacists in terms of its membership or functions. Further, for years we have experienced difficulty in recruiting young members as well as competition from other professional pharmaceutical organizations, such as SAPA and ACS. After much discussion, the EC made a key decision to continue operating ACPA as a professional pharmaceutical association for both practitioners and scientists. It was decided that new methods would be employed to revitalize ACPA. It is clear that we will need our entire membership to participate and support

this process if we are to succeed in the future. Although ACPA had not expanded in recent years as desired, we do feel that it has served as a catalyst for researchers, practitioners, and government officials to advance their knowledge, ideas, and technologies.

The EC decided that ACPA should hold at least one professional meeting each year. In fulfillment of this objective, the 2004 ACPA Annual Dinner Meeting will take place during the AAPS Annual Meeting and Exposition, which is scheduled for November 7-11, 2004 in Baltimore, MD. Although nothing firm has been planned, the EC is also considering whether another ACPA function should be held in conjunction with the annual APS meeting for our practitioner members. We will keep you posted.

The Annual Dinner Meeting will be held at Jesse Wong's Hong Kong Restaurant at 6:30 PM on Tuesday, November 9. A mini-seminar focusing on FDA bioavailability and bioequivalence study inspections will be given during the meeting. This has been a very hot topic recently, and we wish to thank Drs. Martin Yau, Yih-Chain Huang, Keith Chan, and Jinn Wu for making the seminar possible. Registrations for the Annual Dinner Meeting will be accepted during AAPS conference exhibition times on Monday, November 8 and Tuesday, November 9 by staff at the XenoBiotic Laboratories, Inc. booth (No. 2531). Thanks to Dr. Jinn Wu, President and CEO of XenoBiotic Laboratories, for allowing ACPA to use his company's booth for this purpose.

Since officer elections were not held last year, there is currently no President-Elect. Therefore, we find ourselves in the position of having to elect or appoint someone to serve as the Association's President in the coming year. I am pleased to inform you that Dr. Keith Chan, a founder and Past-President of ACPA, was nominated for the office of President in 2005. We thank Keith for his strong support of and enthusiasm for

ACPA. He has proposed a sound three-year plan for revitalizing the organization. A key element of this plan is the shifting of important Association duties (e.g., tax form preparation, website management) away from volunteers to paid staff and contractors. We appreciate Keith's vitality and ideas. If Keith serves as President in the coming year, we should all support him to help make ACPA a stronger organization.

Dr. Yih-Chain Huang has accepted a nomination to serve as President-Elect in 2005. Similarly, Dr. James Shaw has accepted a nomination to serve as ACPA's Secretary in the coming year. Due to obligations to his current employer, Yih-Chain has indicated that he may not be able to serve as President in 2006. Given the limited field of candidates as well as the need to restore political stability to ACPA, Yih-Chain's nomination for the office of President-Elect was affirmed by the EC. If he is unable to serve as President in 2005, then a new President and President-Elect will be elected in 2006.

ACPA is now updating its website and membership directory. We are also placing a strong emphasis on recruiting new members to our organization. It is important for all of us to contribute whatever we can. The next few years will determine whether ACPA survives as an independent organization in the coming decade. We welcome constructive comments and suggestions and appreciate your kind support. Please feel free to contact me (jwang@sycamorevc.com) or Dr. Keith Chan (kchan@globoasia.com) if you have any ideas that you would like to share with the EC. We look forward to seeing you at the Annual Dinner Meeting in Baltimore next month.

**Message from 2005 Presidential Nominee
Keith Chan, Ph.D.**

Hello, fellow ACPA members. By the time you read this message, you may have heard the news that I have been nominated to serve as the President of ACPA in 2005. As some of you may remember, I also served as President of ACPA in 1994. You may be wondering why I would consider being President again after all these years. My answer is: "Why not?"

Over the last 10 years or so, like most of our members, I have been very busy taking care of my life and securing my future. The pharmaceutical industry is not the same anymore. ACPA as an organization is also undergoing a lot of changes. I was blessed by many opportunities, and I can truly say that I can be more relaxed at this point in my life. In September, my friend and current ACPA

President, Dr. Jonas Wang, approached me about the possibility of serving as President this year. I gave the idea a lot of thought and decided to accept the challenge. I am here asking for all of your support.

From Jonas' Presidential message, you have learned that this is a challenging time for ACPA. There are many issues that face us, including the loss of pharmacy practitioners as members, hard times for pharmaceutical scientists, difficulty in attracting new members, etc. I have no magic bullets, but I do have old-fashioned business principles. My personal belief is that if you give it your best, you shall be rewarded. If you give the members a value-added program, a good banquet, a good network, and good companionship, they will come.

I accepted the EC's nomination for the office of President of ACPA and would like to propose a three-year plan for revitalizing the organization. Yes, three years. If I serve as President next year, I will ask to be appointed as Executive Director for the subsequent two years. One of the biggest problems confronting ACPA is that it is a so-called "volunteer" organization. We must change it into a "system" organization to ensure the consistency of its management as well as its long-term survival. I propose that we have a "paid" Executive Director to run the organization from year to year. (Believe me, my proposed pay scale will not make a person rich, but as an incentive it will increase the likelihood of consistent returns.) The President should be an elected officer concentrating on leading the organization. Presidents can change from year to year but should not have a great effect on the operation of the organization. Our current problem is that ACPA relies too heavily on its President. If the President takes an active stance in leading the organization, then ACPA does well that year. However, if the President is unable or unwilling to fulfill his or her responsibilities, then the whole organization suffers. With a couple of bad years (or even one term), the organization can go down the drain. In reality, it is not fair to ask the President to get it all right in one year. By the time the individual grows into the position, his or her tenure is up. This has been an annoying trend for ACPA, and I would like to put a stop to it. In addition, I would propose the hiring of some paid help for the elected officers to ease the burden of website maintenance, tax filing, etc.

The above expresses some of my preliminary thoughts. However, the goal for me is clear: "How can we get there?" I need all of your support. I will submit my plan later this year and hope that I can see you at my side. At this time, I will ask you to trust me and give me a chance.

Meeting Announcement

ACPA will hold its Annual Dinner Meeting in conjunction with the AAPS Annual Meeting and Exposition, which is scheduled to be held November 7–11, 2004 in Baltimore, MD. Our Annual Dinner Meeting will take place from 6:30–10:00 PM on Tuesday November 9 at Jesse Wong's Hong Kong Restaurant. The restaurant specializes in authentic Cantonese cuisine and dim sum and is located at 10215 Wincopin Circle, Columbia, MD 21044. Its telephone number is 410-964-9088.

A mini-seminar entitled "FDA Bioavailability/Bioequivalence Study Inspections" will take place during the dinner. The seminar and panel discussion will be chaired by Dr. Yih-Chain Huang, ACPA Program Director. Dr. Martin Yau, a pharmacologist in the FDA's Center for Drug Evaluation and Research, will be the keynote speaker, and panelists will include Dr. Keith Chan, Dr. Jinn Wu, and several prominent members of the FDA.

The registration fee for the dinner, including the seminar, will be \$40 for ACPA members, \$60.00 for non-members, and \$30.00 for students. Bus transportation will be provided (at no additional charge) between the Baltimore convention center and the restaurant. The bus will depart from the convention center at 6:00 PM and return at 10:30 PM. Registrations for the Annual Dinner Meeting will be accepted during AAPS conference exhibition times on Monday, November 8 and Tuesday, November 9 by staff at the XenoBiotic Laboratories, Inc. booth (No. 2531). Karaoke will be available at the restaurant for those who feel they are talented singers.

A copy of the meeting registration form is included with the newsletter. Members may return the completed form by fax to Dr. Keith Chan at 301-340-7833 or by e-mail to Dr. Yih-Chain Huang at huangy@cder.fda.gov. For further information about the ACPA Annual Dinner Meeting, please contact Dr. Huang.

Report from the Finance Committee Chester Lau, R.Ph., M.S.

ACPA maintains a healthy balance with deposits in two states. There were few expenses in the last 12 months, while the CDs and the mutual fund continue to grow. The balance is about \$38,700 in Maryland and \$18,700 in New Jersey, yielding a total of \$57,400. Overall, the EC has been very conservative in spending the Association's money, and every attempt has been made to remain budget neutral when sponsoring activities.

Pharmaceutical Innovations and Bioterrorism Elizabeth F. Yuan, R.Ph. U.S. Public Health Service

I did some thinking about what this title meant to me, what pharmaceutical innovations meant, what bioterrorism meant, and how the two terms interrelate with each other for me. All of us pharmacists are especially aware of past and recent pharmaceutical innovations. After all, when I went to pharmacy school—which, by the way, was not too long ago—the possibility of gene-specific pharmacotherapy belonged to the realm of science fiction novels, the pharmacy I worked in sold all kinds of contraptions for male impotency, and filled prescriptions for hormone replacement therapy flew out of the pharmacy.

The threat of Bioterrorism, unfortunately, hit too close to home on September 11, 2001. Prior to this date, an attack threat by bacteria called anthrax was a Discovery Channel documentary used to fill gaps between prime-time programming or a program broadcasted right before the paid infomercials began.

Recently, the threat level was raised back to orange, many flights have been cancelled due to security threats, suicide bombs in the Middle East seemingly occur almost every day, those with loved ones deployed overseas live with the reality of terrorism on a daily, if not hourly basis, and we carry about our business with a dark cloud in the back of our minds. So, one may ask, "What are we doing to prevent a future terrorism, or specifically, bioterrorism attack?" The answer to that would be, "Lots." Back on April 10, 1972, the UN drafted and adopted the *Convention on the Prohibition of the Development, Production, and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on*

their Destruction with the intent of preventing the use of chemical and biological substances and delivery devices as weapons. Since then, the research-based pharmaceutical and biotechnology industry has strengthened internal biosafety standards, including containment, registration, and inventory procedures, with special attention being paid to highly pathogenic biological agents and toxins, standard operating procedures to ensure safe transportation of substances, disposal procedures, and compliance with regulations. They also have stated that they will respond to calls of governments for supplies of therapeutic and diagnostic modalities, contribute company expertise and public information capabilities, and continue to research medicines for the treatment of biological or chemical attacks, with special attention being given to the development of vaccines that would diminish the morbidity and mortality of attacks.

On the public side, all governments, especially after the October 2001 anthrax attacks, have reconsidered policies regarding the prevention, containment, and treatment of bioterrorism events. The Centers for Disease Control and Prevention manages the U.S. National Pharmaceutical Stockpile Program that stores medical and pharmaceutical supplies all over the country for disasters. Further, many cities have had drills and exercises to implement and test their responsiveness, and more financial and human resource considerations are given to bioterrorism than ever before.

So after all the experience, preparation, and money spent, I'd like to say that all of us can breathe a sigh of relief, but we can't. If exposed to chemical attack by serin or mustard gas, unless you have a mask or anti-

toxin kit at the time of the attack, or have immediate access to one, treatment options are virtually nonexistent. Under a biological attack, variables such as incubation period and immune response will vary between individuals. Vaccines seem to be one of the best options, but they will probably never reach 100% effectiveness due to natural and weaponized cell variations for each organism. In addition, their toxicity profiles lead to further consideration of the risk-benefit ratio for each individual.

As a pharmacist, I think the best thing I can do for my patients is to prepare by keeping up to date with current science and available products and resources offered by private and governmental organizations. Before an attack occurs, we can help provide information regarding preventive treatment options. When an attack occurs, our ability to care while being knowledgeable about treatment options and resources distinguishes us as a profession. Providing counseling at DC General during the anthrax attacks taught me that the best service we can provide to the public is to listen and to provide mental and moral support. Although they received treatment, many patients told me that I was the first person who was willing to sit down and listen to their individual fears, anxieties, and frustrations by simply asking, "Do you have any questions?" It was the first time they felt human.

All of us like to make others feel human, but at a time of crisis, due to our hectic surroundings, this courtesy is easily forgotten. Until better pharmaceutical innovations are developed for prevention and treatment, as a profession, care may be the best weapon we have against bioterrorism.

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