



Physicians Specializing in the Care of Poisoned Patients

A Bimonthly Newsletter

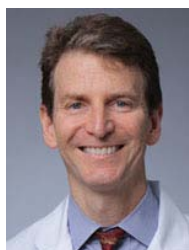
November 2011

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### President's Perspective

Lewis S. Nelson, MD, FACMT  
President



Many dietary supplements claim to have "no side effects." To a well-heeled toxicologist this can only mean one thing: the supplement cannot work. We know that every

medication is toxic to someone, whether due to an unusual dose or a unique physiology. The concept of safe medications is similarly an example of relativism. For example, although ostensibly more effective and *maybe* safer than prior agents, the new oral anticoagulants have a major liability.....they are currently difficult or impossible to reverse. The medical toxicology community is poised to

provide insight into this risk:benefit balance, by identifying the incidence of bleeding complications and providing input into potential successful management strategies. One way to do this is through the Toxic Registry. For those who are already part of Toxic, please submit your cases of anticoagulant related complications. For those who are not, please [join](#) and submit your cases! This data is highly desired by organizations in a position to make a difference, and we should be willing and able to help clarify the relativism of new versus old drugs.

The newest [data on prescription opioid misuse](#) related problems was just released. And it is no surprise that the news continues to be glum. Although we don't want to see patients suffering with pain, we must work towards reducing the overprescribing of opioid analgesics for pain, both acute and chronic. Opioid misuse stems primarily from diversion of opioid from proper use and from

"doctor shopping." If you have not seen [OxyContin Express](#) yet, you should. This documentary highlights just how extreme the epidemic of doctor shopping has become. Although produced in 2009, it remains just as relevant today. It is truly eye opening to the problems with "pill mills" in Florida (and other states).

ACMT's International Committee boasts membership from every corner of the world, linking toxicologists with the vast experience and expertise commensurate with this accomplishment. This is one of the most active committees within ACMT, and its members are working on educational outreach projects that include conference development, online resources, and mentorship/exchange programs. The list of regional representatives is too long to mention but can be found [here](#). If you are interested in meeting another medical toxicologist in a different part of the world, this is the group to go to for help.

Communication is also critical to the growth of our specialty. I hope you agree that ACMT does a fine job communicating with our members (and if you don't, please communicate back to me). However, in order to assure that ACMT communicates with its other constituencies (e.g., patients, colleagues, partners, funders, supporters, media, etc.), we have initiated a Public Affairs Committee. This committee, headed by Michelle Ruha, MD, is exploring our public outreach and communication mechanisms through social media and various media outlets. Look through the newsletter for more information about how to get involved.

On the coat-tails of our successful implementation of our Fellow-In

Training position on the JMT Editorial Board, the ACMT Board of Directors voted unanimously to create a FIT position on the board itself. As with the JMT position, our intent is to design an opportunity for a fellow to see how a board operates: how it identifies issues, deliberates, and implements solutions. We also hope to get the insights of our newest members and learn their concerns and solutions. Nominations for our inaugural position will be opening shortly.

I want to personally extend a public welcome to our new Associate Editor of JMT, Mark Mycyk, MD, who will be joining our new Editor-in-Chief, Leslie Dye, MD as they steer the journal towards the future. I know that our

Journal is in good hands, and that innovation is forthcoming.

Thanks for reading and for staying active in the College. We value your participation in our committees and other efforts. We want your ideas and your help making connections. We need your assistance developing conferences like the upcoming [Chelation Course](#), [Opioid Misuse Academy](#), and [Spring Conference](#). (see more about these throughout the newsletter). As always, remember that ACMT exists to serve its members and our goal is to keep medical toxicology a growing and vibrant specialty.

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## Toxicology Investigators Consortium (Toxic) Update

*Jeffrey Brent, MD, FACMT*

*Paul Wax, MD, FACMT*

Toxic has been very busy. The Case Registry is quickly approaching its first 10,000 patients, making it a great data source for studies. Any Toxic investigator wishing to mine the data for such studies is encouraged to do so. One important feature about the Registry project is the ability to build in prospective studies or to do controlled observational cohort or case-control studies. Therefore, don't restrict your thinking simply to retrospective chart reviews. The Registry has the capacity to do much more than that.

The abstract submission window is now open for the EAPCCT meeting. That meeting will be held in London from the 29<sup>th</sup> of May to the 1<sup>st</sup> of June – a spectacular time to be in that very grand city. Abstracts can be submitted until Midnight on November 21<sup>st</sup>. If you want to use Toxic Registry data to generate an abstract please let us know at [Toxic@acmt.net](mailto:Toxic@acmt.net). Given the very tight time frame between now and the submission deadline any data analysis would have to be fairly superficial and descriptive or hypotheses generating. Nevertheless there is the opportunity to produce some very nice abstracts.

Remember that next years NACCT abstract submission deadline is only 6 months away. If you want to do a more sophisticated study, which would require accessing patient medical records, the time to get this underway is now. Here, too, if you want to do such a study please let us know. Toxic has many ways of expediting the process of getting your study started.

As of now the Toxic Registry has produced 9 abstracts presented at 5 meetings in 3 countries, 2 accepted and in press manuscripts (available online) and one research study is under consideration by a major journal. Those publications based on information derived directly from the database, without accessing patient charts, are produced on behalf of the Toxicology Investigators Consortium and acknowledged as such. If you are a contributor to the Registry you may want to point out to your departments how such participation is resulting in productive research. Such activities are routinely considered during academic promotion and tenure evaluations.

Behind the scenes there is much going on. A committee is streamlining and revamping the data collection form and the new version will take effect on January 1. At the same time we are investigating the possibility of transitioning to a more sophisticated platform. We are also looking at a way of streamlining and expediting the IRB process for new both research studies and for new sites coming on board.

As always, if there is anything you want us to know, any suggestions you want to make, any studies you want to do, or if you want to be more involved or take a leadership role in Toxic please let us know at [Toxic@acmt.net](mailto:Toxic@acmt.net).

Best wishes for a wonderful Thanksgiving.... And if you happen to be on call over the holiday, keep those cases coming.

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## Join the New Public Affairs Committee

Michelle Ruha, MD, FACMT

Toxicology features prominently in the media almost every day. Whether a story involving a real or perceived environmental threat, the most recent celebrity drug overdose, the latest designer drug, or the epidemic of prescription drug abuse in this country, the public's fascination with all things toxicology is evident.

A common thread throughout most media stories is commentary by a medical 'expert'. Unfortunately, the quoted 'experts' are rarely medical toxicologists. It is not unusual for a physician in a completely unrelated field of medicine, such as a radiologist or a cardiologist, to provide a 'sound bite' regarding the toxicology topic of interest.

Why is it that Medical Toxicologists are not the go-to people for expert insight on human poisoning? The answer, of course, is obvious: few know who we are. Have you ever found yourself having to explain what you do after stating that you are a Medical Toxicologist? Such an explanation is unnecessary for most other medical specialists.

A big contributor to this lack of awareness is the small size of our specialty. Another problem may be that the term 'toxicologist' is sometimes associated with other professions. People often assume all toxicologists work with samples in a laboratory. To add to the confusion, other health 'professionals' without ACGME-accredited training in Medical Toxicology sometimes identify themselves as toxicologists. These individuals may cavalierly diagnose poisoning syndromes, use non-validated diagnostic tests to support an otherwise-unsupported diagnosis, and use chelation and other therapies for the purpose of 'detoxification' when no 'intoxication' exists.

What can the American College of Medical Toxicology do to change this general lack of awareness of Medical Toxicology as a medical specialty? How do we distinguish ourselves and alert

other medical professionals and healthcare organizations, non-medical organizations, and the lay public at large of our expertise in diagnosing and treating poisoned patients?

There is not a simple solution or easy way to accomplish this. To begin the enormous task of raising awareness of our specialty, we need to develop a comprehensive public relations program. This objective has been incorporated into ACMT's Strategic Plan, with the ultimate goal of enhancing awareness and recognition of Medical Toxicology as a distinct medical specialty.

ACMT does not have the financial means to hire a public relations specialist, so for now the onus is on us, the members, to develop this program. To commence this massive undertaking, the Public Affairs Committee (PAC) has been developed. Some of the initial committee charges will be to develop ACMT's social media presence, develop content for the public section of the ACMT website, develop a database of experts willing to interact with media on various topics of public interest, develop mechanisms to engage the media, and develop relationships with print and web-based lay journals, blogs, and news outlets to lay the groundwork for future ACMT contributions.

There are many opportunities for involvement in the PAC and we are in need of members with all sorts of talents, interests, and connections (tech savvy? love to write? Facebook addict? creative thinker? media hound? best friend works for CNN?). We welcome experienced senior toxicologists and fellows-in-training alike. If you are interested in joining the PAC, promoting awareness of Medical Toxicology as an ABMS-certified medical specialty, and ultimately contributing to the perpetuation and growth of our specialty, please contact me at [michelle.ruha@bannerhealth.com](mailto:michelle.ruha@bannerhealth.com). We will have our first committee meeting via WebEx in the near future.

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### NOMINATIONS NOW BEING ACCEPTED

#### MTF Matthew J. Ellenhorn Award

This award is to honor an individual who has had a distinguished career and has made extraordinary contributions to the field of medical toxicology. Details and nomination procedures can be found [here](#).

The winner will be announced at the 10th Annual ACMT Spring Conference in San Diego, CA - March 16-18, 2012 and will be recognized at the 2012 North American Congress of Clinical Toxicology in Las Vegas, NV - October 1-6, 2012.

**THE NOMINATIONS DEADLINE IS DECEMBER 7, 2011**

#### ACMT Recognition Awards

1. Outstanding Service to the College
2. Outstanding Contribution to Medical Toxicology Education
3. Outstanding Contribution to Medical Toxicology Research

Details and nomination procedures can be found [here](#). There are numerous ACMT members that are deserving of these honors and recognition, please send your nominations today.

Awards will be presented at the 10th Annual ACMT Spring Conference in San Diego, CA - March 16-18, 2012.

**THE NOMINATIONS DEADLINE IS DECEMBER 7, 2011**

## ACMT Educational Activities

Michele Burns Ewald, MD, FACMT  
Education Committee Chair

NACCT 2011 was held in Washington, DC last month and ACMT had 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" illustrated how medical toxicologists and governmental agencies work together on pressing public health issues. Topics covered included policy, technology, and monitoring of Adverse Drug Reactions. The scientific symposium addressed Acute Liver Failure, while the Practice Symposium focused on Coding, Billing, and Insurance issues. The annual Fellows-in-Training Luncheon and Roundtable, as well as the Case Presentation Conference (CPC), were once again favorites among meeting attendees. Dr. Bill Banner from Oklahoma City was honored with the 2011 Ellenhorn Award. Lastly, a Toxicology LLSA (Life-long Learning and Self-Assessment) was given at NACCT so that members could keep updated with their MOC (maintenance of certification).

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

The [Prescription Opioid Misuse Academy: The Dark Side of Prescription Opioids](#) will be held on March 15, 2012 (the day prior to the start of the Spring Conference) at the Catamaran Resort. The conference will focus on the evidence and experienced-based perspectives by experts in the field with respect to treating acute/chronic pain, strategies for identifying/managing misuse, and the overall public health concerns associated with this growing health problem.

The [Board Review Course](#) will be offered again next fall in New Orleans from September 8-10, 2012 at the Astor Crowne Plaza Hotel (located at Bourbon & Canal Street). Participation in this course will facilitate each member of the College who is taking the exam either for the first time or as a recertification to feel confident with the core content.

Planning for future meetings is also underway. NACCT 2012 will be held in Las Vegas at the Cosmopolitan Hotel from October 1-6, 2012 and the [11<sup>th</sup> Annual 2013 Spring Conference](#) will be held in San Juan, Puerto Rico.

The ACMT Education Committee has numerous upcoming opportunities for member involvement, and needs your input. Join us for our next **Education Committee Conference Call** on Friday, December 9<sup>th</sup>, 2011 from 11:30AM – 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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## North American Congress of Clinical Toxicology 2011 Washington, DC



ACMT Business Meeting



ACMT Board of Directors during Business Meeting



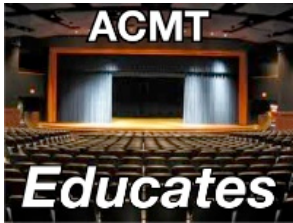
Membership Committee Chair, Stephen Munday, MD, MPH, FACMT, congratulates 2011 FACMT inductees



2011 FACMT Reception

## Enduring Education Committee

Howard Greller, MD, FACMT



The Enduring Education committee of ACMT is calling for people to submit any educational material that they may have previously prepared to be included in our ever-expanding program of content offered. The content can take any format from formal lectures to brief presentations, to audio discussion, video, photos and even diagrams. We're open to anything and will work with you to help find the right fit.

Please contact Howard Greller ([howard.greller@acmt.net](mailto:howard.greller@acmt.net)) for more information or with any comments, questions or suggestions.

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## Medical Toxicology Practice Directories

### New Directory of Inpatient Medical Toxicology Practices New Directory of Outpatient Medical Toxicology Practices

ACMT has put together two directories of medical toxicology practices: one for inpatient practices and one for outpatient practices. All ACMT members who practice medical toxicology either in inpatient or outpatient arena are welcome to be included in either or both directories. Both directories will be publicly accessible from the ACMT website. Inclusion in the directories is strictly voluntary and there is no charge to be listed.

Click below to see the directories. If you would like to be included in either or both directories, please click [here](#) and provide your pertinent practice information.

[DIRECTORY OF INPATIENT MEDICAL TOXICOLOGY SERVICES](#)  
[DIRECTORY OF OUTPATIENT MEDICAL TOXICOLOGY SERVICES](#)

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## New Directory of Medical Student and Resident Medical Toxicology Rotations

ACMT has also developed a listing of medical toxicology rotations for students, residents, and others who wish to take an elective in medical toxicology. This directory is meant to serve as a reference for those seeking such a rotation. If you would like to add your medical toxicology rotation to this directory, please click [here](#) and complete the online survey.

[DIRECTORY OF MEDICAL STUDENT AND RESIDENT MEDICAL TOXICOLOGY ROTATIONS](#)

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APPLICATIONS NOW BEING ACCEPTED FOR THE FOLLOWING MTF DEVELOPMENT AWARDS

[Michael P. Spadafora, MD Resident Travel Award](#)

and

[Travel Scholarship for Underrepresented Minority Medical Trainees](#)

Click on the name of the award above for details and nomination procedures.

These development awards are given to medical students and residents in order to provide them the opportunity to attend the annual ACMT Spring Conference. The winners will be recognized at the 10th Annual ACMT Spring Conference in San Diego, CA – March 16-18, 2012. Please pass this information along to interested and potentially qualified resident/students.

**THE NOMINATIONS DEADLINE IS DECEMBER 7, 2011.**



## MTFITA Minute

*Medical Toxicology Fellows-In-Training Association*

*Fiona M. Garlich, MD*

Ah, the wonders of autumn. The air is crisp, leaves are starting to turn, and Medical Toxicology fellows around the country are looking for a job. For some of us, this idea conjures up terror as palpable as watching a gore-filled horror film. Truly, what is as terrifying as facing an uncertain future?

The toxicology job hunt may inspire an existential crisis for some. Our education and training has spanned decades, and in some sense, has come to define us as individuals. The vast majority of our lifetimes have been spent as students of some kind, and now that the educational journey is nearing an end, we are faced with numerous difficult decisions. After years of training, it is finally time to apply all that we have learned. As my colleague in training told me after an interview, "It's time to get after it."

The process of becoming a toxicologist, in practice as well as in title, can be complicated. The process of becoming a *paid* toxicologist can be daunting, especially in a competitive job market where funding at many institutions is uncertain. But it is definitely possible, and there are resources available to help.

The first step in finding a toxicology position is to define for yourself what and where your ideal job would be. Where do you want to live? What are your career priorities? Where do you see yourself in 5 years, and in 10 years? Do you want toxicology to be a primary part of your career or a satisfying supplement? How much teaching do you see yourself doing? (Does the idea of doing yet another medical student lecture on acetaminophen toxicity fill you with joy or dread?) Five years from now, do you want to be woken up from sleep to do a 2 am consult? How much research do you want to do? Do you want to try to publish or just see patients? Do you need to be at an academic institution, or do you relish the freedom of practicing independently? Again, where do you want to live?

Your ideal balance between toxicology, clinical practice, teaching, research, and writing may be difficult to achieve right out of fellowship, but several career paths are available that will allow progression toward your goal. Options include working full time in your primary specialty (Emergency Medicine for most), or working less than full time and doing toxicology "on the side." This may include running a consult service, becoming involved with a fellowship program, taking call for the local poison center, or becoming the "tox person" at an academic residency program and taking charge of the relevant educational activities. It may include doing clinical or bench research at an academic institution. Opportunities for establishing a private toxicology practice, including occupational medicine, industry consultation, and forensic and legal work are readily available, as was discussed at the round table symposia at NACCT in 2010. At this year's conference, Joshua Schier, MD, discussed his experiences with a toxicology career with the CDC. Options are myriad, and opportunities are out there.

Resources available to help find those opportunities include the ACMT forum, where available positions are posted [here](#). ACMT's [Mentorship and Professional Development Program](#) is a great opportunity reach out to those in practice for advice on how to shape your career. Talk to former grads from your fellowship program to find out where they interviewed. Talk to the toxicologists in your region. Network at NACCT. Email the medical directors of EM programs and ask about academic positions. Send out your CV and cover letter. Use the grapevine to your advantage. Then sell yourself.

Realize that you have a unique set of skills and training that will be make you an invaluable addition to any practice environment. However, for many Emergency Department directors, toxicology is not viewed as an income-generating endeavor. Thus, you will be expected to work clinically to fund your toxicology time, which has the tendency of getting minimized. The process of trying to "buy down" your clinical time can be a tricky negotiation. Emphasize how valuable you are as a resource, discuss the income you could generate by billing for consults, establish common goals in toxicology education and curriculum development, advance the department's presence in hospital administration by participating in Medication Safety and Pharmacy and Therapeutic committees, or market yourself as potential research grant generator. Try to identify the vision of the department, and then align yourself with that vision. Lewis Nelson, MD and Charles McKay, MD have written an invaluable treatise on [Negotiating For A Faculty Position as an Emergency Medicine-trained Medical Toxicologist](#). This should be required reading for those on the job hunt.

I urge first year fellows to start thinking about career goals now. I encourage second year fellows to communicate with each other about the process. Even if the idea of finding a toxicology job seems akin to watching the Blair Witch Project alone on a dark night in an abandoned cabin in the woods, never fear: the field of toxicology is unique, the tox community is supportive, and excellent and diverse opportunities are available. You can define and create your ideal career path. It just might take some work.

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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. Application deadline - January 6, 2012. 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).

## JMT Update

*Christine Murphy, MD, FIT Member of JMT Editorial Board*

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

By now I am sure everyone is taking fresh ideas from the recent NACCT and putting them into action. The editorial board of JMT met during this meeting, and we have a few new ideas and changes to announce. First, in conjunction with members of the ACMT board, we have opted to discontinue use of “tokens” as a means of accessing JMT from the Table of Contents email alerts. If you currently use these tokens to access the journal, they will expire at the end of this year and will not be renewed. Easy access to the journal will still be available through the JMT link on the ACMT homepage.

In other news, Dan Rusyniak, MD and Howard Greller, MD are creating a trial podcast of the December 2011 edition of JMT. The goal is to have the podcast available at the time the print issue is mailed. The podcast is an overview of the issue. We are very excited to offer this feature to our readers and all ACMT members and look forward to your feedback as we strive to produce a continuously evolving multimedia experience. The December podcast is the trial, so please send any comments directly to Howard and Dan or to [jmt@acmt.net](mailto:jmt@acmt.net).

Our upcoming December issue contains several notable features including a review of the Toxicology Investigators Consortium (ToxIC) Case Registry origins and how the Registry has evolved since its inception. We are also excited that this edition of JMT will contain the first annual report from the ToxIC Case Registry.

As we strive to continue providing a high-quality peer reviewed publication, we have begun to revise the existing review process for our reviewers. We will evaluate elements such as time to complete reviews, number of reviews completed, and quality of

reviews. Our editors will use that information to select reviewers for submissions and to recognize outstanding reviewers. Other journals have implemented similar methods of reviewer grading and ranking and note improved peer review efficiency as a result.[1]

Finally, it is a pleasure to introduce Wilson K. Rumbelha, DVM, PhD, our new Veterinary Toxicology Section Editor. Dr. Rumbelha received his veterinary degree at Makerere University in Uganda and his PhD at the University of Guelph in Canada. He completed a combined residency and postdoctoral position at Kansas State University and worked briefly in industry. Since joining the faculty at Michigan State University in 1996, he has been dedicated to clinical and diagnostic toxicology. He has developed new assays to aid in the diagnosis of intoxication in pets, livestock, and wildlife. His expertise includes analytical toxicology and his laboratory is the center of toxicologic research on search and rescue dogs used at the World Trade Center following 9/11. He is board-certified by the American Board of Toxicology and the American Board of Veterinary Toxicology, has multiple peer-reviewed publications, serves on editorial boards of various journals and is the founder and President of Toxicologists Without Borders, Inc. Dr. Rumbelha recently moved to Iowa State University in Ames, Iowa, where he is a Professor of Veterinary Toxicology. We welcome him to the editorial board of JMT.

1. Green S, Callahan M. Implementation of a journal peer reviewer stratification system based on quality and reliability. *Ann Emerg Med* 2011;57:149-152.

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## Website Committee

*Howard Greller, MD, FACMT*

The online home of ACMT is undergoing a renovation. We are looking for people who have an interest in the use and function of the new site. If you have any thoughts, a favorite website that you like to use, comments, suggestions, or questions, please contact Howard Greller at [web@acmt.net](mailto:web@acmt.net).

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## Toxicology in the News

Andrew Stolbach, MD

### I am surprised that combining the terms “drug testing” with “welfare” would get so political

About three dozen states are proposing [legislation](#) that would require drug testing for citizens applying for services such as unemployment assistance, job training, and public housing. Supporters of the law feel that drug use will make it difficult for beneficiaries to seek work, and that public assistance funds shouldn't be given to those who might spend the money on drugs. Opponents feel that the laws will end up costing the state money, and may constitute illegal search and seizure. Both sides agree that this is a good wedge issue. A version of the law in Arizona, applicants are only tested if they answer “yes” to a question about recent drug abuse. (Only 16 of 64,000 answered “yes.”)

### North Korea and Needle Drugs

North Korea is also familiar with “needle drugs.” Apparently North Korean officials have read the book, [Pygmy](#). A North Korean Agent was [found in a Seoul subway station](#) with three weapons that fire poison-tipped darts. Two were disguised as pens and one as a flashlight. He was evidently assigned with carrying out an assassination of an anti-Pyongyang activist. In August, a North Korean carried out a [successful attack](#) with a poison needle. The substance (substances?) in these poison needles has not been identified in any news articles. However, the victim was described as having “discolored complexion, spots on his fingers and limbs, flecks of foam on his mouth” and “was dead by the time he reached the hospital.” We are eager to learn what the toxin(line through) toxicant(line through) xenobiotic is. CPC anyone?

### Professional football players make a good point when they suggest that really big people might have more growth hormone than other people

Like North Korean assassins, professional football players have been using drugs to inflict bodily harm. Until now, the NFL tested players for anabolic steroids and drugs of abuse. However, in the recent collective bargaining agreement, players and owners agreed to start HGH testing of players. However, players are [asking to delay the testing](#), because HGH norms for professional football players have not been established. The players union claims that [professional football players](#), as a group, may have higher HGH levels than population controls. This actually sounds reasonable to me.

### ‘The Cat Be Unemployed’

Police in New York City have completed a 5-month investigation which has resulted in the seizure of about 6,000 packages of illegally-imported rat and cockroach poisons. Some contained the TCA cycle poison, sodium fluoroacetate. Another contained broudifacoum, an anticoagulant that can only be applied by professionals in urban areas. The broudifacoum product was sold in a box labeled [“The Cat be Unemployed.”](#) Despite the name on the packaging, there are only anecdotal data that [cat unemployment](#) has increased.

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## Other Toxicology News

[FDA Blasts Brazilian Blowouts](#)

[Avastin Injections Are Reported to Cause Blindness](#)

[Detox: Flushing Out Poison or Absorbing Dangerous Claptrap?](#)

[Qaeda Trying to Harness Toxin for Bombs, U.S. Officials Fear](#)

[Dr. Oz Apple Juice Showdown](#)

### 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.

### 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](#)

Physicians Specializing in the Care of Poisoned Patients



10th Annual  
Spring Conference

ACMT 2012  
SPRING CONFERENCE

MARCH 16-18  
SAN DIEGO, CA  
Catamaran Resort Hotel

IATROGENESIS

Toxicology & Medication Safety in the Healthcare Setting

**2012 ACMT Spring Conference Poster Session for  
Research You May Have Missed at Other Meetings**

*"For work so nice it's presented twice"*

As medical toxicology spans the breadth of medicine, some of the most significant research done in our field is presented at meetings not commonly attended by medical toxicologists. In an attempt to provide ACMT Spring Conference attendees an opportunity to interact with cutting edge medical toxicology research, the annual conference includes a **Scientific Poster Session for Research You May Have Missed at Other Meetings**.

The 10th Annual ACMT Spring Conference will be held March 16-18, 2012 in San Diego, CA.

Criteria for accepted posters include the following:

1. The material must have been previously presented within the last 2 years.
2. The material must be relevant to the field of medical toxicology.
3. Case reports will not be accepted.
4. The lead investigator or a co-investigator must attend the meeting to present their work in person.

Abstracts may be submitted in their previously submitted format. There is no required standard format.

Please submit to [info@acmt.net](mailto:info@acmt.net).

**Abstract submission deadline is Thursday, December 1, 2011.**

For further questions or inquiries please contact the ACMT National Office at [info@acmt.net](mailto:info@acmt.net) or 623-533-6340.

**OPPORTUNITIES FOR FELLOWS-IN-TRAINING  
AT THE 10TH ANNUAL ACMT SPRING CONFERENCE**

**Fellows-in-Training Research Symposium**

All Fellows-in-Training are invited to submit an abbreviated research proposal to participate in this symposium. This year, The Medical Toxicology Foundation is sponsoring two different awards for Fellows-in-Training who participate in the FIT Research Symposium. A limited number of MTF Travel Awards and a \$500 Best Presentation Award will be granted.

Please click [here](#) for more information and application.

**Applications will be accepted on a rolling basis through December 12, 2011.**

**Fellows-in-Training Open Mic Session**

This forum will offer our fellows the opportunity to give a lecture in a national forum where seasoned speakers can subsequently offer insight on both content and delivery.

This year, for the first time, **we will offer a \$500 prize to the winning speaker**, as judged by a panel.

Please click [here](#) for more information and application.

**Applications will be accepted on a rolling basis through December 12, 2011.**

## Calendar of Events 2011

Nov 12-14 **Asia Pacific Association of Medical Toxicology**  
10th Annual Congress  
Golden Sands Resort, Penang  
[More Information](#)  
[Register Here](#)

## 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 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](#)



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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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To learn more about the Medical Toxicology Foundation and its mission, [please click here](#).

Donations always welcome.  
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