From Your President

Etta D. Pisano, M.D., F.A.C.R.

Dear AAWR Members:

This year’s theme is empowerment of our members to encourage salary equity for women radiologists and radiation oncologists. One of the reasons for salary differences between men and women radiologists is well-documented differences in negotiation styles. As the Vice Dean for Academic Affairs for the University of North Carolina School of Medicine for the last 2 years, I have negotiated with over 100 men and women aspiring to leadership positions at my institution. I have witnessed what works and what does not work well first hand. I am writing this letter to share my observations and to help our members do better the next time you have an important negotiation. In addition, this letter is a sneak preview for the workshop on negotiation skills the AAWR will be offering at one of our luncheon meetings this year at RSNA.

Here are my four biggest tips for reaching a successful conclusion to negotiations that matter to you.

Tip Number 1: Do your homework in advance of the negotiation. That means learning what others in your position are getting, both at your institution and elsewhere. If it’s important to you and you think you must have it to be successful, then ask for it. In my case, early in my career, I wanted to work part time yet stay on the tenure track. I had small children and I thought that working full time would burn me out, but I wanted to be academic and get grants and do research. I insisted that in my package for my first job at UNC it was invaluable to my success. They told me that it had never been done for any other hire before, but it was important enough to me that they ended up giving it to me. If you can argue the merits of it and why it will help you, don’t hesitate to ask for it, whatever it is (a better parking spot, different benefits, whatever). The worst they can say is “no” and that isn’t a catastrophe.

Tip Number 2: Ask for whatever you think you need to be successful. Do not take anything off the table in advance of the negotiation. If it’s important to you and you think you must have it to be successful, then ask for it. I insisted that in my package for my first job at UNC it was invaluable to my success. They told me that it had never been done for any other hire before, but it was important enough to me that they ended up giving it to me. If you can argue the merits of it and why it will help you, don’t hesitate to ask for it, whatever it is (a better parking spot, different benefits, whatever). The worst they can say is “no” and that isn’t a catastrophe.

Tip Number 3: Ask for more than you expect as the starting point. This means learning what others in your position are getting, both at your institution and elsewhere. In some places that is difficult to learn, but, if the data is not publicly available, do your best to figure it out. Talk to others in similar positions. Seek out data from the internet or where such information is published or available (the ACR). Ask questions. The more you know going into the negotiation, the better off you are. The best sources are other members of AAWR, or your professional network, who have negotiated for similar jobs. Ask them what they are getting for the work they do, including perks and extras. Do not be shy about finding out whatever you can from others around the country and in the same institution. Befriend someone on the inside to try to get the information you need. This makes a huge difference in getting what is fair. You will also learn about the boundaries of what is expected.

Tip Number 4: Have a backup plan. No matter how well you have prepared and negotiated, things do not always go as planned. It may be a funding issue, or something else that you did not expect. It is important to have a backup plan in case something goes wrong. This will help you to stay calm and focused on the really important issues.

From Your President

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if you get less than you asked for during the give-and-take of the negotiation. If you get more than you expected, you will feel great and get what you wanted. Don’t be outrageous (you will learn what that means by following tip number 1, doing your homework), but start at a point beyond where you expect to end up. If they accept your first option, as requested, you probably haven’t stretched enough. So, imagine what you think is fair and shoot a bit higher. You might end up pleasantly surprised by the outcome!

Finally, Tip Number 4: Practice the negotiation with a friend, coach, significant other. Role play. Practice what you will say. There are not that many variations on what can be said in these circumstances. Practice responding to all of them with facts, not emotions. It’s nothing personal. It’s business. Show that you can keep your emotions in check when under duress. Practice sticking to your guns instead of backing down. Say things like “This is very important to me” or “This is something that I need to be successful in this role, and I know you want me to be successful.” Find words that show resolve and how valuable you know you will be to the team they are building, and then say them to your new boss.

Always remember, the person who is negotiating with you WANTS you to take the job or they would not be asking. You are a valuable person to them. They WANT to make you happy and part of their team. Take advantage of that good will and great feeling by asking for what you need.

So, good luck getting what you need to be successful!

With warm regards —

Etta D. Pisano, M.D., F.A.C.R.
President, AAWR

How to Become a Leader in Radiology
By Valerie P. Jackson, M.D.

Many radiologists find themselves engaged in the full-time or part-time practice of radiology, spending 100% of their professional time doing clinical work. They are also busy with family, friends, etc., and have no interest or involvement in local, state, or national organizations. However, every practice has opportunities for leadership. Involvement outside of your own group can be exceptionally rewarding, both personally and professionally. Many people (myself included, years ago) shy away from positions of leadership due to the fear of added responsibility and the chance of failure. However, becoming a leader is a process, not an overnight event, so one grows into these positions over time.

Every profession needs leaders – radiology is no exception. You don’t get to be a leader merely by desire. It takes hard work and a track record of diligence and reliability. Many good or great leaders didn’t plan to become leaders early in their careers. They kept their eyes and minds open, accepted opportunities given to them, and were not afraid to alter their career paths or, if necessary, to move into a leadership role.

What have I done?
I have been incredibly fortunate. I have been on the faculty at Indiana University School of Medicine for 26 years. I spent 10 years as the Residency Program Director before becoming the Acting Chairman. I had never wanted to be a chair and it took a great deal of persuasion to convince me to take the position. Nonetheless, I was named Chair a year later and have enjoyed the role. I have also served on numerous committees for the department, the School of Medicine, and the hospitals in which our radiology group practices. It is critically important to remember that you have to contribute at home if you plan to contribute elsewhere.

My favorite professional activities have been participation in committees for the American College of Radiology (ACR), American Board of Radiology (ABR), Radiological Society of North America (RSNA), American Roentgen Ray Society (ARRS) and Society of Breast Imaging (SBI). I am a Past President of the SBI, a former member of the ACR Board of Chancellors, and a Past President of the ACR. I am
currently a member of the ABR Board of Trustees and am in charge of the breast imaging section. I have learned a tremendous amount in each of these roles and I have made treasured friends. Every minute of volunteer time has been worth it!

Did I plan this?
Absolutely not!!! My original plan during residency was to become a general radiologist in private practice in Indianapolis. However, I had a chance to stay on the IU Radiology faculty after residency and have never regretted taking that chance. Along the way to my success, I was given many opportunities that shaped my career.

How did I do it?
I have been very lucky! I have had many great mentors. They taught me the ropes, opened doors, and gave me much needed guidance and criticism. I accepted opportunities, even when they seemed a bit off track of my desires. I am good at tasks and follow-through, so I am reliable about getting most assignments in on time. I have learned to recognize my weaknesses (at least many of them). I have a very supportive family and a touch of insanity.

What have I learned about great leaders during my career?
Knowledge, skill, and experience are all important characteristics of leaders. However, good or great leaders are more interested in their department, colleagues, and organizations than they are in themselves. Leaders should have sincere love and respect for others. Most importantly, they mentor others – giving colleagues the opportunity to grow and lead.

How do you learn to be a leader?
There is no doubt that there is some degree of intrinsic talent that is helpful or possibly necessary. One’s personality and motivation are very important factors. However, since leaders are not born, there are a number of ways to gain experience and knowledge about leadership. One easy way is to read books – there are hundreds on the subject. However, reading does not give you practical experience. An excellent way to learn is to volunteer in your practice, facility, and organizations. You can’t lead if you don’t understand the system. An advanced degree, such as an MBA, MPH, or MHA, can be extremely valuable. There are also many leadership courses, some specific to radiology, that can educate you on the business and leadership aspects of our specialty.

One of the best ways to learn leadership skills is to observe and learn from others. I had terrific IU Radiology department chairs to learn from, including Eugene Klatte, MD and Bob Holden, MD. I also had a great group of fellow residents and junior faculty at IU: Gary Becker, MD, Jim Ellis, MD, John Lappas, MD, and Bob Tarver, MD. We did research and published papers together. We mentored each other and have all had successful academic radiology careers.

Furthermore, one could learn from mistakes. It is important to accept criticism and constructive feedback. This is often uncomfortable, but it is critical to personal and professional growth. Keep in mind that no one is perfect. If you can recognize your mistakes and shortcomings, you can learn from them and improve yourself. I view an error as an opportunity to learn.

Tips for success
First and foremost, keep a sense of humor. Balance work and your personal life – this requires prioritization. Find mentors, both male and female. Don’t expect one mentor to fulfill all of your needs – most people have multiple mentors for the different facets of their careers. Take time for yourself and don’t be afraid to let others help you. Finally, get involved and give back!

About the author: Dr. Valerie P. Jackson, M.D., F.A.C.R., graduated from Indiana University School of Medicine and completed her radiology residency there in 1982. She has been on the faculty at Indiana University School of Medicine since the completion of her residency and is currently the John A. Campbell Professor of Radiology. She was the Residency Program Director for ten years and became Interim Chairman of the Department of Radiology in January, 2003. She was named Chairman of the Department of Radiology in July, 2004.

Dr. Jackson has been involved in research, education, and national service, primarily in the area of breast imaging, for many years. She was a member of the American College of Radiology Board of Chancellors from 1996 – 2003, serving as the Chair of the Commission on Education. She is a Past President of the Society of Breast Imaging and of the American College of Radiology. She is currently on the Board of Trustees of the American Board of Radiology, in charge of the breast imaging section.

Dr. Jackson has been an active member of AAWR since 1986. She has given numerous presentations and talks on issues related to women radiologists; she has served on numerous committees, and has been a Past President of AAWR.
The following summary is meant to be used as a guide for evaluation of an employment agreement for radiologists, and should prove to be especially helpful for those starting out in the job market for the first time.

In the process of evaluating a job opportunity, a radiologist candidate is generally presented with a proposed written employment agreement for review and consideration. This agreement, at a minimum, should include provisions for the following:

**Term** – The term should specify a start and an end date if applicable. The end date is applicable if the agreement is for a radiologist that will be working on a partnership track. In addition to the term, language should specify when there will be employment reviews during the employment period.

**Compensation** – The agreement should address the base salary and also any group bonus participation. Additionally, any differences in pay related to oncall responsibilities should be spelled out in detail.

**Fringe benefits – insurance** – The benefits usually provided are health insurance, group life insurance, long term disability insurance and professional liability insurance. Be certain that it is specified whether any contribution to the cost of these insurances will be required of the candidate or whether they are provided by the employer or group practice. Also, some radiology groups provide a medical reimbursement plan; short term disability insurance and long term care insurance. The agreement should specify that you will be receiving the same benefits generally provided to the other radiologists in the group.

**Other benefits – general** – These are benefits that will generally not be included in the employment agreement but should also be evaluated and discussed. These included a part time program; night time services coverage requirements and expense accounts for marketing and entertainment. Retirement plans are often addressed in the employment agreements but only in very general terms so specifics should be investigated, as this benefit is extremely important.

**Exclusive benefit** – The employment agreement often includes specific language with limitations on outside employment. This clause and understanding its intent has become more important in the industry as many radiologists are doing outside teleradiology interpretations to supplement their income.

**Sick leave and disability** – Sick leave and disability are both addressed in the employment agreement most of the time but in very general terms. There are usually more details in a physician policy manual if such a document exists. It is recommended that you review both the applicable employment agreement provisions, the physician policy manual and the long term disability insurance policy to ensure coordination and that there cannot be a gap period without pay.

**Maternity leave** – Maternity leave is seldom addressed in the employment agreement and is usually included in the physician policy manual if such a document exists. If this benefit is of importance to you and the policy is not available in any of the existing documentation, then you should obtain a written representation from a physician in a leadership position (often not the physician involved in the recruiting process) within the radiology group regarding the maternity leave policy.

**Vacation** – The employment agreement should address a base vacation allowance and whether or not days spent for continuing medical education (CME) are considered vacation days. A candidate should also ask about the availability of other days off such as a standard half a day off per week per radiologist or an automatic day off after taking call the previous night. Lastly, the candidate should obtain a written representation from a leader of the radiology group regarding days that will be made available for administrative or marketing activities if applicable such as when the first neuro-interventionalist starts with a radiology group and needs time to market the new services to the referring community.

**CME** – The employment agreement should specify the annual expense allowance for CME activities and address whether or not days spent obtaining CME credits will be deducted from the radiologist’s vacation allowance.

**Moving expenses** – The employment agreement should discuss any allowance for moving expenses including an amount for temporary living expenses if applicable, an allowance for house hunting trips prior to the employ-
Employment Agreements continued from page 4

ment start date and whether or not the moving expense allowance will be grossed up to account for personal income tax that will need to be paid by the radiologist for the portion of the allowance that is spent on items other than the actual physical move.

Termination/ tail coverage – It should be specified in the employment agreement the reasons for termination with cause and whether or not the radiologist and/or the group can terminate the agreement without cause. It is very common for the group to have this right, but not the radiologist. The agreement should also include language that states who pays for the professional liability insurance tail coverage for a claims made policy depending on the termination circumstances.

Non-compete/ non-solicitation – There will not always be a non-compete or non-solicitation provision in the agreement for a partnership track radiologist but the employment agreement for a partner radiologist will almost always include such language. It would be prudent to have a full understanding of the defined territory, the defined time period and the defined services of the non-compete provision and the impact of termination on hospital privileges.

Participation in outside ventures – Whether or not there is language in the employment agreement addressing partnership in outside ventures, you should determine what opportunities there are or will be to participate in imaging center ownership, real estate partnerships and ownership in a spin-off physician practice management company. You should also obtain information on the buy-in methodology for any existing ventures.

Buy-in/ Buy-out – If the agreement is for a partnership position with the group, you should be offered a separate agreement outlining the terms for the buy-in and buy-out of stock in the radiology group business. The methodology for the buy-in and buy-out should be included in this document and varies widely based on the components of value in the group such as imaging centers, clinics, hard assets etc.

All of the items described above should be fully understood and considered before moving to the next stage of accepting a position with a radiology group. This can be a difficult and time consuming process, particularly as it relates to information that needs to be obtained that is not in the employment agreement, but getting the facts at the front end of the process will assist you in fully evaluating the position that you are considering and minimizing the risk of future conflict over misunderstandings.

About the author: Nicole L. Palmer, CPA, began her career in public accounting with Deloitte, Haskins & Sells after graduating from Penn State University with a BS in Accounting. Since leaving public accounting in 1988, she has spent the last 19 years working primarily with radiology groups on the effective financial management of their practices, billing operations improvement and facilitating and providing project management for radiology group joint ventures and mergers. During her career Ms. Palmer has worked with a large national vendor that provided practice management services to radiology practices, several large regional multi-office, multi-modality radiology practices, and consulting firms that provided services primarily to radiology practices. She served as the Administrator of Asheville Radiology Associates, a large radiology practice in Asheville, North Carolina that provides services to multiple joint venture imaging center sites, has a clinical site and employs multiple vascular surgeons. In 2004, Ms. Palmer joined MSN, a regional practice management company that has most of its client base in the Southeastern United States. Ms. Palmer is also a very active member of the Radiology Business Management Association serving on several committees and as a past Board member of this organization.

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The American Association for Women Radiologists would like to thank Dr. Lynn Fordham, co-chair of the Program Planning Committee for organizing such an educational luncheon with a great speaker who provided many tips and beneficial information for all in attendance.

Also, the AAWR would like to thank Drs. Gail Morgan and Judy Amorosa for volunteering as hostesses for this event. If you would like to volunteer for future AAWR events, please contact the AAWR Office at admin@aawr.org.

Photos for this article are courtesy of Dr. Lynn Fordham.
Mary C. Frates, M.D.

Mary C. Frates, M.D., F.A.C.R, is an associate professor of radiology at Harvard Medical School and the Assistant Director of Ultrasound at Brigham and Women’s Hospital in Boston. Dr Frates earned both undergraduate and medical degrees from Brown University, and completed her diagnostic radiology residency at New England Medical Center Hospitals in Boston in 1990 and her fellowship training in body imaging at Brigham and Women’s Hospital in 1991. She is a fellow of the Society of Radiologists in Ultrasound and the American Institute of Ultrasound in Medicine, and received the Presidential Recognition Award from the latter. She is a member of the Radiological Society of North America, the American Roentgen Ray Society, and the AAWR, and is currently the chair of the Guidelines and Standards Committee of the Ultrasound Commission of the ACR.

She is the co-author of 39 original papers and 7 book chapters, and recently led the Society of Radiologists in Ultrasound Consensus Conference on the management of thyroid nodules detected at sonography. Her research interests include thyroid sonography, ectopic pregnancy, and high-risk obstetrical ultrasound. Dr. Frates has been a member of the AAWR since 1987.

Liz Kenny, M.D. (2008 ACR Honorary Fellow)

Liz graduated in Medicine from The University of Queensland in 1980, and completed her specialty training in Radiation Oncology at The Queensland Radium Institute in Brisbane in 1987.

Liz is a Senior Radiation Oncologist at The Royal Brisbane & Women’s Hospital in 2005 she was appointed as Medical Director, Cancer Services, Central Area Health Service and is committed to improving Cancer Services in Queensland. Her main areas of specialty interest are Head and Neck Cancer, Breast Cancer and Urological Malignancies.

Liz has served as The Dean of The Faculty of Radiation Oncology, The Royal Australian and New Zealand College of Radiologists and The President of The Clinical Oncological Society of Australia.

Liz is the immediate past President of The Royal Australian and New Zealand College of Radiologists and currently chairs The Tripartite Committee Quality Program for Radiation Treatment Service Delivery. During 2008 Liz has been awarded an Honorary Membership of The European Society of Radiology for Services to Radiation Oncology and Radiology. Dr. Kenny is one of AAWR’s newest members, joining in May of this year.

Elizabeth Anne Morris, M.D.

Dr. Elizabeth Anne Morris is currently an Associate Attending at Memorial Sloan-Kettering Cancer Center where she is Director of Breast MRI and she is Associate Professor of Radiology at Weill Medical College at Cornell University. She has a BS from the University of California at Davis in Biochemistry.

She attended medical school at the University of California at San Francisco and residency at the Weill Medical College at Cornell University in New York City. Her fellowship was in body and breast imaging at Memorial Sloan-Kettering Cancer Center in New York City. She has published over 80 research manuscripts, book chapters and reviews and has lectured widely both nationally and internationally on breast imaging. She has co-authored a book on breast MRI. She is a fellow of the Society of Breast Imaging. Her research has focused on the use of breast MRI to improve breast cancer diagnosis. Dr. Morris has been a member of the AAWR since 1991.

Jean M. Weigert, M.D.

Dr. Jean M. Weigert attended Wellesley College and the State University of New York Upstate Medical Center graduating in 1980. She completed her diagnostic radiology residency in 1984 at Columbia-Presbyterian Medical Center in New York City, as well as an additional fellowship year in abdominal imaging. In 1985 she joined the radiology practice of Mandell and Blau MD’s PC in New Britain, CT, and is now a senior partner and head of woman’s imaging. She is also a clinical associate professor of radiology at the University of Connecticut School of Medicine in Farmington, CT. Dr Weigert has a strong interest in the field of osteoporosis, particularly quantitative computed tomography, and is on the clinical faculty of the International Society of Clinical
Densitometry. She has published and presented at many meetings on the topic. She is also actively involved in breast imaging and is a senior clinical image reviewer for the American College of Radiology (ACR) and a member of the Accreditation Committee for Breast Imaging of the ACR. She is currently involved in clinical research regarding molecular imaging of the breast. Dr. Weigert serves on the board of the Society for the Advancement of Women’s Imaging and is on the executive board of the Connecticut State Radiology Society. She is also an avid competitive ballroom dancer. Dr. Weigert has been a member of the AAWR since 1986.

Marjorie Werner Stein, M.D., F.A.C.R.
Dr. Stein is an associate professor of radiology at Montefiore Medical Center in Bronx, N.Y. She is a senior member of the American Institute of Ultrasound in Medicine, on the membership committee for the American Association for Women Radiologists (AAWR), and a member of the American Roentgen Ray Society. Dr. Stein earned her medical degree from Albert Einstein College of Medicine in 1985 and did her diagnostic radiology residency at Montefiore Medical Center. She has published numerous research manuscripts. Her research has focused on gynecological and obstetric ultrasound. Dr. Stein is also the Director of Medical Student Education for Radiology at the Albert Einstein College of Medicine and its affiliate hospitals. Dr. Stein has been a member of the AAWR since 1986.

AAWR Members Not Listed Above
Dr. Jocelyn D. Chertoff
Dr. Beth A. Erickson-Wittmann
Dr. Ulrike Hamper
Dr. Priscilla Jennings-Slanetz
Dr. Maria Kelly
Dr. Jonathan Lewin

Congratulations to all the 2008 ACR Fellows and a special thank you to the AAWR New Fellows Breakfast hostesses Drs. Lori Strachowski of San Francisco General Hospital and Dr. Ellen Wolf of Montefiore Medical Center.

Lung Cancer Screening – AAWR-ARRS Instructional Course

By Judith Amorosa, M.D., F.A.C.R.

At the ARRS the AAWR sponsored course on Lung Cancer Screening update was moderated by Dr. Judith Amorosa, AAWR president 2006-2007.

At this course the two major investigators: Drs. Claudia Henschke and Deni Aberle, both AAWR members, discussed the highly controversial lung cancer screening issue. Since lung cancer is the most frequently occurring cancer in both men and women with a sky-rocketing increasing incidence due to the wide-spread smoking around the world, the management of screening for lung cancer is a world wide public health issue.

First Dr. Henschke presented the data regarding ELCAP (Early Lung Cancer Action Project)- according to which the greatest advantage of getting a CT on heavy smokers or ex-smokers is detection of a high percentage of early Stage I lung cancers. This is a prospective international study without a control arm. Dr. Henschke’s results are very compelling; however, there are two major issues:

1. Expense involved with screening over 70% of the world’s population with CT scan on all smokers and ex-smokers.

2. Is there evidence that picking up a lung cancer at stage I make a difference in survival compared with when picking it up a later stage?

Dr. Aberle discussed the on-going NLST (National Lung Screening Trial) – its structure is a prospective controlled trial – one arm gets CT, the other chest X-ray. This trial has completed enrollment. Analysis of the data is ongoing with expected preliminary data to be available by 2009.

It is expected that this study would give a definite answer of what would be the appropriate screening test. These two studies are being followed by the medical community, payers, all smokers and non-smokers with great interest from around the world. The importance of the work of these two AAWR members cannot be overestimated, because the implications of the results are huge. Their work is at the cutting edge of health care policy for the next century.
Karyn Aalami Goodman, M.D.
2008 AAWR Early Career Award Recipient

Dr. Karyn Goodman is an Attending Radiation Oncologist at Memorial Sloan-Kettering Cancer Center. She specializes in treating cancers of the gastrointestinal (GI) tract. She has a B.A. in Human Biology from Stanford University and an M.S. in Epidemiology from the Harvard School of Public Health.

Dr. Goodman received her medical degree from Stanford University. Following her internship in Internal Medicine at Stanford Hospital and Clinics, she completed residency training in Radiation Oncology at Memorial Sloan-Kettering Cancer Center. She was on the faculty at Stanford University in 2004-2006 in the Department of Radiation Oncology. She came back to Memorial Sloan-Kettering in 2007 to be the lead GI Radiation Oncologist. Dr. Goodman’s interests include image-guide radiation therapy and intensity modulated radiotherapy treatment planning for gastrointestinal cancers, as well as quality of life and late effects after radiotherapy.

Valerie P. Jackson, M.D., F.A.C.R.
2008 ACR Gold Medalist

Valerie P. Jackson, M.D., F.A.C.R., graduated from Indiana University School of Medicine and completed her radiology residency there in 1982. She has been on the faculty at Indiana University School of Medicine since the completion of her residency and is currently the John A. Campbell Professor of Radiology. She was the Residency Program Director for ten years and became Interim Chairman of the Department of Radiology in January, 2003. She was named Chairman of the Department of Radiology in July, 2004.

Dr. Jackson has been involved in research, education, and national service, primarily in the area of breast imaging, for many years. She was a member of the American College of Radiology Board of Chancellors from 1996 – 2003, serving as the Chair of the Commission on Education. She is a Past President of the Society of Breast Imaging and of the American College of Radiology. She is currently on the Board of Trustees of the American Board of Radiology, in charge of the breast imaging section.

Dr. Jackson has been the author of over 100 publications and numerous book chapters. She has been an author and editor for one of the major breast imaging textbooks, Diagnosis of Diseases of the Breast, (2nd edition Bassett LW, Jackson VP, Fu, KL, Fu YS, Elsevier Saunders, 2004). She has given numerous presentations on breast imaging nationally and internationally. Dr. Jackson has been a member of the AAWR since 1986.

As written on the ACR website, www.acr.org, each year the ACR Board of Chancellors awards the College’s highest honor, the ACR Gold Medal, to candidates chosen for their distinguished and extraordinary service to the ACR or to the field of radiology. Nominees’ professional contributions may be in teaching, basic research, clinical investigation, or radiologic statesmanship and must include outstanding achievements in service to the ACR, other medical societies, government agencies, and quasi-medical organizations. Any member or fellow of the ACR may nominate a gold medalist.

Laurie L. Fajardo, M.D.
2008 AUR Gold Medalist

Laurie L. Fajardo is a Professor of Radiology and Chair of Radiology at the University of Iowa, since 2002. Prior to this she was a Vice Chair, Director of Breast Imaging and Professor of Radiology at Johns Hopkins Medical Institutions (1998-2002); Vice Chair, Associate Professor and Professor of Radiology at the University of Virginia (1993-1998); and an Assistant Professor, Associate Professor and Chief of Breast Imaging at the University of Arizona. Dr. Fajardo is a nationally known mammographer and breast imaging researcher with extensive research experience in the development and application of new breast imaging technologies, both digital and optical. She has been the recipient of many extramural research grants, has authored over 145 scientific papers and has been invited to present over 150 lectureships. As written on the AUR website, www.aur.org, the Gold Medal is to be awarded in recognition of unusually distinguished service or contributions to the Association of University Radiologists, academic radiology, or the field of radiology in general. Dr. Fajardo has been a member of the AAWR since 1988.
AAWR at the 2008 ECR Annual Meeting in Vienna
Photos courtesy of Dr. Ewa Kuligowska.

Drs. Ewa Kuligowska and Judy Amorosa represent The AAWR in Vienna, this is the sixth year that they have participated at this meeting on behalf of the AAWR.

Dr. Ewa Kuligowska speaks with a potential AAWR member during the 2008 ECR Annual Meeting.

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.

Members of the AAWR Residing in Boston Share Their Stories as Women Radiologists
For the past four years, I have invited young women residents and fellows in Radiology to my home for an evening to discuss issues for women in Radiology. The goal of these evenings has been to encourage them to develop a continuing interest in and to retain membership in AAWR.

We have discussed the goals, mission and network of AAWR which can be essential for developing success in their careers. I believe social events which bring young radiologists together are the best settings for mentorship. The enthusiasm and interest has been intense each time. – Ewa Kuligowska, M.D., F.A.C.R., Past President and Chair of the AAWR International Committee.

Photo Courtesy of Dr. Ewa Kuligowska

Dr. Ewa Kuligowska (standing, back row) and members of the AAWR.

Visit the AAWR Bookstore and Support the AAWR!
Take a moment to visit the AAWR Bookstore at our website www.aawr.org! The book selection is based on the Radiology Bibliography from the AAWR Survival Guide for Women Radiologists “The AAWR Pocket Mentor” and also includes authors who are AAWR members. Review the listing. If you find a title that is of interest to you, make the selection and you will be directed to the Amazon.com website to complete the purchase. For every book sold though a direct referral from the AAWR web site, our society can earn up to 15% in referral fees with no extra cost to you.

Thank you for helping AAWR to increase its revenues in order to better serve our members.
During 1980 and early 1981 Drs. Helen Redman and Ann Lewicki had organized informal sessions at Radiological Society of North America (RSNA) and American Roentgen Ray Society (ARRS) looking at issues for women in Radiology. They recognized the critical importance of building a system to support academic success and to provide a forum for an exchange of ideas. Until these discussions occurred most of us felt quite limited in our opportunities in academic radiology. The idea of developing a formal association for women radiologists was born during these discussions.

At that time very few women were on RSNA, ARRS or American College of Radiology (ACR) committees or in any leadership positions. Dr. Marie Capitano discussed with me her concerns that forming a women's radiology association as a separate organization would isolate women from becoming leaders in radiology. “A woman’s organization will be seen as inferior”. She was the first woman president of the Society for Pediatric Radiology and had been a great help to my career by recommending me to the Pediatric Scientific Subcommittee of the RSNA. There were many women radiologists who were worried about developing a separate organization and possible problems that might be encountered with existing organizations.

During that summer, I met with Dr. Elissa Benedek, one of the founders of the independent Association of Women Psychiatrists organization and discussed how a separate organization was able to set priorities focused on overcoming barriers for women to be successful. By the spring of 1981 an American Association for Women Radiologists (AAWR) steering committee was formed of 25 women radiologists and we had decided that we would move ahead with forming the American Association for Women Radiologists.

In 1977, the chair of Radiology at the University Of Colorado School Of Medicine, where I had done my residency and fellowship, told me that he had only one woman faculty member previously and she committed suicide so he was not going to hire any more women. Two other private groups told me that they never interviewed women to fill their open radiologist positions. Their reasons were that women might have children and would not be able to do fluoroscopy in rotation with the other radiologists. Dr. Jeffrey Rudikoff, the new chair at the city hospital, Denver General Hospital, was more receptive to hiring a woman by giving me a year’s contract. After one year, I joined the regular faculty as an Instructor. By 1981, I had been an assistant professor for 3 years and had moved to University Hospital at the invitation of Dr. William Hendee. I made this move to increase my academic career with more complicated and diverse pediatric cases as Director of Pediatric Radiology. Having a supportive family and husband who believed that women should be able to do anything was important to my success. We believed that developing AAWR would provide a framework for all women in radiology to succeed.

I was new to organized radiology having presented my first paper at the ARRS in 1977 on “CT detection and course of intracranial hemorrhage in premature infants.” This came from work done during the first year of operation of the second CT scanner in Colorado. Our rate of hemorrhage was so high that it led to a study of 100 patients demonstrating an incidence of 55% hemorrhage in newborns under 32 weeks gestation contradicting the pathology literature estimate of 15% at post mortem. By 1980, we had demonstrated that ultrasound could accurately demonstrate hemorrhage compared to CT scans thus allowing portable examinations on these very fragile infants. We were doing a bedside ultrasound every 8 hours for the first week of life to define the “Timing of intracranial hemorrhage in premature infants”, the research I presented in 1981.

From 1981 through 1982 as founding AAWR president, there were many early successes and a few letters protesting our society. We had a superb team with Kay Shaffer, first secretary, Nancy Whitley, first treasurer and Linda Fahr, first Vice President. During our steering committee meetings, there had been much debate...
Starting in 1996, I enjoyed chairing the AAWR Committee to Nominate Women to National Office. It became clear to us that women need to nominate women. There is no doubt that being AAWR president has brought recognition and opportunities for leadership to all of us. For example, I was elected as the first AAWR alternate councilor to the ACR in 1987, becoming the AAWR councilor in 1992, joining the ACR Council Steering Committee in 1994 and was elected to the ACR Board of Chancellors in 2000 as the Chair of the Ultrasound Commission. I have served on multiple committees for organizations such as the ACGME Radiology Residency Review Committee, ACGME Board of Directors, the RSNA, and have been a peer reviewer for many journals including Pediatric radiology, American Journal of Roentgenology, and Journal of the American College of Radiology. Every year the AAWR continues its strong presence at RSNA helping more women to become an integral part of radiology.

In the SPR, I have found many mentors including Beverly Wood, past president and Gold Medalist, who helped me to begin a series of lunches in the late 1980s for women pediatric radiologists. These AAWR lunches are now institutionalized as part of the SPR program and formally serve to inform and energize our membership and leadership. Out of this effort have risen 4 AAWR presidents: Sandra Fernbach, Nancy Rosen, Ines Boechat and Kimberly Applegate. Out of the AAWR support of women leaders, there have been and will be many more women SPR Presidents including Joanna Seibert, Diane Babcock, Janet Strife, Marilyn Goske, Marta Hernanz-Schulman, Ines Boechat and Dorothy Bulas. Many outstanding women have served on committees, on the SPR Board and Pediatric Radiology journal. I have served as SPR Secretary, the SPR Board of Directors, SPR Program Committee and as Chair of the Manpower Committee. In 2007, I received the SPR Pioneer Award in the field of neonatal brain ultrasound which is now routinely done on all premature infants under 32 weeks gestation. Things have certainly changed since 1981 but they would not have without the work of AAWR and the women who have helped other women move forward. The future is bright and all of us need to mentor, encourage and help create opportunities for the young women now entering our field.

About the author: Carol M. Rumack, M.D., F.A.C.R. is a Professor of Radiology and Pediatrics, Associate Dean for Graduate Medical Education, ACGME Designated Institutional Official at the University of Colorado Health Science Center. She was the first president of AAWR (1982), 2001 Alice Ettinger Awardee, and 2006 Marie Sklodowska Curie Awardee. She has played critical role for AAWR conception, establishment, and growth of AAWR and has been continuing her effort in promote women in radiology.
A new organization for women in Radiology: The Mediterranean Association for Women Radiologists (MAFWR) was launched at the International Congress of Radiology (ICR) in Marrakesh, Morocco, June 2008.

At the Opening Session of the MAFWR on Saturday June 7, Dr. Farida Imani introduced Dr. Scheherezade Zerhouni, the organizer and first President of MAFWR. Dr. S. Zerhouni spoke about the need for a forum for women radiologists and spoke of AAWR as the inspiration for establishing MAFWR. Dr. S. Zerhouni then introduced Dr. Elias Zerhouni, Director of NIH to address the new organization.

Dr. E. Zerhouni stated that there was no scientific evidence that the first woman was made from the 13th rib of the first man but instead there was now scientific evidence from mitochondrial research that in fact man comes from woman. The audience, mostly women, was amused by this. Dr. E. Zerhouni spoke of his commitment at the NIH to develop “opportunities and programs to support recruitment, retention, re-entry, and advancement of girls and women in biomedical careers”. Dr. E. Zerhouni created the NIH Working Group on Women in Biomedical Careers to maximize the potential of women scientists and engineers. For more information about this log onto: http://womenin-science.nih.gov/

President Zerhouni then welcomed me as the representative of AAWR. I told them that it was a privilege to be invited to represent Dr. Pisano, current President of AAWR who was at her daughter’s college graduation - an example of appropriate prioritization and multi-tasking - they applauded and clearly understood. I alluded to the fact that so many of us were “Mediterranean” - by birth, marriage or history. I told them that Dr. Pisano was Italian, I had been married to an Italian and since the Romans occupied most of Europe and Marco Polo got to China - everybody was Mediterranean to some extent.

I spoke about AAWR and its history. After reviewing how AAWR has been supportive of women in various aspects of their lives such as juggling family, career development and especially advancement in leadership, I showed the list of presidents, gold medalists, leaders in the major Radiological societies and how AAWR was the stepping stone. I spoke about Marie Curie as an inspiration and Dr. Lucy F. Squire, an AAWR member herself, for whom the AAWR Radiology Resident award is named. I emphasized the website and showed multiple slides of the web pages address (Thanks to many of you, especially the 25th Anniversary Committee - lifted lots of your pictures and data!). I also spoke about the Clerkship Companion for Medical Students being developed for the RSNA website as a global resource for educating future physicians in imaging.

The reception I received as a representative of AAWR was warm; I was treated as a special person. My daughter Judy and my sister Andrea Rascher who accompanied me were also received with enthusiasm.

I will nominate Drs. Imani and Zerhouni for an award from AAWR to recognize the accomplishment of organizing an international conference on such a grand scale and establishing the brand new Mediterranean Association for Women Radiologists - an organization inspired by AAWR. Dr. Theresa McLoud, Past President of AAWR and the President of RSNA joined the session in Marrakesh in person to wish them success.

One evening, I visited a female Radiology Resident, Dr. Elidrissi Ischrak, in Marrakesh at one of the four Moroccan medical schools. Not only was she alone with the responsibilities of the Emergency Department, but she was also the person doing the actual imaging: doing the CT scans, and ultrasounds. I was very impressed!

I also had opportunity to visit Medina, the old city (built around 1060 or so) with the ventilated wall (holes), with Arab, Berber, and Jewish merchants. The noise, the Babel of Arab, French, Italian, Spanish, English, German, etc. languages were all fascinating. It was so different to see a whole family getting on a moped: child number one in front of the father, behind

Establishment continued on page 14
Although the incidence of cervical cancer is declining in the U.S., this devastating disease remains a challenging worldwide health problem; in some countries, cervical cancer is a major cause of death in women of childbearing age.

Among the substantial proportion of patients who are not amenable to surgery, treatment has relied heavily on the field of radiation oncology: the judicious combination of external beam radiation and brachytherapy (radiation implants).

External radiation therapy decreases the tumor bulk, making the tumor more amenable to the highly confined radiation dose of brachytherapy. Simultaneously, external radiation treats the parametrial tissues and draining lymph nodes with a homogenous dose to control microscopic tumor involvement in these areas. Brachytherapy then delivers highest doses at short distance within the uterus and cervical tumor. This combination has enabled doses of 85-100 Gy to the tumor region, far exceeding the radiation dose deliverable to other anatomical regions if only external beam radiation is used, and has enabled the cure of cervical cancer by radiation therapy.

However, despite success in many cases, the disease recurs in approximately one third of patients – either as a local recurrence in the pelvic region, which is only rarely salvageable, and/or as distant metastasis, leading to dissemination of the disease and metastatic death.

More recently, innovative multi-specialty approaches, including chemotherapy, tumor imaging, and surgical approaches, have further improved the treatment outcome and reduced treatment complications in cervical cancer.

**Chemotherapy.** The addition of concurrent chemotherapy to radiation therapy has made the greatest impact in the last 20 years, leading to a change in the standard of care for IB2-IVA cervical cancer. Mature results of randomized trials show that survival improves by over 20% and tumor control rate by 30% with combined radiation/chemotherapy compared to radiation alone. Chemotherapy serves as both a radiosensitizer, increasing the cytotoxicity of radiation to the tumor cell, and a treatment of micro-metastatic disease, thus reducing the probability of distant metastasis. Both improve survival. Thus chemoradiation for cervical cancer has become standard of care for locally advanced cervical carcinoma.

**Tumor imaging.** Advances in imaging techniques, including CT, MRI and PET/CT, with better anatomic delineation for radiation therapy planning and functional characterization of the tumor, response assessment and outcome prediction, have greatly enhanced the individualized management of cervical cancer. With CT, lymph node regions may be treated with more adequate margins, and sensitive normal tissues, such as small bowel, may be more effectively excluded from the treatment fields. While CT cannot clearly differentiate the tumor extent from normal uterus, MRI, with its exquisite soft tissue contrast and multiplanar imaging capability, can provide precise delineation of the tumor within the uterus and parametria. MRI also provides high-precision 3D tumor volume measurement that can improve therapy planning, and enables 3D-volumetric tumor response assessment. Our data have shown that 3D volumetric response assessment midway during therapy can make predictions on ultimate treatment outcome well before the therapy course is completed.

Functional MRI may provide a yet earlier prediction of therapy-specific outcome, as soon as 2 weeks into radiation therapy. This information may provide a window of opportunity to modify the treatment strategies. Our method relies on the radiobiological principle that adequate blood supply and tumor oxygenation during therapy is critical for tumor responsiveness to radiation. Dynamic contrast-enhanced (DCE) MR imaging can non-invasively assess tumor vascularity, which had for years been most challenging to measure in clinical patients.

PET/CT has holds similar promise. Decreases in metabolic activity in post-therapy predict long-term outcome, although this information is not available until 1-3 months after treatment completion. In addition, the sensitivity of PET in identifying lymph nodes that may appear normal on CT or MRI, further refines radiation therapy planning.

Imaging for brachytherapy. The new paradigms of MRI-based image-guidance for brachytherapy employs the exquisite tumor delineation of MRI to refine brachytherapy planning and delivery by assuring that all MRI-detectable tumor is encompassed in the brachytherapy planning target volume. Early European data suggest that this approach may increase tumor control by up to 20% and simultaneously reduce complication rates compared to traditional brachytherapy dose prescription methods.

Radiation Oncology Corner continued on page 20
him child number 2, and then wife, with no helmets, or traffic lights, and with donkeys, horses, trucks, buses, bicycles, and people on the roads.
The social activities of the Congress were designed to show many of the cultural, religious, and culinary aspects of this North African country. Dr. Imani as president of ICR can be proud of this conference; it was amazingly well done. Thank you for giving me this opportunity to represent AAWR at ICR in Morocco.

About the author: Dr. Judy Amorosa is a long term member and the Past President of AAWR. She did her internship in Pediatrics at Columbia - Presbyterian Hospital in NYC and residency in Diagnostic Radiology at St Vincent’s Hospital in NYC, followed by a fellowship in General Diagnostic Radiology. She worked with Dr. Lucy Frank Squire, a pioneer Radiology educator at Downstate where she also specialized in Thoracic Radiology. Currently Dr. Amorosa is Program Director of the Radiology Residency and Clerkship Director in the Radiology Department. This year she is the president of the Alliance for Medical Student Educators in Radiology. Her major interest is development of learning materials in Radiology.

Additional information and application forms can be obtained from the AAWR website at http://www.aawr.org/about/re_foundation.htm or by contacting the AAWR Office at 713.965.0566 or via email at admin@aawr.org. If you would like to contact the President of the AAWR Research & Education Foundation, Dr. Judy Amorosa, she can be reached via email at amorosa@umdnj.edu.
2008 AAWR Executive Committee Nominations

Below is the proposed slate of candidates for the 2008 AAWR Executive Committee. The membership will vote on this proposal during the Annual Business Meeting, which will take place on Monday, December 1, 2008, at the RSNA Annual Meeting. At that time, nominations from the floor will also be requested.

If you are unable to attend the Members’ Business Meeting, but would like to cast your vote, please access the nomination slate via the AAWR website, www.aawr.org.

Vice President: Dr. Vijay Rao

Vijay M. Rao, M.D., F.A.C.R., is Professor and Chair of the Department of Radiology at Thomas Jefferson University and current secretary of AAWR. She is a graduate of the All India Institute of Medical Sciences, India's premier medical school. She did her radiology residency at Thomas Jefferson University Hospital and has remained on the department faculty ever since. She served as Associate Chair for Education and then Vice Chair for Education, and as Co-director of Neuroradiology/ENT division. Upon her appointment as Department Chair in 2002, she became the first woman chair of a clinical department in Jefferson’s history.

Dr. Rao is recognized around the world as one of the leading experts on imaging of the head and neck. She has published 156 papers and 163 abstracts in medical literature and has edited a major textbook on head and neck radiology. She has given 176 presentations at other academic institutions and radiology meetings. In addition to her research on head and neck imaging, she is also very active and widely recognized in health services research in radiology.

Dr. Rao has held many leadership roles, including President of both the American Society of Head and Neck Radiology and the Association of Program Directors in Radiology. In 2006, she received the Achievement Award of the latter organization for her outstanding contributions to radiology education nationally. She is a member of the editorial board of several leading radiology journals. In 2005, she was honored by the Philadelphia Business Journal as one of 25 Women of Distinction throughout the region. For many years, she has been chosen by her peers to be included on Philadelphia Magazine's annual list of Top Doctors.

Secretary: Dr. Julia Fielding

Dr. Fielding is director of abdominal imaging and associate professor of radiology at University of North Carolina and specializes in benign and malignant disease of the urinary and gynecologic systems. After obtaining her undergraduate degree in chemistry at the University of Michigan, she attended medical school at the University of Pittsburgh. Dr. Fielding did her residency in diagnostic radiology at Boston University and a fellowship in MR imaging at Brigham and Women's Hospital in Boston. After several years as a staff radiologist at the Harvard Hospitals, she was recruited to the University of North Carolina in 2000. She has lectured nationally and internationally on the role of imaging in women’s health. Her research focuses on the development of virtual reality as a diagnostic tool. Dr. Fielding lives in Cary, NC with her husband who is a pediatric orthopedic surgeon, her 14-year-old son and two poorly-behaved pug dogs. She has a background in the performing arts and enjoyed producing the Manya show presented at the 2006 RSNA.

Treasurer: Dr. Elizabeth Oates

Dr. Oates earned her A.B. summa cum laude from Smith College in Northampton, Massachusetts and her M.D. from Boston University School of Medicine in Boston, Massachusetts. She completed her transitional internship and radiology residency at the Los Angeles County Harbor-UCLA Medical Center in Torrance, California. Following a nuclear medicine fellowship at Tufts University-New England Medical Center in Boston, Dr. Oates stayed on as Director of the Division of Nuclear Medicine and also served as Program Director for the Radiology Residency Program. She joined the Boston Medical Center and Boston University School of Medicine as Section Head of Nuclear Radiology and Residency Program Director. Most recently, Dr. Oates was Vice-Chair of Radiology at UMass Memorial Medical Center and the University of Massachusetts Medical School in Worcester, Massachusetts. Currently, Dr. Oates is Professor and Chair of the Department of Diagnostic Radiology at the University of Kentucky College of Medicine in Lexington, Kentucky. She is the immediate Past President of The New England Chapter of The Society of Nuclear Medicine; she is actively involved with The American Board of Radiology and serves as Chair of the Nuclear Medicine Education Exhibits Subcommittee for the RSNA. Dr. Oates is married to Don Winfrey, a radar systems engineer; they have three daughters.
**Member-at-Large, Diagnostic Radiology: Dr. Lisa Lowe**

Dr. Lowe received her MD from Meharry Medical College and completed her radiology residency at Wake Forest-Bowman Gray School of Medicine. Following residency, she completed a Fellowship in Pediatric Radiology at National Children's Medical Center-George Washington University. In 2000, Dr. Lowe relocated to Children’s Mercy Hospital and the University of Missouri-Kansas City where she served as Pediatric Radiology Fellowship Director, Diagnostic Radiology Residency Program Director and Academic Chair of the UMKC Department of Radiology. She was recently promoted to Professor and Academic Chair of Radiology at UMKC. Dr. Lowe is Director of the Pediatric section of the ARRS Case based review, serves on numerous national committees and has authored many manuscripts. She has served on many AAWR committees and is past Associate Editor of the AAWR Focus newsletter.

**Member-at-Large, Radiation Oncology: Dr. Feng-Ming Kong**

Dr. Feng-Ming (Spring) Kong currently is a radiation oncologist, an associate professor, the research lead in thoracic radiation oncology of University of Michigan and the Chief of radiation oncology service of Ann Arbor Veteran Administration Hospital. Dr. Kong received clinical training in radiation oncology at Washington University in St Louis, graduated from Shanghai Medical School, and received a Ph.D from Shanghai Cancer Hospital/Institute Fudan University. She further received a post-doctorate training in radiation oncology biology from Duke Medical Center and then a master degree in clinical trial design and data analysis through the School of Public Health University of Michigan, and the K30 National Institute of Health (NIH) program. Dr. Kong is a recipient of Young Investigator awards and Career developmental award of American Society of Clinical Oncology (ASCO), and a peer manuscript reviewer for over ten professional journals. Dr. Kong is the President of the Sino-American Network for Therapeutic Radiology and Oncology (SANTRO). She is the chair of radiation oncology committee of American Association of Women Radiologist (AAWR), a member of board directors of China-American Network for Hematology and Oncology membership committee, the member at large for AAWR radiation oncology for the year of 2007, a liaison for American College of Radiology (ACR) and American Society of Pathology, a member of AAWR executive board, Radiation Therapy Oncology Group (RTOG) lung cancer steering committee, RTOG translational science research committee, ACR Commission of Radiation Oncology, and ACR/RTOG/ASTRO Quality Research in Radiation Oncology program.

**Member-at-Large, In Training: Dr. Serena McClam**

Dr. Serena McClam is a radiology resident at Robert Wood Johnson University Hospital in New Brunswick, New Jersey. Dr. McClam received a Bachelors of Psychology from Johns Hopkins University. Thereafter, she received a Masters in Health Services Administration at the University of Michigan School of Public Health, Department of Health Management and Policy in Ann Arbor, Michigan. During her undergraduate and graduate studies, she held multiple research analyst positions within the health sciences field. Following her graduate studies, she obtained a Fellowship in Hospital Administration at the Georgetown University Medical Center in Washington, DC. During this fellowship, she participated on the MedStar Strategic Planning Committee as well as spearheaded several hospital-wide marketing initiatives. Prior to entering medical school, she also worked as a healthcare consultant at the Advisory Board Company in Washington, DC. As a consultant, she developed clinical data analyses tools, designed client deliverables, and served on several clinical management teams.

In 2005, Dr. McClam received a Degree in Medicine at Robert Wood Johnson Medical School, University of Medicine and Dentistry in Piscataway, New Jersey. During her undergraduate medical studies, she was awarded the US Pharmacopoeia internship. As a medical student, she was involved in multiple research projects which included a study that examined barriers affecting the entrance of female medical students into radiology. These findings were presented at the annual ARRS meeting in New Orleans, Louisiana in 2005. Following medical school graduation, Dr. McClam completed her internship in medicine at the University of Maryland Medical Center in Baltimore. She currently serves on the AAWR Executive Committee as a member in training as well as the President of the Resident and Fellow section of the Radiological Society of New Jersey. She is also a member of the American College of Radiology, the Radiological Society of North America and the American Roentgen Ray Society.
Dr. Ellen Shaw de Paredes is the Director of The Ellen Shaw de Paredes Institute for Women's Imaging in Richmond, Clinical Professor of Radiology at the University of Virginia, and Clinical Professor of Medicine at VCU. She graduated from Bryn Mawr College and received her M.D. degree from West Virginia University. Her residency training in diagnostic radiology was at the Medical College of Georgia, and she is board certified by the American Board of Radiology.

Dr. Paredes joined the faculty at the University of Virginia, where she served as Chief of Breast Imaging from 1983 to 1994 and also, Vice-chair of the Department of Radiology.

She then joined the faculty at the Medical College of Virginia in 1994 where she chaired the Breast Imaging Section for 11 years.

In April 2005, Dr. Paredes left the Medical College of Virginia and founded The Ellen Shaw de Paredes Institute for Women's Imaging in Richmond. She also has founded The Ellen Shaw de Paredes Research Foundation, devoted to education and research on early detection of breast cancer.

Dr. Paredes is a well-known lecturer internationally in the field of Mammography, has written the textbook: Atlas of Mammography of which she has recently written the 3rd edition. She has written numerous scientific papers and book chapters. She serves as a member of the faculty in the Mammography Section at the Armed Forces Institute of Pathology. She has served as visiting professor at many universities and is well recognized for her teaching skills. She has been named Teacher of the Year and Research Mentor of the Year on numerous occasions by Radiology Department residents. In 2004 she was named the YWCA Outstanding Woman of the Year for Science and Medicine.

Her research interests are in the areas of utilization of mammography, percutaneous breast biopsy and digital mammography, which have won her a research grant from the Department of Defense on Telemammography.

Dr. Macura received her medical degree and PhD in Medical Informatics from the Medical Academy of Lodz, Poland. She engaged in research in the area of artificial intelligence in medicine at the University of Georgia, Athens GA, and subsequently completed her residency training in Diagnostic Radiology at the Medical College of Georgia. She did her fellowship training in cross-sectional body imaging at the Johns Hopkins University (JHU), where she currently holds a faculty position in the rank of associate professor. Dr. Macura serves on several committees of national radiology organizations and is a reviewer for Radiology, Radiographics, AJR and the Journal of Urology. Dr. Macura leads the Imaging Core of the JHU Institute for Clinical and Translational Research funded through the NIH-CTSA initiative.

Dr. Macura’s current clinical research interests are in genitourinary MR imaging. She received an RSNA Seed Grant for her work on MRI in female urinary incontinence and the Young Investigator Award from the Society of Computed Body Tomography and Magnetic Resonance. She received the 2006 ARRS Phillips Scholarship to pursue translational research in prostate cancer. She has published over 50 peer-reviewed papers, received three training scholarships, two software grants, three seed grants and served as a consultant or collaborator on eight federal grants. Dr. Macura was voted the top 5th women’s imaging specialist in the country in a national survey of the readership of Medical Imaging Magazine and received the Outstanding Teacher of the Year Award from the radiology residents at Johns Hopkins. Dr. Macura was instrumental in the development of the AAWR web site and served on the Web Site Committee and the AAWR Public Relations Committee prior to becoming the AAWR president in 2005. During her term, the AAWR received the AAMC’s Women in Medicine Leadership Development Award. In 2007-2008, Dr. Macura continued to chair the AAWR Web Site Committee and served as an ACR Alternate Councilor.

The following four officers are automatic successions and/or continuing their set term.

President: Dr. Lynn Fordham
Dr. Fordham is the Section Chief of Pediatric Radiology at the University of North Carolina. She attended Tufts University Medical School, completed her radiology residency at the University of North Carolina, and a fellowship in pediatric radiology at Children’s Hospital in Boston. She has been a member of the AAWR since 1989, and has served on the Membership Committee for six years, acting as chairman of the committee for four years. She is currently on the AAWR Executive Committee as the President-Elect and is the co-chair of the AAWR Program Planning Committee for 2008 programs. Her favorite benefits from the AAWR are RSNA and SPR luncheon presentations: “I enjoy AAWR because of the opportunities to meet, work with and learn from the many interesting and inspiring women in the organization.”
Focus

President-Elect: Dr. Zhongxing Liao

Dr. Zhongxing Liao is an associate professor and Center Medical Director, Department of Radiation Oncology, the University of Texas M. D. Anderson Cancer Center. She was the Chair of AAWR Radiation Committee for 4 years. She currently serves as the Vice president of AAWR, and the Editor-in-Chief for Focus. She also serves on the nomination committee, membership committee, radiation committee, and Public Relationship Committee.

Born and raised in Hunan, China, Dr. Liao graduated from Hunan Medical College (Central South University, Xiangya School of Medicine) 1983 and entered the field of radiation oncology since then. Her career then took a fateful turn when she was awarded a fellowship from the World Health Organization, which allowed her to develop her career in US. She was a research fellow in Dr. Elizabeth Travis’ lab for 4 years, studying the effect of radiation to normal lung. She pursued her resident training in radiation oncology at the University of Texas M. D. Anderson Cancer Center and has become a faculty of the department since 1999.

Dr. Liao has served as a mentor to many physicians and residents, especially other women. She was the Co-PI on an RSNA grant “to teach the teacher from the Emerging Nations” and supervised many radiation oncologists from China. She has served on committees for many national organizations including the American Society for Therapeutic Radiology and Oncology, known as ASTRO, the International Association for Study of Lung Cancer (IASLC), and the Fletcher Society. She is the Trustee of Yale-China Association.

Dr. Liao specializes in radiation for thoracic malignancies, including lung cancer, esophageal cancer, thymoma, and mesothelioma. Her research focuses on innovative molecular targeted therapy for radiotherapy enhancement in tumor, translational research in physical and biological basis of lung toxicity, and integrative oncology.

Past President: Dr. Etta Pisano

Dr. Pisano received her MD from Duke University and completed her radiology residency at Beth Israel Hospital of Harvard Medical School. Following a year as Chief of Breast Imaging and Instructor in Radiology at Beth Israel, she relocated to University of North Carolina at Chapel Hill where she served for 16 years as Chief of Breast Imaging. She is currently Kenan Professor of Radiology and Biomedical Engineering, Director of the UNC Biomedical Research Imaging Center and Vice Dean for Academic Affairs for the UNC School of Medicine. She is a Past President of the Association of University Radiologists. She served as the Principal Investigator of the Digital Mammographic Imaging Screening Trial (DMIST) and recently published the results of that study in the New England Journal of Medicine. Dr. Pisano has served on several AAWR committees, including the Committee to Promote the Advancement of Women. Dr. Pisano is married to Jan Kylstra, MD, a retinovitreous surgeon in private practice. She and her husband have four children.

ACR Councilor: Dr. Kimberly Applegate

Past President of the AAWR, Dr. Applegate trained in diagnostic radiology at the Dartmouth and completed a fellowship at Children’s Hospital in Boston. Dr. Applegate also received a Master’s degree in Epidemiology and Biostatistics from Case Western Reserve University. Currently, Professor of radiology at Indiana University, Dr. Applegate is the recipient of several research grants, awards, and scholarships, including an American Roentgen Ray Society Scholarship. She is on the editorial boards for AJR II and Pediatric Radiology. She is the past president for the Radiology Alliance for Health Services Research (RASHR), the AUR president AUR and serves on the ACR Council Steering Committee and board of director for the ACR RadPac.

Please access the 2008 Officer Ballot form at www.aawr.org to cast your vote. Ballots should be returned to the AAWR Office via fax at 713-960-0488 by November 3rd.

WE NEED YOUR E-MAIL ADDRESS

To contain costs, the AAWR would like to send announcements such as this and other news by e-mail. Please provide us with your email address via the AAWR website at www.aawr.org. Click the “Contact Us” tab, enter your name and e-mail address in the space provided, and submit or you can contact the AAWR Office at admin@aawr.org.

Thank you.
SAVE THE DATE

2008 AAWR/ASTRO Breakfast Panel
Mark your calendar and plan to join us!
ASTRO Annual Meeting ~ Boston Convention and Exhibition Center ~ September 21-25, 2008

Annual AAWR/ASTRO Breakfast Panel
“If I Could Start Over Again...”
Drs. Feng-Ming Kong, Nina Mayr and Ritsuko Komaki
On behalf of the AAWR Radiation Oncology Committee

Come and join us for the Annual American Association for Women Radiologists (AAWR) Breakfast at this year’s ASTRO Annual Meeting from 7:00 a.m. - 8:00 a.m. on Sunday, September 21, 2008. After our very successful 1st lunch Panel of senior women leaders on general women business last year, AAWR will focus this year on topics associated with the women at the beginning of their professional careers in radiation oncology.

A diverse panel of women radiation oncologists in their senior, mid-career years in academic and community practice, junior faculty and residents will share their experience in:

- Mentorship - How do I find the right mentor?
- Professional advancement for women in academic radiation oncology - How do I make the system work for me?
- Residency - Where do I go from here?
- Challenges and opportunities for women in community practice - How do I survive?
- Women’s involvement in health politics – When and how do I start?
- The real challenge - How to juggle both my career and my family?

The session will be highly interactive. Come and participate in the exciting discussions at ASTRO 2008 in Boston.

WOMEN PANELISTS:

Sarah Donaldson, M.D., FASTRO
Patricia Eifel, M.D., FASTRO
Cassie Foens, M.D.
Nancy Ellerbroek, M.D., FASTRO
Beth Erickson, M.D.
Laurie Gaspar, M.D.
Nora Janjan, M.D., FASTRO
Maria Kelly, M.D.
Ritsuko Komaki, M.D. FASTRO
Feng-Ming (Spring) Kong, M.D., Ph.D., MPH
Zhongxing Liao, M.D.
Mary Martel, Ph.D.
Nina Mayr, M.D.
Lori Pierce, M.D.
Nancy Mendenhall, M.D., FASTRO
Elizabeth Travis, Ph.D.

Fee: $35.00 for Members, $15.00 for Residents
Room Location: TBA

Registration for this event can be done through ASTRO, www.astro.org and can be done during the time of registration for the annual meeting.

We look forward to seeing you there!
However, even in the absence of the relatively costly advanced MRI-based brachytherapy, simpler methods, such as ultrasound-guided brachytherapy applicator placement, can be very useful in reducing complications by preventing mal-placement and “silent” uterine perforations by the brachytherapy applicator. These unrecognized perforations have devastating consequences. They occur in 3-5% of brachytherapy implants that are deemed adequate by standard criteria - an incidence very similar to that of severe bowel complications. In our practice, uterine perforation does not go undetected, because individualized tumor imaging is employed: (1) Pre-therapy MRI provides an understanding of the tumor and normal tissue configuration, and can identify challenges, such as uterine retroversion. (2) In challenging patients, the brachytherapy placement procedure is done under intra-operative ultrasound guidance. (3) Treatment planning CT and/or MRI used for dose prescription, confirms the proper intra-uterine position of the applicator and provides 3-dimensional assessment of its relationship to the uterus, cervix, bowel and bladder.

There really is no secret: if we use a modality that is powerful enough to destroy cancer cells, and if the extent of the tumor is effectively encompassed by the prescription dose, treatment will likely be more successful.

One size no longer fits all for cervical cancer therapy. And neither does one specialty. A team approach with our colleagues in gynecologic oncology and imaging is essential. We are very fortunate to have many new tools and concepts at hand to improve upon outcome in cervical cancer. Now it is on us to use them wisely and make them accessible in the best and most cost-effective way to all women with this disease, here and world-wide.

About the author:

Dr. Nina A. Mayr, M.D. is the Professor and Chair of the Department of Radiation Medicine, at the Ohio State University, Arthur G. James Cancer Hospital and Solove Research Institute. She also holds Max Morehouse Chair in Cancer Research, and is a member of the Ohio State University Comprehensive Cancer Center’s Experimental Therapeutics Program.

She earned her medical degree at the Ludwig Maximillians University in Munich, Germany. She completed her residency and fellowship at the University of Iowa in 1993 and served on the faculty for 8 years. Before she was appointed as Chair of the Department of Radiation Oncology at Ohio State University, she was director of Radiation Oncology and Professor and vice chair of Radiological Sciences at Oklahoma University Health Sciences Center. Dr. Mayr specializes in women’s cancer and has earned an NIH grant for the study of functional magnetic resonance imaging as a predictor of treatment outcome in women with cervical cancer.

She has been an active member of AAWR since 2005 and has taken charge of the “Radiation Therapy Corner” for AAWR FOCUS. If you have interesting articles, ideas, images related to radiation oncology to share, please contact Dr. Mayr at 614-446-1567 or mayr.6@osu.edu.
FROM THE EDITOR

Zhongxing Liao, M.D.
Associate Professor of Radiation Oncology
Vice President, American Association for Women Radiologists
Chief Editor, Focus

AAWR president, Dr. Etta D. Pisano stated that this year’s theme of AAWR is empowerment of our members to encourage salary equity for women radiologists and radiation oncologists. One of the reasons for salary differences between men and women radiologists is well-documented differences in negotiation styles. In this issue of Focus, one will find that the article “Employment Agreements for Radiologists” very informative when negotiating a potential job in radiology. In addition, “How to become a leader in Radiology” illustrated a journey of a women radiologist to leadership role through hard work and a track record of diligence and reliability, while maintaining a sense of humor. The story from the first president of AAWR is certainly confirmatory of this stated wisdom. Furthermore, this issue of Focus captures the “Establishment of the Mediterranean Association for Women Radiologists,” shares events of resident member gathering, and applauds the ACR new fellows. Finally, in the “Radiation Oncology Corner,” we will learn innovated radiation treatment of gynecological cancer.

As the Chief Editor, I enjoy reading every article and I would like to thank all the contributors to Focus, who shared their life experiences with our readers. I look forward to having your continuous support of our newsletter.

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Articles for consideration for publication in the Focus can be submitted to the address above.

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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
September 1, 2008