American College of Medical Toxicology

#ACMT2026
ABSTRACT SUBMISSION GUIDELINES

2026 ACMT Annual Scientific Meeting
Hilton Boston Park Plaza, Boston, Massachusetts | In Person
March 20-22, 2026

Detailed Guidelines for Abstract Preparation

Abstract submissions will be accepted from **September 1, 2025**, through **November 15, 2025**, at **11:59 pm EST**. Corresponding authors will be notified in mid-December.

The 2026 ACMT Annual Scientific Meeting will be an in-person event in Boston, Massachusetts. Authors should only apply if they are able to present in person.

The only funding offered by ACMT is through the **MTF** Resident/Student and International Travel Awards and this can be applied for during the submission process.

How to Submit

Click here to submit your abstract by the deadline: **November 15, 2025**

Abstract Guidelines

Eligibility

The ACMT Research Committee welcomes all types of original research of interest to medical toxicologists and their patients. For scoring, classify your abstract as one of the following:

- **Original research studies**: Must be original research of interest to medical toxicology. Literature reviews, opinion pieces, and method/concept studies are not eligible.

- **Case reports/series**: Case reports are defined as descriptions of singular cases of interest, whereas case series are defined as having more than one case of interest. The case(s) should describe a timely or unique or rare clinical finding or toxicological disease process of interest and add value to the specialty of Medical Toxicology. Cases describing unique/novel pharmacokinetic data, analytical methods, diagnostic tests, or therapeutic modalities are also appropriate.

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Encore Presentation of Research Studies

To showcase the best available new research, ACMT supports “encore presentations,” subject to these policies:

- **Eligible**:
    - Presentations of original research studies or case reports/series at a local or regional meeting (or webinar) are eligible, as they do not constitute a prior presentation. Prior presentations are only defined as those given at national or international meetings.
    - Research Studies presented at national or international meetings between **March 20, 2025** and **March 20, 2026**.
- **NOT Eligible**:
    - Any prior presentation of the abstract at the North American Congress of Clinical Toxicology (NACCT)
    - Original research studies presented before March 20, 2025
    - Case Reports
- If your abstract is accepted as an encore presentation, it will only be eligible for presentation as a poster. Encore presentations will not be considered for Platform, Lightning Oral, or Moderated Poster presentations.
- All prior presentations must be disclosed at submission, including partial/preliminary results.

Prior Publication

- Original research studies or case reports/series (including encore presentations) that have been (or are scheduled to be) fully published in manuscript form before **March 20, 2026** are **not** eligible for presentation.
- Do not submit your manuscript to a journal before submitting your abstract to #ACMT2026.

- Research published as abstracts only is eligible for presentation; previously published abstracts will be acknowledged in the **Journal of Medical Toxicology** but cannot be republished.

- All submitting authors will need to attest to the above when completing their submission application.

ToxIC Presentation

If your abstract uses ToxIC data, indicate this on the submission form and include ToxIC as an author.

MTF Affiliation

If the research in your abstract was supported by a Medical Toxicology Foundation (MTF) grant or award, indicate this on the submission form.

Abstract Structure and Length Limits

- **Title**: 30 words max
- **Abstract**: 400 words max (combined for all sections below)
- **Author affiliations**: Max two per author
- **Table:** A small table or graph may be uploaded to support the abstract during the review process. The file is for review purposes only and **will not** be published with the final abstract.

Required Sections

1. **Background:** 1 – 2 sentences explaining why the research is needed.

2. **Hypothesis or Research Question:** 1 sentence. Optional (but encouraged) for case reports/series.

3. **Methods:** Succinctly describe your methods, including:

    - Study design: begin with a statement about your study design (e.g., “This is a randomized clinical trial; this is a consecutive-patient case series; this is a convenience sample survey; this is a case report”).

- Setting, data source and data collection.
- Even a case report/series should have basic methods! See example #2.

4. **Results:** Present key results (statements like "Results will be presented at the meeting" are not acceptable). Tables, figures, clinical images and photos not permitted in the abstract but encouraged in the crafting of the presentation at the conference.
5. **Conclusion:** 1-3 sentences.

Style Guidelines

- **Capitalize** the first letter of each word in the abstract title.
- Define unfamiliar abbreviations at first use.
- Use "vs." for comparisons (e.g., 150 mmHg vs. 190 mmHg).
- Include appropriate units.
- Single space after periods/colons.
- Space between numbers and units (e.g., Sodium 119 mEq/L).
- Use recognized (standard) generic names, not proprietary (trade) names of any product, unless essential to convey specific information.
- **Do NOT** include references in abstracts.
- Spell out numbers zero–nine; use numerals for 10 and above.
- Start sentences with spelled-out numbers (e.g., "Seven hundred patients…").

Statistics

- Provide measures of central tendency and certainty (e.g., mean, median, confidence intervals [CI])
- Denote non-significant comparisons as "NS," not a p-value

- Parametric: mean and 95% CI
- Non-parametric: median and IQR or range
- Significant differences: present the p-value

Authors

- Must comply with ICMJE authorship guidelines.
- List author names as initials and last name (e.g., BH Rumack, LR Goldfrank).
- At least one author must be able to register and attend the meeting.
- Maximum 10 authors; consortia can be listed in an appendix.
- Max two affiliations per author: institution, city, state/country.
- If using ToxIC data, credit ToxIC as an author: “On behalf of the Toxicology Investigators Consortium (ToxIC)”.

Review Work

- All abstract details, including author information, will be published exactly as submitted.
- Review submissions **carefully** for any errors before submission.
- Once submitted, ACMT staff cannot make edits or changes.
- Authors may make corrections until **November 15, 2025**, at **11:59 pm EST.**
- No changes will be accepted after the submission site closes.

Funding Support

Authors must disclose all funding support.

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Questions? ASMresearch@acmt.net

Sample Abstract: Original Research Study

Does Acetaminophen Poisoning Increase Risk of Allergy to Cats?

Background:
Epidemiologic studies have reported an association between acetaminophen use and allergy/atopy. Allergy to house cats (*F. catus*) is a common medical condition. It is not known whether exposure to acetaminophen in overdose increases the risk of subsequently developing house cat allergy.

Research Question:
Are acetaminophen overdose patients at increased risk of developing allergy to house cats?

Methods:
This is a retrospective study of consecutive patients presenting to a tertiary care hospital, and age/sex-matched controls. A search of our hospital's electronic medical record system (1992 – September 1, 2011) was used to identify all patients discharged alive following hospital admission for acetaminophen overdose. Each case was age- and sex-matched 2:1 to control patients admitted for an overdose to a non-acetaminophen pharmaceutical product. An event was defined as any inpatient or outpatient encounter containing an ICD-9 code-family notation for asthma or allergic conditions and the word, "cat," in the provider notes field. Subjects were censored 24 months after their last encounter in our system. Cox proportional hazards analysis was used to evaluate time-to-event.

Results:
A total of 84 patients admitted for acetaminophen overdose were matched to 142 controls. During a median of 16 months of follow-up, 17 acetaminophen overdose patients and 12 controls developed cat allergy (HR: 2.5; 95% CI: 1.2 – 6.8; p = 0.02)

Conclusion:
Patients who overdose on acetaminophen may be at increased risk of subsequently developing house cat allergy.

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Sample Abstract: Case Report/Series

Neutoprolol Extraction During High-Flux Hemodialysis

Background:
Neutoprolol is a new beta-receptor antagonist that produces life-threatening toxicity in overdose. It is not previously known whether neutoprolol is removed by hemodialysis.

Hypothesis:
High-flux hemodialysis increased clearance of neutoprolol compared with native elimination alone.

Methods:
This is a single patient chart review. A 42-year-old woman with a history of hypertension ingested 28,000 mg of neutoprolol in a suicide attempt. Hypotension and bradycardia were refractory to therapy with glucagon, norepinephrine, and high dose insulin. High flux hemodialysis was initiated 7.2 hours after ingestion. Timed serum neutoprolol levels were obtained before, during, and after hemodialysis as part of routine clinical care. In addition, inlet and outlet neutoprolol levels were obtained from the dialysis circuit. Dialysis was performed using a Frensius 2008K machine and a Markum 6000 cellulose triacetate membrane. Pharmacokinetic calculations were made using SummitPK.

Results:
Three pre-dialysis, four intra-dialysis, and two post-dialysis serum neutoprolol measurements were obtained. All demonstrated first-order elimination kinetics. The serum half-life of neutoprolol was 8.4 hours pre-dialysis, 1.2 hours during dialysis, and 7.2 hours post-dialysis. Dialysis clearance of neutoprolol was 65 mL/min. At a time when the serum neutoprolol level was 78.5 mcg/mL, dialysis extraction of neutoprolol was 15.7 mg/min. Following six hours of dialysis, the patient was weaned from vasopressor support. She recovered fully and was transferred to psychiatry on day four after ingestion.

Conclusion:
High flux hemodialysis effectively removes neutoprolol under overdose conditions.