

Geographical relation of Radiation Injury Treatment Network (RITN) centers to medical toxicology providers



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Background

- The Radiation Injury Treatment Network (RITN) is a collaborative product of the U.S. National Marrow Donor Program, the U.S. Navy, and the American Society for Blood and Marrow Transplantation.
- The 59 RITN centers are organized around bone marrow transplant centers because these facilities have expertise both in radiation medicine and in the care of patients with severe bone marrow depression.
- RITN centers may benefit from partnering with medical toxicology providers because these providers possess training in the management of radiation injuries and internal contamination.

Hypothesis

RITN centers have access to medical toxicology providers in their respective cities.

Methods

- Using information from public websites, we determined if medical toxicology providers and/or a poison center were in the same institution and/or city as an existing RITN center.
- Medical toxicology providers were defined as specialists who see patients through a medical toxicology fellowship, an inpatient consultation service, or an outpatient clinic.

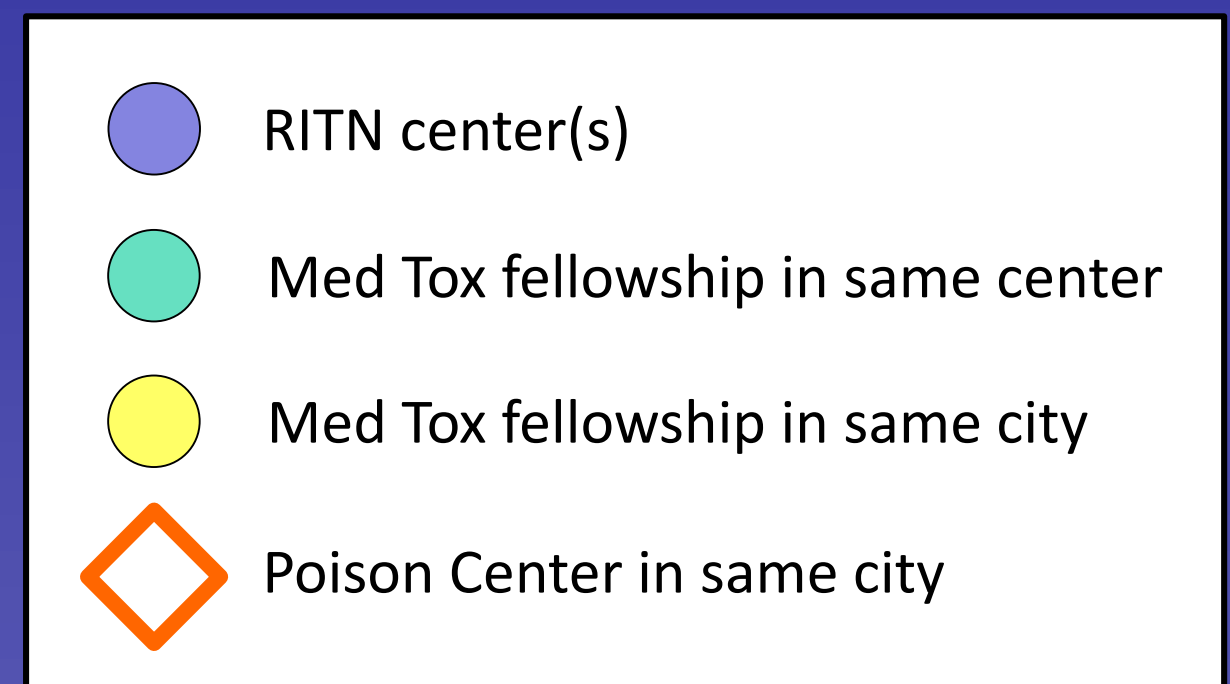
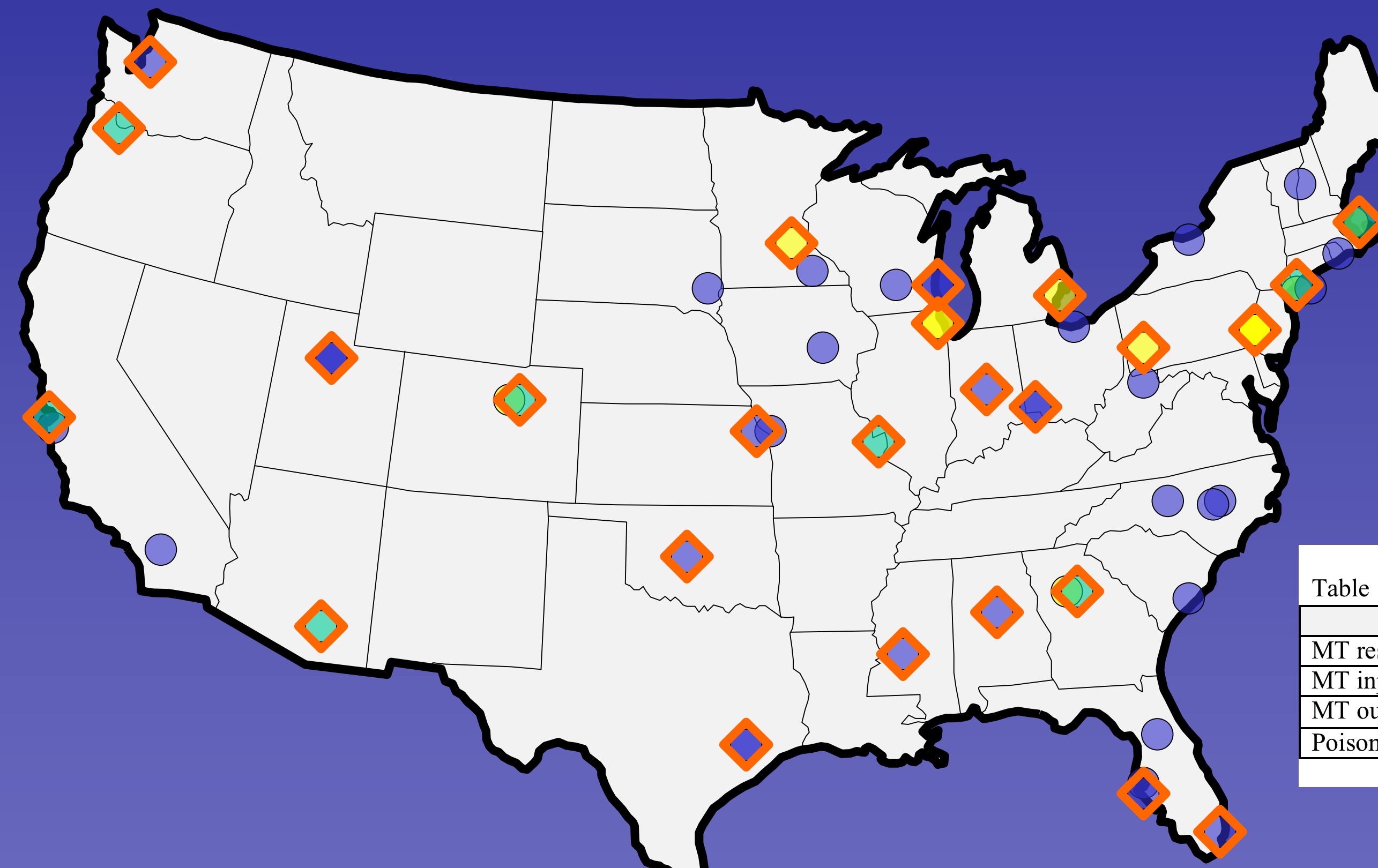


Table 1. Type and geographic relationship of MT resources to RITN centers.

Resource	n (%) in the same institution	n (%) in the same city
MT residency	8/59 (14%)	24/59 (41%)
MT inpatient service	14/59 (24%)	33/59 (56%)
MT outpatient clinic	9/59 (15%)	30/59 (51%)
Poison center	*	39/59 (66%)

Results

The majority of RITN centers (86%) do not have a medical toxicology residency, an inpatient medical toxicology service, or an outpatient medical toxicology clinic within the same institution. However,

- 57% of RITN centers have at least one of these medical toxicology providers located in the same city.
- 66% of RITN centers have a poison center in the same city.
- 73% of RITN centers have at least one of the medical toxicology resources *or* a poison center within the same city.
- Table 1

Discussion

As medical toxicology providers can supplement the capabilities of RITN centers in a radiation emergency, medical toxicologists and RITN centers should collaborate during further planning and response efforts. RITN centers that do not have access to medical toxicology providers within the same city or state can create formal relationships with ones located in neighboring cities or states.

Conclusion

The majority of RITN centers have access to medical toxicology providers and/or a poison center in the same city.

