



AACT*ion*

News & Announcements

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American Academy of Clinical Toxicology

Message from the President:

Alan Woolf, MD, MPH, FAACT, FACMT

What Makes a Great Teacher of Toxicology?

Part of our enduring mission and vision in the Academy is to strive to make contributions to the life-long learning needs of our members as well as all health professionals and the public in general. Advances in clinical toxicology, combined with the increasing complexity of the field, demand that this be a continuous learning process. We are all involved in updating and refreshing our knowledge of toxicology, adding new concepts to explore, new toxins to describe, new treatment and prevention strategies, new antidotes. Most, if not all, of our members are involved in teaching aspects of clinical toxicology to others, be they medical or nursing or pharmacy or veterinary or dental students, or physician or pharmacy residents or fellows, or postdoctoral students, or practicing physicians or nurses or pharmacists, or poison center workers or trainees, or public health workers, or groups of the general public in our communities.



The AACT recently successfully applied for a teaching grant from the National Institute of Environmental Health Sciences to support our symposia at the 2011 session of the North American Congress of Clinical Toxicology. We were able to put together a very compelling application based the strength of our teaching faculty and the wonderful opportunity for life-long learning in all aspects of toxicology for health professionals that NACCT represents. And great teaching is an essential part of the success of NACCT.

But what makes a great teacher of toxicology? We all know individuals who can take a subject and immediately make it accessible and interesting to the learner. I recently returned from the EAPCCT Congress in Dubrovnik, Croatia, and witnessed firsthand some excellent teaching carried out by master teachers. And we of course experience wonderful, inspiring teaching each year at the North American Congress of Clinical Toxicology. But what defines the ‘master teacher’ of clinical toxicology?

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THE PRESIDENT'S MESSAGE CONTINUED

When I asked a fellow traveler on a plane that question, she said "you know it when you see it!" And I agree, but I also think that you can describe some of the qualities of what makes them tick.

Certainly knowledge and experience in toxicology, and expertise in a very complex specialty, are important. But they are clearly not enough, and an advanced degree does not guarantee success. Anecdotally every one of us can remember teachers who inspired us throughout our long and winding educational days as students. And there were others who were clunkers – those whose students kept an eye on the clock waiting for the merciful end.

When you go into a medical school classroom today, most of the students will have their laptops or notebook computers out, with immediate access to the power-point slides. Some schools now have streaming video of the lecture. When I arrived early at an out-of-town medical school to give a talk to some first year medical students and stood at the back of the auditorium listening to a pathologist describing vascular changes associated with stroke, I saw a lot of laptops with several 'windows' open, including one student who had one window open to the shopping page of the local Target. So clearly technology alone is not the answer.

Great teachers have a curiosity and passion for the topics they teach. They have the ability to synthesize and crystallize the knowledge and get it across to the student in a creative and accessible way. They have a passion for teaching itself and it shows. Amanda Ripley writes in an essay on education in a 2010 issue of *The Atlantic Magazine* that great teachers tend to reflect on their performance ('constant learning') and adapt accordingly, they have 'grit' defined as perseverance and a focus on long-term goals. They have confidence, in themselves and their students, and they welcome the challenge of setting high standards.

Great teachers have a sense of humor, they attract student participation and curiosity, they are infectious in their enthusiasm, and they convey to students in so many ways the sense that they would rather be there, in that forum in that moment, than anywhere else in the world.

We have been discussing in the NACCT Planning Committee how to increase the opportunities for learning at NACCT by a range of interactive teaching formats including clinical vignettes, audience response systems, co-teaching, simulation, and demonstrations. We will ask faculty to do greater preparation for the meeting and we will also ask attendees to prepare as well by their access to on-line, NACCT-related educational materials. We will explore whether we can add new models to NACCT, such as novel opportunities for skill-building, mentoring, and scholarship and innovative ways to develop Internet-based enduring materials that flow from the meeting.

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THE PRESIDENT'S MESSAGE CONTINUED

We have also been discussing in the NACCT Planning Committee how to make the evaluation of presenters at the meeting more meaningful. In the future we are going to be analyzing group and individual summative scores based on feedback from the attendees, so that presenters at the symposia can see how they performed relative to others and where they reflectively may need to change and adapt their content and how they deliver it. We hope that these summative scores will be helpful to the faculty of NACCT and to AACT members who come to NACCT to learn something new.

William Arthur Ward, a noted academic in the 1950's, wrote: "the mediocre teacher tells, the good teacher explains, the superior teacher demonstrates, and the great teacher inspires." Have a pleasant summer, and I look forward as always to seeing all of you at the AACT pre-meeting symposium on September 21st and at the main NACCT Congress from September 23-26 at the Omni Shoreham in Washington DC. There I hope that all of you will interact with inspirational teachers of every kind in our symposia sessions, and that you, in turn, will inspire your students and colleagues every day.

by Dr. Alan Woolf, MD, MPH

Brent to Present AACT Career Achievement Lecture at NACCT 2011

Dr. Jeffrey Brent, the recipient of the AACT's Career Achievement Award in 2010 will present the award's showcase lecture at the North American Congress of Clinical Toxicology in Washington D.C. in the ballroom on Sunday September 25, 2011 at 11:00am. The Career Achievement Award is a peer-selected accolade given to a single individual who has demonstrated in his or her career outstanding and unique contributions both to the American Academy of Clinical Toxicology as well as to the profession of clinical toxicology itself. Dr. Brent's topic for this year's presentation is entitled "*Junk Science*". We hope that all AACT members and fellows will be able to attend what promises to be an intriguing and informative talk.

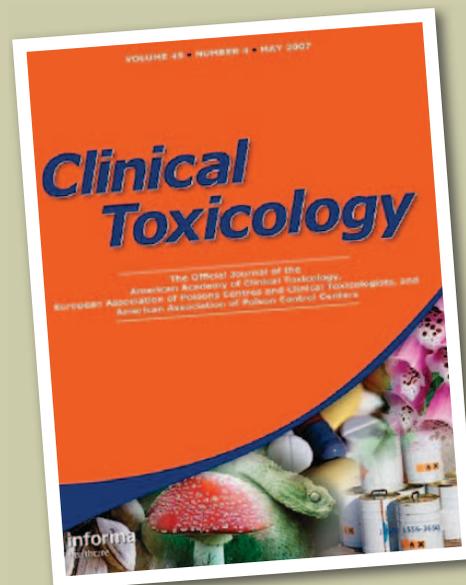
THIS JUST IN FROM CLINICAL TOXICOLOGY...

The Impact of the Impact Factor

Observant readers of AACTion will be aware that many journals have recently published their Impact Factors for 2010. These are based on the numbers of times papers published in the previous 2 years were referenced by other academic articles. The impact factor for Clinical Toxicology is 1.62, an improvement on the previous year and reflecting the general trend we have observed over the past 2 years for more of the articles in the Journal to be referenced elsewhere.

The Impact Factor is one way in which to assess a journal's quality, but from an Editorial perspective it is a benchmark upon which everyone tries to improve. The challenge is to maintain a Journal which is both interesting for readers but also carries material those in other journals wish to reference. For the specialty of clinical toxicology this is always going to be something of a challenge. Clearly Impact Factors such as seen in the New England Journal of Medicine are never going to be attainable.

What we do, however, to encourage authors to submit high quality articles to us is to try and provide as smooth a process of article handling as possible. This includes hard work from our many reviewers who are asked to return their reviews within 2 weeks, and in this way provide authors with an opinion ideally within 3 or 4 weeks of submission.



The provision of electronic publication in advance of print copy is popular. In addition we try and highlight interesting articles to a more general readership by regular alerts that followed each issue of the Journal. If you wish to receive such alerts please contact the publisher Kimber.Jest@informa.com, - but do remember that to access the full article it is much easier to use the AACT website.

Remember we are happy to receive letters about articles we publish and any feedback is welcome. Most importantly read the Journal and be encouraged to write articles for us.

*by Nick Bateman, MD, Editor-in-Chief
and E. Martin Caravati, MD Associate Editor*



NOTES FROM THE XXXI INTERNATIONAL EAPCCT CONGRESS

The XXXI International EAPCCT Congress was held on May 24-27 at the Valamar Lacroma Hotel in Dubrovnik, Croatia. The meeting is co-sponsored by AACT and the Academy processes CME credits for the attendees of the Congress. The meeting was organized by the EAPCCT Scientific & Meetings Committee, as coordinated by **Dr. Martin Wilks** (chair), **Peter Hulten** (secretary), **Alison Good** (abstract editor), and **Alexander Campbell** (treasurer). The AACT is represented on this committee by its president, **Alan Woolf**. **Dr. Simon Thomas**, the current president of the EAPCCT, and **Dr. Hugo Kupferschmidt**, the immediate past-president, both added administrative leadership and direction for this meeting. This year more than 340 original scientific abstracts were submitted for peer review; those selected were presented either in platform or poster sessions.

Highlights of this year's meeting included the annual **Louis Roche Lecture** given by **Professor Philippe Hantson** on '*myocardial metabolism in toxic heart failure*'. Professor Hantson gave details of the role of fatty acid activation in cardiac metabolism. He defined a 'stunned myocardium' seen in stress cardiomyopathy and heart failure, with characteristic ventricular hypokinesia and decreased contractility due to decreased coronary blood flow. He explained the three cardio-protective functions of high dose insulin therapy in such circumstances related to insulin's beneficial effects on energy metabolism, its anti-inflammatory and anti-oxidant effects, and its vaso-active and myocardial properties.

The *EAPCCT's Young Investigator Award* this year was presented to **Dr. G. Versteegen** for his scientific abstract presentation on the topic: 'identification of the botanical origin of commercial pine nuts responsible for dysgeusia by gas-liquid chromatography analysis of fatty acid profile'. Dr. Versteegen's co-authors on the winning abstract were F. Destailats, C Cruz-Hernandez, F. Giuffrida, F. Dionisi, and M. Mostin.

A day-long seminar on '*Novel Recreational Drugs of Abuse*' explored the new trends in the variety of chemicals being used by adolescents and young adults. Differing patterns of substance abuse discovered by toxico-surveillance by poison control centers and public health agencies in such countries

as Great Britain, France, Germany and Portugal, Hong Kong, and the United States were presented. There are new ways to classify such novel 'kitchen sink' chemicals as stimulants (e.g. cathinones, piperazines, pipradrols), hallucinogens (e.g. glaucine, 'spice', and tryptamines) and depressants (e.g. GHB and its analogues). Details on the biochemistry of such agents as mephedrone, 1-benzylpiperazine (BZP) and synthetic cannabinoids (Spice) were presented. The epidemiological features of abuse, such as the procurement of licit or illicit agents over the Internet or via "Head Shops" were explored. This session felt especially valuable as those with experience treating toxicity of novel drugs of abuse could come together and share their knowledge while those yet to see certain agents gleaned a glimpse of possible future exposures in their own countries.

First time EAPCCT attendees were excited to make acquaintances with counterparts from all over the world and noted how remarkable it is to meet colleagues whose work you have been admiring from afar.

The Congress Dinner was a tremendous success and was held in a breathtaking venue overlooking the old port of the city. All agreed Dr. Woolf's lyric address (in Croatian) was a highlight of the evening.

Dubrovnik itself was a clear star of the conference as the "Jewel of the Adriatic" certainly lived up to its reputation. Breathtaking old world sea side vistas and the famous Croatian hospitality greeted attendees during breaks from the conference and evening meals in the old fort.

All participants agreed this was one of the most successful congresses ever held. Grateful thanks were extended especially to Professors Wilks and Campbell and to many others for their wonderful contributions to the planning of the meeting. The new chair of the Scientific & Meetings Committee is **Professor Bruno Megarbane**, and his committee has already been hard at work organizing the XXXII International EAPCCT Congress to be held in London, the United Kingdom, on May 29-June 1, 2012.

-Jeff Lapoint DO is a medical toxicology fellow at NYU/NYC Poison Control Center in New York, NY

EAPCCT 2011: DUBROVNIK, CROATIA



ACADEMY ENDORSES PROPOSED RULE FOR FEDERAL WORKERS WHO ARE MEMBERS OF PROFESSIONAL SOCIETIES

AACT trustees voted at their June 21st meeting to endorse the position of the Scientific Liaison Coalition (SLC) of toxicology-related professional groups in support of the proposed rule exemption and amendment under 18 U.S.C. 208(b)(2) (RIN 3209-AA09). As Section 208(a) of title 18 of the United States Code is currently written, organization members who are federal employees and serve in an official capacity, such as in leadership positions, are prohibited from engaging in meaningful and productive discussion about budgetary items even if that member has no personal financial interest in the society. In addition, the current restrictions make it virtually impossible for government employees to serve as president of the AACT.

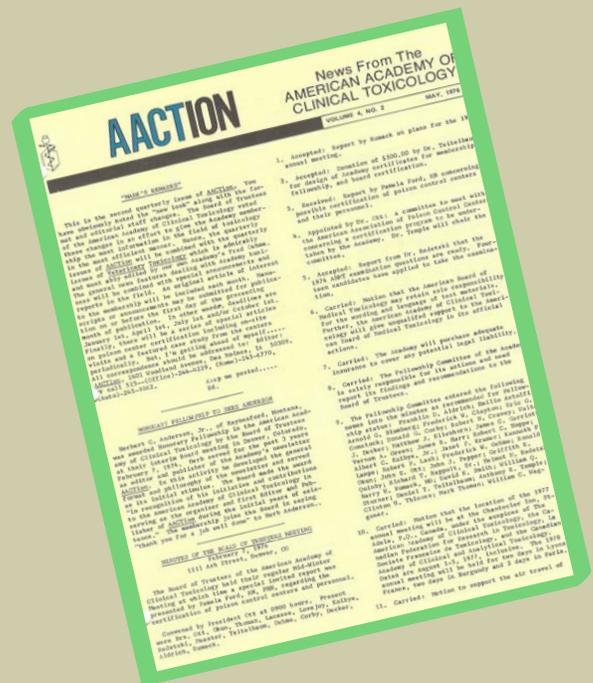
The proposed Section 2640.203(m) addresses the issue of allowing federal employees to participate on the boards of directors of certain outside nonprofit organizations, including professional associations and scientific societies, in an official capacity. Allowing federal employees to serve as representatives of the federal government on the board generates the greatest possible interaction between federal employees and other scientists, improving the quality of scientific discussion for all parties and providing the opportunity for representatives of government organizations to express views from the government perspective. Moreover, the use of official time to engage in such duties should be allowed and encouraged in that their effort could be a direct benefit to the quality of government programs.

The AACT believes that it is in the best interest of the Academy to have members from all professional sectors, including federal employees. They should be allowed to participate fully in all aspects of the Academy, including serving as officers and oversight of financial matters. For this reason, we are in full support of the proposed rule amendment to allow such participation to occur. We agree with the Office

of Government Ethics (OGE) that “such financial interests are too remote or inconsequential to affect the integrity of employees’ services....” Appropriate controls are currently in place to reasonably ensure against a conflict of interest.

The Academy is joined in this action by other professional societies including the Environmental Mutagen Society, the Safety Pharmacology Society, the Society for the Study of Reproduction, the Society of Toxicology, the Society of Toxicologic Pathology, and the Teratology Society.

-Dr. Kenneth McMartin is a Professor of Pharmacology, Toxicology & Neuroscience at LSU Health Science Center – Shreveport and the Chair of the AACT Awards Committee.



IN MEMORIAM:

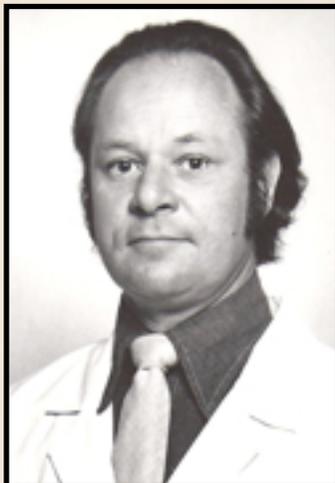
WALTER JOHNS DECKER, PhD, FAACT

1933-2011

Born in Tannersville, NY, Walt grew up in the Catskill Mountains of NY and attended the SUNY Albany graduating with a bachelor's followed the next year by a master's degree. He then earned his Ph.D. in Biochemistry from George Washington Medical School in 1965, writing his doctoral thesis on possible trans fatty acid health risks. While there he met Barbara Allen Hart and they were married on August 19, 1961 in Stratford, CT. He enlisted in the U.S. Army as a private, but was later commissioned as an officer with several duty stations including Walter Reed Hospital, Japan, and El Paso, TX. He was instrumental in establishing the first Military Clinical Investigations Service in 1965 at William Beaumont Army Medical Center (WBAMC), El Paso, TX. This Clinical Investigation Service at WBAMC completed the triad on which medical education in all of the Military Medical Centers is based – namely, patient care, bedside teaching, and clinical research. This service also served as the model for all the other Army Medical Centers to establish their own Clinical Investigations Services, training the service chiefs on what was required. For this and other services to the Army and to the United States, he was awarded the Meritorious Service Medal and the Legion of Merit. During his years on active duty, Walt worked in the field of toxicology and made notable contributions in the development of poison control centers, including the early research on the use of activated charcoal. He was also instrumental in introducing safer prescription medicine containers for the U.S. and Canada. After a distinguished military career he retired from the U. S. Army in 1975 as a Lt. Colonel. Walt continued working as adjunct and assistant professor at the University of Texas Medical Branch in Galveston in addition to setting up a forensic lab for Galveston County. Later he moved back to El Paso, TX, where he set up a private Toxicology Consulting business. He also worked in a myriad of organizations including the NIH's National Library of Medicine where he served as a reviewer for the Library's Hazardous Substances Data Bank for over 30 years. Walt was an active member of the SOT, to mention only a fraction of his involvement with governmental and professional organizations. Walt and I started working together in the late 1960's during the very early, critical years of the developing AACT. We served as members of the Academy's Board of Trustees for many years also serving as Academy Board officers. In 2001, in recognition of his many years of service to his profession, the field of toxicology and the Academy he was awarded the AACT's Career Achievement Award in 2001.

Walt and Barbara loved to travel, visiting places such as Britain, Taiwan, Egypt, and Thailand. He was a meticulous linguist, author/writer, who also loved music and was a singer and active participant in the Episcopal Church. He was also involved in other activities such as singing with the Oktoberfest singers of La Crosse, where they had moved from El Paso some years after his retirement. Walter was buried with full military honors at Spooner's Veterans' Memorial following services at the Episcopal Church he and Barbara attended in Sparta, WI. Besides Barbara, he is survived by his sons, Karl, Reid and Sam; his daughters-in-law, Brenda and Tiffany; granddaughter Casey; grandsons, Jack and Blake; his sister and brother in law, Lila and Glenn Seager.

by Mark Thoman, MD, FAACT



Member Spotlight

Questions For: *Karen Simone, Pharm D, DABAT, FAACT*

1. Dr. Simone, you are currently the Director of the New England Poison Center. Tell me about a typical day for you in the Poison Center, what does your role entail?

I have both clinical and administrative responsibilities. I am on call 24 x 7 every other week. We cover three states and nearly 100 hospitals. In addition to that, I write and report on several state and federal grants and contracts that support our poison center, the Northern New England Poison Center, and manage the occasional employee-related issue. I manage several separate but connected budgets with different fiscal years. Our grants support the poison center hotline, education of hard-to-reach populations, development of social media and chat, emergency preparedness, support of health departments and interpretation of laboratory values obtained to monitor patients on potentially abusable medications. I provide and supervise staff training and general management of the Poison Center. In my spare time, I lecture health care professionals and others in the region, and accept legal consultations.

2. Toxicologists across the country are very concerned about political conversations of federal budget cuts, and the possible subsequent closings of many local poison centers. What is your opinion on this topic? Do you see a benefit to having multiple local poison centers as opposed to a single, centralized center?

I am very concerned about this trend. Some consolidation has occurred in recent years, and has been useful. However, over-consolidation can be detrimental. First, there are regional differences. As an example, I doubt very much that the Midwest manages many paralytic shellfish poisonings due to Red Tide. They might also not be as familiar with local health care facility capabilities, transport type and time, effect of weather conditions and other local/regional factors that greatly affect patient management decisions. A computer database is not as fast as a well-trained and experienced employee who is familiar with the region. Secondly, and more importantly, utilization is directly related to familiarity of hospitals with the poison center and the poison center's toxicologists. Trust is necessary and relationships must be built. Thirdly, from a financial perspective, the benefit of consolidation is limited. Toxicological supervision and

hotline coverage is already maximized at a population of 3 million or so. Any additional population requires additional people – no more savings. Also, the administrative load actually increases with additional coverage area. Each state or region has requirements for grant writing and reporting. Fiscal years differ, making accounting challenging and time-consuming. Most importantly, the 80% or more of local/regional funding that comes from states, counties and health care facilities is likely to be discontinued. The last time I checked, the federal government did not have more money to invest.

3. You are currently the Secretary of AACT, and have spend a lot of time serving on the Board of Trustee's (BOT). Many of us have never served on a Board, so for those of us out there, what do the members of the BOT do? What does it take on an individual level to run an organization such as ours?

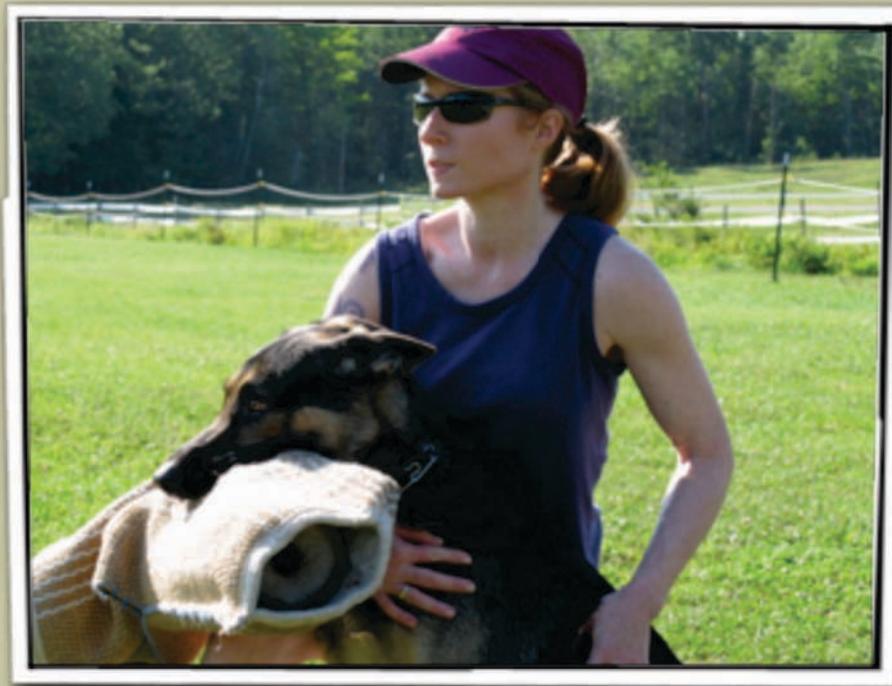
We meet in person two to three times yearly and many more times over the telephone. All BOT members contribute to or manage other AACT committees and task forces. The commitment is easily anywhere from 120 to 500 or more volunteer hours yearly depending on the position. The BOT supervises the NACCT meeting and related continuing toxicological education, and continues to develop educational opportunities. It also supports recognition of excellence in clinical toxicology through the development and support of American Board of Applied Toxicology committee, granting of Fellowship, financial grant support for those in the US as well as developing countries, and provision of the Distinguished Service and Career Achievement Awards. Most of the time of the BOT members is spent enhancing the opportunities for toxicological development and continued learning for AACT members. Future projects include more educational opportunities throughout the year, outreach to students considering toxicology as a career, greater collaboration with like organizations, and increasing our impact on public health decisions.

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4. OK, you know how this goes: this is the fun part. Tell us what you like to do when you are not working.

When I am not involved with something toxic, which includes reference to my cooking and my garden, I am either working with my German Shepherd Dog (GSD), running or riding my 1200 cc Harley Nightster. I am working with our State Schutzhund club weekly to prepare GSD Thor (alias Zippo vom Kraftwerk) for trials. Schutzhund involves components of obedience, tracking, protection and endurance. We are still working on obedience and tracking. He is very enthusiastic in his approach to the helper wrapped in protective sleeve. Thor has a strong and controlled bark, firm bite, will not let go until requested, and has a generally excellent attitude. He is now running 3 miles hooked to my Gary Fisher Montare by a Springer attachment at 7 – 10 miles per hour, working toward 12.5 miles. I am also training him not to eat the Siberian cat, Ivan the Terrible.

Interview by: Barbara Kirrane MD



Dr Simone and Thor

BUILDING BRIDGES

AACT & ACMT Collaborate on Medical Toxicology Life-Long Learning Symposium at NACCT 2011

Leaders of AACT and ACMT will collaborate on another educational initiative responsive to the American Board of Emergency Medicine (ABEM) Medical Toxicology Sub-Board's requirements for life long learning among board-certified physicians. The learning goal is to review the 12 published articles selected by the Sub-Board. A copy of the reading list is available at www.abem.org; the articles are selected every two years from the Core Content of Medical Toxicology. The workshop prepares participants to take the ABEM's on-line electronic Life Long Learning Self-Administered (LLSA) test. Learning points in each paper will be discussed in detail and participants will have the opportunity at the Washington DC meeting to participate in the administration of the electronic examination in a group format. Since the life-long learning process reviews 12 new articles every two years, both ACMT and AACT have plans to continue this collaboration of educational presentations in future meetings as a service to their physician members.

New Scholarships to NACCT One-Day Track

The American Academy of Clinical Toxicology is pleased to announce the availability of a limited number of competitive scholarships to attend the one-day symposia track on topics in pediatric toxicology and environmental health to be held at the NACCT meeting at the Omni Shoreham Hotel in Washington D.C. on September 24th 2011 from 8am to 6pm. The day's events include symposia on the following topics:

“Cannabinoid Receptor Agonists and Antagonists: Gateway to Novel Therapeutics or Drugs of Abuse”

“Pediatric Toxicology & Environmental Health Research” (platform presentations of original scientific abstracts)

“Pediatric Toxicology & Environmental Health Research” (poster presentations of original scientific abstracts)

“Tudes and Tests: Teen Use & Drug Testing”

“Pediatric Environmental Health & Translational Research Symposium” (metals poisoning; pesticides poisoning; environmental factors in autism: state of the science)

The scholarship is intended for health professional students or residents only and will pay for their travel expenses, including air fare and one-night hotel expense, up to a maximum amount of \$860 (which includes the \$150 one-day meeting registration fee). Students or residents who are women, minorities, or persons with disabilities are encouraged to apply. Scholarship winners will be notified by email in August 2011. Applications will be accepted until September 1st or until all scholarships have been awarded. Potential applicants are urged to apply as soon as possible. Application forms and more information can be obtained by contacting Alan Woolf at alan.woolf@childrens.harvard.edu.

NEW MEDICAL TOXICOLOGY FELLOWSHIPS APPROVED!

The ACGME just approved new medical toxicology fellowships. *The University of Arizona/University Physicians Healthcare - Kino GME Consortium Medical Toxicology Fellowship* is based out of University Physicians Healthcare Hospital and is slotted for one fellow for each of two years. *Mazda Shirazi, MD, PhD*, is the Program Director and *Spencer Greene, MD, MS* is the Associate Program Director.

Dr. Heath Jolliff is Fellowship Director of the newly-approved Medical Toxicology Fellowship at *The Ohio State University and Nationwide Children's Hospital* in Columbus, Ohio.



Society of Toxicology Translational/Bridging Travel Awards Announced

Two awards will be given annually to assist with travel to the SOT Annual Meeting. The SOT Awards Committee will offer this award to either a mid- or senior- level scientist, with at least ten years postdoctoral experience and who has an active research program or currently is active in the practice of clinical or translational toxicology and or disease prevention. This award consists of a cash stipend and a complimentary registration for the SOT Annual Meeting.

A brief statement indicating how the awardees will benefit from the travel fellowship;

- ❖ Curriculum vitae including e-mail address;
- ❖ Proof of membership in a Society such as the following: American Thoracic Society, American Academy of Clinical Toxicology, American Society of Nephrology, Society for Neuroscience, American Society for Preventive Cardiology, International Society for Environmental Epidemiology;
- ❖ Demonstration of the ability to meet other expenses to attend the meeting (the base travel award available is \$2,000 USD and a complimentary registration);
- ❖ An abstract for the meeting is optional and **MUST BE** submitted through the normal abstract process;
- ❖ Willingness to write an article about the experience for the SOT Communiqué and for his / her home society;
- ❖ Willingness to attend the March 2012 Disease Prevention Task Force meeting (held during the SOT Annual Meeting) and contribute to the process for developing ideas for the following year scientific sessions of the SOT Annual Meeting, and
- ❖ Non-SOT members are especially encouraged to apply.

Deadline October 9, 2011

In addition to receiving the specific award, recipients are honored at a special Awards Ceremony on Sunday, March 11, 2012, at the SOT Annual Meeting in San Francisco, California. Their names are listed on the SOT Web site and in various SOT publications.

For award descriptions, additional information, and to make nominations, visit www.toxicology.org/ai/af/awards.aspx. Contact: Society of Toxicology, 1821 Michael Faraday Drive, Suite 300 | Reston, VA 20190 E-mail: sothq@toxicology.org

Did you Know?

Clinical Toxicology has only had **five** Editor-In-Chief's since it started in March 1968, over 40 years ago. Richard T Rappolt, Helmut M. Redetzki, Carol R Angle, Michael A McGuigan and Nicholas Bateman have all proudly shared this title.



Dubrovnik, Croatia

Photo credit: Jeff Lapoint, DO

We welcome your feedback!

Please send us your articles, announcements, ideas, research articles, and contributions.

We cannot do this without you!

Editor: Barbara Kirrane, MD

bmkirrane@gmail.com

