



## FROM YOUR PRESIDENT

*M. Ines Boechat, MD, FACR*

So much happened this year and yet, there is still a lot to be done! The many initiatives we undertook would not have been successful if many people had not spent considerable effort making them possible, and as another year comes to an end it is time to acknowledge their contributions.

We have successfully transitioned organizational management from the American College of Radiology to the Radiological Society of North America. Lise Swanson and Sheryl Trotz, among others, were extremely helpful and ensured the continuity of services to our membership.

The Website went through wonderful and considerable changes this year, under the leadership of Kasia Macura, MD, who spent many hours working with CRM, our new development and hosting company. We need your ideas and contributions to keep the web site dynamic and interesting. Please do not hesitate to contact Dr. Macura or any member of the Executive Committee with your comments and submissions. Kasia also wrote a series of six articles on the Internet, the last one published on this issue of Focus. I would like to thank her for her contributions and dedication to this organization. It is the work of talented individuals like her that make us grow and be proud to belong to this group!

Thanks are also due to Melissa Rosado de Christenson, Col, USAF, MC, who managed the FOCUS transition between two publishers and found the time to do a great job editing the newsletter. She is inviting colleagues to participate in the Editorial Board – if con-

tacted, please consider the important work you will be doing for the AAWR—say “yes”!

The AAWR has recently signed an agreement with the Journal of Women’s Imaging (JWI). Marcia Javitt, MD, JWI editor, and longtime AAWR member, has great plans for our joint venture, which I see as one of our major accomplishments this year. Advantages of this partnership include a lower subscription price for AAWR members, access to CME credits, better communication with our International members, and much more to come.

The Chairs of our many Committees were also very busy this year, and I would like to thank each one of them for their efforts. The completion of a Procedures Manual is planned for soon after the RSNA meeting, and it will hopefully make assignments clear and facilitate the work of our Executive Committee. We continue to develop the International membership category. Your vote is needed for its inclusion on the bylaws. This issue of FOCUS also contains the slate of AAWR officers proposed by the Nominating Committee. The candidates will be presented to the membership during the AAWR Business Luncheon which will take place during the RSNA annual meeting in Chicago on 27 November 2000. Register in advance for this and other scheduled AAWR luncheons which will take place during RSNA. We have great speakers and topics that deserve your attention. The luncheons provide a

*in focus*

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## FROM THE AAWR'S PAST-PRESIDENTS' CIRCLE

Patricia A. Randall is a Professor of Radiology at the State University of New York and has been on the staff of the University Hospital in Syracuse NY since 1975. She obtained her medical degree at the University of Wisconsin Medical School in 1966, and completed her radiology residency at the University of Colorado Health Sciences Center in Denver, Colorado. She did a two-year fellowship in cardiovascular radiology under the tutelage of Dr. Kurt Amplatz at the University of Minnesota. She is married and has two stepchildren. Dr. Randall served as the sixth President of the American Association for Women Radiologists in 1987. During her presidency the, AAWR's biggest challenge was to secure leadership roles for women radiologists. While we have made great strides towards achieving that goal, it continues to be a significant challenge for the organization and its members.



Doctor Randall with Doctor Aswad, Executive Vice President of the New York State Medical Society, working at the Medical Society booth at the New York State Fair.

## WHY GET INVOLVED IN ORGANIZED MEDICINE?

By Patricia A. Randall, MD, FACR, FACC  
Past-President AAWR

After serving my year as AAWR President in 1987 (which proved to be an excellent experience and proving ground for my subsequent political endeavors), I continued to participate in AAWR and RSNA activities, but slowly, to a lesser and lesser extent. Other venues of organized medicine took over my time and energy.

The very next year, I was elected president of my county medical society (Onondaga County Medical Society, New York). I was the first female President they had elected in 100 years. Serving a group of 900 physicians (mostly males) was a daunting experience. We were in the process of changing our election sequence, so my term as president was actually 15 months long. I discovered that issues relevant to the practice of radiology form part of the over-all picture in medicine. All disciplines must work together if we are to be strong and to survive.

Because of my involvement at the county level, the medical staff of my hospital (University Hospital, Syracuse, NY) selected me to represent the hospital at the meetings of the newly formed Hospital Medical Staff Sections (HMSS) of the Medical Society of the State of New York (MSSNY) and the American Medical Association (AMA). This forced me into the State and AMA arenas where I met many other physicians of varied backgrounds but with the commonality of membership on hospital medical staffs.

As my involvement in our State HMSS grew (I was a member of the Governing Council) and my participation on the New York State (NYS) HMSS delegation to the AMA

HMSS became more extensive (I chaired the delegation), I achieved a broad reputation of being active. This resulted in my election to the NYS delegation to the AMA House of Delegates (HOD). I was an alternate delegate for 6 years; then I became a full delegate and remain so today. On the occasion of my first opportunity to vote in the AMA election for Board of Trustees, I was excited to be able to vote for Timothy Flaherty, MD, a radiologist from Neenah, Wisconsin (my hometown!).

Because of the time needed to prepare for the HOD meetings (numerous resolutions and reports to read followed by conference calls to discuss the pros and cons of each, etc), I have not been able to attend the RSNA annual meeting for the past several years. The interim meeting of the AMA HOD is always one week after the RSNA. If I attended both meetings, it would mean being away from work for two full weeks during a very busy time of the year.

June and December are busy, hectic months normally—with graduations and weddings in June and all the December holidays. So, why do I do this? I sometimes ask myself this same question. Fortunately, the answer always is—because it is important! Participating in the largest organized body representing medicine today allows me to stand up and be heard. I know that we are doing good things for our patients and our profession because I have been at the hearings and voted for the resolutions that determine AMA Policy. I have listened to debates on ethical dilemmas. I have given testimony on issues of special im-

portance to my specialty and me. I am proud of being a physician and I want to continue to be proud of my chosen vocation and profession. Therefore, I have to work hard, not only at my job as an academic chest/cardiac radiologist, but also on the floor of the House of Delegates of the AMA to assure the quality and accessibility of medical care for my fellow citizens. This is the same basic concept and reason for always voting in governmental and medical society elections. When I participate in the election process, I know that I have input. My candidate or issue may not win, but in the end I know I tried. However, if I do not vote, I waive my right to complain about the outcome.

My participation in organized medicine is rewarding, not in a monetary sense but in a feeling of accomplishment when small victories are obtained or bad outcomes are averted. It is exciting to form part of the decision-making body of the AMA. While I may not agree wholeheartedly with every decision or policy determined by the House of Delegates, I

know it was accomplished in the most democratic process available. My vote is counted and the majority prevails.

I encourage every member of the AAWR to get involved in organized medicine at whatever level is most comfortable, accessible, important, and/or available. I was asked by a local general surgeon to serve as an officer when he became president of our county medical society. I said yes, first for myself and second for all the other women who had not been asked or had said no when asked because of other priorities (family, budding careers, etc). That surgeon became my mentor, and I have followed in his footsteps over the years. I became president of my county medical society four years after him. I became the Medical Society for the State of New York (MSSNY) Councilor for the Fifth District six years after him. Can I continue to follow him? He is a Past President of the MSSNY and now a Trustee for the Board of the AMA. Only time will tell. One thing is certain; all of these positions are possible for any one of us.

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nice break during the hectic activities of the RSNA week and allow better communication between our members.

We are in the process of developing a similar program during the American Roentgen Ray Society meeting. During the recent ACR Intersociety meeting in San Diego, Dr. Bruce McClennan, ARRS Secretary, told us of their interest in further promoting AAWR events. We look forward to this new partnership and thank all involved, particularly Ann Lewicki, MD, who approached the ARRS leadership after our last meeting in Washington, DC.

As my tenure comes to an end, it is time to “pass the baton” to Ritsuko Komaki, MD, the first radiation oncologist to lead this organization. She will continue many of the projects started this year, such as the publication of the second edition of the AAWR Pocket Mentor. It was a great honor to be your President this year—it gave me new insights on what it is to be a woman radiologist, on how we relate to each other and other groups, and most of all it made me very proud to belong to this organization. The incredible support and enthusiasm of the AAWR members will take us far!

## Corporate Partners

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# INTERNET SECURITY

## MINI-TUTORIAL ON THE INTERNET—PART 6

By Katarzyna J. Macura, MD, PhD

This final article from the Mini Tutorial series focuses on the issues related to the Internet security and privacy, to include viruses, firewalls, and cryptosystems.

### Viruses

Computer data can be damaged, destroyed, or altered by vandals called hackers, crackers, or cyberpunks. The programs that they create are referred to as malware, pest programs, vandalware. More typically, these programs are called “viruses.” A computer virus is a program that attaches itself to a file, reproduces itself, and spreads to other programs. A virus can corrupt and/or destroy data, display an irritating message, or disrupt computer operations. Several medical terms are used to describe virus operation. A computer is a “host” that becomes “infected” with a virus. The virus “replicates” and spreads from one computer to another. A computer can be “inoculated” against viruses, but when it becomes infected, antivirus software is used to “disinfect” it.

Viruses can spread if an infected floppy disk is in the disk drive when the computer boots up, if the user runs an infected program, or opens an infected file. Downloading a file from the Internet or opening an e-mail message might also infect the user’s computer. A computer virus is a segment of program code that implants itself in a computer file and spreads systematically from one file to another, replicating itself on the hard disk. Some viruses place a virus marker inside the programs that they infect, so they can manage the virus’ activities. If a virus detects one of these markers, it knows that the program is already infected so it does not replicate itself in this particular program. Viruses attack four parts of a computer: its executable program files, its file directory system that tracks the location of all computer files, its boot and system areas that are needed to start the computer, and the data files themselves. There are four main types of viruses: boot sector viruses, file viruses, Trojan horse viruses, and macro viruses. A boot sector virus replaces the boot program used to start a computer with a modified infected version of the boot program that loads the virus into the computer’s memory. Once the virus is in the memory, it spreads to any disk inserted into the computer. A

file virus attaches itself to or replaces program files; the virus then spreads to any file that accesses the infected program. A modern Trojan horse is a computer program that appears to perform one function while it actually does something else. It is not a virus because it does not replicate itself, but it may carry a virus. A Trojan horse usually destroys data or steals passwords while looking like a login screen. As a user tries to log in, the Trojan horse collects the user’s ID and password. This information is then e-mailed to a hacker for easy access to the data stored on the network. The typical purpose of a Trojan horse is to defeat network security measures. A macro virus uses the macro language of an application, such as word processing or a spreadsheet, to hide the virus code. When the document with an infected macro is opened, the macro virus loads into the memory. A virus is usually activated as soon as a program or file is used, or at the specific times or dates determined by the virus creator. A logic bomb is a computer virus that activates when it detects a certain condition, e.g. appearance or disappearance of certain data. A time bomb is a type of logic bomb that activates when the predetermined time or date registers on the internal clock of the computer. Another type of malicious program is a worm. Worms are programs designed to infect networks through security “holes.” Like a virus, a worm replicates itself. Unlike a virus, a worm does not need to be attached to a document or executable program to reproduce. Worms travel from networked computer to networked computer, replicating themselves along the way. The worm copies itself repeatedly in the memory or disk space until no memory or disk space remains. Worms are not likely to affect personal computers, because they are designed to attack network servers.

### Symptoms of Virus Infection

1. Computer displays annoying messages
2. Computer develops unusual visual or sound effects
3. Files mysteriously disappear or are difficult to save
4. Computer reboots unexpectedly
5. Computer suddenly slows down
6. Executable files increase in size

### Tips for Preventing Virus Infection

1. Install an antivirus program on all of your computers. Obtain updates to the antivirus signature files. The cost of antivirus software is much less than the cost of rebuilding damaged files.
2. Write-protect your rescue disk by sliding the write-protect tab into the write-protect position. Beware, however, that although a virus cannot jump onto your disk when it is write-protected, you must remove the write-protection each time you save a file on the disk. With the write-protection removed, your disk is open to virus attack.
3. Never start your computer with a floppy disk in drive A. All floppy disks contain a boot sector. During the startup process, the computer attempts to execute the boot sector on a disk in drive A. Even if the attempt is unsuccessful, any virus on the floppy disk's boot sector can infect the computer's hard disk.
4. Do not accept files from high-risk sources, such as floppy disks that contain pirated software. Before using any floppy disk, use the antivirus scan program to check the disk for viruses. Even commercial software has been infected and distributed to unsuspecting users.
5. Do not download sites that do not test and secure their files. Check all downloaded programs for viruses. Viruses are often placed in seemingly innocent programs so they will affect a large number of users.
6. Before opening and/or executing any e-mail attachments, ensure that the e-mail is from a trusted source. If an e-mail is from an unknown source, it should be deleted without opening or executing any attachments.
7. Back up your files regularly. Scan the backup program prior to backing up disks and files to ensure the backup program is virus free.

There are three kinds of antiviral applications that protect computers against viruses: scanners, eradication programs, and inoculators. A scanner checks if the computer has any files that have markers indicating the presence of a virus. A scanner may also check the size of a program to detect any changes in file size or file creation date. An antivirus program can identify a virus through recognition of a specific pattern of known virus code, called a virus signature. An eradication program disinfects, or removes viruses from the hard disk. An inoculator does not allow a program to run if it contains a virus. Currently, more than 2,000 known viruses exist, but fewer than 10 cause significant damage. The Symantec AntiVirus Research Center's Online Encyclopedia offers the most up-to-date information on recent threats at <http://www.symantec.com/avcenter/vinfodb.html>

## Firewalls

The nature of the Internet, an open public network that allows free exchange of information and files, makes it vulnerable to attack. Every time a computer connects to the Internet it faces potential danger of being open to hackers who could theoretically break into the system and cause damage. One way of protecting the networks and individual computers from intruders is the installation of a firewall that shields the internal (corporate/educational) networks from the Internet. A firewall is a combination of hardware and software used to prevent hostile programs from entering a network, usually by filtering out suspicious data packets. Firewalls can also be used to prevent unauthorized access to the information within the particular network. Recognizing the efficiency and power of the Web, many organizations have applied Web technologies to their own internal networks. Internal networks that use

Internet tools are called intranets. An intranet, sometimes called an enterprise network, is a small version of the Internet used within an organization, which uses the same file exchange protocols, supports multimedia and allows access via browsers. Intranets generally make company information accessible to authorized users and employers, and facilitate working in groups. An intranet may also allow access by authorized users outside the company, forming an extranet. With a firewall, the internal networks work as networks normally do, with servers providing internal services such as e-mail, access to corporate databases, and the ability to run programs from servers. When someone on the local network wants to access the Internet, the request and data must go through an internal screening router. This interior router examines the packets of data traveling in both directions, between the corporate network and the Internet. Information within the packets' headers gives the router the source and destination of the packet, the protocol being used to send the packet, and other identifying data. Based on the information in the headers, the screening router will allow certain packets to be sent or received, but will block other packets. System administrators set the rules for determining which packets to allow in and which ones to block. A bastion host in the firewall is the primary point of contact for connections coming in from the Internet. It is a heavily protected server with many built in security provisions and is the only contact point for incoming Internet requests. A bastion host is placed in a perimeter network in the firewall, so it is not on the internal network itself. Even if there is a server break-in, an isolated bastion server prevents an intruder from gaining access to the internal network. An external screening router, called an access router, screens packets of data between the Internet and the perimeter network. It

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*On September 28, 2000, the Nominating Committee of the AAWR met by conference call to discuss the slate of officers to serve on the American Association for Women Radiologists 2001 Executive Committee. The membership will vote on this proposal during the annual business meeting, which will take place on 27 November 2000 at the RSNA meeting. At that time, nominations from the floor will also be requested.*

## President

**Ritsuko Komaki, MD, FACR**, is Professor of Radiation Oncology and holds the Gloria Lupton Tennison Professorship for Lung Cancer Research at the University of Texas MD Anderson Cancer Center. Dr. Komaki received her MD from Hiroshima University School of Medicine in Japan and completed her residency in Radiation Oncology at the Medical College of Wisconsin. She served as a clinical chief of the Department of Radiation Oncology at the Columbia Presbyterian Medical Center, NYC. She is Chair of the Education Committee of the American Society of Therapeutic Radiology and Oncology and Chair of the Radiation Oncology Section of the RSNA. She is a reviewer for numerous medical journals and author or co-author of over 200 articles, book chapters and abstracts. She is the Primary Investigator from MDACC for the Radiation Therapy Oncology Group supported by NCI and ACR. Dr. Komaki is President-Elect for AAWR and has served on the Executive Committee for many years.

## President-Elect

**Kathleen Ward, MD, FACR**, practices in the Department of Radiology at the La Grange Memorial Hospital in La Grange, Illinois. She completed her radiology residency training at Loyola University Medical Center in Maywood, Illinois. Kathleen has served for the past three years in the Executive Committee of the Illinois Radiological Society, she has been the ACR's Alternate Councilor for Illinois, and has served on all local committees of the RSNA. She is President of the Chicago Radiological Society. Kathleen is Vice President of the AAWR and past Editor of the FOCUS. She has been a member of the AAWR since 1987 and has served on numerous committees for many years.

## Vice-President

**Kimberly Applegate, MD**, is a Pediatric Radiologist at the Rainbow Babies and Children Hospital in Cleveland, Ohio. Kimberly obtained her MD degree from the George Washington University, Washington, DC, completed her radiology residency at Dartmouth Mary Hitchcock Hospital, and her fellowship at Boston Children's Hospital. Kimberly has provided exceptional service to the AAWR for the last ten years and served as Chair of the Child Care Committee, as Member-at-Large for Diagnostic Radiology and on nu-

merous other committees. She was instrumental in the establishment of Children's Programs at the RSNA and the ARRS annual meetings. Kimberly currently serves as Secretary for the AAWR.

## Treasurer

**Julie Timins, MD, FACR**, completed her radiology residency training at the George Washington Medical Center in Washington, DC and a Fellowship in Nuclear Medicine at the National Institutes of Health. She currently works in the Department of Radiology of the Christ Hospital in Jersey City, NJ and the JFK Medical Center in Edison, NJ. Dr. Timins has been active in the American College of Radiology Council. She is Past President of the Radiological Society of New Jersey and is very active in her state medical society, the Medical Society of New Jersey. She has provided invaluable service to the AAWR as Chair of the Membership Committee and currently serves as Treasurer.

## Secretary

**Ewa Kuligowska-Noble, MD, FACR**, is Professor of Radiology at Boston University, Boston, Massachusetts. She has published 121 peer-reviewed scientific papers, abstracts, and chapters and a book on Ultrasound Examination of the Prostate. She is a Summa Cum Laude Diplomate of the Polish Board of Radiology and has received "Best Teacher of the Year" awards from the Warsaw Medical Academy, and the Department of Radiology at Boston University. For the past twenty years, Dr. Kuligowska has sponsored Fellowships for radiologists from all parts of the United States, Europe and many other nations. She has provided tireless service to the AAWR and has been active in its Executive Committee for many years. She currently chairs the AAWR international Committee and has been a strong advocate for international AAWR membership and increased communication with our foreign colleagues.

## Member-at-Large for Diagnostic Radiology

**Ellen L. Wolf, MD, FACR**, completed her radiology residency at the Johns Hopkins Hospital, Baltimore, Md. and her fellowship at Columbia-Presbyterian Medical Center, New York. She currently works at Montefiore Medical Center, Bronx, NY. Her area of interest is Abdominal Radiology. She has been a member of the AAWR since

1984. She continues to serve in the area of Mentoring and has provided invaluable assistance at the AAWR RSNA booth over the years.

## Member-at-Large for Radiation Oncology

**Nancy A. Ellerbroeck, MD, FACR**, completed her residency in Radiation Oncology at UCLA in 1987, and worked at the University of Texas, MD Anderson Cancer Center in Houston, and at Loma Linda University Medical Center. Her areas of special interest include interactions of chemotherapy and radiation therapy, and the treatment of breast and prostate cancer. She joined Valley Radiotherapy Associates Medical Group in 1993 where she currently works as a private practitioner. Dr. Ellerbroeck is Past President of the Southern California Radiation Oncology Society, and is President-Elect of district 17 of the Los Angeles County

Medical Association, where she serves on the board. She has served on the Program Committee of the Radiological Society of North America and is on the Editorial Board of the journal *Radiology*. She currently serves on the AAWR Public Relations Committee.

## Member-in-Training-at-Large

**Yvonne M. Queralt, MD**, is currently a third year resident and Chief Resident in the Department of Diagnostic Radiology at the University of Arkansas Medical Center in Little Rock Arkansas. She obtained her medical degree from the University of Texas Medical Branch in Galveston, TX and completed her internship at the Central Texas Medical Foundation in Austin, TX. Dr. Queralt is eager to become more involved in the activities of the American Association for Women Radiologists.

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adds an additional level of protection for inputs coming from the Internet, before they reach the bastion host server.

## Encryption

Encryption is the process of converting readable data into unreadable characters to prevent unauthorized access and to protect sensitive data. Once data is encrypted, it can be sent via e-mail messages or stored just as any other data. To read the data, the recipient must decrypt, or decipher, it into a readable form. To encrypt the data the originator of the data applies an encryption key, secret values that computers use along with complex mathematical formulas to encrypt messages. The recipient of the data then uses an encryption key to decrypt the data. There are two basic types of encryption, private key and public key. With private key encryption, both the originator and recipient use the same encryption key to encrypt and decrypt the data. Public key encryption uses two encryption keys: a public key known to everyone and a private key known by only the sender or the receiver. Many browsers include encryption software that allows the user to encrypt e-mail messages or other documents. Secure Socket Layer SSL is one of the more popular Internet encryption methods, which provides two-way encryption along the entire route data travels to and from a computer. SSL uses a private key to encrypt data. Web pages that use SSL begin with the https protocol, instead of http protocol. One way to identify a secure Web page is to see if its URL begins with https://, instead of http://.

## A Word on Cookies

Some Web sites track users' visits. These sites use cookies to remember the dates of visits, e-mail address, on site activities and links used. A cookie is a message sent from a Web server to the user's computer that is stored on the user's hard disk. This small data file with the user's name and viewing preferences is frequently used in Webcasting, e-commerce, and other Web applications that rely on cookies to track information about viewers, customers, and subscribers. Any time the user visits this particular Web site; the browser retrieves the cookie from the hard disk and sends data in the cookie to the Web site. Web sites can use cookies for various purposes: for personalization, for tracking users activities, and for targeting advertisement. A Web site can only read data from its own cookie file; it cannot access or view any data on the user's hard disk. Some Web sites sell or trade information stored in the cookie to advertisers, so if the user does not want personal information being distributed, he/she should limit the amount of information provided to a Web site during registration of a cookie. Any browser can be set to accept a cookie or disable cookie use altogether.

While the Internet is a vast and exciting resource, it is also a public place. While using the Internet, we should use common sense, as we do while visiting other public places. Even with netiquette (Internet code of acceptable behavior) guidelines, the Internet opens up the possibility for improper activities and content. The increased use of the Internet and e-mail has significantly improved our communication but at the same time has accelerated the spread of common computer threats. Enjoy, but beware!

# AAWR MEMBERS ARE AWARDED FELLOWSHIP IN THE AMERICAN COLLEGE OF RADIOLOGY

By Carol Rumack, MD, FACR

The AAWR luncheon at the ACR meeting was a great event. We celebrated with the new ACR fellows and about 40 members of the AAWR who were attending the ACR annual meeting as councilors or officers of their state chapters. It is fascinating to hear the accomplishments of these highly successful women. They have all been active in medical organizations, some have strong academic records and all have done enormous service to radiology. We were very pleased to share this major life event with them. The evening ACR formal convocation with gowns and hoods is a most impressive event and we at the AAWR look forward to celebrating each year with the awardees.

*Congratulations to the following new ACR Fellows:*



**Marcela Bohm-Vélez, MD, FACR**, received her M.D. degree from the Medical College of Pennsylvania, Philadelphia, PA. She completed her diagnostic radiology residency at St. Francis Medical Center, followed by a fellowship in Body Imaging and

Mammography at the Western Pennsylvania Hospital, where she remained as Chief of Ultrasound and Director of the Fellowship in Body Imaging until 1999. In December 1999, she joined Fogel & Weinstein Imaging Associates as a private practitioner. Her areas of expertise include mammography, gynecological, obstetrical, interventional and vascular ultrasound. She has published a book, several chapters, and numerous scientific papers and has served extensively in the American College of Radiology. She was alternate councilor for Pennsylvania from 1995-1999 and councilor from 1999 to present. She served as Chair of the Scientific Committee for the Pennsylvania Radiological Society from 1993-1995, as treasurer from 1996-1999, and is currently second vice-president. She has served in the executive committee of the Pittsburgh Roentgen Ray Society since 1995. She has been an American Board of Radiology examiner and is a reviewer for several journals. She is also a Fellow in the Society of Radiologists in Ultrasound. Dr. Böhm-Vélez

believes her greatest accomplishment is her successful 19-year marriage to Dr. Rafael Vélez, an anesthesiologist, and her three children.

**Nancy A. Ellerbroek, MD, FACR**, has a Bachelor of Arts degree in physics, and an M.D. degree from UCLA. After she completed her residency in Radiation Oncology at UCLA in 1987, she spent three years on the faculty of the University of Texas, M.D. Anderson Cancer Center in Houston, and the following three years at Loma Linda University Medical Center, where she achieved the title of Associate Professor of Radiation Medicine. She performed research and education at each of those facilities, with special interest in the treatment of breast, head and neck, and lung cancer. She joined Valley Radiotherapy Associates Medical Group in 1993. Dr. Ellerbroek is Past President of the Southern California Radiation Oncology Society, and is President-Elect of district 17 of the Los Angeles County Medical Association, where she serves on the board. She has served on the Program Committee of the Radiological Society of North America and on the Editorial Board of the journal *Radiology*.

**Diana T. Jucas, MD, FACR**, graduated from the University of Arkansas Medical School in 1969 and did her internship and Radiology Residency at LAC-USC Medical Center in Los Angeles from 1969 to 1974. After spending a year in Austria as a staff radiologist at the Landesunfallkrankenhaus in Feldkirch, she returned to Los Angeles where she was in private practice with Dr. Denis Adler for two years and then with Dr. Verna Tieg for the next six years at the French Hospital in Chinatown. She and her husband, Dr. Srinivasan, returned to Arkansas where they have been for the last 17 years. While in Arkansas, she has been very active in the state chapter of the ACR serving first as president-elect in 1994 and as president in 1995. This was followed by being an alternate councilor for three years from 1996 to 1999. She is now into her 2nd year as a councilor. She has been on multiple committees in the state chapter of the ACR both as a member and as a chairman. She has been

the Chief of Radiology for most of her 17 years at the Medical Center of South Arkansas which was previously known as Union Medical Center in El Dorado, Arkansas. She is now the Chief of the Medical Staff at MCSA. She and her husband have two children, Alison and Ryan.



**Nancy Price Mendenhall, M.D., FACR**, is Professor and Chairman, Department of Radiation Oncology, University of Florida College of Medicine and is on the Board of Directors for Shands Hospital at the University of Florida. She specializes in the treatment of breast cancer, lymphomas, and childhood cancers and has published in the medical literature on these and other topics. She is an active member of the Children's Oncology Group. Among other activities, she serves on the Board of Directors for the American Society for Therapeutic Radiology and Oncology and has just completed her term as President of the Society of Chairmen of Academic Radiation Oncology Programs.

**Kathleen A. Ward, MD, FACR**, is a general radiologist in private practice at La Grange Memorial Hospital in La Grange, Illinois. Born in Chicago, she received her MD degree and radiology training at Loyola University Medical Center in Maywood, IL. Dr. Ward is President of the Chicago Radiological Society and Vice President of the AAWR. She serves on the Executive Committee of the Illinois Radiological Society and represents the Illinois chapter as ACR alternate councilor. As a resident, she was the founding secretary of the Resident Physician Section of her local ACR chapter (the first such section in the nation). Dr. Ward presently chairs the AAWR Bylaws Committee and is a member of the AAWR Program Committee, Finance and Long-Range Planning Committee, and International Committee. Former editor of *Focus*, she previously chaired the AAWR Public Relations Committee and has served on the AAWR Membership Committee and Awards Committee. Dr. Ward has served on the Local Scientific Exhibits Committee, Local Technical Exhibits Committee, and the Committee on Communications for the Scientific Assembly of the RSNA.

**Ayn Woodruff, MD, FACR**, obtained her medical degree from St Louis University School of Medicine, followed by an internship and radiology residency at Northwestern University. She completed fellowships in Nuclear Radiology at Loyola University and Noninvasive

Imaging at UCSF. She has spent her career as a private practitioner in northern California and has served as Chief of the Diagnostic Imaging Department at Auburn Faith Community Hospital. She served on the Independent Practice Committee (1984-87), was a liaison to the RBMA (1986-87) and was on the Speaker's Bureau. She was Secretary and President of the Northern California Radiological Society in the early 80's. Dr. Woodruff has always had a strong interest in mammography and has spent many hours in community education. She has served as a Board Member in the Placer-Nevada County Medical Society, and as Secretary, Vice President and ultimately President (Jan '96-June '97). She remained on the Board until 1999 and looks forward to practicing in New Zealand in 2001.

**Nora Janjan, MD, FACR**, and **Elisabeth Heiberg, MD, FACR**, are AAWR members who were also awarded ACR Fellowship in the 2000 ACR Annual Meeting.

*in the news*

The AAWR was the subject of an article written by Kathi Sartori and published in the July issue of *Advance for Radiology Science Professionals*. The article is entitled "*Giving Women a Helping Hand.*" The American Association for Women Radiologists is helping make a difference for women in radiology. Ms. Sartori interviewed Col Melissa L. Rosado de Christenson for some of the content of the article.

Sartori K. Giving women a helping hand in radiology. *Advance for Radiologic Science Professionals*. 2000; 13 (16): 16-17

**CLASSIFIEDS**

## POSITIONS AVAILABLE

**Atlanta**

Partnership positions with expanding 25-physician radiology practice in desirable rapidly growing Atlanta suburb. This practice provides service to two hospitals and two outpatient imaging centers. Additional imaging centers in the near future. Qualified candidate will have completed fellowship training or equivalent experience and will be adept in general radiology. No angio/interventional required. Mammography is a particular need but other areas of expertise will be considered. Please mail CV to Linda Brown, MD, 3360 Bridle Run Trail, Marietta GA 30064. Fax to (770) 499-7035 or e-mail to [jalkblom@mindspring.com](mailto:jalkblom@mindspring.com).

**Breast Imager**

The Jacqueline M. Wilentz Comprehensive Breast Center (JMWCBC) at Monmouth Medical Center, an affiliate of the Saint Barnabas Health Care System, is seeking a Board-certified breast-imaging radiologist with fellowship training. The JMWCBC, a beautiful seaside state-of-the-art facility joins together—in one location—all diagnostic and treatment services, as well as a full range of psychosocial, educational and support services for the early detection and treatment of breast cancer and benign breast disease. Approximately 27,000 examinations, including screening and diagnostic mammograms, breast ultrasounds, breast MRI and all breast related interventional procedures are performed each year. We offer excellent compensation (partnership track available), an attractive work schedule and competitive benefits. The Medical Center is located three blocks from the Atlantic Ocean and 1 hour from Manhattan. Interested applicants should send a CV to Beth Deutch, M.D., Medical Director of The Jacqueline M. Wilentz Comprehensive Breast Center, 300 Second Avenue, Long Branch, NJ 07740. Phone: (732) 923-7700; Fax (732) 923-7710, or e-mail [bdeutch@sbhcs.com](mailto:bdeutch@sbhcs.com).



**DIVISION HEAD, ABDOMINAL RADIOLOGY** at the University of Virginia. Eight-member division with thriving residency and fellowship programs. Responsibility for all relevant diagnostic and image-guided non-vascular interventional modalities in the abdomen and thorax. State-of-the art clinical equipment. 10,000 square foot imaging laboratory with dedicated MR, fluoroscopic, angiographic, and digital equipment. The successful candidate will be responsible for both professional and technical management of the division, reorganization for efficiency and productivity, and the continued development of teaching and research programs.

**DIVISION HEAD, THORACIC RADIOLOGY** at the University of Virginia. The successful candidate will be subspecialty trained and/or experienced in the comprehensive practice of thoracic

radiology, including the use of all applicable modalities. He/she will participate in the recruitment of junior faculty, establish clinical services, develop research and teaching/training programs and initiate and foster research activities. Facilities include state-of-the-art clinical technologies and access to a comprehensive research facility. Rank and salary will be commensurate with credentials and experience. This position will remain open until filled.

**ABDOMINAL RADIOLOGIST** at the University of Virginia. Eight-member division with thriving residency and fellowship programs. Candidate should be board certified and competent in all relevant diagnostic and image-guided non-vascular interventional modalities in the abdomen and thorax. State-of-the art clinical equipment, 10,000 square foot imaging laboratory with dedicated MR, fluoroscopic, angiographic, and digital equipment.

**MUSCULOSKELETAL RADIOLOGIST** at the University of Virginia. Board-certified radiologist to join the Musculoskeletal Division at the rank of Assistant, Associate, or Professor. Applicants should be competent in all aspects of musculoskeletal imaging including spine, interventional techniques, CT, and MRI. Responsibilities include strong clinical commitment as well as dedication to teaching and academic endeavors. Clinical emphasis is on orthopedic imaging and interventional as well as emergency radiology. Rank and salary are based on experience and achievement.

Located in the Blue Ridge Mountains of central Virginia, both the University and the department are highly rated. Wonderful cultural and recreational opportunities. Rank and salary commensurate with experience and accomplishments. This position will remain open until filled. Submit a letter of interest and curriculum vitae to Bruce J. Hillman, MD, Department of Radiology, P. O. Box 800170, University of Virginia Health System, Charlottesville, VA 22908-0170. Phone 804-982-0211; fax 804-924-8349; e-mail [bjh8a@virginia.edu](mailto:bjh8a@virginia.edu). The University of Virginia is an equal opportunity/affirmative action employer.

**General Radiologist**

The University of Virginia Health System is recruiting for a part-time board-certified general radiologist to provide radiology coverage at Page Memorial Hospital in scenic Luray, Virginia. Applicants should be competent in all diagnostic modalities including Plain films, CT, MRI, Nuclear Medicine, Fluoroscopy, and Mammography. Rank and salary are based on experience and achievement. This position will remain open until filled. Interested applicants should send a letter of inquiry and curriculum vitae to Bruce J. Hillman, MD, Chair, Department of Radiology, University of Virginia Health System, P.O. Box 800170, Charlottesville, VA 22908. Phone 804/982-0211; fax 804/924-8349; e-mail [bjh8a@virginia.edu](mailto:bjh8a@virginia.edu). The University of Virginia is an equal opportunity/affirmative action employer.



**GENERAL DIAGNOSTIC RADIOLOGIST**, board certified/eligible, full-time or part-time, wanted to join three radiologists. Suburban Chicago (Palos Heights) at High Tech Medical Park, a full-

service expanding diagnostic center for the past 14 years. NO NIGHT CALL. Desire quality training in MR including musculoskeletal and/or neuro (GE 1.5 echo planar), mammo, CT (GE lightspeed). Competitive excellent compensation/benefits and long-term future. Send CV/references to: S. W. Horowitz, MD, 1825 Sylvan Court, Flossmoor, IL 60422. [Sandrahorowitz@prodigy.net](mailto:Sandrahorowitz@prodigy.net)



## Neuroradiologist, Women's Imaging Mammographer, Vascular Interventional Radiologist

*University of Florida Health Science Center/Jacksonville*

These full-time radiology faculty positions are available at the urban campus for the University of Florida. The campus is located at Shands Jacksonville Medical Center, a 760-bed facility, also home for Northeast Florida's Trauma One Center. A new women's health care center including women's imaging opened in 1999 and a new departmental radiology facility with three new angiographic and special procedure rooms will open in 2000. The Department of Radiology has a five-year residency and vascular/interventional fellowship-training program. These positions offer the academic rank of Assistant Professor or Associate Professor, depending on training and experience. Requirements are an M.D. degree, BC/BE in diagnostic radiology, with fellowship training highly desirable. Responsibilities include patient care, teaching, research, and other educational activities. Fringe benefits are excellent; salary is negotiable. The greater Jacksonville area offers a warm climate and excellent housing opportunities. Amenities include beaches and waterways, symphony, theater, museums, and tour appearances by top music stars. A major sports center, the area offers world class facilities and entertainment. Mail CV and references to Chairman, Search Committee, Department of Radiology, 655 W. 8th Street, Jacksonville, FL 32209 (fax to 904/244-2265 or email [c/o dorothy.kinnebrew@jax.ufl.edu](mailto:c/o_dorothy.kinnebrew@jax.ufl.edu)). Equal Employment Opportunity/Affirmative Action Employer.



## Position Available

Two fellowship-trained radiologists (musculoskeletal or breast) needed to join friendly 5 person group building new imaging center with state-of-the-art Phillips CT, Open MRI, digital fluoro, Lorad stereo. Come to the forested Kitsap Peninsula, 35 minute ferry trip to Seattle. Write to: T.P. Gleason, MD, Advanced Medical Imaging, 2601 Cherry Av - Ste. 219, Bromorton, WA 98310, email: [zyga@aol.com](mailto:zyga@aol.com), Office Phone: 360-697-7443, Fax: 360-415-6138



# KUDOS

# and PLAUDITS

At the recent ACR meeting, 4 women had been proposed by the AAWR for places on the ballot for elected positions to the College Nominating Committee (CNC), College Steering Committee (CSC) and the Board of Chancellors (BOC). Of those, Sarah Donaldson, MD, FACR currently an appointed member of the CSC, was elected to the BOC. Sara Abramson, MD, FACR was elected to the CNC. Both expressed their thanks to the AAWR for proposing their names and supporting their candidacies among other Councilors.

**Carol Rumack, MD, FACR**, completed her two-year elected term on the American College of Radiology Nominating Committee, of which she served as co-chair for the two years.

**Kay Shaffer, MD, FACR**, completed her two-year elected term on the American College of Radiology Steering Committee.



*Janet L. Strife, MD, FACR*

**Janet L. Strife, MD, FACR**, was elected President of The Society for Pediatric Radiology [SPR] for the 2000-2001 year. Dr. Strife has had many roles and leadership positions in the SPR including President of the Radiology Research and Education Foundation. A highlight of her role in that position was the creation of the Millennium Grant, directed to promote research and training among fellows in pediatric radiology. Dr. Strife is Chairperson of the Department of Radiology at Children's Hospital Medical Center, Cincinnati. Cincinnati Children's Hospital is a pediatric training site for residents at the University of Cincinnati. The department supports six one-year fellowships in pediatric radiology annually with subspecialty opportunities for additional training in pediatric vascular and pediatric neuroradiology. Dr. Strife has a longstanding interest in education and has advanced ideas for medical student teaching and programs for graduate medical education within the department and nationally.



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Fax (630) 571-7837  
E-mail: [aawr@rsna.org](mailto:aawr@rsna.org)

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

*Focus* is published four times a year by the American Association for  
Women Radiologists (AAWR) for its members.

**Editor**

Melissa L. Rosado de Christenson, Col, USAF, MC, FACR  
I invite members to share their ideas and expertise by submitting articles  
for future publication in the *Focus*.

**Editorial Deadline**

December 15, 2000