



SPRING 2009

focus



FROM YOUR PRESIDENT

Dr. Lynn Fordham

Dear AAWR members:

Choices, choices, we all have to make choices. In the ideal world there would be infinite time and infinite money. Every good cause would be fully funded and staffed with volunteers. We would all be able to give 100% of our effort to our jobs, 100% to our volunteer positions, 100% to our families and have 100% for ourselves (No I wasn't a math major). Unfortunately, even in the ideal world, one would have to make decisions. As we all know, we don't live in anything even close to an ideal world. Sometimes making decisions can be a bit of a challenge even when just one person is involved. Such as deciding between the daily special or ordering off the a la carte menu. Adding in other people can make the process much more difficult as differences arise based on different perspectives, goals and ideals. A core group of AAWR members met with a facilitator in 1998 to put together a strategic plan for the AAWR. They outlined the vision, mission and specific goals for the organization. The results of their efforts are available on the AAWR web site at www.aawr.org/about/strategic_plan.htm. Most of the strategic plan is still applicable today. Many of the goals have been at least partially realized. It is time to, as a group; review the strategic plan and the goals. We will need to rewrite the plan as necessary and set new or restate our goals. We will need to propose and enact changes to the bylaws as needed. Finally we will need to make sure our budget aligns with our priorities. We will be sending out at least one survey to solicit your opinions. Please fill it out and let your voice be heard.

There are lots of exciting opportunities for the AAWR. One option would be to increase our on site programming at national radiology meetings. Right now we have professional development seminars with a speaker and breakfast or lunch at the American Society for Therapeutic Radiology and Oncology Annual meeting, the Society for Pediatric Radiology Annual meeting, the American Roentgen Ray Society meeting and the Radiology Society of North America. At the latter, we have our business meeting with awards ceremony, and 3 professional development lunches which are all open to all members. We also host a breakfast at the ACR meeting to honor the AAWR members who have been elected to fellowship by the ACR. Do you attend a meeting that would benefit from a professional development seminar for AAWR members? Let us know! Increasing international outreach is another area where there are many opportunities. We have an AAWR booth at the European Society of Radiology meeting, which has been supported largely through the volunteer efforts of Drs. Ewa Kuligowska and Judy Amorosa. Are there other international meetings that we should reach out to? Are there other ways to increase outreach around the world? Again, let us know. Increasing programming for residents or medical students interested in radiology are other areas of opportunity. Increasing local or regional programming or programming aimed at private practice are others possible choices. New this year is a private practice committee and a Member-

in *focus*

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at-large for private practice; Ellen Shaw de Paredes. The AAWR has a total of 19 committees working on behalf of the AAWR. I would like to thank everyone who has agreed to serve.

Communication is another area for review. We have a web site with a lot of resource materials and we have the Focus newsletter. The web site is being updated on an ongoing basis under the direction of the web site committee chaired by Katarzyna Macura. There are a lot of materials available to visitors and members alike. There is more material available in the member's only section including a member forum and a virtual mentoring program. Are there other web based programs that would be of interest? How about a Pod cast of the Focus newsletter so you can listen on the go rather than read? Again, let us know. The Focus has been published as a group effort by a number of hardworking editors, assistant editors and contributing authors. New this year, the Focus will only come out in electronic form. Also new this year, the secretary in addition to the duties as secretary will also serve as the editor for Focus. She will have the help and expertise of the assistant editors, Drs. Marcia Javitt, Meghan Blake and Nina Mayr, and the members of the Public Relations Committee. Dr. Fielding has started two new features; an interview series with women in radiology and a case study series. This month's interview is with Dr. Hanan Soliman Gewefel from Cairo, Egypt. The case study is loosely based on cases from a women's leadership program at UNC. Read the case study, decide what you would do and let us know your thoughts on the AAWR member forum. This can be accessed after you login to the web site. A follow up discussion will be published in the next issue of Focus. Happy reading!

SAVE-THE-DATES

2009 AAWR Programs

Mark your calendar and plan to join us!

SPR Annual Meeting ~ La Costa Resort & Spa, Carlsbad, California

Educational Luncheon

Date: Thursday, April 23, 2009

Time: 11:45 am – 1:00 pm

Room: TBA

Topic: *Why 2009 is not 1999*

Speaker: Dr. Beverly Wood of the Keck School of Medicine of USC

Registration for this luncheon is available via the SPR website at www.pedrad.org.

ARRS Annual Meeting ~ John B. Hynes Veterans Memorial Convention Center, Boston, Massachusetts

Educational Luncheon

Date: Wednesday, April 29, 2009

Time: 12:00 pm – 1:30 pm

Speaker: Dr. Teresita Angtuaco of the University of Arkansas for Medical Sciences

Topic: *Career Women and their Daughters: Lessons from "Reviving Ophelia"*

Room: 203 of the Convention Center

Instructional Course 301

Date: Wednesday, April 29, 2009

Time: 8:00 am – 9:30 am

Topic: CT Colonography

Speakers: Drs. Judy Yee of UCSF/VA Medical Center and Zhongxing Liao of MD Anderson Cancer Center

Room: TBA

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

New Fellows Breakfast

Date: Monday, May 4, 2009

Time: 7:00 am – 8:15 am

Room: State

Please join the AAWR Executive Committee and Membership as they mix and mingle in celebration of the 2009 Class of ACR Fellows.

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).

We look forward to seeing you at the 2009 Programs!

KUDOS *and* PLAUDITS



Janette Collins, MD

On February 1, 2009, Dr. Jannette Collins was appointed as the Ben Felson Professor and Chair of Radiology at the University of Cincinnati. Dr. Collins is a board-certified radiologist specializing in thoracic imaging. She has published extensively on imaging of small airway disease, lung transplants, and signs and patterns of disease on chest CT. She holds an advanced degree in education and speaks nationally on topics related to undergraduate, graduate and continuing medical education. She has completed fellowships in thoracic imaging at Yale University, medical education research through the Association of American Medical Colleges (AAMC), and executive leadership at MCP Hahnemann University. She also completed the Melvin M. Figley Fellowship in radiology journalism. Her book "Essentials of Chest Radiology" is used by trainees and practicing radiologists worldwide. She has served as President of the Society of Thoracic Radiologists, Association of University Radiologists, and Association of Program Directors in Radiology (APDR). She is the recipient of the 2004 APDR Achievement Award, AUR Joseph E. and Nancy O. Whitley Award (1996, 1997, 2001) and 2005 Radiological Society of North America Outstanding Educator Award. She is the Editor-in-Chief of Seminars in Roentgenology. She is a former Radiology Residency Program Director and Assistant Dean of Graduate Medical Education at the University of Wisconsin. Dr. Collins has been a member of the AAWR since 2008.



Ritsuko Komaki, MD, FACR

Dr. Ritsuko Komaki was the keynote speaker and Juan del Regato Gold Medal recipient at the Medical College of Wisconsin's Department of Radiation Oncology Alumni/Faculty Symposium held November 7, 2008. The gold medal was an honor that recognized both the occasion of the address and the recipient's lifetime contribution to the field of radiation oncology.

Dr. Komaki is a Professor at The University of Texas M. D. Anderson Cancer Center in the Department of Radiation Oncology, Houston, Texas. She also holds The Gloria Lupton Tennison Distinguished Professorship in Lung Cancer Research. She received her M.D. degree

from Hiroshima University School of Medicine, Hiroshima, Japan in 1969. Dr. Komaki also trained in internal medicine at the Radiation Effects Research Foundation, Atomic Bomb Casualty Commission, Hiroshima, Japan, 1969-1970. Subsequently she was encouraged to come to the United States where she did her residency and fellowship training in radiation oncology at The Medical College of Wisconsin, Milwaukee, WI from 1974-1978. Her first faculty position was at The Medical College of Wisconsin, Milwaukee, WI in 1978. She was American Board of Radiology (Radiation Oncology) certified in 1979 and recertified in 2001. She was appointed Associate Professor and Clinical Director of Radiation Oncology, Columbia Presbyterian Medical Center, New York, NY in 1985. She joined M. D Anderson Cancer Center in 1988 and became a Professor in 1994.

Dr. Komaki has over 310 peer-reviewed publications and 40 book chapters. She is also the lead editor of the book, "Lung Cancer, M.D. Anderson Cancer Care Series." Dr. Komaki serves as the Principal Investigator of the RTOG Protocol Studies from MDACC, Associate Medical Director of the Thoracic Center, and Program Director and Thoracic Section Chief of the Department of Radiation Oncology at M. D. Anderson Cancer Center. She is also a member of the National Council on Radiation Protection (NCRP) as well as a member of the Board of Directors, International Association on Lung Cancer (IASLC). She received the Business and Professional Women's BPW/Texas Award for 2005 as well as the 2005 AAWR Marie Sklodowska -Curie Award. Dr. Komaki has been an active member of the AAWR since 1986 and was the president of the Association in 2001. Dr. Komaki served the 90th presidency of American Radium Society (ARS) in 2008. She was the first woman physician to serve as the president of this prestigious organization. She also received the Marie Sklodowska -Curie Award from the Foundation of Marie Sklodowska-Curie in Warsaw, Poland, 2006. She has been interviewed by People Magazine, the New York Times, USA Today and the Houston Chronicle because of her efforts to build the memorial statute for children at the Hiroshima Peace Memorial Park. Dr Komaki's best friend Ms. Sadako Sasaki died due to leukemia caused by exposure to the atomic bomb in Hiroshima. Her story was published in the book of "Legacy and Legends" from MD Anderson Cancer Center in December of 2008.



Where Am I Now?

By Kay Vydareny, MD, FACR
1984 President of the AAWR

It is somewhat amazing to sit here at my desk in February 2009 and look both backwards and forwards – where we were then, 25 years ago, and where I am now.

When I became President of the AAWR (which was then called the American Association for Women in Radiology) we were really a “mom and pop shop”. I remember many hours of sitting at our kitchen table, counting and re-counting the members of the AAWR who were also members of the ACR, trying to reach the magic number that would allow us a seat on the ACR Council. Now the AAWR is truly an international organization, whose voice has changed over the years to be stronger and more representative of medical students, residents, and attendings in both academic and private practice. During the year of my Presidency, we were able to convince the American College of Radiology to list potential job seekers by their first initial only, rather than by first name, because many women reported to us that they had fewer job offers than their male peers in residency, possibly because groups did not wish to hire women. By making this change, women at least got the first phone call and a “foot in the door”.

And think of all the changes that have occurred to women in medicine in general and Radiology in particular. When I was a medical student at the University of Michigan, 1964-69, 10 % of the class was women. I find it interesting that, according to University publicity at the time, there was no quota for women; however, every year, year after year, the percentage of women in the class was stable at this same percentage. Now, most medical schools have more than 50% of their entering classes composed of women. However, the percentage of women in Radiology residencies has been fixed over this same time at 28-30%, for reasons that are not definitely known. Why don't more women choose Diagnostic Radiology as a profession? Is it the amount of math and physics included in the curriculum? Is it because women are natural care-givers and do not recognize the amount of patient interaction the Radiologists can have?

What has happened to me since that year? Because of my involvement in the AAWR, I became active in several national organizations at a time when they all seemed to be recognizing the win-win strategy of seeing women advance to leadership positions. The AAWR spring-board allowed me to become active in the RSNA, ARRS, ACR, and AUR, as well as the Michigan Radiological

Society. I think my leadership positions in these organizations reflected less on my skills than on being in the right place at the right time – and being willing to work hard. Participating in organizations has enabled me to feel that I have contributed to the present and future of our specialty and has brought me great satisfaction and many, many friends.

I have been in academic Radiology, with specialization in thoracic radiology, throughout my career, first at Michigan State University and then at the University of Michigan. I moved to Emory University School of Medicine in 1991 and have been in Atlanta since then. I am presently working only part-time at Emory, where I work clinically 4 days a month and continue to be the Principal Investigator at Emory for the National Lung Screening Trial, a multi-institutional, multi-year randomized study investigating whether screening for lung cancer with CT decreases the mortality of lung cancer. Since September 2008, I have been the Associate Executive Director of the American Board of Radiology for Diagnostic Radiology and the Subspecialties, a job which brings me great satisfaction, since I am able to contribute to the sweeping new initiatives of the ABR. My husband, William Casarella, who is presently an Associate Executive Dean of the Emory University School of Medicine, and I have 5 adult children and 10 grandchildren, ranging in ages from 1 to 6, with whom we spend a lot of time. The legendary joys of grandparenthood are absolutely true; having a child choose to spend time with you and love you cannot be duplicated!

I have been fortunate to have spent my professional career as a Radiologist, and my personal life has been blessed by good friends, a loving husband, the satisfaction of seeing my children grow into adults of whom I am proud...and oh, those grandchildren!

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.



RadNet Management, Inc. / Beverly Radiology Medical Group is a national leader in providing high quality diagnostic imaging services. Utilizing advanced technology we offer to our patients and referring physicians the full spectrum of diagnostic imaging exams, including PET/CT, MRI, CT, Nuclear Medicine, Mammography, Ultrasound and X-ray. Through a network of over 160 owned and operated outpatient imaging centers and with operations in six states, we are the largest owner and operator of fixed diagnostic imaging centers in the United States.

We invite you to join our Grove Diagnostic Imaging team as a full-time General Radiologist. In this position you'll read plain film, CT and ultrasounds, as well as work with our team of radiologists and technologists to provide high quality and professional imaging services to the community. There is also an opportunity to occasionally read Mammography for those individuals who are trained to (the ability to read Mammography is a plus). This well established outpatient facility has 2 Radiologists on staff, is high volume, and is 1 of 3 of our imaging facilities serving the Rancho Cucamonga community.

This is an excellent and challenging career opportunity, which requires an experienced and knowledgeable Radiologist with Board Certification, California State Licensure, and an X-Ray Supervisor Permit.

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Radnet Management, Inc. / Beverly Radiology Medical Group is an equal opportunity employer, committed to cultural diversity. RadNet/BRMG will provide equal consideration for employment to all qualified applicants without regard to their race, religion, ancestry, national origin, sex, sexual orientation, age, disability, marital status, domestic partner status, or medical condition.

AAWR Research & Education Foundation

CALL FOR MID CAREER PROFESSIONAL LEADERSHIP AWARD APPLICATIONS

Deadline: June 30, 2009

The AAWR R&E Foundation is accepting nominations for the **Mid Career Faculty Professional Leadership Award**. Nominees must be working in an academic institution in the U.S. or Canada, in the rank of at least Associate Professor, and must be an AAWR member at least since January 1, 2009. This award pays up to \$1500 for the seminar registration fee and reasonable travel expenses for the awardee to attend the Mid Career Women Faculty Professional Development Seminar, December 5-8, 2009, sponsored by the Association of American Medical Colleges (AAMC). The location will be announced at a later date.

This seminar is tailored to women with clear potential for advancement to a major administrative position, such as section or department head. The Seminar 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
- to give attendees opportunities to expand their network of colleagues.

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

Application packets should be submitted electronically on or before June 30, 2009 to AAWR R&E Foundation at admin@aawr.org

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.

American Association for Women Radiologists
**CALL FOR APPLICANTS FOR THE CURIE, ETTINGER
 AND DISTINGUISHED RESIDENT AWARDS**

Deadline: June 30, 2009

The AAWR is accepting nominations for the Marie Sklodowska-Curie Award, Alice Ettinger Award and the Distinguished Resident Awards, which are listed below. Please consider yourself or recommend a colleague for one of these prestigious awards.

The deadline for submission of a nomination packet(s) is **June 30, 2009**.

All awards will be presented on Monday, November 30 during the AAWR Annual Business Meeting Luncheon taking 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. The nominee does not have to be a member of the AAWR. Nomination packet must include the candidate's CV and letter(s) of support.

ALICE ETTINGER DISTINGUISHED ACHIEVEMENT AWARD* – Lifetime achievement award that recognizes long-term contributions to radiology and to the AAWR. The nominee must be an AAWR member. Nomination packet must include the candidate's CV and letter(s) of support.

DISTINGUISHED RESIDENT AWARDS* – Two \$500 cash awards (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, 2009. **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.

*One hotel night, a \$50.00 per diem and reasonable travel expenses to Chicago to accept the award for a total of up to \$1000, will be reimbursed, if the awardee is not otherwise coming to the RSNA.

Only electronic applications will be accepted and can be sent to admin@aawr.org.

The AAWR invites you to our exclusive online member forum. We have created dedicated discussion forums to address issues affecting us during every stage of our career.

Featured message boards include:

Academic Radiology • Careers in Private Practice • Life in Radiology Residency • Medical Students • Mentor/ Mentees • Jobs and Negotiating & much more...

Our newest feature includes the AAWR hot topic discussion, where members can discuss current issues and participate in a moderated forum.

Express your thoughts. Share your experiences. Enjoy lively conversations. Get information and advice on topics that matter to you. Come explore the new AAWR online community!

Click the "Member Forum" Link on the AAWR Home Page.

1. Access the Registration form by clicking the "Register" Icon in the upper right corner.
2. Click "Agree" on the Terms of Use page, and then fill in the Registration Form.
3. Enter the AAWR Member Code: aawr1981
4. Click submit.

An email confirmation message with your registration and login is immediately sent to you after registration submission.

Women in Academic Radiology



Nandita M. deSouza
Professor
Institute of Cancer Research and
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Introduction

Over the last two decades, gender parity of students, residents, faculty and departmental and university leads has been of major interest to academic institutions. Despite many concerns and plans for improvement, women continue to remain under-represented in academic medicine, in radiology as a whole, and in academic radiology in particular. The Association of American Medical Colleges compiled a report in 2006 examining gender disparities in academic medicine (1), looking at faculty hiring and promotions and the representation of men and women in leadership academic positions. A similar study was undertaken in 2006–2007 in the UK, the Women in Academic Medicine project, commissioned by the UK Councils of the Heads of Medical and Dental Schools (2). The results from both sides of the Atlantic mirror each other and conclude that there is an inequality of males and females in senior academic positions.

This lack of gender equity is a common thread in science engineering and technology generally, where women have traditionally lacked career progression. A recent survey of 44 academic institutions in the UK carried out by the National Centre for Social Research (3) found that women occupied lower grade academic posts than their male counterparts. In the USA, although women physicians have been shown to be more likely to pursue an academic career than men (4) the number who advance to professor appears significantly lower than expected (4, 5). Data from the American Medical Colleges reported that while women formed 50% of medical school entrants and graduates, they were 42% of fellows, 32% of faculty and 11–16% of full professors. Thus, despite the increasing feminization of the medical workforce, there remains a distinct under representation of women in academic medicine. In subspecialties such as radiology, this trend is accentuated (1).

What Is an Academic Radiologist?

Traditionally the role of an academic clinician has been in research and teaching while maintaining a speciality clinical practice. The balance of research versus teaching is determined by institutional profile and by the role of the individual within the team. Radiology ranks along with surgery and pathology as a highly technical and craft-based speciality where the need to maintain technical skills in a clinical environment is paramount. A research profile in radiology thus requires a high degree of technical skill, innovation, and a strong science-based drive to introduce and develop novel imaging

technologies into clinical practice. An academic radiologist therefore needs the skills required of an academic clinician with clinical expertise and a basic medical knowledge of biological sciences as well as an understanding of the physical sciences in order to introduce novel scanning and contrast agent technologies into the clinic.

The Size Of the Problem

In 2005, of the 99,395 physicians in U.S. residency training programs, ~42.5% were women, an increase from 34% a decade earlier largely due to the increased number of medical graduates. Despite this, the number of women in specialty training did not change over that decade (1): women residents formed 27% of all specialty residents in 1995 and 27.4% of speciality residents in 2005.

Looking further along the academic pathway for clinicians in radiology, 32% of assistant professors, 25% of associate professors, and 15% of full professors are women (1). Thus, there is a significant attrition of women as careers progress. This attrition is also reflected in other specialties that are traditionally popular with women such as obstetrics and gynecology where 54% of assistant professors, 35% of associate professors, and 16% full professors are women. In other health sciences as a comparator, 42% of assistant professors, 28% of associate professors, and 17% of full professors are women MDs. Specialties with the highest number of women full professors (pediatrics [22%], pathology [19%], and family practice [18%]) still fall far short of the 50% gender equality benchmark.

Possible Reasons for Inequality

Gender discrimination in academia: This has been shown to occur early in the careers of women in medicine. A study of 1000 medical students in the United States showed that 29% had experienced gender discrimination during their training (6). A decade on this research warrants repeating. Gender discrimination has also been reported in female medical students in the UK (7) and among female clinicians and academics working in radiology (8). A large study of medical academics across the United States showed that women were more than twice as likely to perceive gender discrimination in the academic environment than male colleagues and, although their academic productivity was similar, they had less career satisfaction (9).

Radiology as a speciality: While 46% of students enrolled in U.S. medical schools are female, only one quarter of radiology residents are female (10). And unlike many specialties, the numbers are not improving. A literature review (11) from 1988–1999 showed that the percentage of radiology residents who were women held constant at 25%. In an era when there is an explosion of new imaging technology this is surprising, in particular because diagnostic radiology offers many of the characteristics that are desirable to women such as reasonable on-call hours, flexible scheduling, and an opportunity to work part-time. The “controllable lifestyle” offered by a career in radiology for women

with family responsibilities therefore should correlate with higher satisfaction than other specialties in internal medicine. However in a 1999 *JACR* career satisfaction survey, this was found not to be the case because of work stress and encounters with gender bias and harassment. Another possible reason for lack of popularity of radiology with women medical graduates speculated by Potterton et al (11) may be the lack of role models. Choice of specialty is often related to exposure to role models. Radiology needs more role models in senior academic positions.

Work/Life Balance Issues: Women admitted to medical school do well and graduate well, but then they start to make choices to balance their family and their lifestyle. It may well be that they lack the commitment of their male colleagues to take on extra, but essential, roles necessary to maintain the position of senior physicians leading research teams in the health care system as they opt out of additional administrative responsibilities expected of academic team leaders and non-essential committee work.

Changes from a clinical to academic employment or working on short-term research grants or fellowships can be daunting for women planning to have children because the arrangements for paid maternity leave may be unclear. Research grants are usually awarded over a fixed time period, with no provision for maternity leave, and arranging cover for carrying out or supervising projects can be problematic. Although in the UK, grant-awarding bodies, such as the Medical Research Council and the Wellcome Trust, have begun to address these issues, there remains an intrinsic problem. Unlike clinical medicine where absence may be covered by colleagues using standard practice and protocols, research requires more creativity, more innovation, and more obsessive attention to detail that often cannot be left to the next person to supervise. A student, post-doctoral researcher, or supervisor on maternity leave may mean that a research project is on hold. In slowly moving areas of research, such delays may well be tolerable. However, in more competitive areas where other research groups are working on similar ideas, this delay may result in losing out to scientific discovery. Maternity leave is thus a strong disincentive to employing women in highly competitive fellowship schemes.

Lack of Role Models

There is a perception that it is "too hard" to combine academic, clinical, and family commitments, which is highlighted by the lack of female role models in academic radiology. This is supported by the findings of Blake and Lavalley (3) which showed that women scientists were less likely to be in a relationship than their male counterparts and less likely to have dependent children. Junior female academics find it difficult to envisage a successful career and a successful family life. Their perceptions may be well-founded: in one study only 50% of female academics had applied for grants compared to 62% of males. Also, being less senior, women were less eligible to apply for research project grants. However, those that did apply were as successful in gaining funding as their male colleagues. Another study indicated that female radiologists published fewer articles and were less likely to be lead authors (10). These barriers encountered by women in academic medicine generally also apply in academic radiology.

The Way Forward

It is essential that we eliminate once and for all the environment of male cronyism that still dogs the upper echelons of academia. In this multidisciplinary environment the key element is very much of collaborative research. In radiology in particular where a broad range of highly technical expertise with input from physics, biochemistry, biology, engineering, and clinical medicine is necessary, it is essential to build cohesive research teams for successful research outcomes. Within such teams, flexible working practices are not only possible, they are desirable. Any particular project will go through a predominantly engineering-based, laboratory-based, or animal-testing phase, where different members of the project team are in the driving seat. It is therefore possible to be part of this collaborative team by working flexibly. Women are fantastically good team players. Their skills of communication, negotiation and organization are paramount for a successful family life, and even more so when juggling the requirements of children, elderly parents, and a demanding career at the same time. They can bring these skills of multitasking and organization to the work-place to create successful multidisciplinary research groups. What women require to implement these successfully is confidence, support, and respect, particularly in a male-dominated academic environment.

Institutions often are not supportive of career breaks and parental leave. Also, the difficulties in fulfilling both academic and clinical commitments within a part-time working week can be daunting. Acknowledgement of this and a greater flexibility within working hours and the structure of academic careers are needed.

Mentoring: Mentoring is a critical part of career development (12) is an important factor in encouraging academic career choice (13). Female mentors are likely to encourage female trainees to consider academic radiology, and formal mentoring schemes are likely to give trainees links to senior academics regardless of gender. Mentors do not necessarily need to be women. However, they need to cultivate an environment of understanding and professionalism that is gender-blind.

Many national women's organisations exist both in the United States and UK such as American Medical Women's Association, Women in Medicine, the American Association for Women Radiologists, and the Medical Women's Forum. These organizations provide general support and guidance, but the benefits of a more focused one-to-one mentoring scheme cannot be underestimated. Within the UK the Association of the Medical Royal Colleges (AMRC) has set up a scheme for research fellows where a database of willing and available mentors is listed. Fellows can then choose and approach a mentor. If the relationship is unsuccessful, intervention through the AMRC can be sought. It may be possible to set up such schemes within academic radiology networks and through organisations such as ARRS, RSNA, ISMRM, and SNM.

Leadership Awareness: Leadership requires integrity, credibility, trust and, above all, reciprocity to facilitate effective engagement with others. It involves moving people from compliance to commitment, from acceptance to active engagement, and from task completion to professional involvement. It therefore requires

a portfolio of skills at the interpersonal and intrapersonal levels. This is driven by sophisticated self-awareness by individuals sensitive to their own personal configuration of talents, needs, aspirations, and fears. Women generally show lower risk-taking behavior than men, and are often more concerned with fears, rather than driving their aspirations. They need to feel confident that they have the necessary qualities and talents to be leaders by understanding that they possess the skills for success. A change in the perceptions of what leadership really is and recognition of various styles of leadership (14) would lead to increased numbers of women in senior academic leadership roles.

Clear clinical academic pathways: In radiology the training pathway to accreditation is clear cut. In the United States, radiology residency involves 4 intense years of training, with each of 10 specialist radiology areas having a pre-defined training time, before a resident is eligible to take the accrediting board examinations. In the UK, following successful achievement of a postgraduate medical qualification, and 2–3 years as a post-registration senior house officer, a trainee can embark on a radiology residency. This involves rigorous lecture-based training in the scientific and technical background to imaging supported by junior and senior training grade rotational appointments in radiological subspecialties. Hitherto, in radiology, there has been no academic training path or exposure to a research environment. Projects undertaken along the way have been minor case collation or retrospective studies. The exposure to large scale or prospective studies, if it does occur, is merely serendipitous, and the experience of grant writing or undertaking novel imaging in a multidisciplinary setting virtually nil. In the UK, the Walport Training Fellowships in Academic Medicine have started to address this, allowing short periods of academic exposure during which a trainee becomes acquainted with academic procedure, allowing them to prepare for a full-time research fellowship in their chosen specialty working towards a higher degree and enabling them to subsequently apply for clinical lectureship positions within academic departments. Such schemes are welcome in radiology where an otherwise regimented training system and pressure to complete subspecialty attachments quells academic aspirations. The negative side is that it requires a decision to pursue an academic path at the outset.

Financial constraints: The choice of an academic career often carries a restriction on income from private practice. This is a powerful disincentive to pursuing a career in academic medicine. In the past, in the UK, schemes such as the “merit award” scheme provided some financial compensation for those in academic posts. However, there has been a shift in the distribution of these financial awards so academics do not necessarily benefit. Undoubtedly an academic lifestyle involves a lower income. However, for women, where a dual family income is available, this may not be a deterrent.

Skills and competencies: In a clinical research environment a broad skill set is essential — people skills, communication skills, increasing awareness, strategic vision, management, and business planning. Women are intuitively good at some of these roles, but require additional training in others. In particular, women

may lack the risk-taking behaviour that comes more easily to their male counterparts. This is often a valuable asset in research where a certain amount of risk taking initiative is essential for ground breaking novel technologically based research. Women by nature or cultural training may not have as strong a drive for power and status as men do, which leaves them behind when being appointed as directors and deans. As clinicians we need to rethink our status symbols in academic radiology. There is a greater need for networking and teamwork. We need to applaud and endorse good multidisciplinary science and reshape leadership style.

Summary and Conclusions

Women are still under-represented in academic radiology. Although awareness of the problem is increasing and things have improved over the last 20 years, they have not improved enough. The pace of change to achieve gender parity appears frustratingly slow. In part this reflects the small number of trainees in radiology as a speciality. As radiology is an excellent career for having a controllable lifestyle that fits with family responsibilities, there should be an increased drive to encourage women into academic radiology. This can only be achieved through active mentoring, successful role models, and rethinking our status symbols and leadership styles. Radiology can then become a model for academic careers without gender bias that other specialities can follow. ■

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American Roentgen Ray Society

ARRS



INTERVIEW—Hanan Soliman Gewefel

1. Your name: Hanan Soliman Gewefel

2. Residency training program: Cairo University School of Medicine

3. Do your work in private practice or academia? I work in private practice. I was as an

employee for 15 years, then founded and became Medical Director of a small medical imaging center.

I also work as a breast imaging consultant for the Army.

4. Full time or part time? I work full time in my private practice and part-time in my consulting role with the Army. I am a founder of the Breast Cancer Foundation of Egypt. I do a lot of talk shows on TV to increase awareness of breast cancer and mammography.

5. Do you have a significant other in your life? I met my husband during my residency; we are a love story for 23 years. He is a plastic surgeon. Thank goodness I have kept my figure.

6. Do you have children? How many? I have two daughters. Sara is 22 years old and in medical school. Mennah is 21 and studies computer engineering at UCLA.

7. How many staff physicians are in your group? There are 4 physicians in my group.

8. What constitutes a typical workday? I tend to be an early riser. First, I drink coffee and read the newspaper. I review my "to do" list and try to complete a few chores. I walk on a treadmill for 20/30 minutes. I call my clinic to find out how many patients I will be seeing that day and check my email... Twice a week I give lectures, or attend conferences or morning social events. My clinic hours are from 5 PM till 10 PM. Twice a week I sleep at my mother's home because she is not well. I have my main meal at 10: 30 PM while watching the TV (CNN) or a movie. I read a story before going to sleep at midnight. One day per week I do charity work.

9. What is your favorite part of your job? Your least favorite?

Talking with patients and reassuring them. Each case is a challenge. I like reading in my clinic. Really, I have no complaints.

10. How many hours do you work each week? I used to work 40 hrs (15 years); now I work 35 hours per week. My weekly day off is Friday.

11. What is your goal for the future of women in radiology? I would like to see Women's Imaging or Breast Imaging as an independent subspecialty. I would train young doctors and open doors to help them.

12. Why should this be important to other female or male radiologists? It's difficult to complete a residency and pass the required board examinations for the practice of Radiology. A Women's Imaging subspecialty with specialized training would be easier to obtain.

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

1. Offer tools for distance learning
2. Provide channels for research work overseas
3. Networking

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

I regularly read books about business management. I like traveling; I went to Sydney, Vancouver and Hawaii and am thinking about visiting Japan. I carefully choose the location and city where I attend a conference. If I was not a radiologist I would be a movie director. The best time is that which I spend with my family at our winter house on the Red Sea. I have two sisters and a brother.

The AAWR T-Shirt

Thanks to the efforts of Meghan Blake, MD and a generous financial support from Ann M. Lewicki, MD, MPH, AAWR's Historian, the AAWR signature T-shirt featuring the portrait of our role model Marie Sklodowska Curie is available for sale (\$10/each) and is on display on our website. Please consider supporting the AAWR by adding this special T-shirt to your collection. Please contact the AAWR Office at admin@aawr.org to your order your shirt today.



BUSINESS CASE #1

ENTRY JOB — ASSISTANT PROFESSOR

Dr. White is a Fellow in Neuroradiology. She loves to teach and has started some interesting research in the lab for which she has been encouraged to apply for a K-8 award. Her division head has encouraged her to pursue an academic career and arranged an interview to discuss it. Her fiancé has a good job in this same city, and so she would prefer to stay here as well. She meets with the division head.

At the end of the discussion, the division head offers her a job as an assistant professor, clinical track at a salary of \$150K. She's expected to participate in call and do mostly clinical work, but he will support 20% time in the lab. She's really happy and says yes. In the course of the next few days, she learns that a man was brought in last year from another institution, and its rumored he's paid \$180K. She knows he doesn't take full call as she will have to do, and she learns that he has 50% time guaranteed in the lab.

She's trying to decide if she should go back and talk to the division head and ask for more.

- **What would you do?**
- **Why?**
- **Assuming you did go back and talk, how would you introduce the topic?**
- **What would be your argument?**
- **What would you be asking for?**

Please post your responses on the Forum at http://www.aawr.org/members_new/ForumLogin.asp. We at Focus look forward to a lively debate. The next issue will reveal the response recommended by an executive coach as well as some of your ideas.



My Experience as the 2008 AAWR/AAMC Mid-Career Recipient

By: Iris C. Gibbs, MD

I am so honored to have been acknowledged and selected by AAWR to attend the AAMC Mid-Career Women Faculty Career Development Seminar this past December, 2008 in Arizona. I am currently an Associate Professor of Radiation Oncology at Stanford University. Over the past several years I have developed clinical and research programs in stereotactic radiosurgery and brain tumors. This course has been a valuable contribution to my ongoing development of leadership within my institution and specialty.

The seminar was a priceless opportunity to interact our accomplished women faculty facilitators. One of the best aspects of the conference was the career mapping sessions which were small group activities facilitated by senior faculty. I had the pleasure of working with Hannah Valentine, MD, Senior Associate Dean of Diversity and Leadership of Stanford University Medical School. It was valuable to go through the mental exercise to map my career future and envision the steps needed to achieve concrete goals. I was introduced to the concepts of the "Executive Summary" and "Histories of the Future". I was enriched by the exercise of actually appreciating my past experiences and articulating my career and personal goals. The opportunity to have critical peer review of my CV with feedback and recommendations by skilled and knowledgeable people was invaluable. The "Histories of the Future" exercise forced me to articulate even my most ambitious goals.

The most rewarding aspect of the seminar was networking with women in other disciplines, and discussing similar and diverse career challenges. I strongly recommend the workshop to other mid-career women in the medical field. I would like to thank AAWR and AAMC for your support.

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Life as a Woman Radiologist in Egypt

Presented at the AAWR International Luncheon during the 2008 RSNA

By Dr. Naglaa Abdel Razek, MD
 Assistant Professor of Radiology-Cairo University
 Director of the Breast Imaging Unit-Alfa Scan Radiology Center-Egypt

Historical Background:

Medical information contained in the Edwin Smith Papyrus dated as early as 3000 BC documented the earliest known surgery was performed in Egypt around 2750 BC. Imhotep in the 3rd dynasty was credited as the founder of ancient Egyptian medicine and as the original author of the Edwin Smith papyrus, detailing cures, anatomical observations and management of different patterns of trauma. The Edwin Smith papyrus is regarded as an ancient textbook on surgery. Additionally, the Ebers papyrus (1550 BC) is a full collection of diverse medical texts that offers the most complete record of Egyptian medicine. Included are sections on intestinal disease, DM, arthritis, gynecology, burns, & contraception. Ebers papyrus also provides our earliest documentation of a prehistoric awareness of tumors. Medical institutions are known to have been established in ancient Egypt since as early as the 1st Dynasty.

Peseshet, who lived under the fourth Dynasty was the earliest known female physician in the ancient Egypt. Her title was "lady overseer of the female physicians". She had a son, Akhethetep, in whose mastaba at Giza her personal stela was found. She had graduated midwives at an ancient Egyptian medical school in Sais. Interestingly, the Hebrew Bible refers to midwives in Exodus 1,16. Apparently, there was a body of female physicians in Ancient Egypt during the Old Kingdom and Lady Peseshet was their director.

History of Radiology in Egypt

Radiology was introduced as part of medicine in Egypt about 80 yrs ago. In 1979, the Dept. of Radiology at the Cairo School of Medicine installed the first CT scanner. In 1989 the Radiology Dept the first MRI machine in Egypt was installed, again at the Cairo School of Medicine. The first Association of Radiologists was established in Egypt in 1949

Health Care system & equipments

There are now at least 83 radiology departments associated with the educational hospitals in the different governorates. There are radiology departments in the Ministry of health Hospitals & affiliates 55 radiology associated with the Police and Armed forces hospitals. The records indicate more than 120 private radiology centers in Egypt, fully equipped with the latest technology.

Women Radiologists in Egypt

Total Population	women	Men
79 millions	38.5 millions 48.8%	40.5 millions 51.2%
Total radiologists	Women radiologists	Men Radiologists
993	397 39.98%	59 60.02%

Women Radiologists in the Egypt

	Women	Men	Woman to man ratio
Professors	6 (16.6%)	30	0.2
Assistant Professors	6 (27.2%)	16	0.37
Lecturers	15 (45.4%)	18	0.8
Assistant lecturers	17(38.6%)	27	0.6
House Officers	23 (50%)	23	1
Total =181	67 (37%)	114 (63%)	0.58

Women Radiologists in the Cairo University Hospitals

Total No. of Radiologists	Women	Men	W-to-M ratio
93 (100%)	17 (18.3%)	76 (81.7%)	0.22

Women contribution in the private sector (data obtained from Alfa scan as an example of a private center).

Data Analysis:

We have investigated the number of radiologists practicing in Egypt. Considering the female population & the number of women radiologist, we can tell that the women radiologists are slightly underrepresented in Egypt. However there has been evidence that the female-to-male ratio is increasing. Our data suggest that discrimination against female applicants at the level of

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radiology residency selection does not occur. In the academic centers, there is little gender discrimination because jobs are offered based solely on the basis of test scores. In the private sector, gender discrimination against women persists because the owners of private clinics are men and seem to favor male employees.

Are you Indispensable?

In Egypt, and I think all-over the world, the female patient prefers to be examined by a woman doctor. For a woman radiologist, to take a position in the private sector, she has to be very special, to act be a top producer and excellent physician in order to prove herself but when she demonstrates her skills, nothing can stop her and she can access top positions. Egyptian women radiologists are demonstrating their talent in research; they have international publications and contributions to the international conferences. During RSNA 2008, five Egyptian radiologists actively contributed as scientific presenters. Egyptian Women Radiologists are not affecting the economic outlook of Radiology in Egypt; most of the private centers are owned and directed by men.

Egyptian Women Radiologists Leadership

More women are taking leadership positions; they serve in many National Projects in Egypt. They are Board members of many prestigious organizations. Some are heading Radiology departments in the universities .They are working as good colleagues to their male counterparts. Also they are role models in the career to the younger generation of women Radiologists.

Role Models Women in Radiology

It is very important for female doctors to have role models in the career. Important National projects are directed by Woman Radiologists:

CT evaluation of ancient Royal Mummy (Tut Ankh Amoun) was directed by Professor Mervat Shafiq . Professor of Radiology & former Head of the Radiology Department, Cairo University. The project was conducted by Egypt's Supreme Council of Antiquities to evaluate the tomb of King Tut and determine the cause of death.

The Egypt National breast cancer screening project is being directed by Prof. Dorria Salem, Professor of Radiology, Cairo University. The project started in October 2007. The target of the project is screening of 7 millions Egyptian women aged 45yrs and older. The project will be carried out in 5 phases. In each phase a number of governorates will be addressed, leaving in it well equipped hospitals with fixed units and well

trained staff to carry the task annually. The project started with 40 mobile units & 10 fixed units all equipped with full filed digital mammography units. The target at the end of the 5 yrs is 50 mobile units &50 fixed units to continue the annual screening. The images are transferred to the a centralized reader center using the satellite where Radiologists specialized in reading mammograms are there to report on the mammogram and send the results back to the Mobile or fixed units. There are 25 project members and 24 are women. . Therefore we can say, breast imaging in Egypt is a feminine field.

Challenges:

The Egyptian women radiologists are underrepresented within radiology in some subspecialties such as interventional radiology. There is an increasing demand for women radiologists in some subspecialties within radiology such as the breast & women imaging. Unbalanced distribution of Radiologists and clustering in the major cities especially in some radiology subspecialties such as breast imaging has led to the introduction of teleradiography.

Who I am & What do I do as a woman Radiologist?

Dr. Naglaa Abdel Razek, MD. Assistant Professor of Radiology – Faculty of Medicine- Cairo University. Mother of 2 kids, Karim 9 yrs. and Adham 5 yrs. I work in both the academic and private sectors. I do work in Breast Imaging & intervention (about 85%) and general Radiology (about 15%).I have good experience in Breast Imaging, Breast MRI, breast Intervention & elastography.

I am a graduate of the faculty of medicine, Cairo University, the year 1993. I was assigned as a house officer in the Radiology dept. faculty of medicine in1995 till 1998 & since that date till now I am working in the Radiology dept. as a staff member and today I serve as an associate professor.

Beside my academic work in the university, I work in the private sector. I work in Alfa scan Radiology center, a distinguished radiology center in Egypt (we have 3 branches, well equipped with the latest technology, we have 3Tesla MRI and a 64-multidetector CT & PET CT.

I am working at Alfa Scan since 1998 until present and now I am a consultant Radiologist & the Director of the breast imaging unit .I do 400 sono-mammogram per month. I do about 40 interventional breast procedures / month. I do breast CT mammography & MRI breast. Also I was nominated as the Quality manager since April 2008 and since that date I also do some administrative & auditing work.

I am working also in Egypt National Breast Cancer

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Radiologist in Egypt

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Screening Project as a Senior Consultant and second reader of the mammograms to verify cases after being interpreted by a junior radiologist.

I am working among groups trying to raise the public awareness about breast cancer and I am giving Breast intervention Hands-on workshops.

I belong to several medical societies summarized below:

Local Societies: The Egyptian society of Radiology: member. The Egyptian society of Women Imaging & Health care (ESWIHC): Board member & Assistant secretary general, The Scientific society of Radiology –Egypt (SSR): Board Member & Secretary General & the Egyptian society of Interventional Radiology (ESIR): member.

International Societies: The Radiological society of North America (RSNA): member, The European Society of Radiology (ECR): member, The European Society of Breast Imaging (ESOBi): member, The American Association of Women Radiologists (AAWR): member & The European Society of Cardiology (ESC) member.

My challenges are likely the same as those of many women the world over:

- The family obligations: Conflict in combining the rolls of wife, mother & academic work
- Conflict in combining academic work & private practice.
- Conflict in performing work & family duties and finding time for myself.

“I love Radiology... I am career satisfied but overworked. I do my family duties and child care but I hardly find the time for myself.”

To see Dr. Naglaa Abdel Razek’s complete presentation, please access the members’ only section of the AAWR website.



RADIATION ONCOLOGY CORNER

Radiation Oncologists, Our Engagement In Science, Education And Service To Society: Thoughts From The 2009 AAAS Meeting

by Nina A. Mayr, M.D. and Allison J. Lyons-Ankeny, J.D.

This newsletter comes to you with impressions from the recent annual meeting (February 12-16) of the American Association of the Advancement of Science (AAAS). This international organization issues the journal *Science*, is open to all and has the mission to advance science and serve society through initiatives in science policy, international programs and science education. AAAS members have been not only committed to the teaching and pursuit of science in their institutions - but also engaged in science as a service to society and in science policy making. Harvard physicist, John Holdren, previous president of AAAS, who has been most outspoken on the critical need for the United States to maintain leadership in science and technology, has just been appointed Science Advisor to the President and Chair of PCAST, the President’s Council of Advisors of Science and Technology.

Attending the AAAS meeting always provides me with an outlook of science as a whole and how it relates to our daily lives. Opening my mind to topics ranging from evolution, transformations of theories of learning, climate change, feeding a hungry planet, and linking science to security, global medicine, and novel use of innovative forms of radiation, helps keep me from the inevitable “tunnel vision” that we develop when we immerse ourselves completely in our professional fields. Such exposure tends to bring “our feet back on the ground” and lets us reflect where our place is in the “big picture”. Because AAAS is highly international, it also provides a good thermometer of where our place is in science globally.

What can we do from our end and in our field?

Our specialty of radiation oncology is a “marriage” between medicine and radiation physics. With these far-fetched and seemingly incompatible “partners”, and we always had to think across disciplines and bridge the gaps. Radiation oncology probably has been more translational throughout its history than many other branches of medicine. But it was the formidable and rapid development of computer sciences and 3-dimensional imaging that has propelled out of the obscurity of hospital basements. Science - physics, engineering, computer science, and more recently, molecular biology and genetics - have given us the tools to transform radiation oncology from an untargeted approach to a high-

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Radiation Oncology Corner continued from page 14

ly personalized image-guided modality that non-invasively destroys cancer, preserves normal organ function and enhances quality of life.

We owe tremendously to science. How can we give back?

I believe, by engaging - engaging in not only advancing science of our field, but also in enhancing education in our and related fields, and in implementing care through our administrative efforts within our institutions and beyond. We need to engage in policy making.

This engagement is needed more than ever in a time of such dire straits, when our economy is suffering, healthcare funding is declining while expenditures are skyrocketing, and the numbers of patients with chronic illnesses, such as cancer, is bound to progressively increase in the decades to come.

But every challenge is an opportunity: We have to go back to the basics while looking around us globally.

Where are we in research and innovation?

Many large radiation oncology trials, that change patient management in tumors with high societal impact, such as breast and lung cancer, no longer originate from the United States, while Europe, Canada and Asia have accrued thousands of patients to such cooperative group studies. This trend is reminiscent of pharmaceutical research: Most late-stage human drug trials are now performed outside the United States, where results can often be obtained cheaper and faster. Similarly, Health IT is poorly developed and largely fragmented in the United States, compared to European countries, where it has been daily practice for decades. Other nations, including Europe and others from the American continent have been well ahead of us and implemented streamlined efficient solutions to radiation oncology, and in healthcare at large. Their ability of coordinate their efforts has resulted in innovative capabilities, such as the Carbon-12 heavy ion facility at University of Heidelberg. What keeps us from progressing and competing effectively? Institutional barriers, bureaucratic dysfunctions, lack of engagement, or all of the above?

Where are we in education?

To start again from the bird's eye and global view, recent statistics show that the United States again ranks below average in science and mathematics education among industrialized nations (Trends in International Mathematics and Science Study). The current generation of elementary and high school students are the scientists of tomorrow. Although medical education is solid at this time, unless we engage now, we

may not have the pipeline of scientists and physicians that move our field forward tomorrow - let alone sustain our economy.

As radiation oncologists, we have a unique opportunity to engage and to make an impact not only to our field, but also to the "bigger picture" of a challenging health care environment and education status, and to society per se. We can put our vast knowledge to use in meeting these challenges and foster transitions. Our specialty has taken us through profound transitions: from 2-Dimensional (2D) to 3D, and now 4D paradigms. Just as an example, with our inherent need for image and data transfer, many of us have become experts in converting paper systems to paper-less Health IT. Managing change is not new to us. As we have re-invented our specialty, many of us have also re-invented and re-built the administrative aspects of our departments, clinics and our educational programs.

This serves us well, as we engage in advancing science, in whichever facet of the "big picture" it is, and wherever we are in academic or community care, or in our homes.

Dr. Nina A. Mayr, M.D. is Professor in the Department of Radiation Medicine at Ohio State University and is a member of the Ohio State University Comprehensive Cancer Center's Experimental Therapeutics Program. She has been an Elected Fellow of the American Association of the Advancement of Science (AAAS) since 2006. She earned her medical degree at the Ludwig-Maximilians University in Munich, Germany. She completed her residency and fellowship at the University of Iowa in 1993 and served on the faculty for 8 years. Before she created Department of Radiation Medicine at the Ohio State University and served as its Chair from 2004-2008, she was Director of Radiation Oncology and Professor and Vice Chair of Radiological Sciences at Oklahoma University Health Sciences Center, where she built OU's new radiation oncology facility. Dr. Mayr specializes in women's cancer and has earned an NIH grant for the study of functional magnetic resonance imaging as a predictor of treatment outcome in women with cervical cancer. She has been an active member of AAWR since 2005, has taken charge of the "Radiation Therapy Corner" for AAWR FOCUS, and currently serves as the Chair of the AAWR Radiation Oncology Committee. If you have interesting articles, ideas, images related to radiation oncology to share, please contact Dr. Mayr at 614-446-1567 or nina.mayr@osumc.edu.

Allison J. Lyons-Ankeny, J.D. is Interim Administrator and CFO, Department of Department of Radiation Medicine at Ohio State University.

AAWR — 2008 RSNA Moments



Dr. Lynn Fordham gives her 2009 presidential address during the Annual Members' Business Meeting.



AAWR members and guests mingle after the Annual Members' Business Meeting



Drs. Beth Beadle, Ritsuko Komaki, Zhongxing Liao (standing) and Lizbeth Kenny at the AAWR Business Meeting.



2008 AAWR President, Dr. Etta Pisano captures the audience, as she presents Negotiations 101 during the President's Luncheon.



Dr. Katarzyna Macura (left) presents the 2008 AAWR Lucy Frank Squire Distinguished Resident Award in Diagnostic Radiology to Dr. Serena McClam (right).



2008 AAWR Marie Sklodowska-Curie Award recipient, Dr. Beryl Benacerraf of Harvard Medical School.



Dr. Katarzyna Macura (left) presents the 2008 Eleanor Montague Distinguished Resident Award in Radiation Oncology to Dr. Bethe Beadle (right).



(left to right) Drs. Beryl Benacerraf accepts the 2008 AAWR Marie Sklodowska-Curie Award from Drs. Katarzyna Macura and Gretchen Gooding.



Dr. Etta Pisano (left) presents Dr. Iris Gibbs (right) with the 2008 AAWR R&E Foundation's AAMC Professional Development Seminar for Mid-Career Women Faculty Award.



Dr. Etta Pisano (left) presents Dr. Beth Beadle (right) with the 2008 AAWR R&E Foundation Member-in-Training Award for Outstanding ASTRO Presentation in Radiation Oncology.



Dr. Marcia Javitt (center) accepts the 2008 AAWR Alice Ettinger Award from Dr. Frieda Feldman (left) and Dr. Katarzyna Macura (right).



Dr. Etta Pisano (left) presents the 2008 AAWR R&E Foundation Member-in-Training Award for Outstanding RSNA Presentation in Radiation Oncology to Dr. Jennifer Jones.



(left to right) Drs. Ewa Kuligowska, Naglaa Abdel Razek (2008 AAWR International Luncheon Speaker) and Judith Amorosa meet again during the President's Luncheon.



Dr. Rohini Nadgir (right) accepts the 2008 AAWR R&E Foundation Research Seed Grant from Dr. Etta Pisano (left).



What it Means to be the AAWR Marie Sklodowska-Curie Award Recipient

by Beryl Benacerraf, MD, FACR

All of us in contemporary medicine lead over-burdened lives. We confront daily an overflowing menu of tasks: caring for patients, engaging in the seemingly endless bureaucratic duties that we all must fulfill, and caring for our families and our selves. These busy lives seldom provide an opportunity for introspection or taking stock. We most often focus outward on our service and care for others rather than on ourselves or our careers. The receipt of the Marie Sklodowska-Curie Award for women in radiology, a humbling and deeply appreciated honor, provided me with such an opportunity to stop and look back on my professional life, the progress that women have made in medicine over the last decades, the people who inspired and supported me, and the challenges ahead.

Taking this recognition from the American Association for Women Radiologists as a stimulus to reflect, I recognize the gratitude that I have for the mentors and role models who inspired my career. First of all the encouragement of expectations of my father, himself a successful physician scientist, who never voiced any doubts about my own ambition to become an academic physician and combine practice with investigation. My husband, also a scientist and a cardiologist, has always been an avid supporter of my career, proud of my accomplishments and urging me to reach my goals, no matter how much time it took.

Early on I was encouraged and validated by the late Jack Dreyfus who introduced me to the magic of medical imaging, combining the artists' aesthetic eye with medical insight, and the ability to commit to a diagnosis or interpretation. I had important women role models early on. The late Nina Starr Braunwald, the first woman cardiac surgeon, whose rigor and devotion to her career, and ability to nonetheless succeed as a wife and mother provided me with living proof that one might aspire to "do it all." When I was a resident, I admired Teresa McLeod, then a young attending radiologist, who was decisive and assertive. I owe these individuals a great debt of gratitude. None of them ever accepted any barriers for achievement based on gender.

Things are easier for women in medicine and radiology in the 21st century, but women remain the primary caregivers at home and face a particularly daunting challenge of balancing career with family responsibilities. In that sense, receiving the Marie Curie award imbues me with a particular sense of responsibility. It

seems that imperceptibly, and to my own astonishment, I have become a role model myself. My words of advice to young women radiologists include injunctions never to cut corners in your professional activities, to insist that others value your work life, to never use motherhood or family responsibilities as an excuse to oneself or to others for not reaching for the highest rung. I am very proud to have been selected as the recipient of the 2008 Marie Sklodowska-Curie Award. I will strive every day to deserve this singular and most meaningful recognition.

Dr. Benacerraf received a tremendous amount of support for this Award, including the support of Dr. Gretchen Gooding, who stated the following on why she felt Dr. Benacerraf was deserving of such an honor.

In a groundbreaking discovery, Dr. Benacerraf identified a thickened nuchal fold as a morphologic criterion for the detection of fetal Down syndrome and went on to prove the premise. Dr. Benacerraf's initial finding regarding the second trimester detection of Down syndrome has subsequently been extended to the early stages of pregnancy and virtually revolutionized the prenatal screening for fetal Down syndrome. No one has transformed the field of antenatal sonographic diagnosis more profoundly than Dr. Benacerraf. She has withstood skepticism and ultimately prevailed, based on the soundness of her scientific work and the creativity of her clinical intuition. She serves as a sterling role model as a clinician-investigator in Radiology and as a beacon of accomplishment and leadership for women physicians. A charming woman, intellectually vibrant, talented, innovative, a shining light of creativity and motivation, brimming with enthusiasm and optimism, Dr. Benacerraf has made a difference.

The AAWR would like to thank the following members and supporters of the Association, for their time and service at the AAWR booth and luncheons during the 2008 RSNA Annual Meeting.

Dr. Beth Beadle	Dr. Ewa Kuligowska
Dr. Ines Boechat	Dr. Serena McClam
Dr. Nancy Ellerbroek	Ms. Ann Sherman
Dr. Jennifer Jones	Dr. Ellen Wolf



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