Dear AAWR members,

As the year of my presidency comes to a close, I wish to thank you for giving me this opportunity to serve as your President. I have enjoyed my term, made many new lasting friendships and helped foster new relationships with other organizations which I am confident will endure over long term. These are tumultuous times in healthcare and closer collaborations with other organizations will be the key to bring greater visibility to AAWR, broaden its horizon, and make it more appealing to the membership resulting in sustained viability.

As the president of the AAWR, one of my main goals was just that—to increase and cultivate relationships with other radiological societies, including the American College of Radiology, the American Society of Neuroradiology, the Radiological Society of North America, the American Roentgen Ray Society and the Society of Chairs of Academic Radiology Departments.

I am pleased to report that under my tenure we have had encouraging dialogues with other organizations and as a result of these strengthened relationships, a number of new collaborations are being implemented.

1) AAWR leadership is now actively engaged in collaborative dialogue with Cynthia Sherry, MD, head of the newly formed ACR Commission on Leadership and Practice Management. She has enthusiastically invited participation of the AAWR in the new and exciting visionary “Radiology Leadership Institute”. In addition, a standing meeting of the AAWR leadership with the ACR leadership has been established during the RSNA meeting to continue dialogue and explore new collaborative opportunities.

2) AAWR is getting a seat on the RSNA-SCARD-ARRS Leadership Task Force. RSNA, SCARD and ARRS joined hands to create a new refresher course track in Leadership. I am pleased to report that I was able to bring AAWR to the table through a productive dialogue with Valerie Jackson, MD, head of the RSNA Refresher Course Committee.

3) The AAWR in conjunction with the Foundation of the ASNR and the ACR have worked together to offer a new award, The Women in Neuroradiology Leadership Award for the 2012 year. This was the brain child of Carolyn Meltzer, MD, President of the ASNR and also a member of the AAWR. The deadline for this award is January 9, 2012 at 9:00 AM Central Time, so please be sure to check the AAWR website, www.aawr.org for more information. The applicant for this award would have to be a member of the ASNR, ACR and AAWR.

4) We are beginning a dialogue with the Society for Executive Leadership in Academic Medicine (SELAM) for women to find common ground for developing meaningful collaboration.

The AAWR’s professional development luncheons during the annual meeting of RSNA, November 28-December 1 continue to be a highlight for the membership. In addition to the luncheons, the Association From Your President continued on page 3
AAWR 2011 Fall Programs
Radiological Society of North America
All luncheons will be held in Room S104B of the McCormick Place

Annual Members’ Business Meeting Luncheon
Monday, November 28 • 12:00–1:00 PM
Topic: Award Presentations and Election of Officers

30th Anniversary Celebration
Monday, November 28 • 6:30-10:00 PM
Empire Room of the Palmer House Hilton
6:30 PM Cocktails, 7:00 PM Buffet Dinner,
8:00 PM Program
To register for this event, please access the AAWR website.

Residents’ Luncheon
Tuesday, November 29 • 12:00-1:00 PM
Topic: Nuts and Bolts of Getting Hired
Speakers: Julia R. Fielding, MD and Rosaleen Parsons, MD

AAWR Refresher Course (RC616)
Wednesday, November 30 • 8:30-10:00 AM
Topic: Imaging and Treatment of Breast Cancer in the Pregnant Patient
Speakers: Cherie Kuzmiak, DO (Diagnosis and Staging of Breast Cancer in the Pregnant Patient);
Tracy Ann Jaffe, MD (Strategies to Reduce Fetal Radiation Dose during Maternal Cancer Staging) and
Beth Michelle Beadle, MD, PhD (Optimal Therapies for Breast Cancer in the Pregnant Patient)
Moderator: Julia R. Fielding, MD
Room: N229
Registration: To register for the AAWR refresher course, please access the RSNA website, www.rsna.org.

President’s Luncheon
Wednesday, November 30 • 12:00-1:00 PM
Topic: Time Management 101
Speaker: Etta D. Pisano, MD, FACR

International Luncheon
Thursday, December 1 • 12:00-1:00 PM
Topic: Radiology in Thailand
Speaker: Chamaree Chuapetcharasopon, MD, MBA
To register online for the AAWR luncheons, please visit the AAWR website. Sign up today! You may also register onsite at the luncheon in Room S104B of the McCormick Place. However, onsite reservations are subject to availability.

HOW YOU CAN HELP!
If you would like to volunteer to serve as a hostess for one of the luncheons, please contact Angela Davis at adavis@meetingmanagers.com or via telephone at 713.965.0566 by Thursday, November 17.

Regional Gathering of AAWR Members
Dr. Ewa Kuligowska, Past President of the AAWR hosts an AAWR mentoring dinner at her home for residents and young faculty members of the Radiology Department at Boston University Medical School.

AAWR Thanks Its Corporate Supporters
Philips Medical Systems
Varian Medical Systems
2011 American Association for Women Radiologists Award Recipients

Dr. Zhongxing Liao has been selected as the 2011 AAWR Marie Sklodowska-Curie Award recipient. Zhongxing Liao, MD is a 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 four years. She currently serves as the president of the AAWR Research and Education Foundation, and was the Editor-in-Chief of the AAWR newsletter Focus for two years. She also serves on numerous committees of the Association, including the Nominating Committee, Website Committee and Finance 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 the US. She was a research fellow in Dr. Elizabeth Travis’ lab for four years, studying the effect of radiation effect to normal lung.

After completion residency training in 1999, she joined the faculty as an Assistant Professor in the Section of Thoracic Radiation Oncology in the Department of Radiation Oncology. Since then, she has focused her career in patient care, translational research, education, and administrative leadership. In 2002, she was appointed Clinical Chief of the Section of Thoracic Radiation Oncology. In September 2004, she was promoted to Associate Professor (NTCA) of Radiation Oncology. In January 2007, she was appointed Center Medical Director, Department of Radiation Oncology, in the Division of Radiation Oncology. Through her efforts in clinical care, research and leadership she has contributed to her institutional and organizational mission and been able to positively impact the care of patients with lung cancer and patients with esophageal cancer. She has spearheaded clinical trials evaluating technological advancement in radiation oncology including intensity modulated radiation therapy and proton therapy and her research finding has potential to change the current standard of care for lung cancer. She has been promoted as a full professor of Radiation Oncology in 2009.

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

Zhongxing Liao, MD
Marie Sklodowska-Curie Award

From Your President: continued

will hold a momentous reception and dinner at the Palmer House Hilton on Monday, November 28th to commemorate 30 years of supporting women in radiology, radiation oncology and the like sciences. To register and learn more about the AAWR events during RSNA, please visit the AAWR website.

I reflect back on all that has been accomplished during the 2011 year. This has been a remarkable year for the AAWR. I would be remiss if I didn’t again highlight a landmark achievement - our own Dr. Kimberly Applegate getting elected to serve as ACR Council Steering Committee Vice Speaker.

Thanks to Dr. Katarzyna Macura for her efforts in implementing our new website, which has more user capabilities, such as online dues payments, online registration for AAWR events, an online membership directory and much more. This initiative was a huge time commitment, and one that was endured for the benefit of the entire membership. Again, thank you to Dr. Macura.

I know that many of the initiatives would not have been possible without the dedication and commitment of the members of AAWR. We have many leaders within the AAWR, which is why I truly believe that great things lie ahead.

I also extend my sincere thanks and great appreciation to Angela Davis, for her outstanding assistance throughout the year. Her commitment and dedication to our organization is exemplary… or simply said she is the best!!!!

Once again, thank you for this tremendous honor of serving as your president during this past year. It is with great pleasure that I pass the baton to Dr. Julia Fielding, and I remain confident that the Organization is in very capable hands.

Please plan on joining us to celebrate 30 years!

With warm personal regards,
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.

Mai-Lan Ho, MD
Lucy Frank Squire Distinguished Resident Award in Diagnostic Radiology

Dr. Mai-Lan Ho has been selected as the recipient of the 2011 Lucy Frank Squire Distinguished Resident Award in Diagnostic Radiology. Dr. Ho is currently a third year radiology resident in the Scholar’s Track Program at Beth Israel Deaconess Medical Center in Boston, MA. Originally from St. Louis, MO, she earned her B.S. degree in Chemical Engineering with Distinction from Stanford University. Dr. Ho’s university work resulted in two HHMI Research Fellowships, three Society of Women Engineers National Scholarships, the Merck Engineering and Technology Fellowship, Merck Research Award, Outstanding Senior Award, and Distinguished Service Award from the American Institute of Chemical Engineers. She then received a John T. Haslam Fellowship to pursue graduate research in bioinformatics and metabolic engineering at Massachusetts Institute of Technology. Dr. Ho was awarded her M.D. degree from Washington University School of Medicine in 2008, where she received the Hugh M. Wilson Award for Meritorious Work in Radiology, two National Institutes of Health Research Fellowships, and the 2008 Society of Thoracic Radiology Award for Best Scientific Presentation.

During her residency at BIDMC, Dr. Ho has received widespread national and university recognition for her achievements in clinical radiology, research, teaching, and leadership. Her most recent awards include the 2011-2012 Bracco Diagnostics/RSNA Research Grant, Siemens-AUR Radiology Resident Academic Development Program, Stephen A. Kieffer Award from the Eastern Neuroradiological Society, Lawrie B. Morrison Research Award, BIDMC Resident Research Award, BIDMC Excellence in Teaching Award, and BIDMC Academy of Medical Educators. Currently, Dr. Ho is the primary investigator on multiple projects in sodium-23 MRI, head/neck imaging, functional MRI, and emergency neuroradiology. She serves on committees in the American Association of Women Radiologists, American Association of Medical Colleges, and Massachusetts Medical Society. Dr. Ho also volunteers with the Harvard AIDS Initiative in Vietnam and National Youth Leadership Forum.

Ana Kiess, MD, PhD
Eleanor Montague Distinguished Resident Award in Radiation Oncology

Ana Kiess, MD, PhD has been selected as the 2011 recipient of the AAWR Eleanor Montague Distinguished Resident Award in Radiation Oncology. Dr. Kiess received her Bachelor of Science in Chemical Engineering from the University of Virginia in 2001. She then completed the Medical Scientist Training Program at Duke University, receiving her MD and PhD in Biomedical Engineering in 2008. During her PhD, she studied temperature-sensitive liposomal drug delivery in the laboratory of Dr. Mark Dewhirst. Dr. Kiess is currently a PGY4 resident in the Department of Radiation Oncology at Memorial Sloan Kettering Cancer Center. During her residency, she has conducted a number of clinical research studies, including a study under the direction of Dr. Beryl McCormick showing that trastuzumab improves local control in women with node-negative breast cancer who undergo breast conservation. During her final year of residency, Dr. Kiess plans to conduct laboratory research in PET imaging. She has been a member of the AAWR since 2010.
Yiming Gao, MD, MM has been selected as the 2011 recipient of the AAWR Research and Education Foundation Member-in-Training Award in Diagnostic Radiology. Dr. Gao received her Bachelor’s in Arts in Biology and German from Johns Hopkins University and Bachelor of Music from Peabody Conservatory in 2000. Dr. Gao then received her Master of Music from Yale University in 2002, and graduated from University of Maryland School of Medicine in 2008. She is currently a third year resident in the Department of Diagnostic Radiology at Beth Israel Deaconess Medical Center, Harvard Medical School. During her residency, Dr. Gao has been conducting research on utility of pelvic ultrasound in the emergency room under the direction of Dr. Karen Lee, and diagnostic approach to echogenic breast masses on ultrasound under the direction of Dr. Priscilla Slanetz. Dr. Gao has been a member of the AAWR since 2009.

Michelle Kim has been selected as the 2011 recipient of the AAWR R&E Member-in-Training Award for Outstanding ASTRO presentation for her work entitled “Effect of Trastuzumab on Locoregional Recurrence in HER2-positive Breast Cancer According to ER/PR Status.” Dr. Kim is currently a third year resident in Radiation Oncology at MD Anderson Cancer Center. She graduated with degrees in Biology and Spanish from Case Western Reserve University in Cleveland, OH, where she also completed her MD as a Dean’s Scholar. Since beginning her residency at MD Anderson, Dr. Kim has had tremendous academic opportunities under the outstanding mentorship of faculty in her department. These opportunities have led to several awards from professional organizations both here and abroad. Dr. Kim believes that these types of educational awards are pivotal for promoting continued scholarship and early academic careers. Dr. Kim has been a member of AAWR since 2009.

Dr. Cristiane Takita has completed her medical degree in 1988, and residency training in Radiation Oncology at University of Sao Paulo, Brazil, in 1992. After moving to U.S., she completed a transition year and a Radiation Oncology Residency at the Mallinckrodt Institute of Radiology at Washington University in St. Louis, in 1999. Shortly after, she joined the Radiation Oncology Department at University of Miami. She is currently an Associate Professor. As of October 2008, Dr. Takita was promoted to director of the radiation oncology residency program. As director, she spearheaded a successful effort to grow the program and renew accreditation by the ACGME. She has taken the program to an entirely new level, and under her leadership, the program has been awarded a five-year review period, an increase from the previous review period of three years. She is board certified by the American Board of Radiology and actively participates in clinical research at University of Miami as principal investigator in several studies. Her special interests are breast cancer and research. As co-leader of the Breast Site Disease Group at Sylvester Comprehensive Cancer Center she has designed and implemented clinical trials to reduce morbidity of women with breast cancer.
Kudos & Plaudits

Julia R. Fielding, MD

AAWR President-Elect, Dr. Julia Fielding has been appointed Vice Chair of Finance and Planning for the Department of Radiology at the University of North Carolina School of Medicine. In this role, Dr. Fielding will collaborate with the UNC Healthcare System Business Office and administrative personnel to identify processes that improve reimbursement to the Department of Radiology. In addition to this new appointment, Dr. Fielding will continue to serve as the Abdominal Imaging Division Chief and as Fellowship Program Director. She has held both positions for over a decade. Dr. Fielding will also continue serving as the Associate Chair of the UNC School of Medicine Credentials Committee and as the Assistant Editor of Genitourinary Imaging for the journal Radiology. Dr. Fielding has been a member of the AAWR since 1996, and will serve and lead the Association as its 2012 President.

2011 AAWR Research and Education Early Career Award Recipient Summary

Heidi R. Umphrey, MD; University of Alabama at Birmingham

Everyone has the ability to impact someone in a positive manner. I had a simple goal when applying to medical school that was I desired a career in which I could help people. A career in academic medicine affords me the opportunity to accomplish this goal through clinical practice, research and education. Many mentors have influenced me and shaped my training. The positive energy and kindness afforded to me by my medical school Associate Dean for Students illustrated the importance of compassion and encouragement. The outstanding leadership and negotiation skills of my Radiology Residency Program Director imparted to me the importance of innovation and courage in a leader. The guidance and support from research mentor showed me the value of wisdom and vision. The excellent patient care and tireless clinical dedication by my clinical mentor revealed to me the altruism and dedication of physicians. These outstanding qualities from women in academic medicine inspired me to continue work toward a career in academic medicine and aspire to develop similar traits so that I may positively influence others with an similar interests. The opportunity to attend the AAMC Early Career Women Faculty Professional Development Seminar allowed me to form relationships with other very talented women in a similar time point of our careers and to learn from accomplished women in academic medicine who were willing to share their wisdom and were encouraging and supportive.

There are so many written and unwritten skills to be learned and developed for a successful career in academic medicine. The conference gave me the opportunity to foster and initiate new relationships that were immediately beneficial for sharing knowledge as well as future friendships. The workshops were exceptional with a high energy level and valuable group interaction. The conference provided a forum for open discussion about many of the key issues affecting women in academic medicine spanning all fields such as balancing career and family, developing effective communication skills, navigating the research maze and understanding and planning for career advancement. There were open discussions providing valuable advice from established women in academic medicine as well as valuable contributions from colleagues across the country. The camaraderie was remarkable. It was comforting to explore similar career concerns and issues together realizing one is not alone and emphasizing the importance of support in this academic career pursuit. In fact, sessions centering on effective communication, time management, grantsmanship, and business etiquette were particularly useful. I have employed many techniques presented during these sessions already.

This exceptional experience that the AAWR has provided for me has improved my chances for a successful career in academic medicine. I am so grateful to the AAWR for providing this opportunity for me and so many other women in radiology.
First and foremost, I would like to introduce myself as a mother of three young children with two daughters aged 8 and 7 years and a son who just turned 4 years-old. I consider motherhood to be the most challenging role I have as well as the most rewarding. Second and importantly, I am a full-time academic neuroradiologist practicing a combination of clinical neuroradiology, research and administration. I consider myself very fortunate and grateful to have this fulfilling life and career.

The question that is often raised is how to balance work and life responsibilities in order to achieve a successful career while maintaining personal happiness. Unfortunately, there is no simple answer to this question as it incorporates individual preferences. The methods that work for one person may not work for another as individual circumstances and work habits vary. Overall, it is important to understand what a successful career means to you and the role that your personal happiness plays in order to be able to achieve both. Becoming a mother has made me reflect on my own childhood. I have learned valuable lessons from my parents that love and happiness are most important in having a fulfilled life. In my opinion, achieving personal happiness is a prerequisite for career success as it leads to greater productivity and satisfaction in my professional life. Furthermore, I realized that there is a significant association between personal happiness and career success, and balancing the two allows you to achieve both simultaneously without sacrificing one for the other. However, others may consider the relationship between career success and personal happiness differently. For some, career success is a major component contributing to their personal happiness.

Even though opinions vary on this topic based on individual preferences, setting priorities in both your personal life and professional career is a common starting point. However, the challenge how to balance between these two important roles in daily practice still remains. There are many distractions everyday deviating you from your career path and adding stress to your personal life. At times, these demands may become overwhelming in which your stamina and confidence may start to diminish. The following are several strategies that have helped me to remain productive at work without compromising personal happiness.

Preparation and planning are necessary skills to master in order to get through the daily routine without many unexpected disruptions. Typically, my work day has minimal interruptions from home activities allowing me to be more attentive and focused on my clinical responsibilities and research. I usually plan the household schedule for the month in advance, including the children’s activities along with childcare needs. My husband is a radiologist in private practice and we attempt to coordinate our call schedules in order to minimize childcare on the weekends. Being organized has enabled me to become more efficient and productive at both home and work. I have organized the household in order to be able to prepare meals quickly, keep track of daily school activities, arrange pick-up from afterschool programs and celebrate special occasions such as birthdays and holidays. In my professional career, I organize my daily schedule to arrange time for completing specific tasks such as grant deadlines, abstract and manuscript submissions and prepare invited presentations. Otherwise without preserving this time specifically for each assignment, the hectic day can quickly become all consuming resulting in limited productivity. As a result, I have been able to accomplish more tasks in a timely manner at both work and home by developing an organized system.

Another essential characteristic in balancing work-life responsibilities is being flexible in my daily routine. When an unexpected distraction occurs at home or work, I modify my schedule in order to keep on track. This may require completing a task later in the evening or early morning hours prior to starting the usual daily routine. When an unexpected distraction occurs at home or work, I modify my schedule in order to keep on track. This may require completing a task later in the evening or early morning hours prior to starting the usual daily routine. I constantly respond to email messages during the evening, weekend and oftentimes vacation. Overall, it is important to not procrastinate or fall too far behind because it is very difficult to catch up. Often in this situation, more stress is added to your life with accumulating past-due deadlines, placing you at potential risk to tip the work-life balance in an unfavorable direction.

How I Manage Work-Life Balance
Pina C. Sanelli, MD MPH
Associate Professor of Radiology and Associate Professor of Public Health
Weill Cornell Medical College

Work-Life Balance continued on page 8
The 2011 ACR Intersociety Summer Conference was held August 12-14 in Sundance, Utah. Over 40 of the 50+ radiological societies were represented; and I was there on behalf of the American Association for Women Radiologists.

The focus of the meeting was the need for formation of a strategic plan for radiology societies. Members of the ACR had gathered information including budget, number of members and current strategic plans for all of the societies in the US. A second theme was to consider the need for additional accreditation for radiology specialists.

Results:
- Majority of societies had small budgets
- Virtually every society placed the annual meeting very high on a list of priorities
- Very few societies had formal strategic plans
- Some societies were forming individual accreditation standards. There was general agreement that this work should be handled by the American Board of Radiology and the Maintenance of Certification program

Considerations for the AAWR:
Lack of general meeting is a weakness and a strength. Although there is no annual gathering, the Society has the ability to reach out to many other societies and of course to the leadership of the American College of Radiology. A specific suggestion was made to contact all female chairs to encourage each to consider the AAWR as a networking site for academic radiologists.

Benefits of the meeting:
I would encourage the AAWR to continue funding the registration fee for the President or President-elect to attend this meeting. I found it extremely valuable for networking and improving raising the profile of our Society among leader of other organizations.

Work-Life Balance; continued
Occasionally, I am asked what is the secret to successfully maintaining the work-life balance. My reply is simply good help. I realize that I cannot do it alone and would not be able to achieve these accomplishments without the support of my family. My husband is a supportive spouse who has always encouraged my career advancement since we met as radiology residents during training. He is a loving and devoted father who actively participates in raising our children. Thus, he is a vital contribution to the family’s happiness as well as my own personal achievements. In addition, our children are very proud that their parents are physicians and they have become understanding of our clinical responsibilities that continue after hour on-call and weekends.

The other significant component in achieving this work-life balance is the continued support of my chairman, division chief, colleagues and mentors that has enabled me to accomplish my career goals without sacrificing personal happiness. Their understanding of the importance of family obligations has afforded me some flexibility in my academic and administrative responsibilities. I have been able to attend school events and doctor appointments for the children without compromising my performance at work. This has led to greater satisfaction and fulfillment in my professional life.

Prior to reaching this work-life balance, there were many periods of uncertainty, struggle and failure requiring re-evaluation and adjustment. I had to adjust this balance following the birth of each child as the dynamics significantly changed at home with a newborn. Recognizing the changing needs of my family as the children grow and preparing for different responsibilities in my career have been essential to appropriately adjust this work-life balance during different periods in my life. The time and effort devoted to professional and personal responsibilities may not always be evenly distributed, however, an overall balance can be achieved in order to obtain both career success and personal happiness simultaneously without sacrificing one for the other.
Questions on Mentorships

**MIT:** Chelsea Camille Pinnix, MD, PhD
**AAWR Member:** Yoshimi Anzai, MD

**Q:** What qualities should young trainees look for in the process of identifying a mentor?

**A:** Finding the right mentor is incredibly important. A mentor is someone who helps you advance your professional career, genuinely assisting in your academic and personal success. There are several qualities that you should look for;

Serve as a role model for you. If you want to be a recognized researcher with independent federal funding, look for funded researchers with scientific integrity. If you have a passion for teaching and want to be an educator, look for someone who is a great teacher. Whatever your goal is, look for someone who is a role model for you.

Hands-on experience as a mentor. Have previous mentees succeeded in their academic careers? This will tell you if the person knows how to guide trainees and junior faculty.

Willing to invest their time in you. This is often difficult, as good qualified mentors are often over-committed. You need to do your best not to consume a large amount of your mentor’s time by being pro-active, independent, and using your own judgment as much as possible. At the same time, you need to keep your mentor well informed.

Most importantly, look for someone who honestly provides constructive criticism of you and your work. This may not be the most comfortable thing to do for a mentor. However, if the criticism is necessary, it is best for a mentee to know sooner rather than later. Of course, there should be mutual trust and respect in order for a mentor to provide constructive criticism and for a mentee to be able to accept the mentor’s critiques.

**Q:** What are keys to a successful mentor-mentee relationship?

**A:** Just like any relationship between two individuals, mentor-mentee relationship also develop fully only when both parties work at creating this human relationship. It is not something we can manufacture or legislate artificially. There is some element of chemistry, although some think that is not absolutely necessary. Both people in a mentoring relationship have to be comfortable with each other. This may develop over time.

Generosity is another critical element. Ideal mentor should be someone who is willing to invest their time in you, to meet with you regularly or as needed. A mentor should also be willing to provide you with opportunities that will help your professional development. Setting expectations early can help to assure that both parties remain content with the relationship. Ideally, a mentor should be about one career stage above a mentee. This career distance creates a situation in which the opportunities that may no longer be appealing to the mentor still represent attractive opportunities for the more junior mentee.

You do not need to restrict yourself to a single mentor. No single person is a perfect mentor. It helps you to have mentors at different career stages, to have mentors who are clinically focused and research-oriented, and perhaps to have mentors of both genders.

Keep in mind that as a mentee, you have an obligation to provide a return on investment to your mentor. Mentors are generally not paid for mentoring, and their time is valuable. Be enthusiastic and make best effort to accomplish the task given to you. Always keep the line of communication and be honest.

Lastly, while strong mentorship relationships can help you develop professionally and personally, always remember that you are the one who will open the door to your own academic success.

**Question on Healthcare**

**MIT:** Chelsea Camille Pinnix, MD, PhD
**AAWR Member:** Vijay M. Rao, MD, FACR

**Q:** What are some predictions regarding how academic and private practices will change as a result of our evolving healthcare system? Is there anything we can do to assure that patient care does not suffer?

**A:** It’s very difficult to predict how evolving healthcare system is going to affect radiology because no one yet knows how health care reform will finally play out. However, I think one trend that’s inevitable is continued downward pressure on imaging reimbursement. It is also been shown that imaging utilization has flattened in recent years and I don’t see it growing rapidly like it did from the late 1990s till around 2005. Turf issues are not going away. Emphasis on better quality of care at lower costs continues to grow and payments are being linked to performance measures. We are getting inundated with increasing regulatory requirements and compliance in every sphere; clinical, research and education requiring additional resources. New health care delivery models are on the horizon with a lot of unknowns for

/MIT Q&A continued on page 10
As a woman who trained in medicine in the eighties, I was surprised to read an e-mail recently from a resident complaining about the male bias in our specialty. Like many of my contemporaries, I had hoped that these issues were in the past. I decided to take this opportunity to look into the status of women in medicine and in radiation oncology specifically. I would have to say the information was hard to come by and sometimes conflicting.

In 2006, 27.8% of all physicians were women. This is an increase of 472 % since 1980 when I was in medical school. About thirty one percent of all surgeons were women and seven specialties had more than 5000 female physicians: Internal Medicine, Pediatrics, General Practice, Psychiatry, OB/GYN, Anesthesiology and Pathology. Since I trained in Ireland where 50% of the class was female even then, I was not aware of the gender inequity that existed in the United States until I started my internship here. My residency program was also about 50% female; very unusual in 1985.

In 2010, 77 females and 202 males applied to Radiation Oncology programs. It was not possible through a review of National Resident Matching Program data to determine the gender of the applicants accepted into the training programs. If we look at how many women hold the position of department chair, according to the AAMC, looking at 68 academic programs, nine were held by women; one in an interim role.

The AAMC data would suggest 25% of all full time Radiation Oncology faculty are women and a woman is the chair in 13% of academic departments. This is in contrast to the SCAROP data which surveyed 80 academic radiation oncology departments. They received responses from forty-six departments. In their survey, 48% of the faculty was female and 3 departments had a woman chair. The SCARO data is comprised of departments or divisions with radiation oncology residency programs. It excludes academic departments without residency programs which would account for at least 2 to 3 female chairs cited by the AAMC but not SCAROP.

If we look at our professional societies we also have difficulty getting down to the details usually because this female specific data has not been collected consistently over the years. RSNA has started to keep track since 2008 and from then through 2010 the membership has been about 22% female. In ASTRO, the total number of members is 9987, of which 2780 or 28% are women. One hundred and sixty five volunteer positions are held by women, fourteen of them leadership roles. The numbers are inflated however because some individuals hold multiple roles. I personally held about five positions when this data was collated. In the ACR the numbers refer to uniques. Approximately 21% of their membership is female. About 5.5% or 230 women work as volunteers for the college. These women hold 18% of the positions at the commission, committee and task force and representative level and of the 18%, 11% hold a position of leadership such as chair, president, speaker, vice-chair, vice-

**Radiation Oncology Corner:**

**WOMEN IN RADIATION ONCOLOGY or THE GLASS CEILING CRACKED NOT SHATTERED**

**Maria D. Kelly, MB,BCH BAO,FACR**

Chief, Department of Radiation Oncology
Veterans Administration, New Jersey Healthcare System

It is not uncommon to hear or read about instability in the radiology community these days–groups have lost their hospital contracts, offices have closed, some have sold out to corporations; mergers have created friction and led to some job losses, and so on. Job market in radiology has become tight this year. Given the changes in the current job market, Radiology may begin to fall out of favor as a specialty of choice for medical students.

On the positive side, regardless of the changes in reimbursements, I believe radiologists will always do well financially compared with many other physicians in Medicine. It is an exciting field and career in radiology is satisfying and rewarding professionally.

I do not think these potential or anticipated changes are going to compromise patient care. There is plenty of imaging capacity in the system, and this means patients should have the access they need to radiological care. As a matter of fact, evolving changes in health care offer an opportunity for radiologists to move to the forefront of patient safety initiatives such as radiation safety, information management and utilization management so that only appropriate studies are performed. The best thing we as radiologists can do for our patients is to focus on quality of care and adding real value.
Challenges Facing Private Practice Radiologists:  
An Interview Conducted by Dr. Lara Eisenberg with Dr. Janet Storella

Drs. Groover, Christie, & Merritt, P.C, a Washington D.C.-area private radiology group founded in 1916, is one of the oldest continuing practices in the U.S. Dr. Janet Storella is the current president of the group. I asked her what she thought were some of the greatest challenges and changes facing the private practice community today.

Dr. Eisenberg: What do you see as the greatest challenge currently facing radiologists in private practice?

Dr. Storella: The biggest challenge we face as a profession is the devaluation of our services and contributions within the broader scope of healthcare delivery in America. What we do has been commoditized, or distilled down, to simply interpreting images. The subtext is that all image creation and interpretation is equal. Thus the inexorable drive to lower reimbursement per study interpreted, because the only differentiator is cost. But this ignores the differences in image quality and interpretation along with the other “value-added” services that radiologists are uniquely qualified to provide. These exist both at the local level (say in a hospital imaging department) and at the national level within the debate on healthcare reform. We see and participate in patient care both horizontally, from hyper-acute to chronic care, and vertically, i.e. across all subspecialties. We have to have a fairly sophisticated understanding of the business of medicine and articulating how capital intensive our work is.

Dr. Eisenberg: How has your group dealt with the changes in reimbursement from private insurers and Medicare?

Dr. Storella: There are two strategies for dealing with declining reimbursements: cutting expenses and bringing in additional revenue. Most private practices have been examining every one of their expenses looking for potential areas to cut costs. This includes physician costs and helps to explain why the job market is so tough right now for recent fellowship graduates. Where many practices might have recruited new physicians to make up for attrition, they are now holding off to see if they can get by with fewer FTE’s.

Additional revenue can come from increased volume or other new revenue sources, such as imaging centers and reading contracts, but the competition in many markets is quite fierce.

Dr. Eisenberg: Coding and billing complexities are another challenge private practices face. How does your group stay abreast of this continually changing area?

Dr. Storella: The heart of the matter is that without correct coding and billing you will not get paid for what you do. Every private practice should be working closely with their billing personnel and coders to understand their denials and make adjustments accordingly. This requires a fair amount of physician education and even modification of dictating styles and templates, but is well worth it in the long run. There are great resources available through the ACR, like “The Coding Source”

In the larger context of healthcare reform it is the back end method of dealing with overutilization of expensive advanced medical imaging procedures. This is a very inefficient method at that. Overutilization should be tackled on the front end, through evidence based clinical decision support. Unfortunately, this raises the specter of rationing and the role of non-radiologist self-referral in imaging, so I don’t see any substantive policy changes on the horizon in this arena.

Dr. Eisenberg: Relationships between private groups and hospitals have been more strained than ever in this day of declining reimbursements. What can be done to try to optimize relations?

Challenges; continued on page 12
Radiation Oncology Corner; continued

speaker or vice-president. It should be noted that depending on the society these women could be radiation oncologists, radiologists, physicists, biologists, nurses, administrators etc.

The AAMC presented a report in 2011 based on information gathered in a 2008-2009. Key findings included increasing numbers of women in all academic categories in the past 10 years but a continued gap between male and female faculty at all levels, but most especially midcareer and senior faculty. There were more than twice as many male associate professors and five times more male professors than female professors. They confirmed again that retention of female faculty was an issue. This data all referred to academia. I was unable to find any data that provided information on women in non-academic practices specific to our specialty. This is a knowledge deficit that could be easily resolved through a survey by our professional groups.

The report defined barriers facing women and affecting our ability for successful and satisfying careers. These included a lack of understanding of their professional environment and how to navigate it; few resources to assist development and lack of mentoring; few leadership expectations and a lack of senior role models. They felt women in medicine felt isolated, believed that gender was an obstacle to advancement, had less self worth than men and faced more family or child care issues. They saw the approach to solving these issues to include activities we are all aware of but do not as a group often follow through on. These include mentoring, advocacy, celebrating and networking.

With these goals in mind I would like to propose some action items to the women of AAWR and ASTRO:

1) Work on a plan to make mentoring easier for mentor and mentee
2) Create a guideline for academic departments regarding programs specifically designed for female career development such as the Early and Mid-Career Women Faculty Professional Development Seminars
3) Create a resource list of coaches and reading materials
4) Survey members about bringing in a professional coach to the annual meeting.
5) Create a proactive plan to engage more women in our professional societies
6) Consider a chat room or blog for communication
7) Create a task force with members from our major societies
8) Ask our professional societies (ASTRO, AAWR, AAM, RSNA, ARRO etc.) for more accurate data regarding the roles of women in our specialty and our societies.
9) Organize informal regional weekend retreats for networking and camaraderie

Lastly I will leave you with the words of a plaque I keep in my office:

IT'S HARD TO BE A WOMAN;
One must think like a man
Behave like a lady
Look like a young girl
And work like a horse.

For more information on these topics I refer you to the AAMC web page https://www.aamc.org/members/gwims which deals with women's issues.

Challenges; continued

Dr. Storella: Hospitals are under the gun financially just as much as radiology groups, so the baseline level of tension and anxiety is already heightened. Participation and visibility are key. Hospital based radiologists need to show that they are long-term partners in the overall success of the hospital. With the advent of PACS and voice recognition there are far fewer chances for direct interaction. If you have your head down in the dark, no one knows you exist!

Dr. Eisenberg: A number of different physicians are opting to become hospital employees. What do you feel are the advantages and disadvantages of each option for community radiologists?

Dr. Storella: The advantage to doctors in becoming employees is the ability to focus solely on medicine without the distraction of the business side of running a medical practice. The disadvantage is the loss of independence and self-determination that comes with being an employee. Hospitals employ doctors because it gives them far more control and is a building block to achieving larger integrated health systems in anticipation of the CMS mandate for ACO’s (accountable care organizations).

Dr. Eisenberg: There has been a lot of publicity about so-called predatory practices with teleradiology groups undercutting radiology groups with long-standing hospital contracts. What do you think that private radiology groups can do to show the added value of traditional radiology groups?

Dr. Storella: Radiologists should be enmeshed in the clinical, social, and political fabric of their hospitals. Serve on hospital committees and boards, present at clinical conferences, participate in planning sessions and retreats, and socialize with other members of the medical community and the administration. This is hard to do when the worklist is ever growing but it is an area where every member of the group can contribute. There is a very helpful article on the “Value-Added” concept in the September issue of JACR.
The Women in Radiology (WIR) at the Medical University of South Carolina (MUSC) recently held a dinner and talk with AAWR member Dr. Etta Pisano as the lead speaker. Dr. Pisano, the current Dean of the MUSC College of Medicine and renowned breast imager, spoke about her professional and personal life, including the trials and successes that brought her to where she is today. She gave an inspiring account of her childhood and college years, her experience during radiology training and her first job, her introduction to the arena of research, and anecdotes of raising her children. Of particular interest, was how she was able to gracefully balance raising a family while developing a successful academic career as a young radiologist. Drs. Leonie Gordon, Susan Ackerman, Gayatri Joshi and Etta Pisano spoke about AAWR, including its growing Member-in-Training section, and encouraged those who are not members to join. AAWR has waived membership fees for all fellows, residents and fourth year medical students.

MUSC’s WIR is comprised of radiology attendings, fellows, and residents, as well as medical students interested in applying for radiology residency. WIR’s mission is multifaceted, with each quarterly meeting addressing specific objectives, including community service, social networking, professional development, and creation of a local support system for the MUSC Women in Radiology. Other recent events include Toys for Tots last holiday season and a farewell event for graduating residents and fellows in June.
The AAWR would like to extend a warm welcome to its newest members.

The members below joined the AAWR between August 15 and October 15, 2011.

ACTIVE MEMBERS
Dr. Susan Higgins
Dr. Jenny Hoang
Dr. Phuong Nguyen
Dr. Janice Reinke
Dr. Jennifer Uyeda-Lim
Dr. Vani Vijaykumar

Dr. Julie Bradley
Dr. Kelly Bradley
Dr. Karen Buch
Dr. Lisa Chu
Dr. Stephani Coleman
Dr. Rachel Edwards
Dr. Caroline Fasola
Dr. Judith Gadde
Dr. Prasanti Ganni
Dr. Susan Hiniker
Dr. Margaret Hotze
Dr. Shinn-Huey Chou
Dr. Heather Imsande
Dr. Denise Kohen
Dr. LiChing Lau
Dr. Amanda Lenderink-Carpenter
Dr. Zoe Miller
Dr. Andrea Moore
Dr. Vicky Nguyen
Dr. Amy Nixon

Dr. Kristina Nowitzki
Dr. Stacy Ries
Dr. Sandra Rutigliano
Dr. Stacey Ryder
Dr. Gurpreet Sandhu
Dr. Jennifer Schaefer
Dr. Deeshali Shah
Dr. Tina Tailor
Dr. Irene Tseng
Dr. Esther Udoji
Dr. Mary Wood
Dr. Rubina Zahedi

CORRESPONDING MEMBERS
Dr. Mina Asatani
Niigata University
Dr. Ayumi Nitta-Seko
Dr. Meng Welliver

RESIDENTS
Dr. Geraldine Abbey-Mensah
Dr. Mona Ahmed
Dr. Shannon Barry
Dr. Lindsey Bergen
Dr. Carmen Bergom

Dr. Julie Bradley
Dr. Kelly Bradley
Dr. Karen Buch
Dr. Lisa Chu
Dr. Stephani Coleman
Dr. Rachel Edwards
Dr. Caroline Fasola
Dr. Judith Gadde
Dr. Prasanti Ganni
Dr. Susan Hiniker
Dr. Margaret Hotze
Dr. Shinn-Huey Chou
Dr. Heather Imsande
Dr. Denise Kohen
Dr. LiChing Lau
Dr. Amanda Lenderink-Carpenter
Dr. Zoe Miller
Dr. Andrea Moore
Dr. Vicky Nguyen
Dr. Amy Nixon

Dr. Kristina Nowitzki
Dr. Stacy Ries
Dr. Sandra Rutigliano
Dr. Stacey Ryder
Dr. Gurpreet Sandhu
Dr. Jennifer Schaefer
Dr. Deeshali Shah
Dr. Tina Tailor
Dr. Irene Tseng
Dr. Esther Udoji
Dr. Mary Wood
Dr. Rubina Zahedi

MEDICAL STUDENTS
Akua Adwubi Biritwum
Hansol Kim
Cassandra Parrott
Marianne Reed

RSNA/ARR Study Section Reviewers Workshop
Saturday, November 26, 2011 1:00-5:00 pm
McCormick Place, Room E253CD
Course Code: SAT03
Fee: $35.00

In collaboration with RSNA, the Academy of Radiology Research is offering a workshop to provide information to radiologists and imaging scientists who are interested in serving as expert peer reviewers on NIH and other grant study sections. Although a significant amount of information is available on how the review process works, many investigators (new and experienced) have questions that are best answered in person by those who have first-hand experience. Attendees will be provided with a clearer understanding of the review process, which will enable them to be better prepared to serve as reviewers on NIH Study Sections or other grant review panels.

Registration for the workshop is currently being accepted online at the RSNA 2011 meeting website (RSNA.org/register), or use the Registration and Housing Form on page 46 of the Registration Brochure: http://rsna2011.rsna.org/attendees/pdf/RSNA2011_RegAndHousing.pdf The course registration information is on the lower left-hand side of the form.
National Women’s History Museum welcomes
Gretchen Green, MD, MMS
to the NWHM Board of Directors

Dr. Green is a proud AAWR Member and received the 2004 AAWR Lucy
Frank Squire Distinguished Resident Award in Diagnostic Radiology.

National Women’s History Museum | 205 S. Whiting Street Suite 254 |
Alexandria, Virginia 22304 | 703.461.1920 | www.nwhm.org
The mission of the Academy of Radiology Research is to create and maintain a supportive political environment for imaging research. The Academy raises awareness about the value of imaging and its impact on patient care through advocacy and educational initiatives. Awareness of the direct impact and value imaging brings to patient care assists in continuous efforts to garner support for consistent federal investment in imaging research.

While NIH funding has increased three-fold since 1995, and has endured several years of flat funding in the interim, radiology research has had six fold increases during that same time period and continues to do well comparatively. While the future of federal funding will be challenging all around, the Academy will maintain its unique and unmatched advocacy and education initiatives in collaboration with our now more than 140 members including the AAWR.

The Academy continues to be successful because of the strong and consistent support we receive from its member societies. Etta Pisano, MD, a Past President of the AAWR, is an Academy executive committee member. Through her work, the AAWR had direct representation in the work of the Academy and consistent communication with the AAWR members on Academy activities. In addition, the Academy is currently developing a proposal that will be submitted to the National Science Foundation (NSF) that will seek funding to implement a number of programs aimed at enhancing opportunities for women in radiology. The overall long-term goal of this project is to increase the number of women, including underrepresented minority (URM) women, among faculty in academic radiology research. This will be accomplished by affecting change in behavior and practice related to recruitment, promotion and work climate for women within academic radiology and imaging-related departments. This project will involve the Chairs of academic radiology departments, while also encouraging programmatic involvement of various patient advocacy groups, to help enrich the experience of the program participants and departments. Over the coming months, the Academy will convene a task force to develop and craft the application to NSF. This task force will include specific radiology organizations such as AAWR, SCARD, SAWI, the Society for Nuclear Medicine and others. Academy staff have already held a conference call with program officers at NSF and they have encouraged the Academy to submit an application by the October 2012 deadline.

**Other Academy Initiatives**

The Scientific Liaison Task Force has compiled a list of suggested grant reviewers to submit to a number of Institutes at the National Institutes of Health (NIH) and will organize a second symposium on peer review of grants at RSNA 2011 under the leadership of Carolyn Meltzer, MD. The Public Relations Task Force is linking patient advocacy groups with radiologists, producing one page reviews on imaging issues, and developing appropriate options to respond to patient groups concerned about media articles related to imaging. The Recognition of Researchers Task Force has developed a new and prestigious award for distinguished investigators in radiology and imaging under the leadership of Chairman Stanley Baum, MD. The first group of nominees is expected this fall. If you are interested in the activities of any of the task forces, please contact Roxanne Yaghoubi at the Academy.

The Academy hosted its third annual Legislative Forum on May 17-19th. Academic Chairs attended meetings at the National Institutes of Health, and met with the Directors or Senior Staff of NIBIB, NIDA, NHLBI, NINDS, NIAMS, NIDDK & NCI. These meetings led to many opportunities for the Academy to collaborate with NIH’s institutes and centers.

For the second time, the Academy sponsored a Congressional Reception to allow Members to meet and greet as well as ask questions related to imaging. This event was a resounding success. In attendance at the Congressional Rayburn Gold Room were more than 180 legislative staff, patient advocacy representatives, and NIH staff, up more than 50% from 2010 attendance levels. Renée Cruea introduced three patient advocate leaders who spoke briefly about the role imaging plays to their patient constituency. The Society for Women’s Health Research, the Lung Cancer

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**ARR Report; continued on page 17**
Alliance and the National Association for Eye and Vision Research presented to this audience. Attendees spent time reading research posters displayed by more than 25 academic radiology departments and speaking to the radiologists in attendance.

On May 19th, the Academy sponsored the second annual imaging technology showcase in the Rayburn Foyer entitled: The Impact of Imaging Research, Technology & Patient Care. The event provided an opportunity for attendees to visit nine unique technology display areas, each represented by a patient advocate, academic researcher and manufacturer. With displays focusing on areas such as cutting-edge computed tomography (CT), novel magnetic resonance imaging (MRI), or decision support software, congressional guests were able to gain a deeper understanding of how imaging research is changing the detection, diagnosis and treatment of disease. The keynote speaker for the event was the Director of the National Institutes of Health, Francis Collins, MD, PhD. Dr. Collins highlighted some of the recent accomplishments of imaging researchers, such as the success of the National Lung Cancer Screening Trial. Special guest speakers were champions, advocates and leaders in the field of research, including Senator Amy Klobuchar (D-MN). Mr. Arthur Cassano, a patient advocate who survived a brain aneurysm due to a timely advanced imaging diagnosis, also provided personal testimony about his own experiences. Overall, approximately 300 people attended including a mix of Members of Congress, congressional staffers, patient advocates, industry representatives, academic leadership and NIH staff. Attendance was more than double from 2010.

Earlier in the year, the NIH unveiled plans to create the National Center for Advancing Translational Sciences (NCATS), which also called for the concurrent dissolution of NCRR – a Center that maintained a number of active and compelling imaging-related projects. Throughout the public feedback process, the Academy submitted multiple comments to NIH that supported the relocation of a number of NCRR's imaging-related projects to their natural home at NIBIB. The Academy provided both theoretical justification and NIH categorical data that demonstrated that a number of important NCRR programs shared strong scientific adjacencies with NIBIB. These recommendations included the Biomedical Technology Research Centers (BTRCs), the shared and high end instrumentation awards, bioengineering, biotechnology and imaging research activity (R01, R21, etc.), and the Biomedical Informatics Research Network (BIRN). While the NIH did not implement all of the Academy’s recommended activity, the justification provided by the Academy did help move a number of important programs to NIBIB.

The Academy hosts “coffee chats” with its patient advocacy membership to discuss initiatives for legislative collaboration, providing each patient group with a radiologist who they can contact for specific imaging information, and generating talking points on how imaging benefits their constituency and the current funding challenges facing imaging. Many patient advocacy groups will implement Academy information into their own legislative requests and discussions with Congressional staff. These coffee chats include meeting with only a few patient representatives at a time, enabling a casual and open dialogue about the legislative issues that the organizations are facing this year and allowing networking among members.

In summary, the AAWR is well served by its membership in the Academy of Radiology Research, with many activities promoting our research agenda.

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.

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Thank you for helping AAWR to increase its revenues in order to better serve our members.
During the 2011 ASTRO Annual Meeting, the AAWR and ASTRO held its annual professional development luncheon. This year, the Luncheon had one of the best attendance ever! The luncheon entitled, *A Mentorship Panel for Women in Radiation Oncology* was hosted by AAWR’s own Drs. Nina Mayr and Feng-Ming Kong. The Panel was comprised of the accomplished radiation oncologists listed below, who presented their views on women in radiation oncology and answered questions from opportunities in academia and community practice to involvement in health care politics.

**2011 Panelists**

**Beatriz Amendola, MD, FACP, FASTRO**
Medical Director
Innovative Cancer Institute,
Brachytherapy Institute of South Florida
South Miami, FL

**Iris C. Gibbs, MD**
Associate Professor, Residency Program Director,
Director of Education
Department of Radiation Oncology, Stanford University
Stanford, CA

**Anca L. Grosu, MD**
Professor and Chair, Department of Radiation Oncology
Associate Dean, Faculty of Medicine
University of Freiburg, Germany

**Maria D. Kelly, MB, BCH, BAO, FACP**
Director of Radiation Oncology
Veterans Administration Medical Center
New Jersey Health Care System, East Orange, NJ

**Ritsuko Komaki, MD, FACR, FASTRO**
Professor of Radiation Oncology,
Gloria Lupton Tennison Distinguished Professor in Lung Cancer
Program Director, Thoracic Radiation Oncology
M.D. Anderson Cancer Center, Houston, TX

Luncheon; continued on page 19
This year, the Panel included a new international perspective, discussing the status of women radiation oncologists, opportunities and challenges in the U.S. as well as countries around the words: Japan (Dr. Komaki), South America (Dr. Amendola) and Europe (Dr. Grosu). The Panel was one of the best attended AAWR ASTRO panels ever. Many comments from within and outside our specialty sparked vibrant discussion and new perspectives.

During the Luncheon, Dr. Michelle M. Kim, of MD Anderson Cancer Center was presented with the 2011 AAWR Research and Education Foundation Member-in-Training Award for Outstanding ASTRO Presentation in Radiation Oncology (left). The AAWR would like to congratulate Dr. Kim and thank everyone for making this event a success.

One of the most important functions of the Panel is to provide informal networking for our members and guests among each other and with women radiation oncologist leaders in our field (right).

Photos courtesy of ASTRO and Maria D. Kelly, MB, BCH BA, FACR

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

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Yoshimi Anzai, MD

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Meghan Blake, MD
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Publication Coordinator
Angela Davis, CAE

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
February 1, 2012