



Physicians Specializing in the Care of Poisoned Patients

A Bimonthly Newsletter

December 2011

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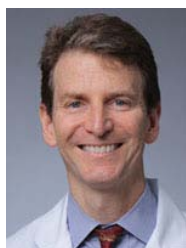
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### President's Perspective

Lewis S. Nelson, MD, FACMT  
President



Almost daily, news stories of individual patient or public health importance cross my desk. The media is very good at finding "experts" to provide comment and insight into these

issues. Often, however, we are not recognized as the experts even in stories of direct toxicologic relevance. To add insult to injury, the media occasionally cannot or does not vet the person sufficiently to know their real degree of expertise or credibility. In large part, this is the reason we have created a Public Affairs Committee - to highlight the value that our College and its members can add to issues of environmental health, medication safety, drugs of abuse, envenomation,....and the list goes on.

The recent finding of the presence of arsenic in apple juice is a great example of this depth of this problem. Doubtlessly you have read the media reports of the hazard now associated with this generally healthful (though sugar-laden) beverage due to the detection of clinically inconsequential amounts of this element. The interpretation of the significance of this finding demonstrates the knowledge gap in medical and public health circles, and highlights the value added that we, as a specialty, can offer. ACMT members from across the country, generally wearing their poison center or public health hat, were quoted by the media trying to explain arsenic: what arsenic is, why arsenic is in there, and the meaning (or meaninglessness) of the laboratory finding. But the fanfare of misinformation associated with attempts to demonize apple juice (and its purveyors and regulators) suggests that presenting the truth may at times be a secondary motivation for the media. It would have been preferred for the media to have been proactive and ask for our insight *before* creating a stir. In their

defense, the initial analytical information did appear to come from reputable sources, and it was indeed correct.....there was arsenic in the apple juice. The truth though, as we all know, is not so simple.

Paradoxically, some important items don't get the media attention they deserve. For example, the Food and Drug Administration has hosted several advisory committee meetings at which important tox-related issues ranging from the availability of multiple infant and children liquid acetaminophen preparations to the safety and intentional misuse of long acting opioid preparations have been some highlights. Several medical toxicologists, including myself, have been involved, and many excellent recommendations were offered. FDA, to be fair, moves slower than we would like (as do most governmental organizations) and in the interim Pharma (and its trade groups) have made independent efforts to implement some of the perceived upcoming FDA requirements.

Roll out of these initiatives has been somewhat confusing and limited. For example, many of us may not even know that there is now only one infant/child preparation of liquid acetaminophen, or that there is a voluntary extended release/long acting [opioid REMS program](#), even though the FDA has not "ruled" on either of these issues. Although these may not be the final or optimal solutions, the lack of media attention is concerning, and I think the medical toxicology community can help get the information disseminated to those in need.

The Public Affairs Committee (PAC), the development of which was suggested by the marketing project

headed up by Leslie Dye, MD, will work to improve both the quality of toxicologic information and the visibility of our specialty in the media. The efforts will be directed at both print and virtual media sources, and intend to add the proper toxicologic context. The PAC, led by Michelle Ruha, MD, will expand our outreach to news media, highlight our activities through press releases, and enhance our social media (such as Facebook) presence. Those with an interest in participating, or with any helpful contacts (!), should feel welcome to contact Michelle or me directly.

This does not lessen the importance that we have placed on didactic medical education, and several of our upcoming

efforts take direct aim at these issues. The [Chelation conference](#) on February 29, 2012, hopes to put in perspective the overuse of metal analysis and chelation therapy. The [Spring Conference](#) will offer a one day [Academy on Prescription Opioid Misuse](#) on March 15, 2012. Please check the website for updated information.

We have worked hard to develop our area of niche expertise. As a group, we are detail oriented and we thrive on educating others. We have succeeded in becoming outstanding clinical educators, particularly of the toxicology community, and the time is right to look beyond.

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## Reflections on William O. Robertson, MD, FACMT

*Steven M. Marcus, MD*



I first met this somewhat larger than life man in June of 1979. I was a much younger pediatrician invited to a federally-sponsored program Developing Regional Poison Control Systems at the Copley Plaza Hotel in Boston, Mass. I had no idea there was an established group of folks working in poison control until that time. Bill was part of the group of amazing people doing amazing things. The founders of medical toxicology and the movers of the poison center movement were all there. Fred Lovejoy, Howard Mofenson, Dick Moriarty, Barry Rumack all were active participants and of course, William O. Robertson. Bill was one of the scheduled speakers, not to down play the others, but, his presence as one of the most experienced was pivotal to me. We became "allies in crime," from that point on.

Three years later, I hosted a seminar in NJ to introduce the concept of a regional poison control center and its value in my state. Bill was one of the obvious speakers to invite. At a dinner Amy and I hosted at my home the night before, Bill and my son became allies as well. Bill put my son up to taking coats and checking them, standing waiting for a tip. He became something of a muse to me. From that night on, he was forever encouraging me, and I am sure many others, on. He was the encouragement I needed to sit for my boards. That was the kind of person Bill was.

Living and working on other sides of the country and meeting only rarely at meetings, and an occasional telephone call, we had an amazing relationship. It was the kind that although separated for 6 or more months, when we got together it was as if we met daily. He became my "brake," my "jimmy cricket." When I would send one of my angry letters or, later, emails, he would call and speak to me. I sort of knew when Bill called that he felt I did something wrong. Sometimes he was right, sometimes, he just needed an explanation. As we both aged, sometimes my writings were just a little obtuse and he helped me make my comments understandable, so he was often my translator as well.

He was my jogging buddy at meetings. One wonderful jog through the woods in Charlottesville, Virginia, I remember the discussion about the nature of the poisonous critters we could come into contact with. Neither of us clever toxicologists had given any thought to the indigenous snakes that were common in the woods in the area through which we stupidly decided to run.

The jogging became a regular thing. At the annual meetings we were joined by a cadre of other big names, Barry Rumack, Chuck Becker come to mind. At the end of the runs, we would all head back to the hotel, Bill would seek out his favorite fast food restaurant for a cheap breakfast. McDonalds and Burger King were among his favorites, and he sought out "off label brands" to try at every city we attended. His body habitus certainly did not show the worse for it. One wonderful run in Portland we found ourselves in a downpour and spent almost an hour stuck in a riverside art gallery.



Bill was well published, but, to me, the greatest writing accomplishment was his “Views from Robby’s Roost.” These musings from Bills inner self appeared regularly in *Veterinarian and Human Toxicology*, for those who remember, it was the only journal “specializing” in medical toxicology and was the “house journal” of the AAPCC and AACT until *Clin Tox* and *J Med Tox* became the standard. True, his musings were not always evidenced-based but they drew on a lifetime of experiences and his interpretation of the literature as seen by Robby’s interpretation. He had the habit of opening up controversial discussions, then sitting back and watching us argue over the points he raised. I found myself opening to his Roost as soon as I received my copy of V&HT to see what was up with Robby and what controversy was he raising in this issue. Just for fun, I opened my bound copies of V&HT from 1998 and found his views on Medication Errors vs ADRs and his suggestion for “Diverting 1 penny /prescription to an ADR-monitoring program.” Much of what he reported about has not changed. Despite all of our electronic order entry, shorter work hours for residents, etc., med errors are still too commonly encountered in modern hospital care. He went on to state that “is it perhaps timely to reiterate the point that poison centers and toxicologists just might have a role to play?” Prophetic in terms of what is happening in today’s economy with today’s fragile funding of poison centers. Perhaps ACMT would consider republishing his Roost’s as a testimonial to him.

I became part of Robby’s weekly telephone conference call. He allowed me to interlope on his Pacific Northwest territory, just as long as I didn’t decide I liked the location enough to try to move there. He was always a sort of anti-chamber of commerce. I looked forward to comparing notes on experiences in the east and the west. More important to me perhaps, however, were the reprints Robby put together each week for distribution to the attendees. He never did teach me how to find the articles he did from obscure journals and publications. Those were the days before easy computer access and he managed to find thought provoking, often groundbreaking reports in journals I had never heard of let alone read. He interspersed scientific articles with those from the lay press. To this day, we do almost daily ‘current events’ in our poison center to insure that all of our staff is as up to date as our citizen callers. For years, my visions of Robby at meetings always included him walking into meetings dressed in a suit, usually a white shirt, carrying his briefcase and taking out stacks of papers to review, glasses down on the tip of his nose, so he could read the papers while watching the presentations from the far side of the audience.

He had a way with words that often stopped me, and others, in our tracks. Perhaps one of his most amazing views of the world as told to me by Robby, came during a meeting of the then ABMT business meeting. It was early in the 1990s and we were debating the rules for a future ACMT for probably the emptyish time. At one point I was tired of the discussion and lost as to what on earth the goal of the leadership was. I turned to Bill and asked if he had any idea what was happening. His comment then was amazing. “You remember Steve, when you were a kid, you and your best friend got together and started a club. You invited one or two others to join and then the next most important thing was to decide who to allow into the club, or better, who to keep out of the club.” This amazing man, who had been deeply involved in all of the associated organizations, believed that we were becoming exclusionary and risked taking ourselves a little too serious. After that, off we went to indulge in his favorite activity, free food. If I can be so bold as to “borrow’ from an ancient Hebrew prayer, “Everlasting is his heritage, and he shall rest peacefully upon his lying place.”

Good bye Bill, I miss you.

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## Toxicology Investigators Consortium (Toxic) Update

*Jeffrey Brent, MD, FACMT*

*Paul Wax, MD, FACMT*

Having now surpassed the 10,000 case milestone there are plenty of possibilities for data mining in the Toxic Case Registry. If you, or a colleague, is a contributor you might want to think about using the Registry for your next research project or grant application. We encourage you to do so.

Over the last year we have learned a tremendous amount about how the Registry performs – its strengths and its weaknesses. Armed with this experience and knowledge we are about to do a major update of the database and in doing so will be adding some tremendous new features. Most importantly, the new version will allow for specific fields to be filled out only for certain patients, allowing more focused data collection in those cases who meet certain criteria. This greatly enhances the research capabilities of the Registry. We hope to roll out the new version in mid-January and will give you plenty of advance notice so that you will not be surprised when the new format is takes effect.

The deadline for abstract submission to NACCT will be coming up very fast. If you want to generate some abstracts from the Registry don’t wait – the time is now.

Best wishes to you all for the Holidays.

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## Research Committee

*William Russ Kerns, MD, FACMT*

*Eric Lavonas, MD, FACMT*

The ACMT Research Committee would like to highlight two research funding opportunities:

### Medical Toxicology Foundation – Emergency Medicine Foundation (MTF/EMF) Physician-in-Training Research Award

This grant awards support for an active Medical Toxicology fellow or Emergency Medicine resident physician to complete a medical toxicology research project. Applicants may apply for up to a total of \$5,000 for a one-year period. This is an excellent opportunity for a fellow to obtain extramural funding or for a resident to obtain experience with toxicology research. **The due date is January 9, 2012.** Applications are available at the ACMT [MTF](#) and [EMF](#) websites.

Click [here](#) to download the grant application.

### Toxic Registry and Consortium

The Registry is a multicenter database of medical toxicology patients. It collects data on patients seen at the bedside by medical toxicologists and includes demographics, agent class, specific agent name, clinical symptoms, syndromes and signs, and treatment rendered. The database currently contains over 10,000 patient entries. Investigators can utilize the database or consortium of database contributors to conduct epidemiologic studies, retrospective studies, or collaborate on multisite studies.

Click [here](#) for more details about Toxic research and how to submit proposals for approval.

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## Public Affairs Committee - Focus on Social Media

*Michelle Ruha, MD, FACMT*

The Public Affairs Committee (PAC) met recently and created a plan for increasing public recognition of medical toxicology. To start, we have developed four areas of focus for public outreach. These include social media, the ACMT website, news media, and lay media.

We currently have two ACMT Facebook pages, one that is [open to the public](#) and another for [ACMT members only](#). We would like to concentrate our efforts on developing an audience for the public page. For this we need your help! In addition to commentary on toxicology-related news items, we would like to share the successes of medical toxicologists across the country and internationally. If you or your colleagues have been interviewed on a toxicology topic and you have a link to the print item or a video, please pass it along to [publicaffairs@acmt.net](mailto:publicaffairs@acmt.net). We would also love to share news regarding local achievements in expanding and promoting medical toxicology and any other items that you think would be of interest to our followers on Facebook. We will work on increasing our audience via 'share' and 'like' icons on other announcements and outreach materials.

The PAC is also working to develop our news and lay media relations and content for the public section of our new webpage. More on those in upcoming newsletters... In the meantime, if you are interested in writing press releases, developing consensus 'talking points' on toxicology topics for ACMT representatives when speaking to the media, or contributing to the PAC in any way, please let me know at [michelle.ruha@acmt.net](mailto:michelle.ruha@acmt.net).

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## 2012 MEMBERSHIP RENEWAL

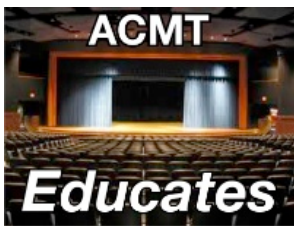
Have you paid your dues?

The deadline for 2012 membership renewal was December 20, 2011.

In order to renew, please go to [www.acmt.net](http://www.acmt.net) and simply login to the 'Members Only' section of the site, select 'Renew Membership' and follow the prompts.

## Enduring Education Committee

Howard Greller, MD, FACMT



This is an open call for material for the Enduring Education section of the website. We have decided to take a different tact, and hope that you can participate. What we are proposing should not take more than 30 minutes of your time. This is open to any member from student to fellow to FACMT to emeritus.

1. Pick a topic that you are very knowledgeable about and like to talk about (for example, your "go to" discussion with students, residents and fellows when you have five minutes free - utility/uselessness of urine toxicology screening, what the t40 in avr means, the ECG of digoxin toxicity, 5 minutes of mushrooms, etc, etc, etc.)

2. Write this out as if you were discussing it. In reality, this should be no more than a page in length. No references are necessary, unless what you are discussing is a paper...

3. Read what you wrote. Imagine what would best illustrate the main ideas in what you wrote. Is this something that you would normally sketch on a scrap of paper? A blackboard? A formal presentation? Or just a discussion without "AV" aids? Some examples include a discussion (audio), a diagram, a picture, an animation, a slide, a formal presentation, etc. For example, the mechanism of octreotide for sulfonylurea may be best illustrated with an animation/slide/diagram, whereas the metabolism of ethanol may be just a simple chemical structure and reaction.

4. Email me ([howard.greller@acmt.net](mailto:howard.greller@acmt.net)) your one page summary and idea for presenting it. I'll take this to the committee and see what additional effort is needed to put it into a web based form and contact you for any other information needed (i.e. record your voice, image, diagram, etc.)

Thanks for your help and participation. If you have other ideas or other materials you'd like to contribute, the group is open to any and all submissions. Any suggestions, comments or assistance are always greatly appreciated.

Thanks very much. Have a wonderful holiday season and a happy new year!

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## MTFITA Minute

Medical Toxicology Fellows-In-Training Association

Brandon Warrick, MD

The new craze at NACCT and on the "street" are the newest generation of designer phenethylamines. To help control this epidemic, medical toxicologists need to be observant for patients presenting hyperadrenergic with serotonin-related findings and ask about designer drug use. Identifying new agents and tracking the emerging agents are beneficial to law makers and regulatory agencies. In turn, bring a heightened awareness to the role of toxicology at the bedside and for regulatory agencies.

Although the Analog Drug Law of 1986 attempted to legally restrict these chemicals, a loophole in the law allows these designer compounds to be legally produced as long as they are designated "not intended for human consumption" hence the terminology for a nonedible product such as "Bath Salts", "Plant Food", or "novelty collector's items"<sup>1</sup>. In Michigan, we have identified over 10 different psychoactive compounds in "bath salts". Most of the chemicals are still legal, however, the DEA announced methylenedioxypropylvalerone (MDPV) the original "Bath Salt", methylone, and mephedrone would be temporary added to the list of schedule I agents in September 2011. As

MDPV becomes harder to obtain, other psychoactive drugs are emerging and likely to rise in popularity. Subsequently, banning each of the drugs in the pipeline is problematic with over 1000 designer compounds already developed. Furthermore, the legal control of these compounds opens up many sociolegal implications. Outlawing the drug classes is not feasible as many legitimate medications are already in use.

Further driving the rise in popularity is social media. Social media appears prominent in everything from drug development, marketing, sales to experimentation. It also allows many of the chemists and suppliers to be based overseas contactable only by e-mail. Thus, enforcement is difficult and slow.

To assist with chemical identification, I have worked closely with our toxicology lab in Michigan to perform GC/MS analysis on these emerging products. Please feel free to contact me at [brandon\\_warrick@hotmail.com](mailto:brandon_warrick@hotmail.com) if you would like samples tested.

1. Center USDoJNDI. Synthetic Cathinones (Bath Salts): An Emerging Domestic Threat. July 2011.

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## JMT Update

Leslie R. Dye, MD, FACMT, Editor-in-Chief, *Journal of Medical Toxicology*

### JMT Releases First Podcast “Sibilants and Disfluencies”

Having recently attended a medical editor’s course, it is no surprise that the world of medical publishing is being revolutionized by technology. I know I am showing my age, but I remember listening to abstract reviews from a cassette tape in my car. And I thought that was dramatic! *JMT* continues to advance technologically, as we are unveiling our first podcast. According to Wikipedia, “a podcast (or non-streamed webcast) is a series of digital media files (either audio or video) that are released episodically and often downloaded through web syndication.”

Two of our editorial board members, Howard Greller, MD and Dan Rusyniak, MD, have teamed up to produce an entertaining and informative production that reviews selected articles from the December 2011 issue of *JMT*. The December 2011 podcast is available at on iTunes and [here](#) on the ACMT website and is titled: “Sibilants and Disfluencies.”

Additional future considerations include interviews with the author(s) as well as other contributors to the journal. In 2012, the podcasts will be available quarterly and the release will occur within two weeks of the mailing of print copies of *JMT*- March, June, September, and December. Look out, Click and Clack!

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## JMT Writing Tip Titles

The title is often a last minute item we complete before submitting a manuscript for publication, however, it may be the most important part of the paper that a reader uses to determine whether or not to read the piece. Some quick suggestions for titles:

1. Make sure the title fits the audience.
2. Ask yourself what a reader would search for on a topic and try to ensure that your article is high on the search list.
3. Don’t use clever titles
4. Make titles concise, but try to include methods and keywords.

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### Fellow-in-Training Member of the JMT Editorial Board



The Journal of Medical Toxicology (JMT) is now accepting applications for the fellow-in-training (“fellow”) appointment to the JMT Editorial Board. All fellows in the first year of an accredited Medical Toxicology program are eligible. This appointment is intended to introduce the fellow to the process of peer review, editing, and publishing of medical research manuscripts. The appointment is a 15 month commitment that begins in March 2012 and is completed in June of the following year. The fellow will be expected to attend Editorial Board meetings and participate at every level of the editorial process. For more information or to submit an application, contact Mark B. Mycyk, MD, FACMT, Associate Editor of JMT at [mycyk.mark@gmail.com](mailto:mycyk.mark@gmail.com).

**Application Deadline - January 6, 2012**

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## Michael J. Spadafora Medical Toxicology Travel Award

David Jang, MD

Michael J. Spadafora, MD was an academic emergency physician and medical toxicologist who dedicated himself to resident education. After his untimely death in 1999, a scholarship was established in his name to encourage residents (PGY-1 or PGY-2 or a PGY-3 in a 4 year program) to pursue medical toxicology fellowship training. It is a competitive process that allows one recipient each year to attend the annual ACMT Spring Conference or NACCT. The award of \$1,500 provides funds to support travel, meeting registration, meals, and lodging. The first Spadafora award was given in 2003 and it has been granted annually since. The recipient is chosen based on various factors, including a personal essay describing his or her interest in medical toxicology, a letter of support from one's residency program director, and a letter of nomination from an ACMT member.

My interest in medical toxicology first began during a medical school when I rotated at the New York City Poison Control Center. While my curiosity was sparked during this rotation, it was during residency where I really developed my interest. I developed a strong relationship with the toxicologists within my residency and they encouraged me to apply for the Spadafora award during my second year of residency. With their strong letter of support and my developing interest in medical toxicology I was fortunate enough to be a recipient and attended the ACMT Spring Conference held in Puerto Rico. This was my first real exposure to a clinical meeting about medical toxicology. At this meeting, I was exposed to the diversity of the field, ranging from basic science research to clinical translation, and I was fascinated by the various aspects one could pursue within the specialty. I am both thankful and fortunate to have attended such a meeting, which only strengthened my commitment to pursue this subspecialty. I have spoken to other past recipients of this award who also agree with many of the sentiments I have expressed here.

The Michael J. Spadafora Medical Toxicology Travel Award is funded by the [Medical Toxicology Foundation \(MTF\)](#). MTF has many goals, all of them directed at advancing the specialty of medical toxicology for patients, providers, and members. While the above award helps to foster interest in medical toxicology with residents, MTF also has other important core programs that include research awards and other development awards. All of these efforts are intended to ensure the growth of our specialty by attracting the brightest trainees who may not have this exposure.

*Dr. Jang has recently completed his Medical Toxicology Fellowship at the New York University School of Medicine and is currently an assistant professor for the department of emergency medicine. He is currently enrolled in the NYU Masters of Clinical Investigation degree program (K30) involved actively with the NYU medical toxicology fellowship as well as undergoing basic science research.*



### Promoting Research to Improve the Care of Poisoned Patients

The Medical Toxicology Foundation is a not-for-profit charitable organization affiliated with the American College of Medical Toxicology and is intended to provide ACMT members, the general public, and commercial sponsors with a tax deductible mechanism to support Medical Toxicology. Your gift to the Medical Toxicology Foundation - a 501(c)(3) educational organization - is tax-deductible to the fullest extent allowable by law.

Click [HERE](#) to learn more about the Medical Toxicology Foundation and its four core programs:

Medical Toxicology Institute for Life-Long Learning  
MTF Research Awards  
MTF Development Awards  
Public Education in Medical Toxicology Awards

**Donations always welcome.**  
**[CLICK HERE TO DONATE!](#)**

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## Toxicology In The News

[Man Eats Cocaine From Brother's Butt, Dies](#)

[David Laffer Doc Charged in Overdose Case](#)

[Poison Control Centers Facing Greater Risks](#)

[Drug deaths Now Outnumber Traffic Fatalities in U.S., Times Analysis Shows](#)

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### National Case Conference

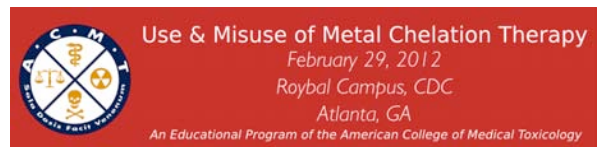
Don't forget to join your colleagues for an hour of fast-paced, multi-national, interactive discussion of several intriguing or controversial medical toxicology cases. This web and phone-based conference is held on the third Thursday of each month at 1pm EST.

Did you miss the last conference?

Don't worry, you can listen to all previous case conferences on the ACMT website [here](#).

## Calendar of Events 2012

**February 29**     **ACMT Use and Misuse of Metal Chelation Therapy**  
CDC Roybal Campus  
Atlanta, GA  
[Course Brochure](#)  
[Register](#)  
[Live Webinar Registration](#)



**March 15**     **ACMT Prescription Opioid Misuse Academy:**  
*The Dark Side of Prescription Opioids*  
Catamaran Resort & Spa  
San Diego, CA  
[Meeting Brochure](#)  
[Register](#)



**March 16-18**     **10th Annual ACMT Spring Conference:**  
*Iatrogenesis: Toxicology & Medication Safety in the Healthcare Setting*  
Catamaran Resort & Spa  
San Diego, CA  
[Course Brochure](#)  
[More Information](#)  
[Register Here](#)



**September 8-10**     **ACMT Medical Toxicology Board Review Course**  
Astor Crowne Plaza Hotel  
New Orleans, LA  
[More Information](#)



# Seasons Greetings

ACMT Wishes You a Joyous Holiday Season and A Very Happy and Peaceful New Year.

## VISIT US ONLINE

[www.acmt.net](http://www.acmt.net)

[Educational Meeting Calendar](#)

[Enduring Education Center](#)

[LLSA Review Center](#)

[National Case Conferences](#)

[Regional Conferences](#)

[Webinars](#)

## GET INVOLVED!

Our members are the lifeblood of our organization and you are always invited to become a more active member by joining a committee.

[Click Here](#) to learn more about ACMT Committees.

Email [info@acmt.net](mailto:info@acmt.net) if you are interested in joining one.



ACMT members please share with us any news of yourself or ACMT colleagues. We would like to hear about awards, grants, collaborations, moves, promotions, interviews, media interactions, invited national or international presentations or any other accomplishments for incorporation into our bimonthly newsletter. How do you like the new format of the newsletter? Send information to [newsletter@acmt.net](mailto:newsletter@acmt.net).

Thank you - The Editors

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