



Physicians Specializing in the Care of Poisoned Patients

A Bimonthly Newsletter

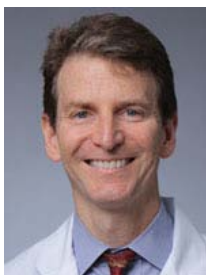
May 2011

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President's Perspective

Lewis S. Nelson, MD, FACMT
President



Medical Toxicology is among the smallest recognized medical subspecialties yet one with an incredible sense of pride and unbridled academic energy.

Our members show us every day how much they value their careers, and the College, by participating in one of our many committees, task forces, or conferences. But in order to truly excel we need to work together with other groups with a shared interest to allow

our visibility to grow and our contributions to become more meaningful.

As detailed last month, the vision for ACMT is to make the services of a board-certified medical toxicologist available to every potentially poisoned human being. This is a tall order, which is more complicated to fulfill than it may appear on its surface. One implausible solution would be to graduate thousands from medical toxicology fellowships, populate every medical center across the country, and be done. But the reality is, of course, not that simple. The proverbial "journey of a thousand miles" must begin with a "single step"; this single step is recognition.

We need to be recognized for our expertise by colleagues in the house of medicine, patients seeking care, governing bodies needful of advice, funders in search of data, non-profit groups pursuing partners, and industry requiring assistance. Much of this endeavor

starts within our organization, with its members and their varying expertise and interests. The College labors to foster internal collaboration by providing communication channels and venues for working together. A great example, and one near to my heart, is the Pharmacy and Therapeutics Committee, currently lead by Brenna Farmer, M.D. This group discusses ways in which our expertise can be shared with our institutions to foster safe and effective medication use. They have several active projects in progress, including the development of a position statement and a membership survey that will be available soon. Look also in the online first section of the Journal website ([here](#)) for a description of how we can utilize our expertise now to individually benefit our hospital's formularies and medication safety committees.

I am always excited and proud when I see one of our members quoted in a news story or appearing on a newscast. I am no media hound, and I turn down as many requests as

everyone else. But when something is up your alley, participate, as this clearly benefits the viewers or readers (and think about who they may eventually find to interview). And when you participate, identify yourself as a medical toxicologist, as this benefits the entire subspecialty! ACMT gets calls from media outlets and if you are interested in being on a contact list please let me or Tricia (info@acmt.net) know. There are plans to formalize an interest list but for now make sure your database profile is updated with your areas of interest and contact information.

External collaboration is a critical step in the future growth and success of our chosen subspecialty. ACMT has worked diligently for several years at identifying and cultivating these delicate relationships. Most prominently, within the house of clinical toxicology, much has been made over our interactions with AACT, AAPCC, and EAPCCT (and perhaps others). I can assure you that these organizations with overlapping memberships have been enjoying a pleasant, respectful relationship in

recent memory and the future looks bright. Keeping our house in order is a requirement of future success.

Representatives from ACMT and AACT (and EAPCCT) met recently with the leadership of the Society of Toxicology to discuss our shared interests. SOT is an organization of scientists who long for a clinical context to their efforts and the clinical groups are perennially interested in understanding the “why” of toxicology. Through the help of Michael Ottlinger, Ph.D., a strong supporter of this effort, SOT has agreed to develop a [Specialty Section](#) devoted to human poisoning, likely to be aptly named “Clinical and Translational Toxicology.” More to come, but one of the themes of the 2012 SOT Annual Meeting is “Clinical Toxicology from Bedside to the Bench and Back,” which rings with the true collaborative spirit that we are hoping for.

ACMT continues to work to sustain and enhance our collaborative efforts with governmental agencies, including ATSDR/ NCEH and Department of Homeland

Security. We have fostered relationships with professional groups with intersecting interests such as emergency medicine, occupational medicine, clinical pharmacology, and forensic toxicology (and even more). And we have worked with innovative organizations such as the [Physicians for Responsible Opioid Prescribing](#) to educate clinicians and legislators about the benefits and risks of opioid pharmaceuticals. Not all of these will be fruitful of course, and we will not allow them to dilute our importance or diminish our reputation, but we believe that it will allow us to shine.

To sum it up, ACMT has been actively seeking to put medical toxicology on the radar screen of many organizations, chosen so that we can mutually benefit from what each brings to the table. If you have any interest in joining these movements, or have other ideas that you would like to bring to the board, please contact me. ACMT is a small organization with great aspirations, and it requires its members to guarantee the success of the specialty (and patients) it represents.

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ACMT's Ninth Annual Spring Conference

Tots, Teens, and Toxicology

Michelle Ruha, MD, FACMT

ACMT held its 9th annual Spring Conference on March 16 - 18 at the Hyatt Clearwater Beach Resort in Clearwater, Florida. The weather was perfect and the beach location allowed for some fun in the sun for attendees and their families each afternoon. The conference itself was well attended and an overall success. In addition to many informative talks by experts in pediatric clinical toxicology, medication safety, substance abuse, and environmental health, there were some exciting special sessions. A professional development session introduced new interactive methods for enhancing presentations and moving away from standard power point talks, a drug abuse panel and environmental panel allowed for discussion of clinical cases with experienced senior toxicologists, and the finalists for the Medical Toxicology Foundation Innovative Teaching Award presented their ideas for developing new teaching tools in Medical Toxicology.

ACMT recognizes that fellows-in-training are the future of our organization and values their participation and involvement in our Spring Conference. This year the Medical Toxicology Foundation provided ten travel awards to fellows so they could present their research ideas to faculty mentors with the goal of receiving constructive feedback that would allow them to optimize their study objectives, methods, and procedures prior to initiation of their projects. Many fellows who would have otherwise been unable to attend the conference were funded and, ultimately, over twenty fellows presented their research ideas. We are grateful to the many enthusiastic toxicologists who attended the session and provided constructive feedback. The research questions and the discussion that was generated from the presentations were truly stimulating and it appeared that everyone enjoyed the interaction and experience. In addition to presenting research projects, several brave fellows also participated in the Open Mic Forum. Each presented a 15 minute talk on a topic of their choice to what I'm sure was an intimidating, although supportive, audience. All did a fantastic job, and it was clear that we have much to look forward to as our fellows graduate and become active participants in ACMT's educational programs. The Open Mic Forum was the last session on the last day of the conference, but despite this, the audience was substantial in size and we not only congratulate the fellows for their strong presentations, but thank all the attendees who stuck around to provide their support.

All in all, the Spring Conference was fun and educational. We thank everyone who attended and appreciate the feedback we have received which allows us to continue to improve future conferences. We also hope that if you have never attended a Spring Conference you will try it out next year in San Diego, California. It is a wonderful opportunity to join your colleagues in a warm weather setting where the educational content is focused on the practice of medical toxicology.

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Photos from the
Ninth Annual ACMT
Spring Conference
& Satellite Courses

Clearwater Beach, FL
March 16-18, 2011

Adverse Drug Effects



Drug Abuse



Environmental Toxins



Tots, Teens & Toxicology



William Banner, MD, FACMT
Keynote Speaker



Lewis Nelson, MD, FACMT
ACMT President



A Riveted Audience



Evan Schwarz, MD
2nd Year Fellow, Dallas, TX



Carrie Truitt, MD
2nd Year Fellow, Phoenix, AZ



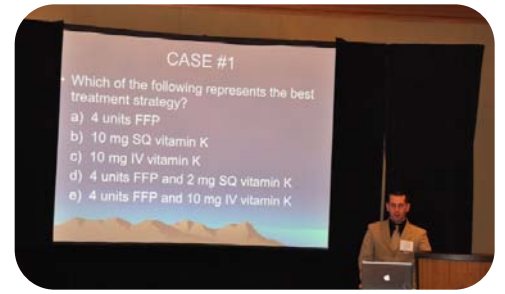
Brandon Warrick, MD
1st Year Fellow, Detroit, MI



Josef Thundiyl, MD
Oil & Water: Toxicology in Emergency Response Course



Cythia Lewis-Younger, MD, FACMT
and the staff of Glazer Children's Museum
Poison Prevention Party



Michael Levine, MD
Update on the Use of Antidotes Course

2011
ACMT
Presidents
Reception



Lewis Nelson, MD, FACMT



Michelle Ruha, MD, FACMT

MTF Minority Travel Award Scholarship

Jennea Correia, MD

I am very grateful to be this year's recipient of the Medical Toxicology Foundation Scholarship for Underrepresented Minority Medical Trainees. This scholarship provided me with the opportunity to attend the ACMT Spring Conference in Clearwater Beach Florida. This well organized event reinforced my decision to pursue a career in the field of medical toxicology.

This year's theme entitled, "Tot, Teens and Toxicology" focused on medications and recreational drugs that may potentially have a detrimental effect on the pediatric population. Although this year's agenda seemed intriguing, I felt intimidated at the thought that I would be sitting in a room filled with renowned toxicologists discussing pediatric medicine, an area that I felt to be the most challenging during residency. However, from the first speaker to the last, these esteemed lecturers conveyed their points in a professional and captivating manner that could educate even the most junior non-toxicologist physician.

I was most fascinated by two lectures in particular. The first was given by Dr. Jeffrey Brent and was entitled, "Beyond the Clicker." Although this was not tied to the theme of the conference it offered the audience several modalities to improve presentations and engage their listeners. I was captivated by the use of the program, "Poll Everywhere," where the audience has the ability to utilize their cell phones or laptop computers to anonymously respond to questions that the lecturer may pose. The lecturer receives immediate feedback from the audience and the results are displayed in graphic form on PowerPoint. Given my interest in academia, I have been searching for innovative ways to capture the attention and interest of my colleagues when I give lectures. I have now found a new method to boost the effectiveness of my teaching and I plan to implement this during my next lecture to the residents. The second was presented by Dr Babu and Dr. Rosenbaum. It was entitled, "The Internet and Recreational Herbs." They reviewed many of the drugs abused by teenagers. As a resident working at a United States Naval Hospital, my experience on this topic is somewhat limited as the number of patients that present to our Emergency Department after recreational drug abuse is few. I was able to get more information about popular street drugs like "Spice" and "Bath salts" and learn about their clinical effects. Just recently, "Spice" has been a huge topic of discussion in Virginia. It was previously legal to all except active duty military members. In the last several weeks, the governor of Virginia approved a bill that made it illegal in that state.

The ACMT Spring Conference was certainly beneficial to me as a resident. Not only was I able to familiarize myself with some of the negative impact of medications and street drugs on the pediatric population but I felt more confident about my decision to become a toxicologist. I encourage all residents with interests in Toxicology to attend ACMT's next conference as it is academically stimulating and it is an opportunity to network and gain further insight to this specialty. I would like to thank ACMT for granting me this opportunity.

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Trevonne Thompson, MD presents Jennea Correia, MD with the 2011 MTF Scholarship for Underrepresented Minority Medical Trainees at the 2011 Spring Conference.

MTF Awards \$5,000 Innovative Teaching Grant to Jeff Lapoint, MD

Paul Wax, MD, FACMT

The Medical Toxicology Foundation is pleased to announce that Jeff Lapoint, MD, a 2nd year fellow in medical toxicology at the New York University School of Medicine has been awarded the MTF Innovative Teaching Award. This award supports the development of practical programs that utilize novel tools to provide education on relevant issues in medical toxicology. The contemplated programs are not limited by format – the focus is on innovation in concept, technique, and/or technology; however, the end-product should be an educational activity focusing on some aspect of medical toxicology (i.e. concerned with the prevention, diagnosis, or treatment of human poisoning). The intended audience may be medical professionals and/or the public.

Jeff was one of four award finalists who presented Innovative Teaching Award proposals at the recently held 2011 ACMT Spring Conference in Clearwater, FL. The award is for \$5,000 and Jeff will present his finished product at next year's ACMT Spring Conference in San Diego.

Jeff summarized his proposal as follows: "The **ACMT app** will be an interactive toxicology teaching application for mobile devices aimed at medical students and junior residents. The simulation based cases will deliver core concepts of common poisonings in short bursts of learning designed to augment the didactic experience of a medical toxicology rotation in an independent and accessible environment. Cases will have adjustable difficulty levels ranging from medical student to fellow level and will be based on critical actions emphasizing key learning points for each topic. On completion of each case an after report reviews the players performance, key points, and gives suggested readings on the topic. Upon completion the application will be available free of charge in the Apple iTunes store and news cases will be added as updates on a regular basis."

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Oil and Water: A Multidisciplinary Success

Josef G. Thundiyil, MD, MPH

At this year's 9th annual ACMT Spring Conference, ACMT, along with support from ATSDR, hosted a satellite symposium- "Oil and Water: Toxicology in Disaster Response." The conference used the recent Deepwater Horizon Disaster as a backdrop to discuss the role of toxicologists in a coordinated disaster response. Other major toxicologic outbreaks were discussed: the Tennessee Fly Ash disaster, Michigan Oil Spill, and Clark Fork Train Derailment. Speakers from various disciplines covered important topics such as: Poison Control Center involvement in disaster response, the role of future medical surveillance after mass exposures, risk communication, environmental threats, exposure/risk assessment, international response teams, and the role of toxicologists as part of a multidisciplinary team. Toxicologists, public health professionals, industry representatives, and emergency responders attended the conference. Further, inclusion of other specialties came in the form of a live webinar and expert panel discussion. Participation from speakers and attendees was enthusiastic and will contribute to the collaboration of our specialty with other disciplines. The webinar will be posted on ACMT's website with information on scheduled rebroadcasts to follow.

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2011 Michael P. Spadafora Award Recipient

Travis Olives, MD

Leaving Minnesota in March for a brief respite on the Florida coast – stepping out of the world of infectious disease consults and never-ending winter (which, even now, continues) for several days – was not the hardest decision for me to make, especially anticipating a conference that would signal my official foray into my chosen career. And although I was looking eagerly to attending the American College of Medical Toxicology annual conference for the first time, there were a few portions of it that stood out for me in particular, especially as a father who, at the time of the conference, was expecting exponential growth in his family.

As a resident, there's no easy way to get away from the hospital. My home institution is no different, and the notion of protected time and travel funding combined for the same resident is a hard one to coax into a reality. And self-funding a conference with two children at home, another two (yes, twins) on the way? Impossible. The Spadafora travel award turned this a reality for me, and was even convincing enough to garner the support of my 7-months pregnant wife!

The vastness of toxicology presented itself in spades during the first day's presentations. Systems-based practice took center-stage for me during day one, with pediatric medication errors striking a chord in the father in me. The theme of iatrogenesis in pediatric patients continued with an exceptional discussion of adverse effects of antidepressants and antiepileptic medications. It solidified the strength of the connection between my roles in the emergency department, the clinic, and the inpatient hospital as a combined emergency/internal medicine resident. Day two of the conference was equally boundless, with extraordinary discussions of illicit intoxication – intentional and inadvertent – new takes on the increasingly important "legal highs," and a poster session that offered the chance to more intimately discuss specific lines of scientific inquiry. Management of coral snake envenomations was certainly my highlight from day three, although all added to the enthusiasm that was building within me for toxicology. I felt quite up to the task, post-conference by several weeks, when my brother in Austin TX sent me a picture, taken from his iPhone, of a visiting reptile he'd encountered in his back yard. Sure enough, his slithery friend was red on yellow, not red on black. A quick text to him suggested caution.

As geared toward present fellows at this conference was, it was an excellent way for a PGY-2 to get an "inside track" on what to expect, both

as a fellow and as a practicing toxicologist. The luncheon for fellows on day two was particularly helpful, with three quite unique viewpoints represented, each ascribing different characteristics to, and collaborating to recommend tailored approaches to, the search for that elusive "work:life balance." These informal but structured interactions gave up a wonderful opportunity to get to know some of the toxicologists present at the meeting. The conference offered an added bonus for me, however: as a combined resident, I get to see all sides of the hospital at work, from the emergency department clear through to the geriatrics clinic. Combined residents can be odd men out much of the time, too – always on "the other side." The ACMT Spring Conference also gave me the chance to spend unadulterated time with the group of tox folks from my own poison center, with whom I'd interacted fairly frequently in the past, but previously spent minimal time in this intensive type of setting.

I also got to know another side of the tox community: this is clearly a tightly knit group, and one that is supportive of its fellows. It was impressively family-friendly – quite beyond the beautiful location, the number of children at the social events was reassuring. As a dad first and foremost (at the time of writing this the father of four girls, two of whom are now 11 days old), this is important beyond words. I'm already looking forward to arriving at upcoming conferences with my own gaggle in tow.

Any summary statement to encapsulate the experience of a first ACMT conference must include reference to the high quality presentations, the beautiful Spring Florida beach and the brief foray into Honeymoon Island state park, and my sincere honor of being selected to attend as the Spadafora recipient. This was truly an outstanding welcome to the world of toxicology.

Suzanne White, MD presents Travis Olives, MD with the 2011 Spadafora Award at the 2011 Spring Conference.





Physicians Specializing in the Care of Poisoned Patients

MTFITA Minute

Medical Toxicology Fellows-In-Training Association

J.J. Rasimas, MD, PhD

Penn State College of Medicine / PinnacleHealth Toxicology Center

Greetings Fellows! The return of spring means that many of us are almost halfway through subspecialty training, now, and others are about to head out into the real world after graduation. Finding our way and crafting our professional identity were major topics of discussion the last time we were able to gather as a group at the ACMT Spring Conference in Florida. Since that time, we've identified some areas where MTFITA and the college propose to be more helpful to fellows' development. We've also discovered that our main lifeline between those meetings ([the ACMT website](#)) has not served us well due to some rather simple but critical logistical issues. They should now be resolved, so everyone should be receiving email notices referring to postings on the MTFITA forum. If not please send a note along to me or to the ACMT office (info@acmt.net) so we can get you in the loop.

And, please, send me an email (jjrasimas@pinnaclehealth.org) either way—we're looking for more input regarding what else would be useful to have contained in our section of the website. For example, a year ago, a survey went out about what educational resources fellows tap for studying and preparing for boards. If anyone has a list that was generated and would like to contribute that for posting as online content, I'd be grateful for a note from you. (Along those lines, good luck to all on the upcoming in-training exam in May—it should be useful tool to identify areas of strengths and weaknesses in our knowledge base as we all try to master this broad and challenging field.) Any other ideas for submission and use of the website are welcome and encouraged. We want to get it spruced up before this academic year ends. With fewer than a hundred fellows around at any one time in the country, keeping ties this electronic way is key.

Speaking of the end of the academic year, that also marks the transition point for leadership on the MTFITA board. Your fearless leader will be graduating, and only one of our current officers' training calendars will allow staying on. So, while Brandon Warrick (Wayne State University / Detroit Medical Center) will be a source of continuity in the coming year, Soumya Pandalai (Emory University / CDC / Georgia Poison Center), and Frances Lin (University of Connecticut) are on their way to bigger and better things. If you're interested to fill the spots (getting more involved with the college and getting to spend its money on cool conference socials), please send along an email. Better yet, respond to Brandon's post on the MTFITA forum regarding the need for new officers and we'll pass the baton. Thanks for having me help to represent the group during this past year. I am excited to continue serving trainees' interests as part of the [mentorship program](#) and look forward to staying connected not only electronically, but at future conferences and beyond. Please send along any questions, and especially suggestions that you feel would benefit you or the fellow membership as a whole.

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Toxic Update - It's Been an Amazing Year

Jeffrey Brent, MD, Ph.D., FACMT

Paul Wax, MD, FACMT

In the amazingly short time period of 1 year the Toxic case registry has accomplished some incredible feats. We have now registered over 6,000 patients, with over a hundred being added every week. Thirteen abstracts have been submitted to NACCT based on Registry data. 33 sites from 3 different countries are enrolling patients.

Admittedly, the abstracts submitted this year barely scratched the surface of what the Registry was designed to do and could do. More sophisticated research and controlled studies will, we expect, follow. Doing these more detailed studies requires advanced planning. If you really want to present high quality data from the Registry at NACCT in Las Vegas in 2012 now is the time to get started. I propose that we come up with a special prize for the first investigator to publish a study in the *New England Journal of Medicine* using Registry data.

If you have a clinical service (in or outpatient) and would like to join the Registry, or the Toxic research network in general, please let us know at Toxic@acmt.net.

If you are a participant and are thinking of doing a research project through Toxic or the Registry but are not sure how to proceed please feel free to get in touch with either of us, or send a note using the e-mail address above (we will both get it through that address). More information about Toxic can be found on the ACMT website [here](#).

For those of you who will be at the EAPCCT meeting in Dubrovnik, please stop by and see our poster on the Registry.

We Want To Be Your Friend

The Toxic and the Registry now have a Facebook page. It is hope that through this page we can have spontaneous dialogues about issues as they come up. Please let us know you want to be our friend and [join us](#) on Facebook. Thanks to Rais Vohra, MD for setting this up.

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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 EDT.

If you have a case that you think would make for interesting and educational fodder, please forward it to ncc@acmt.net for consideration.



ACMT Education Committee Announcements

Michele Burns Ewald, MD, FACMT

The ACMT Education Committee has numerous upcoming opportunities for member involvement. The 9th **Annual 2011 Spring Conference** entitled "Tots, Teens & Toxicology" was held in Clearwater, FL in March and was a huge success; adverse drug effects, substance abuse, and environmental toxins were discussed in detail. The next **Forensic Course** entitled "Stimulants" will take place in Arlington, VA at the Hyatt from May 9-10th, 2011. Feedback from these forensic courses in the past has been overwhelmingly positive, with conference participants commenting on how much they feel the course content itself as well as meeting speakers from the forensic toxicology field have enriched their professional goals.

NACCT this year will be in Washington, DC in September and ACMT has a rich line up of speakers and symposiums. The pre-meeting symposium "Inside the Beltway and Beyond: The Intersection of Medical Toxicology and the Federal Government" will illustrate how medical toxicologists and governmental agencies work together on pressing public health issues. Topics covered will include policy, technology, and monitoring of Adverse Drug Reactions. The scientific symposium addresses Acute Liver Failure, while the Practice Symposium will focus on Coding, Billing, and Insurance issues. The annual Fellows-in-Training Luncheon and Roundtable, as well as the Case Presentation Conference (CPC), are always favorites among meeting attendees. Furthermore, Dr. Bill Banner from Oklahoma City will be honored with the 2011 Ellenhorn Award. Lastly, both a webinar on July 27th, 2011 and formal **Toxicology LLSA** (Life-long Learning and Self Assessment) at NACCT will be given so that members can keep updated with their MOC (maintenance of certification).

2012 will bring other further outstanding conferences to the members. The 10th **Annual 2012 Spring Conference** will be held in San Diego, CA with emphasis on the "Toxicologist & Subspecialist" as its theme from March 16-18th, 2012 at the Catamaran Resort & Spa. The first day will focus on "A Bug's Life" (antimicrobial toxicity, botulism, HIV med toxicities), the 2nd day on "The Chaos of Cancer" (chemotherapy misadventures) and the 3rd day on "Iatrogenesis Imperfecta" with discussions centering on malignant hyperthermia, propofol infusion syndrome, and general ICU medicine.

The **Board Review Course** will be offered again in the fall of 2012 (final location/dates TBA) so that every member of the College taking the exam for the first time or as a recertification feels confident with the core content.

Join us for our next **Education Committee Conference Call** on Friday, June 17th, 2011 from 11:30 AM – 1 PM; information regarding dial-in numbers will be sent as this date approaches. There are many opportunities to become involved in the College by working with the Education Committee!

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Medical Toxicology Life-Long Learning and Self Assessment

ACMT and AACT Invite You to 2011 On-Line LLSA Review Course

Wednesday July 27, 2011
1:00pm-4:00pm EDT

This 3 hour session hosted by Kurt Kleinschmidt, MD and Diane Calello, MD will provide you with a comprehensive review on the required reading materials for the 2011 LLSA test (to be released by ABEM in June 2011). Webinar participants may take the 2011 test together upon completion of the review course.
Stay tuned for further information.

Subboard Soliciting Readings for the 2013 LLSA Exam

The Medical Toxicology Subboard is soliciting readings for the 2013 LLSA test, for which the designated content areas will be **Principles of Toxicology, and Therapeutics**. The Subboard will select approximately one-third to one-half of the readings for the 2013 LLSA test from these two designated areas of the Core Content of Medical Toxicology, while the balance of the readings will be drawn from remaining content areas of the *Core Content*. To be considered for inclusion in the 2013 LLSA test, recommendations must be received by **September 1, 2011**.

[Click here for submission information.](#)

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Journal of Medical Toxicology Editorial Corner

Leslie Dye, MD, FACMT

To All Authors

JMT is the quarterly official journal of ACMT and is indexed by Medline (e.g., PubMed). Accepted manuscripts are published on the Springer Online First website **within 3 weeks** and can be cited at that time. Obviously, the quality of the journal is first and foremost dependent on the content, and the Journal is a reflection of our College, so please contribute your quality work.

Please submit your manuscript through our web-based program, [Editorial Manager](#). Log on as an author to submit your work. If you are already registered, you will be asked for your username and password. For those who don't remember these items, click on "send username/password" from the log in screen and it will be sent to your email. If you are not registered in the system, click on "register now" and follow the instructions.

Publication in *JMT* will increase the visibility of your work, expand the impact of the College and the Journal, and advance the clinical knowledge base of our chosen subspecialty.

If you have any questions, please contact me at leslierdye@me.com

To All JMT Current and Prospective Reviewers

Thank you to all current and past reviewers for your hard work and contribution to the success of the Journal. The quality of the Journal depends on your tireless effort and great skill in providing valuable peer review.

A reviewer can usually greatly increase his/her chances of invitation by expanding the number of classifications, particularly in the more common areas. Good reviews count! *JMT* tracks measures of reviewer timeliness and quality, and we reward those who perform high quality, timely reviews. You can also specify unavailable time periods by logging on to your account, selecting "Update My Information," and then choosing the "Unavailable Dates" option.

After each manuscript decision, reviewers are provided access to the other reviews and we encourage you to study them for perspective. Also, please contact your Decision Editor if you have any questions about quality or review composition. And even though 14 days are allotted to complete reviews, there is no penalty for turning them in earlier whenever possible and this helps us deliver faster decisions to our authors.

Please log onto [Editorial Manager](#) and update your profile, including contact information and classifications. Log on as a reviewer to update your information. If you are already registered, you will be asked for your username and password. For those who don't remember these items, click on "send username/password" from the log in screen and it will be sent to your email.

For any questions or for those of you who would like to be a reviewer for the Journal, please contact me for an application at leslierdye@me.com.

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Change in Editor-in-Chief at JMT



Christian Tomaszewski, MD, FACMT has stepped down as Editor-in-Chief of the Journal of Medical Toxicology. Many thanks to Chris for his pioneering leadership of JMT. Leslie Dye, MD, the current Managing Editor, has assumed the position of Acting Editor-in-Chief. A search for a permanent replacement is forthcoming.



JMT Update

David H. Jang, MD

New York University

Fellow-in-training Editorial Board Member

Last year the Journal of Medical Toxicology (JMT) established the fellow-in-training (FIT) editorial board position. This unique position was primarily developed to identify fellows with a strong interest in academic medicine and scientific publication. The fellow editorial board member is paired with an experienced board member in all aspects of operating a journal. This also includes participation in important board meetings to discuss current issues JMT faces as well as JMT's future direction. I wanted to take this time to summarize my experiences thus far for my term as well as perhaps shed some insight into the current topics JMT faces that may be of interest to ACMT members.

Some of the important activities I was able to participate in include mentorship with the associate editor. I shadowed various submissions to JMT with the associate editor to determine if a submitted manuscript should be sent for review. While having some peer review experience for other journals as well as having participated in a few for JMT, I quickly realized reviewing an article as an editor is vastly different. As a reviewer, I critically analyze the science as well as offer constructive feedback for the authors. In many cases my decision is based more on the science of the manuscript as opposed to the needs of the journal, which is what an editor must balance with submissions. I also gained much insight into the editorial experience with the development of articles; I shadowed decisions for various manuscripts and also developed the layout for future JMT issues.

Another invaluable experience was in the preparation of important topics relevant to JMT. In the most recent editorial board meeting that took place during the ACMT Spring course we discussed plagiarism, indexing, and impact factor. The latter was the most important topic as JMT is currently in the process of receiving an impact factor, so it is important for ACMT members to submit their work, especially review articles, to JMT.

In summary, I have gained invaluable experience in further developing my writing, critical appraisal of submitted manuscripts, as well the inner workings of a growing journal. I would like to welcome, Christine Murphy, as the next fellow-in-training editorial board who will do an outstanding job.

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Physicians Specializing in the Care of Poisoned Patients

Toxicology in the News

Andrew Stolbach, MD

What's the most popular prescription? The [newly-launched](#) IMS institute for health care informatics [reported](#) the most prescribed drugs this year:

1. Hydrocodone
2. Simvastatin
3. Lisinopril
4. Synthroid
5. Amlodipine

Interestingly, IMS Health is a company that collects prescription information and shares it with insurance companies. (IMS used to stand for Intercontinental Health Statistics, but is now known just as IMS. This harkens memories of another [name change](#).) You may not know, but whenever a prescriber writes a prescription that is filled by a pharmacy, the pharmacy can and usually does sell the prescriber information. There are two interesting implications here: 1) The \$4 prescription deals seem far less generous. 2) When the drug company representative wants to talk to you after he brought you that tasty lunch, he already knows whether you are prescribing his drug or the competitor's.

IMS is fighting a [legal battle](#) defending their right to have access to public prescription information. A Vermont law banning this practice has been challenged by pharmacy companies and has found its way to the Supreme Court. The cynic might view the new "Institute for Health Care Informatics" as a preemptive public relations strike intending to show us how the information has legitimate epidemiological uses. I will choose to believe that they have my best interests at heart.

The top spot of hydrocodone on the list does not surprise toxicologists. New York Times ran a story about a [town](#) where one in ten kids are born testing positive for drugs of abuse. No, we are not talking about the inner city. This is Scioto County, in Appalachian Ohio. Prescription drug addiction is affecting more people than crack in the 1980s or heroin in the 1990s. The [2008 National Survey on Drug use and Health](#) found that nearly twice as many people obtained their oxycontin from strangers or dealers than from doctors. In the illicit market, oxycodone sells for about \$1/mg. This means, that a lot of the opioids that you are writing for are being diverted. The pull of diversion can be strong, even if drug use can result in [this](#). In response, Food and Drug Administration (FDA) is [asking](#) for companies that make long-acting opioids to collaborate together to form a risk evaluation and mitigation strategy (REMS.) Groups like [Physicians for Responsible Opioid Prescribing](#) are looking for ways that prescribers can reduce morbidity from prescribing opioids.

Not unlike prescription opioids, Egyptian Cobras are important to keep track of. The Bronx Zoo was closed for nearly a week after one of their venomous snakes [disappeared](#). The rest of the zoo was kept open because snake handlers (who lost the snake to begin with) were pretty sure that the snake was somewhere within the locked reptile enclosure. It took less than a week to lure the snake out with the aid of mouse-odored wood chips (who can resist?) The reptile house has reopened. Thankfully this one didn't come back to bite us in the bum. Zing!

Fish is still good for you. In a large [longitudinal study](#), elevated mercury concentrations in toenail clippings did not predict long-term cardiovascular morbidity and mortality. The American Heart Association still recommends eating fish at least twice a week, and 12 oz. a week if you are pregnant. I would add that you should not eat toenail clippings, because that is gross.

Here is a happy story involving baseball and performance enhancing drugs that does not involve Jose Canseco allegedly [injecting](#) Mark McGwire in a bathroom stall. Mets minor league pitcher Emmanuel Garcia tested [positive](#) for HCG, which is banned in baseball because of its association with steroid use. He vehemently denied using any substances and his denials were confirmed when he was subsequently diagnosed with a seminoma. The diagnosis would have been delayed if he had not had that drug test. Garcia has responded well to therapy and is playing baseball again. Emmanuel Garcia may well have been saved by a drug test.

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- May 9-10 **ACMT Seminars In Forensic Toxicology: Stimulants**
Hyatt Arlington-Rosslyn, VA
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- May 24-27 **XXXI International Congress of the EAPCCT**
Dubrovnik, Croatia
[Course Information](#)
[Register Here](#)
- July 27-28 **Radiological & Chemical Agents of Opportunity**
New York, NY
[Course Brochure](#)
[Register Here](#)
- Sept 21-26 **North American Congress of Clinical Toxicology**
Omni Shoreham Hotel, Washington, DC
[More Information](#)
- Nov 12-14 **Asia Pacific Association of Medical Toxicology**
10th Annual Congress
Golden Sands Resort, Penang
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ACMT SEMINARS IN FORENSIC TOXICOLOGY: STIMULANTS

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Sites of Interest

[White House Drug Policy Document](#)

[Physicians for Responsible Opioid Prescribing](#)

[BlackBoxRx.com](#)

Toxicology News

[Breast Cancer Surgery Device Left Patients Riddled With Tungsten](#)

[Bronx man injects poison in wife; drinks it, dies, police say](#)

[Snake bites model Orit Fox's breast during photo shoot, reportedly dies of silicone poisoning](#)

[Anti-government protesters may have been hit with nerve gas, doctors say](#)

[Agent Orange 'used to clear Canadian roads until 1980s'](#)

[Mass. hockey team sickened by fumes at RI rink](#)

[Official - Chemical Put on Fla. Girl in Toxic Truck](#)

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