Dear AAWR members:

Summer is an exciting season for many. There are vacations, graduations, weddings and of course the start of residency programs. While balancing your career and family can be challenging at times, I do hope you are all are enjoying the summer thus far.

Although most of us will miss the warm weather and slower pace that summer brings, the fall is going to be an exciting time for the Association. This past May, the Executive Committee met during the ACR Annual Meeting and Chapter Leadership Conference and discussed all of the upcoming initiatives for the AAWR, and as you may have heard, one of the highlights for this year, will be the 30th Anniversary Celebration of the AAWR held on Monday, November 28th at 6:30 PM at the Palmer House Hilton during the annual meeting of the RSNA. We have a lot to celebrate including a landmark event; Dr. Kimberly Applegate, one of our own, is the first female to serve as Council Steering Committee Vice Speaker since 1992, and the second female ever elected as Vice Speaker to the Council Steering Committee.

Not only did the Executive Committee meet during the ACR’s AMCLC, but the annual AAWR New Fellows Breakfast was held, which recognized the women of the 2011 ACR Fellow Class. Dr. Cynthia Sherry, head of the newly formed ACR commission on Practice Management and Leadership shared her vision for the proposed ACR Leadership Institute and enthusiastically invited participation of AAWR members.

As you continue to read this newsletter and you will find the highlights from New Fellows Breakfast, along with the proposed 2012 Executive Committee slate, an interview with Dr. Lori Pierce of the University of Michigan, the private practice radiologist’s perspective, a call for applications of the R&E Foundation awards and much, much more. If you or one of your colleagues is eligible for one of the many awards bestowed by the AAWR R&E Foundation, please do not let this opportunity pass you by, and be sure to apply by August 31, 2011. To view a listing of all of the awards offered by the Foundation, please visit the AAWR website, www.aawr.org.

We as members of the Association should be proud that we have carried out the mission and vision of this organization for thirty years, supporting women in radiology, radiation oncology and the life sciences. To view a listing of the upcoming programs, please be sure to read page 3 of this newsletter.

Please plan on joining us for the gala event celebrating the 30th anniversary of the AAWR on Monday, November 28, 2011 in Chicago during the RSNA. Please mark your calendars now. I look forward to seeing you there.

With warm personal regards,
Vijay Rao
The 2011 new ACR female fellows were honored by the AAWR at the Association’s New Fellows Breakfast held on Monday, May 16th during the 88th Annual Meeting and Chapter Leadership Conference in Washington, DC. There were about 40 women leaders in attendance to pay tribute to the new fellows. The breakfast was hosted by Drs. Vijay Rao, Katarzyna Macura, Julia Fielding, Kimberly Applegate, Jocelyn Chertoff and Ellen Wolf. Each new ACR fellow was recognized and those in attendance introduced themselves and received a certificate of congratulations. Additionally, Cynthia Sherry, MD, FACR, Chair of the ACR’s Commission on Practice and Leadership Development, provided an update and answered questions regarding the initiatives of the Commission.

The AAWR Congratulates the 2011 Female Fellows of the ACR

Naomi P. Alazraki, MD  
Sara Arnold, MD  
Rachel F. Brem, MD  
Stamatia V. Destounis, MD  
Nancy A. Gadzila, MD, FACR  
Elaine S. Gould, MD  
Nancy Elizabeth Gregory, MD

Bhargavi Patel, MD  
Kurubarahalli R. Saroja, MD, FACR  
Mary Scott Soo, MD, FACR  
Eliza R. Pile-Spellman, MD  
Miha Taljanovic, MD  
Vivian W. Wing, MD  
Suzanne L. Wolden, MD

AAWR members are in bold

The AAWR and the ACR Activities Committee, chaired by AAWR 2005 president and ACR Councilor, Dr. Katarzyna J. Macura promotes women in both the ACR and in organized radiology. The ACR Fellowship is an honor and is given to only 10% of ACR members. This year there were 21 new women fellows, and 5 of them were AAWR members. To learn more about how to become a fellow, please contact either Dr. Wolf or Angela Davis for more information, or visit the ACR website. The AAWR committee on ACR activities continues to submit names of potential candidates to run for office and to serve on committees and within the ACR. If you would like to be nominated, please let Dr. Macura or Angela Davis know.

AAWR is proud to announce that among the seven 2011-2012 ACR Officers, three are women: Carol H. Lee, MD, FACR – ACR Vice President, Anne C. Roberts, MD, FACR – ACR Secretary-Treasurer, and Kimberly E. Applegate, MD, MS, FACR – Council Vice-Speaker. Additionally, on the Board of Chancellors for 2011-2012, among 30 members 10 are women, with 9 of them being members of the AAWR.

Kimberly E. Applegate, MD, MS, FACR  
Cheri L. Canon, MD  
Cassandra S. Foons, MD, FACR  
*Barbara Monsees, MD, FACR

M. Elizabeth Oates, MD, FACR  
Carol H. Lee, MD, FACR  
Deborah Levine, MD, FACR  
*Carolyn C. Meltzer, MD, FACR

*Anne C. Roberts, MD, FACR  
*Cynthia S. Sherry, MD, FACR

*AAWR members are in bold

*Denotes appointed position

Congratulations on the many remarkable achievements and contributions of women to the ACR!

Please note that AAWR also directly engages in the activities of the Council and during the last ACR Annual Meeting, the AAWR endorsed the ACR Resolution #44 on the proposed new ABR Dual Certificate in Interventional Radiology and Diagnostic Radiology and submitted a support letter to Dr. John A. Kaufman. The AAWR is in favor of this resolution as it is viewed as being vitally important to the future of both Diagnostic Radiology and Interventional Radiology.

We are looking forward to your active engagement in the activities of the AAWR and ACR.
AAWR Upcoming Programs

AAWR-ASTRO Luncheon Panel
Monday, October 3, 2011 • 12:15-1:30 PM
Miami Beach Convention Center • Miami Beach, Florida
Held during the 53rd ASTRO Annual Meeting

Join us for the annual AAWR/ASTRO Luncheon Panel. This diverse panel of accomplished women radiation oncologists will discuss their professional life and experience. The panel will answer questions on professional advancement in academic and community practice, involvement in health care politics, opportunities and challenges for women in radiation oncology during this current time of rapid and vast change in radiation oncology and our stressed economy. Some of the panelists are still being confirmed, but we are pleased to announce that Dr. Ritsuko Komaki of the University of Texas MD Anderson Cancer Center will be on this year’s panel. If you would like to register for this event, please contact the ASTRO, www.astro.org.

AAWR at the RSNA
Daily Luncheons from Noon-1:00 PM
Monday, November 28: Business Meeting Luncheon
Association Business and Award Presentations

Tuesday, November 29: Residents’ Luncheon
Nuts and Bolts of Getting Hired presented by Julia R. Fielding, MD and Rosaleen Parsons, MD

Wednesday, November 30: President’s Luncheon
Time Management 101 presented by Etta D. Pisano, MD, FACR

Thursday, December 1: International Luncheon
Radiology in Thailand presented by Chamaree Chuapetchcharasopon, MD, MBA

Registration for the AAWR luncheons will be distributed this fall. If you would like to register for the AAWR Refresher Course, please do so via the RSNA at www.rsna.org.

Refresher Course 516
Wednesday, November 30, 2011 • 8:30-10:00 AM
Imaging and Treatment of Breast Cancer in the Pregnant Patient
Moderator: Julia Fielding, MD

Cherie M. Kuzmiak, DO (Diagnosis and Staging of Breast Cancer in the Pregnant Patient),
Tracy Jaffe, MD (Strategies to Reduce Fetal Radiation Dose during Maternal Cancer Staging) and
Beth Beadle, MD, PhD (Optimal Therapies for Breast Cancer in the Pregnant Patient)

Save the Date
American Association for Women Radiologists
30th Anniversary

AAWR President, Dr. Vijay Rao and Past Presidents of the Association invite you to join in celebrating the 30th Anniversary of the AAWR.
The celebration will include cocktails and hors d’oeuvres at the Palmer House Hilton on Monday, November 28th beginning at 6:30 PM during the 2011 RSNA Annual Meeting.
Members and friends of the AAWR and their guests are invited.

Formal Invitation to Follow
2012 AAWR Proposed Executive Committee Slate of Nominees

To view a candidate’s bio, please select their name, and you will be redirected to the AAWR website. The membership will vote on this proposal during the Annual Business Meeting, which will take place on Monday, November 28, 2011, at the RSNA Annual Meeting. At that time, nominations from the floor will also be requested. If you are not able to attend the Business Meeting, please access an online ballot for completion and submission by clicking here.

**President: Dr. Julia Fielding**
*President* (automatic succession)
Director of Abdominal Imaging and Professor of Radiology at the University of North Carolina

**President-Elect: Dr. M. Elizabeth Oates**
*President-Elect* (automatic succession)
Professor and Chair of the Department of Radiology and holds the Rosenbaum Endowed Chair of Radiology at the University of Kentucky in Lexington

**Vice President: Dr. Yoshimi Anzai**
Professor of Radiology and the Director of Neuroradiology Section at the University of Washington

**Treasurer: Dr. Margaret Szabunio**
Professor of Radiology and Surgery at the University of Kentucky College of Medicine in Lexington

**Secretary: Dr. Feng-Ming Kong**
Radiation Oncologist, Associate Professor and the Lead Person in Thoracic Radiation Oncology Research at the University of Michigan

**Member-at-Large, Diagnostic Radiology: Dr. Susan Johnston Ackerman**
Professor of Radiology, Vice-Chair for Clinical Affairs in Radiology and Division Director of Ultrasound at the Medical University of South Carolina

**Member-at-Large, Radiation Oncology: Dr. Nina Mayr**
Professor of Radiation Oncology at Ohio State University, Arthur G. James Cancer Hospital and Solove Research Institute

**Member-at-Large, In Training: Dr. Chelsea Finnix**
Radiation Oncology Resident at MD Anderson Cancer Center

**Member-at-Large, Private Practice: Dr. Lara Eisenberg**
Practice of Drs. Groover, Christie, and Merritt in the Washington D.C. metro area, Chairman of Radiology at Suburban Hospital in Bethesda, Maryland and Director of body MRI and CT at Suburban Hospital

**ACR Councilor: Dr. Katarzyna Macura**
(academic - second year of a three year term)
Associate Professor of Radiology at Johns Hopkins Medical Institutions

**Alternate ACR Councilor: Dr. Lynn Fordham**
Division Chief of Pediatric Radiology at the University of North Carolina at Chapel Hill

**Past President: Dr. Vijay Rao**
*Past President* (automatic succession)
David C. Levin Professor and Chair of the Department of Radiology at Thomas Jefferson University
Seventeen years!!! That is how long it has been since I was the President of the AAWR. Time really marches on. I still feel like a 30something in spirit, yet there has been some maturity and growth through these years. AAWR was my first passion when I arrived back in my native San Francisco from residency and a musculoskeletal imaging fellowship in New York City. At the time, there was a small local AAWR group forming in the Bay Area and some great energy from the UCSF women faculty, including Gretchen Gooding who was President of the AAWR and Faye Liang, who used to host parties for the women faculty at her house in Marin County. I started taking the role of organizer for the local events and encouraged women at UCSF and in the other local academic medical centers, in the military, and in private practice to attend the events. We had a few of these gatherings at my house, at the homes of other women radiologists in the region and at restaurants. Some of those events were social and at others we invited speakers to come and talk about issues such as the Glass Ceiling. There were quite a few women residents and faculty who attended and we got sponsorship from several companies for these events. We formed a local chapter with officers. It was a meaningful venture and a fun time.

I got more involved in the AAWR national organization at the same time that my career in Musculoskeletal Imaging started to take off. I admit that with a toddler and not much mentorship from my section colleagues at the beginning of my career, it took me a while to get my feet off the ground academically and politically. It all came together in the early 90s. It was exciting to grow professionally and to serve on AAWR committees while becoming known nationally and internationally. There were wonderful role models such as Past Presidents Sandra Fernbach, Kay Vydareny, Kay Shaffer, and Peggy Fritzsche. I enjoyed covering the booth at RSNA where I would meet other radiologists with an interest in AAWR. The luncheons and refresher courses were most relevant.

As President-Elect of AAWR, I was responsible for putting together the AAWR sponsored refresher course at the RSNA entitled “Working toward Gender Equality in Radiology: Conceptualization, Barriers, and Strategies”. This session provided stimulating thought for all who attended. Panelists included Dr. Sharyn Lenhart, a clinical Psychiatrist at Harvard University, Dr. George Leopold, then Professor and Chair of the Department of Radiology at UC San Diego, and Dr. Murray Janower, who was Chair of the Department of Radiology at St. Vincent Hospital in Worcester Massachusetts and Chair of the ACR Human Resources Committee. That course was audiotaped and sold to RSNA members. During the President-Elect period, I proposed that the organization name be changed from American Association of Women Radiologists to American Association for Women Radiologists, to focus on the fact that we were giving benefits to our members: the AAWR wasn’t just a society made up of mostly women radiologists, it was a society that did something for its members as well. That name change was adopted during the next year.

During the year of my Presidency in 1994, an AAWR luncheon was held at the American Roentgen Ray Society in New Orleans presented by Dr. Beverly Spirit, who was writing an AAWR-sponsored book on the history of women in radiology. That summer, I had the pleasure of participating in two activities sponsored by the American College of Radiology (ACR). The first meeting that I attended was a site visit to the ACR at its home office in Reston, Virginia. This was part of a new program designed to familiarize representatives of the Intersociety Commission with ACR resources. During the site visit, presentations were made by the directors of ten different departments in the ACR. Among other things, the visit reinforced the following: 1) the ACR is a valuable resource for advice on legal questions related to radiology practice; 2) it has an archive of the history of radiology; 3) the government relations department is constantly working for Radiology with important contacts in the United States government; and 4) studies were being done regarding the radiology workforce and important women’s issues were being included in the surveys.

I also attended the ACR Summit meeting that year in Keystone, Colorado. We discussed the basis for estimating future supply needs. It is amazing that at that time, were were told that we needed to reduce the number of training slots by as much as 40% because it looked like market forces and legislative funding would decrease significantly. Since that time, the market swung back and those slots were again increased. Things continue to change today and I have seen the cyclic nature of supply and demand of radiologists. Having witnessed the ebbs and flows, I realize that it is difficult to predict future markets for radiology and for all the different subspecialties. I believe that when a medical school graduate and a radiology resident chooses a specialty, the choice should be based on interest and passion, not what is “marketable” at the time.

As President of the AAWR, I proposed that the organization name be changed from American Association of Women Radiologists to American Association for Women Radiologists. The change was adopted during the next year. It was part of a new program designed to familiarize representatives of the AAWR with the ACR. The ACR is 2) it has an archive of the history of radiology; 3) the government relations department is constantly working for Radiology with important contacts in the United States government; and 4) studies were being done regarding the radiology workforce and important women’s issues were being included in the surveys.

Since then, I became a Professor of Radiology at UCSF, edited four books, authored 150 scientific papers, lectured at many scientific and CME meetings, received the UCSF Radiology teaching award, and mentored some currently prominent musculoskeletal radiologists when they were just starting their careers. I have served as an officer in several societies including the roles of President of the San Francisco Bay Area Radiological Society and Secretary of the International Skeletal Society. I also was elected to the Board of the International Society of Magnetic Resonance. I was fortunate to be one of the radiologists at the Salt Lake City Olympics and thank Julia Crim, the organizer, for that opportunity. My husband, Eric Tepper, a nephrologist in Marin County and I are the proud parents of Mark Tepper, a star rower who is now a lawyer in San Francisco. It all seems to have worked out well and I am very satisfied with my family and career. My original work with AAWR prepared me for these roles and successes, making me stronger and more confident.

The AAWR has branched out with mentorship programs, grants, very practical and relevant courses and luncheons. It has also become global with many international members. I am very pleased to continue to be a part of this organization and to support it both monetarily and through service on various committees. I would encourage all radiologists to do so. The issues facing women radiologists continue to be relevant today.
Results from 2008 Survey of Radiologists in Japan

The Japanese College of Radiologists (JCR) conducted “2008 Survey of Radiologists” to a total of 7,491 radiologists to demonstrate the characteristics of Japanese radiologists and to evaluate their job satisfaction. The questionnaire consisted of questions concerning participants’ characteristics, workplace, workload, income, and job satisfaction. The valid response rate was 53% (3,986 / 7,491). The percentage of women radiologists was 21% (844) in valid responses. In younger age groups, the percentages of women were higher with a peak of 35% in 30-34 years. 71% of women radiologists worked full-time and 20% worked part-time. Full-time workers were smaller in number in comparison with men radiologists (82%). As a result, working hours were shorter in women than in men radiologists: 47+-15 hours/week in women and 50+-16 hours/week in men, respectively. Most common main subspecialty was diagnostic radiology followed by radiation oncology (Fig. 1). Only 1% of women subspecialized in interventional radiology. Annual income was higher in men than in women (Fig. 2). Overall, 71.6% of Japanese women radiologists and 68% of Japanese men radiologists were satisfied with their job. The significant factors for job satisfaction were annual income and working at larger hospitals with ≥500 beds. Radiation oncologists were more satisfied than diagnostic radiologists. Working hours was not associated with job satisfaction.

Characteristics of the Practice of Diagnostic Radiology in Japan

Noteworthy characteristics of diagnostic radiology practice in Japan are the extensive use of CT and MRI and the shortage of radiologists.

A recent survey demonstrated that Japan had the lowest number of radiologist per population and the highest workload per radiologists among 26 of Organization for Economic Cooperation and Development (OECD) countries. In 2004, Japan had only 36 radiologists per million population, which is less than a half in the United States. The number of CT/MR examinations per year per radiologist reached approximately 6,000, the highest number in surveyed countries, because of the high number of examinations and low number of radiologists.

Perspectives

Although working environment for women radiologists has been gradually improved in the past decade, work-load issues are still important for us from the results of the surveys above. Challenges include additional efforts to improve working environments for both women and men radiologists and promote a better work-life balance in both genders. Opportunities include high demands and expectations for the radiologists from physicians of other specialties and increased awareness of the role of radiology among Japanese people. In the meantime, we continue our efforts to accumulate and analyze the information about where we are and to develop a network to help finding mentors and friends to share the experiences and to solve problems to face.

References


A Portrait of Rad; continued on pg 7
Figure 1. Subspecialties

Figure 2. Annual income (million Japanese Yen)

Figure 3. Job satisfaction
Focus: Where did you complete your residency training program?
Dr. Pierce: Radiation Oncology at the University of Pennsylvania

Focus: Do you work in private practice or academia?
Dr. Pierce: I work in academics at the University of Michigan School of Medicine

Focus: Do you work full time or part time?
Dr. Pierce: Full Time

Focus: Do you have a significant other in your life?
Dr. Pierce: My husband is Anthony Denton.

Focus: Do you have children? If so, how many?
Dr. Pierce: I have one son, Evan Denton.

Focus: How many staff physicians are in your group?
Dr. Pierce: There are 12 attending physicians at the University of Michigan hospital. There are additional attending physicians at our multiple satellite locations.

Focus: What constitutes a typical workday?
Dr. Pierce: My workdays are anything but typical! In addition to being a breast cancer clinician, I am a researcher and I have significant administrative responsibilities. I am funded through the National Institutes of Health and the Breast Cancer Foundation to develop and test an approach to deliver intensity modulated radiotherapy to women with left-sided node positive breast cancer. I am funded by Komen for the Cure to study the potential role of Poly-ADP ribose polymerase (PARP) inhibitors as radiosensitizers in the treatment of breast cancer. And with funding from Blue Cross Blue Shield of Michigan, I am directing a research group at the University of Michigan to study the use of intensity modulated radiotherapy for treatment of breast and lung cancer throughout the state of Michigan. All of this work is being done in collaboration with many talented researchers at the University of Michigan. As for my administrative role, I am Vice Provost for Faculty Affairs at the University of Michigan. In that capacity, I help to oversee many of the faculty needs and concerns at the university including the hiring of senior faculty; promotions on the tenure, clinical and research tracks; university family friendly policies; and the development and interpretation of standard practice guides as they pertain to faculty.

Focus: What is your favorite part of your job, and what is your least favorite part of the job?
Dr. Pierce: I enjoy working with people. I thoroughly enjoy interacting with patients and helping them to choose the best treatment options. Treatment should be highly individualized and working through options can be daunting to patients. I think I create a connection with patients that allows them to feel comfortable asking the questions they need to make informed decisions. I enjoy working with residents in training, teaching them not only about breast cancer but also about interpersonal skills as they interact with patients and families at their most vulnerable times emotionally. And I enjoy working with faculty from all parts of the university. My job allows me to look above the silos that are often present in the schools and colleges within the university and see what could be through collaboration, and then help to bring the pieces together to make the collaboration a reality. Least favorite… I would say standing administrative meetings are the least favorite part of my job. I try to minimize standing meetings but there are some matters that require continued oversight. I enjoy, however, my weekly research meetings; weekly administrative meetings, not so much!

Focus: What challenges do you face in your job?
Dr. Pierce: As I previously noted, I have multiple responsibilities so time management and triaging priorities become critical in order to be successful. My administrative and research commitments are important but patient care comes first and takes priority. There is some flexibility in scheduling the many aspects of my work life, and that flexibility helps me to accomplish my goals. The intensity of my work in the Office of the Provost varies with the time of the year, with the greatest workload, overseeing faculty promotions, occurring in the spring. With regard to my research, I plan ahead to allow time for grant submissions. Knowing the timing of my most time-consuming responsibilities allows me to plan accordingly and limit other commitments. I am also very fortunate to have exceptional support staff who are highly capable and function independently. I am able to delegate some responsibilities when needed and know they will be completed well. And I have research colleagues who can conduct the research meetings and continue our research projects when I am not available.

Focus: How many hours do you work each week?
Dr. Pierce: I do not track my hours. I work until the job is done. This routinely requires work at the computer or Blackberry most evenings and weekends. I have also learned to multitask well.

Focus: What is your goal for the future of women in radiology?
Dr. Pierce: My goal for women in radiology and radiation oncology is to further increase the number of female leaders in academic medicine and in private practice who hold administrative positions. This requires collaboration and

AAWR Interview; continued on page 9
creation of a rich network of mentors who can share their experiences and provide guidance to others. We need more women in leadership roles who can serve as role models to junior faculty, residents, students, and physicians in private practice and who can lead by example. The number of women entering academic and private practice positions in diagnostic radiology and radiation oncology is steadily increasing. Women should therefore be represented in equal proportions among the leadership.

Focus: Why should this be important to other female or male radiologists?
Dr. Pierce: Leaders help set policy which in turn affects our work lives and can affect work-life balance. Leaders should represent the needs of their constituency. This requires gender balance at all levels. Having sensitivity to many workplace issues including salary equity and family friendly work policies creates a fairer environment for all.

Focus: Name 3 concrete steps that the AAWR membership could take to achieve that goal.
Dr. Pierce: a) Sponsor a meeting on the importance of mentorship in which leaders in the field, both male and female, can discuss the importance of mentorship in their careers, how they have mentored others, and how to structure a meaningful mentoring relationship. b) Seek feedback from membership on administrative policies within their practices, professional societies, and nationally, that should be implemented to improve their ability to deliver better care and achieve better work-life balance. c) Invite female leaders from private practice and academics who have gone on to assume administrative roles either within their practices, professional societies, or nationally to speak about their paths to administration, the changes they are able to make, and the administrative opportunities that exist for others.

Focus: What qualities do you think women leaders should have?
Dr. Pierce: I think the qualities of a leader should be the same regardless of gender. Leaders must be good listeners, willing to listen to a range of opinions. They, in turn, should be good communicators, willing to engage others in dialogue, share information, and provide rationale for decisions that are made. They have to be willing to make the tough decisions and accept the responsibility for the down-stream consequences. Leaders must be fair and able to make impartial judgments. They must be honest and have integrity. And leaders must be aware not only of their personal strengths but also their weaknesses and devise a personal strategy to correct for those weaknesses.

Focus: Do you have any advice to junior women members?
Dr. Pierce: There are so many wonderful professional opportunities that lie ahead of you! Take a moment and find your passion. Decide the direction, either academics or private practice that will give you the greatest satisfaction. Then find the mentor or mentors who can best advise you how to achieve the goals you have set for yourselves. Achieving work-life balance can be challenging but even in academics can be done. Inquire about the family-friendly policies at your academic or private practice and for those who go into tenure track positions in academics, meet with your academic advisors to review your institutional rules about the time to tenure and time off the tenure clock. For those who will pursue research careers, until you become established and set up your own research infrastructure, strongly consider working on research ideas related to strengths of your institution. It is much easier to build upon existing work rather than start something completely new. The road to grant funding is probably easier building upon the work of collaborators.

Focus: What are you most proud of about yourself?
Dr. Pierce: Despite the multiple hats that I wear at work, I have been able to balance my professional life and my personal life reasonably well. Although one never has enough time to do it all, I think I have done well. I am fortunate to have a wonderful family that supports me and my professional goals. They know that despite how important my work is, they always come first. My parents were my role models who helped me to establish my priorities.

Focus: Do you have any hobbies, special interests or other aspects of your life you would like included with the information about you?
Dr. Pierce: I enjoy being a “sports mom”. I have a very athletic son and I thoroughly enjoy being a spectator at his basketball and football games and track meets. I try to arrange my schedule so I am able to make as many of the events as possible. My family enjoys traveling together so we venture to new and exciting and educational locations as often as we can. Much of my remaining free time is spent playing the piano, working out, and exercising my two golden retrievers (my two four-legged children!).

AAWR Thanks Its Corporate Supporters

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A partner for life
In this series, we will showcase the choices, feelings, values and passions of professional women in Radiology and Radiation Oncology at different stages of their careers. The "Q&A" format will allow us to see into their lives at a personal level.

**Progress Through Time: Profile of a Female Academic Career Radiologist**

**Ewa Kuligowska, MD, FACR**
Boston, Massachusetts

**M. Elizabeth Oates, MD**
Lexington, Kentucky

**Q: What professional and/or personal factors led you to select Radiology as a practice specialty?**

**A:** My father was a Radiologist so I was exposed to Radiology early on through him and was inspired by his love of the profession. I had a summer job in college working in a Radiology Department and took a Radiology elective early in medical school. I liked the challenge of making a diagnosis often before the clinicians. CT was just developed and I was excited to be at the forefront of a new revolutionary technology.

**Q: Describe the position you hold today. What is your FTE (that is, do you work full-time or part-time)? Do you think your FTE is important in defining your career, either positively or negatively?**

**A:** I have been working part-time for the past three years, after working full-time for my entire career. I think working full-time was important and necessary for me to obtain my goals as I wanted a full academic career. I was able to be present at conferences and meetings that took place at different times during the day, solidifying my position in the department. It also enabled me to form relationships with clinicians throughout the hospital.

**Q: Describe your current family status. Do you believe your FTE has impacted your family life, either positively or negatively?**

**A:** I am married and have two grown daughters. Working full-time was hard for me when my children were young and living at home. I think they missed out by me not being with them more to supervise homework and give them guidance. On the other hand, I think I am a good role model for them in that they have both chosen challenging careers and are happy in their work.

**Q: How have your professional and personal lives one affected one other? How well do you feel you have been, and currently are able, to balance your professional life with your personal life, and vice versa?**

**A:** I feel more fulfilled as a person having a challenging career and it has positively contributed to my self esteem and well being. At times in the past I have felt frustrated as I had to abandon some interests outside of work due to time constraints. Working part-time has allowed me to do things I have put off for many years.

**Q: What WERE your goals – professionally and personally – at the beginning of your career, and what ARE your goals for the next 5-10 years?**

**A:** My goals at the beginning of my career were to become a Professor of Radiology and a Fellow of the ACR. My goals for the next 5-10 years are to mentor junior staff and continue learning.

**Q: What do you consider your greatest professional and personal successes? How have you overcome obstacles to your career goals? What do you consider your most vexing challenge NOW?**

**A:** My greatest successes are a Teacher of the Year Award from Life as Professional Women; continued on page 11
my residents, the Alice Ettinger Award from the AAWR, the Presidency of the New York Roentgen Society, Distinguished Radiologist Award from the New York Roentgen Society, Distinguished Service Award from the American Board of Radiology, the Society of Gastrointestinal Radiologists’ Marshak International Fellowship Award; being appointed Vice Chair of my department and co-authoring a text book. I changed jobs early in my career when I felt that the staff was not supportive of my goals and not interested in my advancement. The demands of juggling home life with young children and career is difficult. I trained my husband to help more at home and hired more help to do the things I felt I personally did not need to do such as cooking, cleaning and shopping. My most vexing challenge now is fitting everything into a shorter work week. My day is very hectic and I have had to say no to some requests whereas in the past I would always try to say yes to everything.

Q: If you had a mentor, how important was that person for you in your career? Male or female? How did you find that mentor? Did gender play a role?

A. I had a mentor for several years early in my career. He actually sought me out rather than the other way around. Gender did not play a role. He gave me specific instructions about what I needed to do for my career advancement and followed up at different stages. I know I would not have achieved what I have if not for him as he gave me good guidance.

Q: Are you satisfied with the professional and personal choices you have made? If you could “go back”, what would you change? For example, in retrospect, would you have changed your FTE or your choice of type of practice? Why or why not?

A. I’m happy with my choices. I chose full-time academic practice for most of my career. It has given me the opportunity to do interesting clinical work, working in an environment where I can continue to learn, teach and write.

Q: Based on your perspective, what advice would you offer to another female radiologist in her early career?

A. It’s hard to “do it all”. Try to decide what is most important to you and work towards that goal. Try to find a practice, whether academic or private practice, with compatible people who will support your goals and understand the demands of motherhood if you choose to have children. If you decide to work part time consider job sharing, because it allows for a more flexible schedule. Try to find a good mentor, or mentors, and ask for their advice. Volunteer for things you want to do – you do not need to wait to be asked. Make some time for yourself. Find good child care and a supportive mate.

You’ve Come a Long Way, Baby!

To put this story in perspective, there was a military draft when I applied to medical school – so the committee responsible for the equivalent of today’s Dean’s letter declined to support my application anywhere I would compete with a male. Fortunately, The Woman’s Medical College of Pennsylvania existed - and had a required freshman course in Radiology. An enthusiastic teacher, who clearly loved what she did, showed us that Radiology provided a chance to have a finger in every clinical pie and to marry physics and clinical medicine – I was hooked!

In those days there was no residency match and one did not apply for residency until internship. Philadelphia had an abundance of Radiology residency programs. The Chair of one told me not to apply because “We had a woman once and she was a lemon”. I was pregnant when applying and my 1st choice program turned me down with a letter 1st extolling my qualifications, then ending “Due to your determination to have a family, we do not think you are a good fit for our program.” Being the only woman in my residency program meant my night-call quarters were a previous broom closet; the Department bathrooms had no showers. With the notable exception of one faculty member who treated me as though I was invisible, a talented faculty provided good teaching but no mentoring to all residents. However as I contemplated 2 job offers, systematically comparing lists of their features, Dr. Gerald Dodd provided pivotal guidance by saying “You can do that from morning to night, but in the end your heart will decide.” He was right – and I began my academic career at the very institution which had found my pregnancy a deterrent!

I spent my entire career in academe working full time – 1st half as an interventional radiologist and 2nd half in MR, in both cases enjoying the excitement and

Profile of An Emeritus; continued on page 12
opportunities of participating in the start of new evolving technologies. Participation in all 3 legs of academe would not have been possible in a part-time position. A fully supportive husband made that easier; a research chemist, he shared a fascination with science and understanding of the high failure rate of research. Indeed, raising 3 boys (2 born before and 1 after residency) and maintaining work/family balance was only possible because I married a wonderful man who was liberated long before that term was coined! Excellent household help permitted us to focus on the children when we came home. In 1982, participating in an RSNA refresher course on dual career marriages, one of my then-medical-student sons told the audience that although his mother was not always physically available, she was always emotionally available – I thought my heart would burst. Today we are proud parents of 3 fine men (and grandparents to 4) – an economist and 2 physicians, including a radiologist married to a radiologist. I knew I had crossed the river Jordan when a young lady approached me as I put up an exhibit at the RSNA, looked at my name, and exclaimed “Oh, you’re Michael’s mother!”

Dr. Herbert Stauffer, Chair of the Temple University Department of Radiology in the 1960s, established a radiology-physiology research lab that attracted investigators from around the world. Though no specific guidance was given for career advancement, this remarkable man both encouraged research by example and had the rare ability to make the faculty feel that we worked with rather than for him, thus fostering an intense sense of family. Nevertheless, gender equity in salary was achieved only by demanding it – and while the Department had separate restrooms for male non-physicians and male physicians (with shower), all females in the (predominantly female) Department had to use a single restroom (without shower). Ultimately “civil disobedience” by female residents invading the shower post-call, corrected this imbalance. One day, returning to my office after a staff meeting at which I again lobbied for reasonable access for female physicians, I found a bedpan on my desk with a note reading "If urgent, use this."

Only some years later, when I saw the Chairman at another academic institution suggest research projects and advise junior faculty to focus on their research and writing papers rather than spend time refereeing journal articles, did I realize what good mentoring was – and think ruefully back to my early days of being thrilled when asked to review manuscripts, which I did in abundance.

At the start of my career, professional goals included excellent patient care, teaching with infectious enthusiasm, and making research discoveries that would increase understanding of cardiovascular disease. Feedback from patients and students suggest I succeeded in the 1st two goals; early animal work using high speed cine and patient studies in the beginning of cardiac ultrasound and MRI made small contributions the 3rd. Participation in professional organizations was a rewarding bonus and source of lasting friendships. I was the 1st female President of the Philadelphia Roentgen Ray Society (1979-1980), and served various roles in multiple national radiologic organizations over the years. In retirement I still referee journal articles, selectively keep up with medical literature, and attend the RSNA meeting with interest and delight. However my focus, energy, and sense of contributing to the world in which I live have shifted to the League of Women Voters with participation in a variety of its activities – including serving on my local Board of Directors with particular responsibility in the area of health.

Personal goals from the start were a happy marriage and happy healthy children. As noted above, these goals have also been achieved, though not without bumps along the road. Now married 56 years, I am blessed.

Women in my generation, perhaps conditioned as caretakers, tended to feel responsible for solving Departmental problems. We were also uncomfortable tooting our own horns. Failure to separate from problems clearly not our own, and reluctance to call attention to our own accomplishments were real impediments to advancement and recognition. Happily, these issues seem ridiculous to the current generation. If I could go back, I’d emulate these younger women – still with a full time academic career but with more self-confidence, self-promotion, and less heartache.

Advice to a young female radiologist? With the wide array of career options, choose that which brings you joy. If you are married, be aware that the most difficult problem arises when career opportunities for both spouses do not exist in the same geographic location. There are many ways to run a household or raise children – the choice is under your control and will work as long as both spouses agree. However job opportunities are not under your control – and if the careers are important to each spouse, major compromises may have to be made.
This summer I had the unique and rare privilege to visit Dr. Eleanor Montague – more than a quarter century after I first met her as a medical student. Well into her eighties, she is vibrant and vital, full of energy, inspiration, mentorship and wisdom to me to this day.

She was my first true mentor. Trying myself out as a student in Germany, learning about breast-conserving therapy in the U.S. that was elusive in Germany at the time. I had the hope (dream!) of coming to America and study – an endeavor that I knew well, would be successful for only few and far between. Without track record, sponsor, or trans-Atlantic “connections”, it was Dr. Montague, who opened the door for me. She was the only one who answered my many letters of inquiry to numerous institutions. I spent a semester in Radiation Oncology at M.D. Anderson Cancer Center, sparking my interest in the field. She was the one supporting my search for radiation oncology residency, and mentoring me through years to come.

You are undoubtedly familiar with Dr. Eleanor Montague – not only through AAWR’s prestigious AAWR Eleanor Montague Distinguished Resident Award for Radiation Oncology.

Her contributions and awards are innumerable: to care for thousands of women with breast cancer, and to change the therapy paradigm through her research contributions and publications; her service on the Board of Directors of ASTRO, the Executive Committee of the American Radium Society, the National Breast Cancer Task Force and the NSABP.

She is an undisputed pioneer in the treatment of breast cancer, introducing lumpectomy and radiation as an organ-preserving alternative to the then standard-of-care mastectomy. You will find her name (as I did in my student days) as the radiation oncologist on the classic NSABP studies, making breast conservation a reality for women here and around the world. A reality we take for granted today.

She received the Gold Medal of both, RSNA and ASTRO, the Alumni Award of Achievement from the Medical College of Pennsylvania, the Distinguished Service and Outstanding Achievement Award from the University of Texas M.D. Anderson Cancer Center, where she served, the AAWR Marie Curie Award, and the Past State President’s Award of the Federation of Business and Professional Women’s Clubs. She was inducted into the Texas Women’s Hall of Fame in 1993 (1).

But she did much more: She paved the way for us. Steadfast, patient and outspoken. Entering medical school in the late 1940’s, only a few decades after the first woman medical student in this country, her path was littered with obstacles. This is another milestone we take for granted – now that about half of all medical students are women.

We are taking much for granted. The trajectory of progress for women in medicine during the 20th century has been steep. From an all-male field, just about any medical specialty has opened to women. This parallels non-medical careers opening to women, from engineer, CEO, general, astronaut to politician.

But is our trajectory leveling off? Are we becoming complacent – “resting” on these achievements?

Although 48% of medical students are women, this promising number undergoes rapid attrition throughout the career advancement. Only 18% of full professors, 21% of division/section chiefs, 13% of department chairs and 12% of deans are women (2). Radiation oncology may be below par in this respect: Among over 70 academic radiation oncology departments nationwide, less than 10 are chaired by women. Gender-based salary disparities remain pervasive in medicine.

So it is up to us to move the trajectory forward and move higher up the curve. Both radiology and radiation oncology are among the most competitive medical specialties, well respected and highly desired – we should be the spearhead to lead change. The next level of our trajectory is to improve the access of women to mid-level and senior career levels: professors and leadership positions, section heads, chairs and deans; and parallel to this, practice leaders, and leaders in our professional societies.

We need to be steadfast, unwavering and perseverant – like the legendary mentors before us, who have achieved so much for us under far less favorable conditions.

And we in turn, must be mentors, to instill perseverance and a sense of urgency into the next generation. I can never give back what I have received from Dr. Montague and my other mentors, to whom all I owe so much. This is how it is meant to be: Mentorship transcends time. To go forward and inspire the next to become leaders and advocates is our charge.

References:


2. UCLA Health System: Conversation - Margaret Stuber, M.D., Lynn Gordon, M.D., Ph.D., and M. Ines Boechat, M.D. Women make up half of medical-school graduates, but when it comes to leadership in academic medicine, their numbers lag. What can be done to change that? HYPERLINK "http://magazine.uclahealth.org/body.cfm?id=6&action=detail&ref=774" http://magazine.uclahealth.org/body.cfm?id=6&action=detail&ref=774 (accessed 8/1/2011).
The representation of women in medicine continues to rise. In 1982-1983 only 26.8% of medical school graduates were female, however most recent statistics from 2009-2010 indicate that 48.3% of Americans that earned medical degrees were women (1). In 2010 16,838 medical degrees were awarded to female graduates, the largest number of women earning MDs of any national graduating class to date. While these numbers regarding female physicians are encouraging, male dominance among various specialties prevails. In 2010, only 77 women applied for radiation oncology residency positions, compared to 202 male applicants. There were 1010 male applicants in diagnostic radiology but only 404 female applicants(2). The etiology of this disparity is multi-factorial, however it has been argued that concern regarding radiation exposure during pregnancy may influence the decision of many medical students to avoid these specialties. Indeed as a field we do a poor job of raising awareness regarding this issue. Currently no standardized policy is published or is widely available to women medical students who might be interested in entering radiology or radiation oncology residency programs. A female applicant is likely to be hesitant to inquire about these guidelines out of fear that her interest in these policies could hurt her chances of gaining acceptance into these competitive specialties. A literature search on "pregnancy during radiation oncology residency" yielded zero results. A similar search regarding pregnancy during radiology residency yielded only ten relevant articles.

Recognizing that written institutional policies detailing work responsibilities and radiation exposure for pregnant radiology residents were varied and often non-existent, the AAWR launched a task force to evaluate published guidelines (3). The effort was led by Meghan E. Blake, who was a resident at Boston University at the time, and co-authored by Dr. Kimberly Applegate and Dr. Ewa Kuligowska. A survey designed to identify existing policies addressing radiation exposure and work expectations for pregnant radiology residents was given to radiology program directors around the country. Of the 35% of 156 program directors that responded, only half of them had written institutional policies for pregnant residents. Seventy-five percent of the respondents expressed support for the development of uniform guidelines. This prompted Dr. Blake and colleagues to draft a standard policy, incorporating feedback from the responding program directors. When these proposed program guidelines for pregnant radiology residents were evaluated by responding program directors, roughly 90% agreement was noted for 13 of the 18 items included in the guidelines.

The guidelines proposed by the authors offer a uniform and objective approach to residency training for a pregnant radiology resident. It is disappointing that to date organizations governing radiology and radiation oncology residency training programs have not implemented more detailed policies regarding pregnancy during residency. This lack of access to standardized information undoubtedly contributes to misinformation and confusion regarding occupational exposure to the pregnancy resident.

Unfortunately though, even if uniform guidelines for maternity leave and pregnancy during residency were established, data suggests that more women may be intentionally postponing pregnancy due to a perceived career threat (4). In a cross-sectional survey study of over 400 residents from 11 residency programs in various specialties, 41% of men versus 27% of women planned to have children during residency, with perceived threats to career explaining 67% of the gender variance. In most circumstances the negative career repercussions are not just perceived, they are a reality. Selections for chief resident positions are often based on trainee performance during early residency years, which may discourage women from starting a family in early residency. The American Board of Radiology leave policy mandates that no more than 120 days of leave is permitted within 4 years of a training program. It is technically feasible to have a child and meet this requirement so that graduation can occur without delay; however this is assuming an uncomplicated pregnancy and childbirth. The fear of prolong training is clearly a deterrent to starting a family during residency. There are financial considerations for residents who must be mindful of the expense of childcare and other child related costs in the setting of limited resident salaries and pre-existing debt. In addition, concerns regarding negative perceptions by one’s department as well as fear of resentment from colleagues due to disruption of call and rotation schedules also dominate. All of these factors coupled with concerns regarding occupational exposure may prompt female radiation oncology and radiology residents to delay plans for starting a family.

Similar concerns regarding motherhood persist for female physicians who have completed residency and are in the developmental stages of their career, so one may argue that waiting until after residency will not necessarily mitigate the perceived negative career repercussions. However, one thing is certain, waiting to have children will have biological implications for many women. Advanced maternal age has been shown to result in more frequent pregnancy complications as well as infertility. Female medical students and residents are often completing their training during critical childbearing years. Radiation oncology and radiology are specialties with high representation of MD/PhD graduates, who may be even older at the time of residency matriculation. One may surmise that delaying pregnancy until completion of residency training could result in increased pregnancy complications, difficulty conceiving and in some cases, unintentional childlessness.

Starting a family during residency can be challenging for any trainee in medical professions, however radiation and radiation oncology residents have additional challenges due to the potential for occupational exposure to ionizing radiation if proper precautions are not taken. We should encourage all residency programs to provide a supportive environment for all trainees, including pregnant residents; to provide clear guidelines and policies for pregnant residents as well as to provide optimal equipment for radiation safety and monitoring. Pregnant residents should have options in regards to postponing certain rotations where radiation exposure is high or unavoidable without fear of retaliation or resentment from attendings or colleagues. Organizations such as the AAWR will continue to be vital in providing female residents with mentorship and resources to successfully navigate the adventurous path to motherhood.

References
Pros and Cons of Private Practice Radiology

Sung LoGrefo, MD
Neuroradiologist
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The age old question we all ask ourselves, private practice or academics? Much can be said about both practice environments. After 2 years of fellowship and one and a half years of working as an attending, I recently took a job in a private practice. I was asked to briefly discuss the pros and cons of private practice radiology.

For many women (and men), balancing work life is the biggest challenge most of us struggle with in our careers. In private practice I think the hours/shifts are generally longer than academics where there tends to be more flexibility with the day-to-day schedule. However, once away from work there are no additional responsibilities or non-clinical work that needs to be done as there is with academics, when research projects, papers or grants have to be worked on.

The daily clinical work can vary depending on the size and type of practice. In most private practice groups there are no residents and fellows and it falls on the individual radiologists to read and dictate studies, handle consultations, complete protocols and do procedures. On the other hand for many individuals doing the clinical work themselves is more satisfying, reliable and efficient.

Intellectual stimulation, challenging clinical cases and technological advances in radiology will continue to predominate in academics. However, many private subspecialty oriented groups are participating or collaborating on research projects with academic centers across the country. There will still be great and challenging clinical cases no matter which environment one chooses, because disease, cancer and congenital abnormalities aren’t practice selective. Furthermore, many private practice groups are affiliated with a hospital and are run similarly to academic centers, and may participate in multi-disciplinary tumor boards and interesting case and QA conferences.

Leadership, administration and mentorship are additional quality of life factors we tend to think about for our work environment. Although these factors may not be as ample as in an academic center, many private groups need and seek out individuals who possess and demonstrate an interest or can provide these types of skills.

Lastly, the status quo has been that private practice salaries and benefits are higher than academics, and this still remains so. There are still many groups that have partnership tracks and provide group ownership which provide additional financial benefits and job security. But we have all seen over the past 5 years the trend of private practice salaries becoming more at parity with academics due to the recession, changes in reimbursement and rising costs. Additionally, buy-ins for partnership are increasing making this benefit less appealing for many young radiologists just out of fellowship training.

In summary, the pros of private practice radiology generally speaking are higher salaries/benefits, more vacation/conference days and personal autonomy, and the cons are less flexibility with daily schedules, busier clinical work days and less exposure to current research/technological advances.

I would like to end this letter by saying that neither choice is right or wrong, good or bad or better than the other. The reality is both environments provide different opportunities and choices, so what really matters most is knowing yourself and what factors are the most important to you in the practice in which you will be working.

The AAWR T-Shirt

Thanks to the efforts of Meghan Blake, MD and a generous financial support from Ann M. Lewicki, MD, MPH, AAWR’s Historian, the AAWR signature T-shirt featuring the portrait of our role model Marie Sklodowska Curie is available for sale ($10/each) and is on display on our website. Please consider supporting the AAWR by adding this special T-shirt to your collection. Please contact the AAWR Office at admin@aawr.org to your order your shirt today.
The AAWR would like to extend a warm welcome to its newest members. The members below joined the AAWR between February 15, 2011 and August 1, 2011.

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Cynthia Y. Huang
Priya Menon
Elizabeth Scarlett Perry
Hannah Perry
H. Sapna Reddy
Moe Phyu Tun
Charmi Augusta Vijapura

Institutional information is listed based upon the information provided by each member.
The AAWR R&E Foundation Congratulates Its Winners

Ambreen Sattar, MD

Member-in-Training Award for Outstanding ARRS Presentation in Diagnostic Radiology

Dr. Ambreen Sattar has been selected as the recipient of the R & E Foundation Member In Training Award for outstanding presentation in Diagnostic Radiology at the annual meeting of the ARRS in 2011. Dr. Sattar received her M.B.B.S at King Edward Medical College, Pakistan. After a one-year internship in Internal Medicine at Jersey Shore University Medical Center, New Jersey, Dr. Sattar started her Radiology residency at Wayne State University.

Dr. Sattar was awarded member in training 2011 Roentgen Ray research award. Dr. Sattar has won Michigan Radiology Society award for oral presentation for two consecutive years in 2010 and 2011. Currently, she is enjoying her final year of residency and will be pursuing a fellowship in Interventional Radiology at Henry Ford Hospital in Michigan. Her personal interests include distance running and working for “Doctors without Borders.”

Heidi Rachel Umphrey, MD

AAMC Professional Development Seminar for Early-Career Faculty Award

Dr. Heidi Rachel Umphrey has been selected as the recipient of the 2011 AAWR R&E Foundation Early Career Award. After earning her B.S. and M.S in Biology from the University of Alabama at Birmingham (UAB), Dr. Umphrey received her M.D. with a Dean’s Award for Clinical Clerkship Performance from the University of Alabama School of Medicine. After a one-year internship in General Surgery at the UAB Hospital, Dr. Umphrey completed a residency in Anatomic Pathology at UAB in 2005 and currently is a fellow of the College of American Pathologists. During her pathology residency, she developed an interest in Diagnostic Radiology and pursued a residency in Diagnostic Radiology at UAB serving as Co-Chief resident in 2008-2009 during which time she was the recipient of several scholarships for academic development programs that solidified her interest in academic medicine.

Dr. Umphrey currently utilizes her dual board certified training as an Assistant Professor in the section of breast imaging in the Department of Radiology at UAB where she has been awarded the top ten faculty teaching award on two occasions and currently serves as the breast imaging fellowship director. She is devoted to the diagnosis and treatment of breast cancer and pursues breast cancer, ultrasound, and magnetic resonance imaging research.

UMass Memorial Medical Center in Worcester, MA, is seeking full-time radiologists in Abdominal Imaging, Breast Imaging, Nuclear Medicine and Vascular Interventional.

UMass Memorial Medical Center is a Level 1 Trauma Center with large active programs in Cardiovascular Disease, Stroke, Cancer, Orthopedics, Women’s Imaging, Pediatrics and Transplantation. The Department of Radiology performs 500,000 examinations annually, has 40 full-time attending faculty, 15 basic science faculty, 3 large imaging research laboratories and several million dollars of annual extramural funding. There are fully accredited fellowship programs in Abdominal Imaging and Vascular. Candidates must be fellowship trained and ABR certified. Academic rank and salary will be commensurate with education and experience.

Please forward your curriculum vitae and letter of interest to:

Joseph T. Ferrucci, MD
Professor and Chair
Department of Radiology
55 Lake Ave N
Worcester, MA 01655
Email: Katherine.pryor@umassmemorial.org
Telephone: 508.334.8760
Articles for consideration for publication in the Focus can be submitted to the address above.

Focus is published at least three times a year by the American Association for Women Radiologists (AAWR) for the benefit of its membership.

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Yoshimi Anzai, MD

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We invite the membership to share its ideas and expertise with all of us by submitting articles for future publication in the Focus.

Editorial Deadlines
October 1, 2011