



FROM YOUR PRESIDENT

Dr. Zhongxing Liao

Dear AAWR Members:

As the 2010 president of AAWR, I would like to send my personal good wishes for 2010 to all our members. I want to thank Dr. Lynn Fordham, AAWR 2009 president for her support, her guidance, and her excellent leadership for AAWR. 2010 shows all the signs of being a great and exciting year for our organization with continuous strong support from our distinguished leaders in Radiology, enthusiastic participation of our board and committee members, and active enrollment of the members-in-training.

During the past few decades, the world has witnessed tremendous progress in the status of women in all walks of life. As reported by Dr. Carol M. Rumack, the Founding President of AAWR and 2009 President of the American College of Radiology during the RSNA 2009 annual meeting, women have been playing increasing leadership roles in the development and advancement of medicine, the result of the years of persistent and continuous effort of strong leaders and of organizations such as AAWR. The numbers and percentages of women medical students, residents, and faculty members have been steadily increasing.

However, "leaks in the pipeline" persist: although the proportion of women in medical school is close to 50%, that proportion drops to 40%-45% in residency,

35%-40% in assistant or associate professorships, and only about 10% of full professors in major academic centers are women. The number of women in chair positions is even fewer. Some of the many possible reasons for these decreases include lack of mentorship, lack of opportunity and skills to lead and to network, and lack of an appropriate forum for training and practicing the necessary skills.

For years, AAWR has worked very hard to address these issues by holding various faculty development programs at major radiological conferences. The programs sponsored by AAWR have become an essential part of the life of our Association. AAWR has a well kept tradition of wonderful programs in conjunction with ARRS, SPR, and RSNA. There are 2 categories in general: (1) career development for women radiologists, focusing on goal setting, negotiation skill, organizational tips, career planning, balancing work and family, etc. (2) Refresher courses, focusing on state of the art diagnostic radiology and radiation therapy. Our program committee chair, Dr. Rao is working to put together another excellent program this year. If you have any specific topics that you wish to have discussed at these programs, please contact us at www.AAWR.org.

Members are the life and soul of an

From Your President continued on page 2

in focus

From Your President.....	1-2
AAWR Alice Ettinger Recipient.....	2
Organizations for Women in Science and Medicine: "Passé" or au courant?.....	3-4
Changing Demographics in Europe.....	5
AAWR's RSNA Moments	6-7
The Take Home Message from RSNA 2009 - RC 616.....	8
Negotiating - Case Study #3.....	9
"How I Do It" by Etta D. Pisano.....	10-11
Interview - Beatriz E. Amendola.....	11-12
Past President's Corner	13-14
Radiation Oncology Corner	14-15
The Radiologist	16
Kudos & Plaudits	17-19
Save the Dates	20
Call for Applications...	20-21



“A teacher affects eternity; he can never tell, where his influence stops.”

- Henry Brooks Adams

By: Barbara N. Weissman, MD; 2009 AAWR Alice Ettinger Award Recipient

Receiving the Alice Ettinger award has great personal significance for me and I sincerely thank the American Association for Women Radiologists for this great honor.

Dr. Ettinger personified many of the characteristics that I feel portend success in a career. She was courageous, leaving Germany in her early thirties to bring the first spot film device to America. She was focused, devoting her life to the practice and teaching of Radiology. She was brilliant, becoming an expert in her field and a valued consultant. At the age of forty, Dr. Ettinger became the first radiologist-in-chief at the Boston Dispensary and New England Medical Center. While these characteristics may lead to success in a field, Dr. Ettinger's caring and compassion made her a great doctor. She made sure that radiology was not removed from the patient but was an integral part of patient care. In fact, Dr. Ettinger knew her patients not as pictures on a film but personally as was evident when we reviewed cases at the view box.

In addition to exhibiting characteristics for personal success, Dr. Ettinger generously mentored trainees to promote their success. There must have been dozens of trainees she influenced and I was one of the beneficiaries of her kindness. As a fourth year medical student, I met Dr. Ettinger during a radiology rotation at New England Medical Center where Dr. Ettinger had become the first director of the Tufts radiology residency. She took me under her wing and, at a time when interviewers for residency could ask you if you "were strong enough to move the machines" or "planned to have children", introduced me to Dr. Mellins (whom she called "a prince") for a possible residency position at the Peter Bent Brigham Hospital. I did my residency training with Dr. Mellins and have remained at the Hospital ever since. Her guidance changed my life, and if I am lucky, I hope I have

had a positive affect on the lives of my students. Thus, with modification for the gender reference in the quotation above, Dr. Ettinger personified the eternal life of teachers:

“A teacher affects eternity; [s]he can never tell, where [her] his influence stops.”

The Ettinger award helps to keep her spirit and legacy alive and honors the professions of radiology and teaching and I am humbled and delighted to have been its 2009 recipient. Sincere thanks to the AAWR for developing this award, the committee for selecting me, Drs. Steven Seltzer and Ewa Kuligowska for supporting my nomination, my family for everything, and my students past, present and future for making work so much fun.

From Your President; continued

organization. As a result of the global economic recess, AAWR, like all other professional organizations, has experienced decrease in membership, membership payment, and industry support. Consequently, AAWR has encountered financial drawbacks. Therefore, it is the major goal of the 2010 AAWR executive committee to retain and increase the membership of AAWR. I would like to charge each member to introduce a new member to our organization. We will also work on increasing the visibility of AAWR and our programs so that more women may benefit from what AAWR has to offer.

I am looking forward to working with all members of AAWR in 2010.

The American Association for Women Radiologists is now on Facebook, one of the fastest growing networking Web sites!

Come check us out. Become a fan.



Receive updates and get the latest AAWR announcements. Network. Participate on the discussion boards.



Organizations for Women in Science and Medicine: “Passé” or au courant?

Elizabeth L. Travis, PhD, FASTRO;
Associate Vice President, Women Faculty Programs,
University of Texas, M.D. Anderson Cancer Center

This is an exciting time for women in medicine and science. Change is in the air, it is as palpable as it is visible. Even that most venerable of scientific institutions, the Nobel Prize Committee, awarded Nobel Prizes to 3 women in the fields of science and medicine this year, a first for sure. But despite significant advances, there is a long way to go.

In the last decade, medical research and clinical medicine have witnessed significant increases in the number of women entering these fields; the numbers of women graduating with M.D.s and Ph.D.s in the life sciences in the U.S. are now close to 50%, and have been so for a number of years. The academic pipeline is full at the input end. However, despite the number of women entering medical school faculties coupled with the fact that sufficient time has elapsed for women to “fill the pipeline,” women remain woefully under-represented in the senior faculty ranks; although 71% of junior ranking associate and assistant professors are women, only 18% of professors are women. If the current trends continue, gender equity at the professorial rank will not be achieved until 2058!

Furthermore, although we now accept that diversity in the executive suite has many advantages, only 12% of Deans and Cancer Center Directors are women. It is a rarefied

atmosphere at the top of academic medicine indeed. But we are no worse off than other professions regarding women in leadership: women fill only one fifth of the leadership positions across all sectors, although we should take no comfort in this. Women bring a different perspective to the leadership table that changes the conversation and the outcome, not to mention the established positive impact women in leadership have on the bottom line. In appealing to a diverse patient population, having women physicians is an advantage. As for why women should want to be leaders, it allows you to open doors for others, and to influence and impact a larger world. We must do better.

Some but certainly not all of the reasons for this continued inequity for women in science and medicine are that women must meet higher standards than men to receive equal pay and equal recognition, are less likely to achieve tenure than men, and do not advance as quickly as men to the rank of professor, the latter almost a universal requirement for a leadership position in academic medicine. But why is this? There is now sufficient data to indicate that at least one driver of this slow advancement of women is an unconscious belief system held by both men and women that influences our judgment of others i.e. our actions are guided by schemas. There is evidence that gender schemas play a role in letters

of recommendation; they are longer and the language is clearly different in letters for men than women. In the latter case, letters for men contain more references to their CV and publications whereas those for women are not only shorter, but they contain more references to their personal life and more “doubt raisers,” i.e. faint praise, irrelevant information. One approach to overcoming the influence of these schemas is to first identify and admit that we have them. An eye opening exercise is the Harvard Implicit Attitude Test which should be a requirement for all of us who sit on search committees for leadership positions. Another way of reducing the dependence of groups on schemas is pure numbers. It is well established that critical mass of any minority group, generally 35%, reduces the effect of these unconscious biases. So the motto is 35% everywhere!

Delivering these changes takes commitment, focus and enormous effort, which is difficult to achieve if this is not your “day job.” And although leadership is necessary, it is not sufficient to effect change. This is where women’s organizations at the local and national level can help.

At M.D. Anderson Cancer Center, we recently decided that recruiting, promoting and retaining women faculty was a priority consistent with our desire to be an employer of

Organizations continued on page 4

Organizations; continued

choice. Thus, the Office of Women Faculty Programs, with a full-time Associate Vice President at its helm was launched, reporting directly to the Provost. To fulfill the charge to this office, we set out 4 broad goals.

- First, Show Me The Data! Data are critical to making the case that there even is a problem. Others can argue with your interpretation but the numbers are the numbers. We use data to both inform ourselves and others and to drive strategy and decision making. Thus, we established benchmarks and metrics to assess and track the status of our women faculty, promotions, tenure, time to promotion, women faculty in leadership positions, women holding endowed positions, etc. We oversee the annual equity review of faculty salaries. We also use data to assess how well the office is performing, as we are accountable to not only the women faculty, our constituency, but also to our partners, the department chairs and division heads and to the executive leadership.
- Second, we focus on the institutional culture by examining policies and procedures for equity in opportunities and awards as well as identifying those policies that may inadvertently disadvantage women. We then make recommendations based on our findings. To date we changed our search policy for leadership positions so that all search committees must have women members and the short list must include a woman and/or minority candidate. We are proud to say that this policy change has resulted in no short list without a woman candidate and the recruitment of 2 new women Department Chairs, both external recruits. We have also modified our policy for tenure clock extension for birth of a child, which originally involved getting “permission” from department chairs to now simply notifying them of a “new child in family,” which could be by birth, adoption or foster care of a child less than 5 years old. This policy is gender neutral, in recognition of

the new world in science inhabited by dual career couples and millenials, where gender lines are less defined.

- Third, the women do not “need fixing,” but we do offer mentoring and career development programs to equip them with management and leadership skills. In addition, Women Faculty Programs sponsors a number of women faculty each year to attend extramural programs (ELAM, AAMC professional development programs for women faculty).
- Finally, we are increasing the visibility and the contributions of women in science, through our website where each month we recognize one of our women faculty who is Leading the Way; the Margaret L. Kripke Legend Award, that recognizes a woman or man as a role model who has made significant contributions to advancing women in science; and our annual Women Leading the Way Lecturer, an outstanding high profile scientist or physician (Drs. Nancy Hopkins, Virginia Valian, Karen Antman, Nancy Davidson) who is invited to deliver an institutional scientific or women in science talk and meet with small groups of women faculty and the executive leadership.

An important component is to include male colleagues as we do on our advisory board and in many of our initiatives. If women continue to own this issue, it will always be a “woman’s issue”, when in fact, it is a cultural imperative.

So are women’s organizations in medicine and science a thing of the past? I believe they are even more important now than ever. With the projected shortage of physicians, it is no longer acceptable to leave 50% of the candidates on the sideline. Certainly a proportion of these will make outstanding discoveries in science and medicine that will conquer disease. We as a nation simply cannot afford to waste this talent.

AAWR Thanks Its Corporate Supporter

Philips Medical Systems

PHILIPS

sense and simplicity



Changing Demographics in Europe: Sneak Preview of the Future

By: *Majda M. Thurnher, MD*

Since the 1970s, women have surged into medicine in larger and larger numbers. In 2006, the European Commission published a report about the current employment situation of male and female scientists and researchers entitled “She Figures 2006,” with data provided by the Statistical Correspondents of the Helsinki Group on Women and Science. According to this report, women remain a minority among researchers in the European Union (EU), but the number of women in research is increasing (plus 4%, compared to 2.4% for men). Only 29% of EU researchers are women.

According to recently published data from a large European study that included 30 countries, on average, 60% of the medical students in Europe are women. The number of female physicians has also increased. In Austria, the percentage of female physicians increased from 18% in 1989 to 28% in 2008.

The number of female radiologists increased in Europe during the last two decades, with 58% of radiologists in training and 45% of radiology specialists. However, the percentage of female radiologists varies from 20 to 50% in different European countries (e.g., -Switzerland 23%, Italy 37%, and Greece 49%).

If we look at the Department of Radiology at the Medical University of Vienna (Austria), 47% of

residents are female, whereas 29% of the faculty members are women. At the Pierre-et-Marie Curie University in Paris (France), the percentage of female residents is higher (78%), and 53% of faculty members are women. Although the numbers clearly show an increase in female radiologists and other scientists, the studies show that women in science still routinely receive less research support than their male colleagues, and they have not reached the top academic ranks with the numbers that match their growing presence.

In 2007, in Italy, 96.7% of ordinary professors were men, and only 3.3% were women (II Radiologo 1/2007). In addition, of 174 Chiefs of Departments of Radiology, 160 (92%) were men and 14 (8%) were women. At the Medical University of Vienna (Austria), 48% of all residents are male, 76% of Associate Professors are male, and 95.3% of Full Professors are male.

The European Congress of Radiology (ECR) is the largest radiological meeting in Europe, with 18,000 attendees in 2009. In 2003, only 15% of all invited speakers were women, with a slight increase to 23% in 2008. At the Annual Meeting of the European Society of Neuroradiology (ESNR) in 1998, none of the invited speakers was female. In 2008, 13% of invited speakers were women.

The Executive Council of the European Society of Radiology (ESR) consists of 15 members, of which 2 are women. A similar proportion is seen in the Executive Committee of the ESNR, with one woman and nine men.

In the USA, in 2004, women earned 40% of PhDs in biochemistry, 48% of PhDs in cell biology, 47% of NIH postdoctoral awards, and 42% of NIH research career (K) awards (The Scientist, 2008). However, the NIH reports that only 20% of their senior scientists are women.

These numbers clearly highlight the obvious fact that the biomedical pipeline is filled with good female candidates, but disproportionately few women get into the tenure track at major research institutions (The Scientist, 2008). The term “leaky pipeline” describes the declining proportion of women in science as they progress up through the career ranks. Some major leaks along the way result in only a trickle of women who make it to the top. These “leaks,” once identified and addressed, will enable women to claim their place in biomedical careers and ensure that women obtain the support necessary to follow their educational path to tenure-track positions and beyond.

AAWR's RSNA Moments November 30 - December 3, 2009



AAWR members at the Annual Business Meeting and Luncheon.



President's Luncheon Speech was given by Elizabeth Travis, PhD, Associate Vice President for Women Faculty from the University of Texas M.D. Anderson Cancer Center. (From left, Drs. Etta Pisano, Elizabeth Travis and Ritsuko Komaki.)



AAWR Marie Sklodowska-Curie Award Recipient, Ella Kazerooni, MD, MS, FACR



Drs. Ella Kazerooni (left) and Yoshimi Anzai (right)



Drs. Ellen Wolf and Nancy Ellerbroek at the AAWR Annual Meeting 2009.



Dr. Nancy Ellerbroek, Chair of the Awards Committee presented awards to trainees



From left, Drs. Katarzyna Macura, Lynn Fordham and Dorothy Bulas-Kurzok



From left, Drs. Ewa Kuligowska, Julia Fielding and Barbara Weissman (2009 Alice Ettinger Award Recipient)



Transfer of AAWR Presidency at the 2009 Annual Meeting. AAWR is very grateful for Dr. Lynn Fordham's leadership and hard work as the 2009 president. Lynn Fordham, MD, AAWR President 2009 (left), Zhongxing Liao, MD, AAWR President 2010 (right).



Catching Up Times

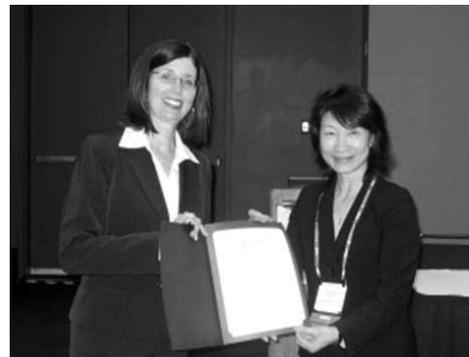
AAWR's RSNA Moments November 30 - December 3, 2009, cont.



On the left is Majda M. Thurnher, MD, who gave a wonderful overview of "Changing Demographics in Europe: Sneak Preview of the Future" at the international luncheon.



Nice to catch up with old and new friends.



Dr. Marilyn Goske (left) - speaker at the Residents' Luncheon, "Generations at Work."



Dr. Etta Pisano, after giving intensive mentoring to a resident, is exchanging contact information for future mentoring planning.



From left, Drs. Ines M. Boechat, Ella Kazerooni and Yoshimi Anzai

With Appreciation

The AAWR would like to thank all of the Program Committee members, speakers and members for making the programs held during the 2009 RSNA Annual Meeting a success! A special thank you to Drs. Ines Boechat, Nancy Ellerbroek, Jennifer Jones, Ewa Kuligowska, Trang La, Amy Lecomte, Zhongxing Liao and Ellen Wolf for assisting with the management of the AAWR booth. The AAWR would also like to thank Ms. Ann Sherman for volunteering to serve as a hostess for the luncheons. If we have inadvertently missed anyone, please know that your time and service are appreciated.

We look forward to seeing everyone at this year's AAWR activities!

Communication, communication, communication....

- The take home message from the AAWR sponsored refresher course, RC 616 - The Role of Imaging and Radiation Therapy in Management of Gynecological Malignancies, from the RSNA 2009 meeting

By: Zhongxing Liao, MD

Gynecological malignancies are a major health hazard for women in their reproductive age. In 2005, the cases of cervical cancer, uterine cancer, and ovarian cancer was 11,999, 37,465, 19,842, respectively. Radiation therapy is an essential component in the standard treatment of the gynecological malignancies.

At the 2009 RSNA annual meeting, the AAWR (American Association for Women Radiologists) sponsored a refresher course with the theme of "the Role of Imaging and Radiation Therapy in Management of Gynecological Malignancies". This refresher course was an educational session that integrated diagnostic and therapeutic points of view in the day-to-day practice related to management of GYN malignancies, including cervical, uterine, and ovarian cancers. This course was delivered by three experts in the field who were invited by the AAWR.

Dr. Julia Fielding, Professor of Diagnostic Radiology from the University of North Carolina, reviewed the importance of MRI, PET, and ultrasonography in the diagnosis, staging, and evaluation of treatment complications in gynecological malignancies. She stated that the most critical practice is to understand pelvic anatomy, presentation of gynecologic malignancies using all imaging test and patterns of metastatic spread of disease.

Dr. Patricia Eifel, Professor of Radiation Oncology from the University of Texas M. D. Anderson Cancer Center, from the stand of an expert gynecological radiation oncologist, described the inseparable integration of imaging in radiation therapy planning, target definition and delineation, monitoring the accuracy of radiation delivery, and evaluating and adapting to tumor response to therapy. "It is crucial that the diagnostic Radiologist and Radiation Oncologist communicate with each other. Imaging reports will always be enhanced if the radiologist has been provided with a succinct description of the clinical problem and previous treatments. The radiologist can also greatly assist the radiation oncologist in target definitions by providing reports that designate the image series and slices that best demonstrate positive findings and by providing clear anatomical descriptions of abnormalities. Participation in joint tumor boards creates an atmosphere of mutual

understanding that is bound to enhance patient care." Said Dr. Eifel.

Dr. Katarzyna J. Macura, Associate Professor of Diagnostic Radiology from the Johns Hopkins University demonstrated the importance of using quantitative molecular imaging in the assessment of treatment response and highlighted directions towards molecular and functional imaging to assist personalized treatment for patients with gynecological malignancies. Classical clinicopathological features based on morphology cannot reliably predict response to various treatment modalities. Imaging techniques that have the ability to integrate anatomy with function and provide information related to tumor molecular and biological characteristics (such as diffusion weighted imaging, dynamic contrast enhanced MRI as well as FDG-PET-CT) provide powerful biomarkers to evaluate complex tumor microenvironments for individualized treatment approaches. This message was loud and clear from the experts: Communication, Communication, and Communication between the diagnostic radiologists and radiation oncologists is the key to the optimal planning and delivery of quality care to our patients! We need to emphasize multidisciplinary care and show up in the tumor board meetings. Diagnostic radiologists need to spend time with their colleagues in radiation therapy to review the diagnostic and planning images to accurately cover the targets for the radiation treatment planning. They need to document in the reports specific imaging findings in reference to the anatomical landmarks used by radiation oncologists when delivering therapy, to include details of imaging sequences, image slices that contain critical findings and possibly creating a "key" finding imaging snapshot - a representative image with annotation to facilitate communication. The contemporary tools for creating the "key" files available in the Picture Archival and Communication Systems (PACS) can easily be used for communicating important imaging findings with the referring clinicians. Radiation oncologists need to provide the diagnostic radiologists with information of prior radiation therapy history for their patients and the volume of disease that was treated. Only in a closely integrated multidisciplinary approach, can we deliver the quality of care for our patients who put their health and life in our hands.

Negotiating – Case Study #3

NEW CHAIR: DIFFICULT DECISIONS, DIFFICULT FACULTY

Dr. Green has served 6 months as chair of Radiology, having been brought in from outside by the Dean over the strenuous objections of the powerful previous chair, Dr. Black, an interventional radiologist. Dr. Black had lobbied hard, though unsuccessfully, for his protégé in the division of interventional radiology and division chief, Dr. Cole, to succeed him as chair. Dr. Black has been actively undermining Dr. Green's efforts to bring greater harmony to a highly fractured department as well as to substantially increase revenues and improve a generally anemic research base in the department, all of which he had been charged to do by the Dean when he was appointed.

Revenues from interventional radiology in particular are at risk because of intense competition. As a solution, the division of interventional radiology, led by Drs. Cole and his mentor, Dr. Black, has been fighting hard to separate themselves from the Dept. of Radiology and form a separate department of vascular and endovascular imaging and therapy. Assume that they have made a reasonable and legitimate, though not compelling, business case for doing so. Other divisions are strongly opposed.

- What would you advise Dr. Green to do?
- How does he manage his relationship with rank and file members of the IR section?
- How does he manage his relationship with the other divisions in the Department?
- How does he manage Dr. Black?

RESPONSE

How does the new chair manage his relationship with rank and file members of the IR section?

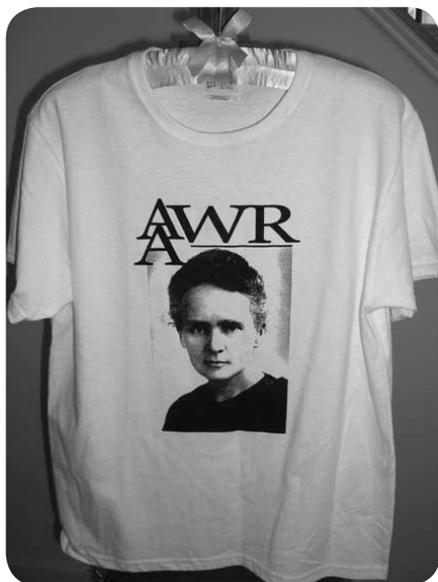
Dr. Green needs to show leadership. He should convene a meeting of the entire Department and conduct it in a formal manner, focusing on his goals for the department. The issue of IR separation from the Dept. of Radiology should not be discussed until more information is obtained. Following this, as a new chair he should hold individual interviews with each member of the Department, including Drs. Cole and Black, to solicit ideas for improvement.

How does he manage Dr. Black?

As there is at least a somewhat compelling case for combining resources of IR with vascular surgery, this should be fully investigated. The task force should be led by Dr. Black, which should assuage his fears that he is being marginalized. Members should include representatives from hospital administration, vascular surgery and any other stakeholders. The recommendations of the task force should be taken seriously.

How does he manage his relationship with other divisions in the Department?

Once the task force has reported its findings, and a decision has been made by Dr. Green, this should be articulated to other members of the Dept. As IR is often a money generating division, any changes to profits and salaries should be made clear.



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, www.aawr.org. 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.



How I Do It – Succeeding at an Academic Career

By: Etta D. Pisano, MD, FACR

This is the first of a three part series of articles for the American Association of Women Radiologists on achieving career success in radiology. This article will focus on success as a researcher/administrator in academics.

Later articles will focus on succeeding as a clinician/educator in academics and in private practice. This series grew out of the discussions that were held at the 2009 RSNA meeting AAWR mentoring luncheon where junior women could discuss their career decisions with more senior colleagues. This event was deemed a huge success by those in attendance and will be repeated at the 2010 RSNA meeting.

So, how do I do it? I am a Kenan Professor of Radiology and Biomedical Engineering at the University of North Carolina at Chapel Hill. I run two large research centers, the Biomedical Research Imaging Center and the Translational Research Clinical Sciences Institute (UNC's CTSA). I have a successful research program in breast cancer technology development and assessment. I am the Vice Dean for Academic Affairs at the UNC School of Medicine. I served for almost 15 years as the founding director of the breast imaging section in our department. I have been married to the same man, my college sweetheart, for 29 years, and we have 4 children, ages 15 to 24.

There are no superwomen. I have to sleep 7 hours a night or I am an absolute bear the next day and can't get a thing done.

The secret to my professional success, if you can call it a secret, is responding to challenges when they are provided, asking for advice and coaching as needed, hiring great people, supporting them in what they

do, and getting out of their way but being available when they need help in getting their jobs done.

So, let's dissect that a bit.

Responding to challenges means saying yes when asked to do new jobs. I LOVE challenges and learning new things. I have learned not to be afraid to take on new things that I may not know how to do right away. When someone asks me to do something new, I am inclined to say yes. It's how I can grow and continue to learn and stay fresh. There are always worries, sure, but I have learned to ask for what I need to be successful – money, time, support staff, facilities, whatever. Figure out what you need and ASK for it. Don't allow the things that you need to succeed to become an excuse for not accepting new challenges. If something you need for success is impossible to obtain, then back away. But, don't back away preemptively. Negotiate for your own success.

If you don't know what you need, hire a coach or professional to help you figure it out. Ask for advice from others. I knew nothing about research or engineering when I arrived at UNC. So I asked for help. I met outstanding teachers and mentors across the whole campus and beyond. I asked these folks to teach me what I did not know and they obliged. They not only patiently answered my stupid questions, they also helped me write my first grants and papers. These folks were in Computer Science, Biostatistics, Epidemiology, Physics, Chem-

istry and Biomedical Engineering. I sought help from others who were experts and they responded, amazingly and generously. Without these mentors and friends, I would not be doing the important research I am doing today.

Once you respond to the challenges offered to you, you have to find a great group of people to help get the work done. Hiring great people means finding people whose dream is to do what it is that you are seeking in an employee/colleague. It's about finding a win-win combination. Vet those you bring on thoroughly through their references, of course, but ask them about their dreams and aspirations at the interview. Figure out what makes them tick, what makes them happy. Hire the person whose dreams most closely align with the work and goals the organization has.

I have three examples from my own life – all amazing women I've hired who have been with me for over 10 years.

Research requires a lot of work “in the trenches” actually crunching the numbers, actually talking to women who might want to participate in clinical trials, actually making sure that the work is done day-to-day. That requires a team of people and an on-site manager who is there to make sure the everyday stuff is done, that the bills are paid, that people feel valued and supported. I have

Succeeding continued on page 11

Succeeding; continued

such a manager in Elodia Cole. She is the one who actually runs my lab at UNC. She holds a Masters in Biomedical Engineering and heads a team that does our work on time and on budget.

I also have an amazing administrative assistant, Ann Sherman. She's the type of person who can make anything I need done happen with seemingly little effort. Every successful and busy person needs someone like Ann.

In addition, how could my husband and I possibly concentrate on our work if we were worried about our kids all the time? So, we hired outstanding help there. Cathreen Gitia, a single parent and immigrant from Kenya, and now a US citizen, has been a rock-solid support for our family through all these years. She does everything to keep our household working – the usual things, but also cooking and errands, driving and mending, just whatever it takes to make our lives easier.

So, the bottom line is to rely on a team of people. Don't expect to do it all yourself. Build a cohesive and successful group and the work will be a lot easier to do. And, much more will get done, and a group makes the end product better. Yes, two heads are indeed better than one. And a diverse group is always better than people who all think the same way.

Finally, once you find outstanding people, nurture and support them. Help them to succeed. Talk to them frequently about their successes and challenges. Hear their concerns, their worries. Help them to solve problems when they ask for your help. Coach them. Give constructive criticism. Be a good friend and colleague. Treat them how you would want to be treated if you were working in their places in the organization.

AAWR Member Interview***Getting to Know Your Colleague:
Beatriz E. Amendola, MD, FACR, FASTRO***

Focus: Where did you complete your residency training program?

Dr. Amendola: Medical College of Virginia, VCU 1977 - 1980

Focus: Do your work in private practice or academia?

Dr. Amendola: After spending most of my career in Academia, 10 years ago I decided to start my own private practice with the Brachytherapy Institute of South Florida, and shortly after with the Innovative Cancer Institute. Currently I am also a Voluntary Professor at the University of Miami, in the CyberKnife Service. Also, a new medical school has just started in Miami last year: Florida International University and our center will participate in electives for medical students.

Focus: Do you work full time or part time?

Dr. Amendola: As full time as it gets.

Focus: Do you have a significant other in your life?

Dr. Amendola: Yes, my husband, Marco Amendola, MD FACR. We have been married for 34 years and met in medical school in Uruguay. He is my partner not only in marriage, but has been an essential partner in my career. We often travel to same conferences and events, learning and growing our knowledge and experience together.

Focus: Do you have children? If so, how many?

Dr. Amendola: Yes, two and I could not be more happy and proud. Our daughter Claudia is a pre-med student in Washington DC, and our son Andrew is an MBA graduate from NYU who lives and works in New York City.

Focus: How many staff physicians are in your group?

Dr. Amendola: I have been a solo practitioner in Radiation Oncology for the past 10 years. Recently my husband has joined the practice on a part time basis.

Focus: What constitutes a typical workday?

Dr. Amendola: In my life, there is no such thing as a typical day! My coworkers often kid about how I manage to do so much and be in so many places, so they started calling me "Hurricane Amendola."

Most days start rather early leaving my home by 7:30 AM, unless I'm working with the Gammaknife, which means I have to be out the door by 6 AM! Otherwise I start in the main office, ICI (Innovative Cancer Institute), where I see new patients, follow ups and supervise simulations and treatment planning. Sometimes I will head to my second office for brachytherapy cases where I do most of the Accelerated partial breast irradiation (APBI) using High dose rate and the Gynecological cases. Depending on the schedule I may go to a nearby Hospital to perform Radiosurgery using Gamma Knife and Cyber Knife. Part of my time is also administration and management of the office that includes discussion with our employees and overseeing compliance.

Given my academic background and love of learning and educating a new generation of doctors, I also spend some time of my day working on scientific presentations or communicating with many of my

Interview; continued on page 12

Interview; continued

international colleagues from the Latin American Radio Oncology Society (ALATRO). We are starting a combined effort with ESTRO, ASTRO and SEOR (Spanish society) creating an Education program for Latin America radiation oncologists and medical physicists.

There is also the time I spend trying to call my kids, although these days some of the communicating is over email or texting which I'm still getting a handle on. If there is time left over I try to spend some time on the treadmill or doing some form of exercise, and catch an episode of "House" on TV. Don't you love watching doctor shows on tv and seeing what kinds of things they get right or wrong?

Focus: What is your favorite part of your job? Your least favorite?

Dr. Amendola: My favorite part of this job is helping not only the patients but also their families during the initial diagnosis of cancer, during treatment and afterwards. It is a great personal satisfaction to see them fight and many times conquer their disease.

My least favorite part of this job is the times when some patients are not able to win their fight against cancer. No matter how many years of experience you have, sadness always overcomes you when you lose a patient.

Focus: How many hours do you work each week?

Dr. Amendola: Probably around 70 hours. Although I work a lot, it's more than work for me. I'm lucky to be doing what I love and I don't see myself slowing down or retiring any time soon!

Focus: What is your goal for the future of women in radiology?

Dr. Amendola: Women in medicine have come so far in the last couple of decades, I would love to aid in their continued growth anyway I can. I would love to see more female doctors in positions of leadership where they can continue to inspire future doctors.

Also, if more women in radiology could become involved

in their local community and political activities it would be a great way to increase our exposure and visibility to others, including the medical community.

Women in radiology are aware that we are capable of doing more. We are as strong and as knowledgeable as any males in our field. Never be afraid, you can achieve anything you want

Focus: Why should this be important to other female or male radiologists?

Dr. Amendola: Women radiologists can offer leadership and be also successful entrepreneurs in their own right. Their contributions are just as valuable as any other male radiologists.

Focus: Name 3 concrete steps that the AAWR membership could take to achieve that goal.

Dr. Amendola: 1. Create a mentorship program that pairs seasoned women radiologists with younger medical students or residents

2. Organize local or regional chapters or AAWR where members can meet and collectively discuss ways of how female radiologists can help improve their local communities, elevate the standard of care, and inspire others.

3. Provide business/entrepreneurial/leadership classes or training to members of AAWR who are looking to grow their practice, start new practices on their own, or become leaders of their hospitals/practices. This could probably be achieved during major national meetings.

Focus: Do you have any hobbies, special interests or other aspects of your life you would like included with the information about you?

Dr. Amendola: I love cooking although I do not have much time to do it. I played classical piano music growing up and even taught classes to help pay my way through school when I was young. Whenever I can, I take lessons to freshen up my skills and learn more. If I had more time I would love to take French lessons because I love to travel and Paris is one of my favorite places.

Past President's Corner - Second Careers in Radiology

By: Sandra K. Fernbach, MD

Robert Frost wrote about the “road not taken”. Joni Mitchell sang about “seeing life from both sides”

Without making drastic changes in my career, while staying a radiologist, I have had the chance to experience two separate and distinct radiology lives. I have explored the road not taken, or at least an alternate path. Each career choice has been rewarding. Each suited who I was at different stages of life.



Dr. Sandra Fernbach in Napa, California. Fall of 2009



Dr. Sandra Fernbach in Juneau, Alaska. Summer of 2009

In 1987, when I was AAWR president, I was a full time radiologist, a full time pediatric radiologist. And thus I remained for another 11 years. Academic radiology suited my interest in clinical research. It also provided me with the time and support that allowed my participation in organized radiology. I “got my toes wet” during the early years of the AAWR, keeping the membership roster in a folder in a desk drawer (before there were directories), overseeing the production of the newsletter, and eventually serving a term as President. My experiences in the AAWR fostered my participation in other national societies.

My pediatric radiology job was 1.5 miles from my home and my children’s school and athletic fields. This was an important consideration when they were young.

But, like all of life, things change. The children grew older and needed less hands-on time. The job evolved and was increasingly less fulfilling. There was less support for academic and organizational endeavors. The department grew and became subspecialized. The job description, once quite broad, became increasingly narrowed. Daily work often involved driving to satellite facilities, practicing without on-site colleagues. At that time, long before teleradiology, there was no means to consult in real time with those back at the main hospital. On one such “road trip”, I landed at a community hospital which needed a pediatric radiologist, on-site, not just for a few hours each day. Because many of the community pediatricians had been trained at the pediatric center where I was practicing, we already knew and respected each other. I also found that one friend that I had trained in pediatric radiology was ready to change the direction of her career as well.

Thus began the second stage of my professional life. Some steps forward and some pleasant turns to the backward. I now work part time although I still take night call for pediatrics one of three nights. Without pediatric subspecialists, I got to practice more of the spectrum of pediatric radiology, reclaiming head and spine sonography which had become the bailiwick of the pediatric neuroradiologists at the pediatric hospital. I got to do more body imaging.

The change was exciting but also daunting. I had to relearn adult radiology, at least the “plain film” component and fluoroscopy. That is, I had to relearn many of the adult diseases. Conversely, many skills translated well to the new position. The technique used to study an adult who has had a colon resection is not unlike that used to image a child who has had a colon pull-through for Hirschsprung’s Disease. Patients who have required surgery for esophageal carcinoma require postoperative studies that are not unlike those done in children who have had repair of tracheoesophageal fistula.

In the last 10 years, this part time job has allowed me more professional growth than I would have thought was possible. I see and learn new things each day I work. It’s exciting. The additional personal time has also created space for other types of exploration and development. The avocations and passions now contained within these few days can easily bloom and fill a retirement. Were there losses? Of course. Hospital colleagues and friends were left behind. The diminished support for extracurricular activities has caused my involvement in organized radiology to severely atrophy.

Past President’s; continued on page 14



Radiation Oncology Corner: Highlights of ASTRO 2009: Looking to the future... and beyond

By: Beth M. Beadle, MD, PhD

The 51st Annual Meeting of ASTRO was an exciting educational, scientific, and social event held in Chicago from November 1-5, 2009. With the theme of "Who Cares About the Future?" Dr. Timothy Williams, President of ASTRO, posed an interesting question and then sought to answer it in an inspirational way for all of those in attendance.

Presidential Symposium

The 2009 ASTRO Presidential Symposium and Course was designed by Dr. Timothy Williams of Boca Raton Community Hospital and focused on the future of Radiation Oncology. Dr. Williams gave a rousing look forward into the next five and ten years and tried to predict how new technologies and scientific discoveries hold promise for the future of our specialty. As Dr. Williams noted: "The Radiation Oncology facility of the future is going to be much more targeted, much more molecular, much more physiologic" than what we have today.

The speakers chosen for the Presidential Symposium, as indicated by Dr. Williams, were largely individuals in midcareer; these are thought leaders in the field who are destined to revolutionize the practice of Radiation Oncology through their work. Dr. Mohamed Khan of Roswell Park Cancer Institute led a scientific discussion of nano-imaging and nanotherapy and Dr. David Kirsch of Duke University led a session on using emerging imaging modalities; each of these demonstrated how the integration of novel technologies could help better understand underlying disease, guide radiation therapy, and predict and prevent toxicity. Dr. Theodore DeWeese of Johns Hopkins

University School of Medicine led a scientific session on the future of cancer immunotherapy and gene therapy and Dr. David Gius of the National Cancer Institute guided a discussion of the future of tumor modulating and tumor-cell-specific adaptive therapy; these topics demonstrated the potential of basic science discoveries to be utilized to more selectively target malignant cells and protect normal tissues. Finally, Dr. Siavash Jabbari of the University of San Francisco discussed the importance and growth of oncology education in the future. As the population ages and more patients are affected by cancer, the education of young physicians and scientists about cancer, and the implications of emerging technologies and basic science, is paramount to providing the best care and making new discoveries.

In total, Dr. Williams' Presidential Symposium was a motivating view of the future of Radiation Oncology. The focus on the implementation of new scientific knowledge and technologic advances serves as a reminder that the field continues to change, and we must strive to move forward with it on behalf of our patients.

AAWR Breakfast

Dr. Carolyn Compton was the magnificent highlighted speaker at the AAWR breakfast meeting during the annual meeting of ASTRO. Dr. Compton is currently the Director of the Office of Biorepositories and Biospecimen Research at the NCI. She started in this position in 2005, at which time the office was created. Consistent with Dr.

Radiation Oncology; continued on page 15

Past President's; continued

However, I believe that this second career extended my professional life in a way that having only one path would not have done.

Were there mentors for this process? Not exactly. But I had one wonderful role model, a general radiologist who when placed in a satellite cen-

ter where she was called upon to do mammography in addition to general radiology, developed a love for mammography. She developed such skills at a time when mammography fellowships were not routine that she was able to enter a respected academic mammography section, where she practiced for the next 10 years. Many times she told me that it was this growth and change which prolonged

her career in radiology. Neither she nor I ever thought that I would follow in her footsteps.

There is something to think about: Whom do we mentor? For whom are we role models? Each of us, even while practicing our day to day routine, has the ability to be a role model, a mentor and a compassionate radiologist.

Radiation Oncology; continued

Williams' focus on the future, Dr. Compton's vision is to develop a national tissue bank to serve as a massive resource for research efforts, including genomic and proteomic studies. In addition to establishing this valuable source of tissue for multi-institutional collaborative efforts, Dr. Compton is revolutionizing the collection and storage of these tissues, and thereby establishing new norms for the future.

In addition to Dr. Compton's remarkable achievements in her current role, serving as the inaugural director of this office of the NCI, she also was generous in sharing her personal story with the AAWR audience. This is not the first "first" that Dr. Compton has accomplished, in each phase of her life and education, she has been a revolutionary and trailblazer. Dr. Compton shared that she was not even planning on going to college, when the father of a classmate helped her find an opportunity that furthered her education. Having never intended on getting a college degree, Dr. Compton then went on to simultaneously receive her M.D. from Harvard Medical School and Ph.D. from Harvard Graduate School of Arts and Sciences. She then went on to a residency in pathology in the Harvard system, stayed on as faculty, and swiftly ascended from Assistant to Associate to Full Professor. She then left Harvard to become the Strathcona Professor and Chair of Pathology and Pathologist-in-Chief at the multi-hospital McGill University Health Center.

Throughout her remarkable career, Dr. Compton continued to search for

new adventures. She readily admits that she was not truly prepared for the challenges implicit in some of her professional moves, but that she realized that pushing forward and accepting new positions would require her to grow as a physician and a woman. In each case, "pretending" at the beginning then turned into "doing" then turned into "excelling." Dr. Compton's personal story was truly motivating, especially with regard to testing oneself and continuing to look to the future for new challenges, which are truly just new opportunities for growth and success.

Award Winners

At the 2009 meeting, ASTRO awarded the esteemed Gold medals to Theodore Lawrence of the University of Michigan and William Shipley of Massachusetts General Hospital. As indicated at the awards ceremony, Dr. Lawrence and Dr. Shipley have made considerable and lasting contributions to the field of medicine through their work in Radiation Oncology. Their achievements were celebrated at the Gold Medal Ceremony on November 3rd, 2009.

Dr. Lawrence has made his career at the University of Michigan, now holding multiple positions at the institution, including chair of the Department of Radiation Oncology and the Isadore Lampe Professor of Radiation Oncology. Dr. Lawrence is widely known for his translational research investigations. Specifically, his basic science work has involved the development and integration of novel radiosensitizers; in addition, his clinical work has been focused on using functional imaging to guide conformal radiation therapy. In addition to

his own achievements, Dr. Lawrence is well-known for his mentorship of young physician-scientists within Radiation Oncology and pushing the scientific and translational research efforts within the field onto the national stage.

Dr. Shipley is well-known for his distinguished career at Massachusetts General Hospital, at which he is the chair of the Genitourinary Oncology Unit and serves as the Andres Soriano Professor of Radiation Oncology. Dr. Shipley is well-regarded in the United States and internationally for his expertise and contributions to the field of Radiation Oncology, especially his specific interest in genitourinary malignancies; these have revolutionized the treatment of these cancers.

In addition, ASTRO inducted a class of new fellows, including Ross Abrams, AAWR member Beatriz Amendola, Mark Dewhirst, Ronald Dorn, Carolyn Freeman, Jay Loeffler, Minesh Mehta, James Mitchell, John Moulder, Sara Rockwell, and Jeffrey Wong.

Future Meetings

The next ASTRO meeting is scheduled for October 31 to November 4, 2010 in beautiful San Diego, CA; the theme of the 52nd Annual Meeting is "Gathering Evidence, Proving Value." Dr. Anthony Zeitman of Massachusetts General Hospital is the President of ASTRO and will be planning a program to address the increasing necessity to measure the quality of care and prove efficacy of a treatment. It is an exciting time to be in the field of Radiation Oncology, with the practice changing rapidly; this meeting promises to be as interesting as the last.

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 through a direct referral from the AAWR web site, our society can earn up to 15% in referral fees with no extra cost to you.

AAWR earns referral fees when a visitor follows a link from the AAWR Web site to Amazon.com and makes a purchase. Our referral is 5% of the sale price for most Amazon.com Product purchases, and 2.5% of the sale price for most Marketplace Product purchases. An individual item link to a book sold by Amazon.com and discounted 10-30% will earn a referral fee of 15% of the sale price if the purchase is a direct sale. A direct sale occurs when the customer adds the individually linked book from the AAWR Bookstore to her or his shopping cart immediately upon entering the Amazon.com site. If the customer searches Amazon.com before adding the title to her or his shopping cart, the sale is considered an indirect sale and earns a lower referral fee of 5% of the sale price. Additional qualifying Amazon.com items purchased during the same shopping session earn a referral fee of 5% (2.5% for qualifying Marketplace items).

Thank you for helping AAWR to increase its revenues in order to better serve our members.

The Radiologist

The Radiologist
is a studious lady
in a white coat.
X-Rays in hand,
she approaches
the light board.

The
CAT
PET
MRI
machines buzz,
giving radioactive hugs
to all who enter.

At the end of the day
the radiologist's
head is beeping
as she
exits the dark room
into
her
black and white world.

Cecilia J. Winfrey
2009 – While an 8th Grade Student at North Country School, Lake Placid, NY, currently a 9th Grade Student at Sayre School, Lexington, KY and Daughter of AAWR Treasurer, M. Elizabeth Oates, MD

If you have any materials that you would like to share with the AAWR, please feel free to send it to admin@aawr.org. All materials will be reviewed and approved prior to publishing.

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.

Kudos & Praises

Ritsuko Komaki, MD, FACR, FASTRO



Dr. Ritsuko Komaki was recently awarded the Japan Lung Cancer Society Gold Medal at its 50th

anniversary Society conference held in Japan, November 12-13, 2009. The Gold Medal, the first to be awarded to a female, was awarded in recognition of her significant contribution to Research in Lung Cancer, her Commitment to the Education of Japanese Lung Cancer Specialists and importantly to her unwavering passion for the Care of Lung Cancer patients.

The Japan Lung Cancer Society on par with major scientific societies in the world and with a membership of over 7,000 includes Epidemiologists, Pathologists, Pulmonologists, Diagnostic Radiologists, Nurses, Statisticians, Thoracic Surgeons, Radiation Oncologists and Medical Oncologists. During the 2 day society conference, Dr. Komaki had the privilege of giving three lectures:

- 1) Key Note Speech: Progress of outcome for patients with limited small cell lung cancer in the past decade
- 2) Molecular Targeted Treatment with Radiotherapy for Lung Cancer
- 3) Clinical Trials in USA for Stage III NSCLC.



2009 Japan Lung Cancer Society Gold Medal

Elizabeth Travis, PhD, FASTRO



Dr. Elizabeth Travis received the 2009 Association of American Medical College's Women in Medicine Leadership Development Award. Dr. Travis is the associate vice president for Women Faculty Programs and a professor in the Departments of Experimental Radiation Oncology and Pulmonary Medicine at The University of Texas M.D. Anderson Cancer Center. Dr. Travis received her PhD from the Medical University of South Carolina in 1976, with a major in Experimental Pathology and a minor in Radiation Biology. Dr. Travis has been a member of the AAWR since 1999, and was the featured speaker of the AAWR President's Luncheon during the 2009 RSNA Annual Meeting.

Congratulations to the following AAWR members, who are recipients of various awards and grants from the 2009 RSNA Research & Education Foundation

Derek Harwood-Nash Education Scholar Grant

Marilyn Goske, MD of Cincinnati Children's Hospital Medical Center
Developing a "Best Practice" National Registry for CT Scans in Children

Varian Medical Systems/RSNA Education Seed Grant

Ariel Hirsch, MD of Boston University Medical Center
Integration of Radiation Oncology into the Undergraduate Medical Curriculum

RSNA Education Seed Grant

Petra Lewis, MD of Dartmouth-Hitchcock Medical Center, Dartmouth Medical School
Development and Implementation of a National Web-Based Examination System for Medical Students in Radiology

Roentgen Resident/Fellow Research Award

- Mary Elizabeth Atherton, MD of the University of Arkansas for Medical Sciences
- Alison Chetlen, DO of Penn State Milton S. Hershey Medical Center
- Brenda Farnquist, MD of Queen's University
- Wende N. Gibbs, MD of Baylor University Medical Center at Dallas
- Ashmitha Srinivasan, MD of Upstate Medical University
- Jennifer Tynan, MD of the University of Saskatchewan



NEWS

OFFICE OF PUBLIC RELATIONS
 135 CANNON STREET, SUITE 403
 CHARLESTON, SC 29425
 843.792.3621
 843.792.6723 FAX

Contact:

Heather Woolwine

843.792.7669

woolwinh@musc.edu

March 31, 2010

MUSC names first female College of Medicine dean

Dr. Etta Pisano of UNC-Chapel Hill will assume new role July 1

CHARLESTON -- The Medical University of South Carolina (MUSC) has announced the appointment of Etta D. Pisano, M.D. as the next dean of the College of Medicine, pending final approval by the Board of Trustees on April 9, 2010. Pisano was selected from a national pool of candidates and will succeed Jerry Reves, M.D., who steps down June 30, 2010 after nine years of service. Pisano will become the first woman to lead the MUSC College of Medicine, and one of only about a dozen female deans of medical schools in the United States.

“Dr. Pisano is one of the rising stars in academic medicine,” said Dr. David Cole, MUSC Department of Surgery chairman and leader of the dean search committee. “She is a leader in every sense of the word and will help us build even greater excellence here in the years ahead.”

Pisano has been a faculty member at the University of North Carolina for more than 20 years, where she is a Kenan Professor and serves as

the vice dean for academic affairs of the School of Medicine. A leader in the field of mammography, Pisano was the principal investigator of a landmark study of digital mammography published in the *New England Journal of Medicine* in 2005. The results of that study, one of the largest investigations of breast cancer screening, demonstrated advantages of digital mammography for the detection of cancers in younger women.

“I am thrilled to be joining such an outstanding institution as the dean. My family and I are very excited about this opportunity,” Pisano said.

A graduate of Dartmouth College and the Duke University School of Medicine, Pisano trained in radiology at the Harvard-affiliated Beth Israel Hospital. She has been the recipient of numerous grants from the National Institutes of Health and currently serves as the lead investigator for the \$61 million Clinical and Translational Science Award to the University of North Carolina. She has been recognized as one of the top ten experts in women’s

MUSC; continued on page 19

MUSC; continued

imaging and one of the 20 most influential people in radiology. Earlier this year, Pisano was elected to the prestigious Institute of Medicine of the National Academy of Sciences.

“We are very fortunate to have attracted Dr. Pisano to the Medical University,” said MUSC President Ray Greenberg. “She is brilliant, hard-working, energetic, and entrepreneurial. She insists on the highest standards in her own work and in the work of others. She is the right person at the right time for this critical job.”

In addition to her professional activities, Pisano is dedicated to her family and community service. In 2004, she was recognized as the Chapel Hill-Carrboro City Schools Volunteer of the Year, and the following year, she was selected for the Village Pride Award for hometown heroes. She is married to Jan Kylstra, M.D., a retinal surgeon who will join the MUSC Department of Ophthalmology faculty. Pisano and Kylstra have four children, Carolyn, James, Jonathan and Marijke.

Upon completing his term as dean, Reves, a Distinguished University Professor and cardiac anesthesiologist, will retire from full-time service. Under his leadership, the College of Medicine has

enhanced research and clinical programs and has undertaken a complete revision of the educational curriculum. He will work part-time as a consultant in the areas of faculty development and clinical research.

About MUSC

Founded in 1824 in Charleston, The Medical University of South Carolina is the oldest medical school in the South. Today, MUSC continues the tradition of excellence in education, research, and patient care. MUSC educates and trains more than 3,000 students and residents, and has nearly 11,000 employees, including 1,500 faculty members. As the largest non-federal employer in Charleston, the university and its affiliates have collective annual budgets in excess of \$1.7 billion. MUSC operates a 750-bed medical center, which includes a nationally recognized Children’s Hospital, the Ashley River Tower (cardiovascular, digestive disease, and surgical oncology), and a leading Institute of Psychiatry. For more information on academic information or clinical services, visit www.musc.edu or www.muschealth.com.

#####

This is a copy of the release that was issued and approved for republication by the Medical University of South Carolina

Save – the - Dates 2010 AAWR Programs

Mark your calendar and plan to join us!

ARRS Annual Meeting – Manchester Grand Hyatt, San Diego, California

Instructional Course

Date: Wednesday, May 5, 2010

Time: 1:00 PM – 2:30 PM

Topic: *New Developments in Breast MR Imaging*

Speakers: David Gur, ScD; Margarita Zuley, MD and Jules Sumkin, DO all of the University of Pittsburgh

Moderator: Vijay M. Rao, MD of Thomas Jefferson University Hospital

Room: TBA

ARRS Annual Meeting – Manchester Grand Hyatt, San Diego, California

Educational Luncheon

Date: Thursday, May 6, 2010

Time: 12:00 PM – 1:30 PM

Topic: *Work Life Balance or Choices?*

Speakers: Yoshimi Anzai, MD of the University of Washington and Christine Glastonbury, MBBS of the University of California, San Francisco

Moderator: Vijay M. Rao, MD of Thomas Jefferson University Hospital

Room: Betsy A

ACR Annual Meeting – Hilton Washington, Washington, D.C.

New Fellows Breakfast (tentatively scheduled)

Date: Monday, May 17, 2010

Time: 7:00 am – 8:15 am

Room: Georgetown West

Please join the AAWR Executive Committee and membership as they mix and mingle in celebration of the 2010 Class of ACR Fellows. There may be a possible guest speaker, so please stay tuned for more information.

More information regarding the above programs, including how to register will be available soon, so be sure to check your emails, and continue to access the AAWR website (www.aawr.org). If you would like to volunteer to serve as a hostess during any of the events, please contact the AAWR Office at admin@aawr.org.

AAWR AND AAWR R&E FOUNDATION CALL FOR APPLICATIONS

All awards will be presented on Monday, November 29, 2010 during the AAWR Annual Business Meeting Luncheon, which will take place at the RSNA Annual Meeting.

MARIE SKLODOWSKA-CURIE AWARD – Awarded to an individual who has made an outstanding contribution to the field of radiology. Nominee need not be a member of AAWR. Nomination packet must include candidate CV and letter(s) of support addressing the unique role the nominee has undertaken in clinical care, teaching, and/or research and the accomplishments that set her/him apart. *If you nominated someone last year for this award, and would like to reactivate the application for this year, please communicate this to the AAWR Office at admin@aawr.org.*

ALICE ETTINGER DISTINGUISHED ACHIEVEMENT AWARD – Lifetime achievement award that recognizes long-term contributions to radiology and to the AAWR. Nominee must be a current or former member of the AAWR. Nomination packet must include candidate CV and letter(s) of support addressing the outstanding lifetime contributions of the candidate to radiology and women in radiology. *If you nominated someone last year for this award, and would like to reactivate the application for this year, please communicate this to the AAWR Office at admin@aawr.org.*

Call for Applications; continued on page 21

AAWR AND AAWR R&E FOUNDATION CALL FOR APPLICATIONS, Cont.

DISTINGUISHED RESIDENT AWARDS – Two plaques (1 for Diagnostic Radiology and 1 for Radiation Oncology) presented for outstanding contributions in clinical care, teaching, research and/or public service. The nominee must be an AAWR member as of January 1, 2010. Please limit your nominations to one nomination per residency program for each award. Nomination packet must include the application form, which can be downloaded from the AAWR website, the candidate's CV and letters of support from both the residency program director and department chair.

Additional information and application forms can be obtained from the AAWR website at <http://www.aawr.org/awards/nominations.htm> or by contacting the AAWR Office at admin@aawr.org.

AAWR Research & Education Foundation

Call for Mid Career Professional Leadership Award Applications

Deadline: June 30, 2010

AAMC Professional Development Seminar for Mid-Career Women Faculty

This seminar is for mid-career women faculty (in the rank of at least Associate Professor) with clear potential for advancement to a major administrative position such as section or department head. Objectives are to provide participants with insights into the realities of gaining a senior administrative position in academic medicine; to assist attendees in developing key skill and knowledge areas related to leadership in academic medicine; and to give attendees opportunities to expand their network of colleagues. At the time of nomination, applicants must be working in an academic institution in the U.S. or Canada. Applicant must have become an AAWR member prior to January 1 of the year applying for the award. The AAWR R&E Foundation will only cover the successful applicant's registration fee to attend the seminar.

Please note that the documents below will only be accepted. No Hard copy documents will be accepted via mail or fax.

- *An application form;
- A current curriculum vitae;
- A statement from the applicant that describes the applicants qualifications, professional aspirations and goals for attending the seminar;
- A letter of support from the sponsor outlining the candidate's leadership potential

Additional information regarding the content of the seminar is available at www.aamc.org/meetings.

*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.

Application packets for all of the awards outlined above should be submitted electronically on or before June 30, 2010 to admin@aawr.org.



American Association for Women Radiologists
4550 Post Oak Place, Suite 342
Houston, TX 77027

You can reach us at

AAWR

4550 Post Oak Place, Suite 342, Houston, TX 77027

Phone: 713.965.0566 Fax: 713.960.0488

Email: admin@aawr.org Website: www.aawr.org

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

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

CHIEF EDITOR

Yoshimi Anzai, MD

CO-EDITOR

Marcia Javitt, MD

ASSOCIATE EDITORS

Meghan Blake, MD

Nina Mayr, MD

PUBLICATION COORDINATOR

Angela Davis

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

June 1, 2010

September 1, 2010