



FALL 2001

focus



FROM YOUR PRESIDENT

Ritsuko Komaki, MD, FACR

My Friends:

I hope you all had a great summer! My summer was very busy because of the many meetings I attended, all of which I enjoyed. One of my most important summer meetings was the Intersociety Summer Conference held in Banff, Alberta, Canada from July 27–29. The theme of the conference was “Maintenance of Certification (MOC): Keeping the Edge.” This complex and productive meeting was chaired by Kay H. Vydareny, MD, a Past President of AAWR.

The main purpose of the Intersociety Conference is to bring together the leaders of all the radiological organizations to allow them to interact and learn about specific issues of importance to our specialty. These individuals then submit appropriate recommendations to the American College of Radiology for future action. Eighty-three radiologists representing 42 societies attended and discussed MOC issues. Speakers from the

American Board of Medical Specialties, the American Board of Radiology (ABR), the American College of Radiology, the Canadian Association of Radiology and the private practice community expressed their views. Two particularly important issues were ABR re-certification and technological advancement.

The ABR will require re-certification Boards for Diagnostic Radiology beginning in 2002. This means that all candidates who pass the ABR examination in 2002 and thereafter will obtain a time-limited certificate and will need to re-certify within 10 years. The ABR’s re-certification requirement has been in place for radiation oncologists since 1995. To date, numerous board-certified radiation oncologists who did not have time-limited certificates have voluntarily taken the exam. I took the examination this past April. Passing the test brought me great satisfaction and confidence,

President continued on page 2

The members of the Executive Committee of the American Association for Women Radiologists wish to express their unanimous condemnation of the tragic events that befell our nation on 11 September 2001. Our thoughts and prayers are with the families, friends and colleagues of the victims. May they be sustained and strengthened in these most difficult times.

MAY GOD BLESS AMERICA

in *focus*

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PREGNANCY AND MEDICAL RADIATION

Abstracted by Julie Timins, MD, FACR, Treasurer, AAWR

Through special arrangement with the International Commission on Radiological Protection, the AAWR now has available on its web site, the recent ICRP publication, "Pregnancy and Medical Radiation." The following article presents some of the information in that publication.

Exposure to ionizing radiation during medical procedures can cause skin damage, hair loss, atrophy of exposed tissues, bone marrow suppression, and induction of cancer. When irradiation occurs during pregnancy, additional concerns include the possibility of fetal malformations and childhood cancer. The fetus is more susceptible to the adverse effects of radiation because of its rapid cell growth.

The cellular effects of radiation are cell killing and DNA damage. When DNA damage occurs, the damage may be repaired, improperly repaired, or unrepaired. Two critical factors in determining the effects of radiation on the developing fetus are the phase of pregnancy and the fetal absorbed dose. The three phases of pregnancy are pre-implantation (0-2 weeks), major organogenesis (3-8 weeks), and fetal development (9 weeks to birth). Radiation exposure during the pre-implantation phase can result in failure of implantation or death of the conceptus; malformations are extremely un-

likely. Irradiation during the phase of major organogenesis may result in malformations, particularly of those organs developing at the time of the event.

100 to 200 mGy is the threshold dose for fetal radiation effects. The organ most sensitive to ionizing radiation is the central nervous system (CNS), which develops between weeks 8 and 25. The CNS is most radiosensitive from weeks 8 to 15, less sensitive during weeks 16 to 25, and relatively radioresistant after week 25. Potential abnormalities of the CNS include impaired mental development, behavior disorders, and diminished IQ. Other possible radiation effects upon the fetus include fetal death, malformations, cataracts, and growth retardation. Radiation-induced abnormalities should be evaluated in the context of the "normal" background incidence of adverse outcomes of pregnancy: the spontaneous incidence of major malformation is 2%-4%, intrauterine growth retardation 4%, spontaneous abortion at least 15%, and the spontaneous incidence of genetic disease 8%-10%.

The data linking leukemia and other childhood cancers and in utero radiation is not consistent. Estimates of increased risk of cancer following a prenatal exposure of 10

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and I was reassured that the re-certification process was fair and appropriate. I highly recommend that all AAWR members consider sitting for re-certification. It is important to update our knowledge in order to educate our residents, technologists and our colleagues in other specialties in order to better serve our patients.

Another important MOC issue is the necessity to keep abreast of technological advancements. As a radiation oncologist, I have greatly benefited from recent advances in imaging of cancer patients for staging and radiotherapy planning. It is critical to deliver adequate radiation doses to the tumor while at the same time avoiding unnecessary radiation of the surrounding normal tissues. This is especially critical in pediatric malignancies to prevent retardation of normal tissue growth and to prevent secondary malignancies, as most children with cancer are now highly curable.

This issue will be discussed at the Oncodiagnosis Panel at RSNA 2001. Dr. Sarah Donaldson will moderate the panel and discuss "Pediatric Brain Tumors." I highly recommend the session to all AAWR members who attend the RSNA so they can learn how our patients can benefit when we collaborate with each other in the management of disease. Diagnostic and therapeutic radiologists are working together again after almost 50 years of separation. It will take contributions from all modalities and all physicians to improve the lives of cancer patients and provide adequate diagnosis, multidisciplinary treatment and supportive care.

I look forward to the AAWR activities at the RSNA listed on page 11 of this newsletter. I hope to see you all in Chicago. Stop by the AAWR booth and allow us to learn about those issues and concerns you feel the AAWR should address or further explore.



THE AAMC MID-CAREER WOMEN FACULTY DEVELOPMENT SEMINAR

By Kimberly E. Applegate, MD, MS, Vice President, AAWR

In July of 2001, I attended this high energy and wonderful conference. I would urge you all to try to attend it—either by applying for the AAWR’s guaranteed slot or by requesting support from your department (you don’t get what you don’t ask for).

The 2½ day annual meeting was developed by the American Association of Medical Colleges (AAMC) several years ago for the support of mid-career women in academic medicine; the participants had varied backgrounds and goals but had achieved associate or full professor appointments (as physicians, nurses, scientists, and dentists). There is a similar annual seminar for early career women faculty. The AAWR provides a competitive grant for one candidate per year for this conference.

The AAMC conference “is designed for women associate or full professors with clear potential for advancement to a major administrative position such as section or department head. Seminar objectives include: 1) to provide participants with insights into the realities of gaining a senior administrative position in academic medicine; 2) to assist attendees in developing key skill and knowledge areas related to academic and organizational leadership; and 3) to give attendees opportunities to expand their network of colleagues and their vision of their own potential.”

What did I learn? The conference challenged us to try out some new roles through group exercises and to develop both short- and long-term career goals. The structure of the meeting provided us a “safe” environment in which to do this, as well as time to consider our strengths and weaknesses. I was glad to be forced to write down or present some of these issues and to confront several challenging tasks that small group leaders gave us. I learned what goals and issues other women were facing, how some had dealt with difficult work situations, and how they might do things differently in the future. Finally, the conference provided enriching reading material and an extensive bibliography.

The AAMC’s web site has loads of information about these conferences and also resources for women in medicine. The WIM program of the AAMC tracks the trends in demographics such as women and minorities in medical school and specialty training and *JAMA* publishes these data each year. For example, diagnostic radiology continues to have only 24% women in their training programs and radiation oncology has 28.5%. In contrast, nearly 50% of medical students in the USA are women. We need to ask ourselves why.

I appreciate the AAWR’s support for this conference and I look forward to our successes in addressing career development for all women radiologists, radiation oncologists, and those in the related fields.

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Varian Oncology



AAWR WEB SITE UPDATE: MEMBERS NETWORK

By Katarzyna J. Macura, MD, PhD, Chair, AAWR Web Site Committee

Our goal for re-vitalization of the AAWR web site www.aawr.org was to utilize the Internet not only as an information delivery system, but also as a social technology to build the AAWR “electronic community.” Our recent efforts have been focused on implementation of the AAWR Members Network. The Members Network is a “secure” part of the web site that has password-protected access, available only to members in good standing. A link to the Members Network is provided on the AAWR Home page via a button “**Member Network**” (Fig 1).



Fig 1

To access the Members Network (Fig 2), the members have to enter their e-mail address and a password on the **Member Login** screen. The common generic password “aawr” has been assigned to all AAWR members. After entering the Members Network, the password may be changed based on the individual needs. If you are an active member and cannot access the site, you may contact the AAWR Executive Offices at aawr@rsna.org to register your new e-mail address with the AAWR. Also, if you experience any problems accessing the site, you may contact the webmaster at aawr@comresource.net. The instructions on how to access the Members Network are provided on the screen.

AAWR Members Network (Fig 3) is composed of four modules:

1. Online AAWR Membership Directory,
2. AAWR Member Forum Message Board,

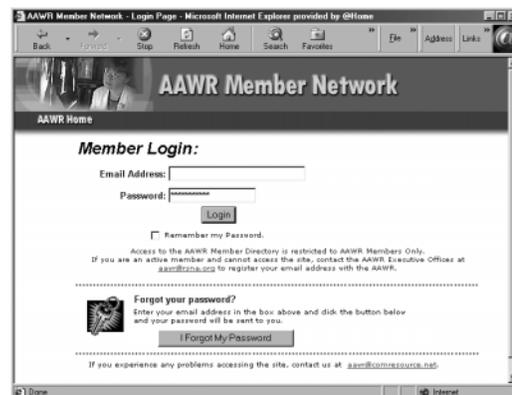


Fig 2



Fig 3

3. AAWR Focus Newsletter Online, and
4. AAWR Presentations and Publications

The **Online AAWR Membership Directory** (Fig 4) provides members with a complete listing of AAWR member’s e-mail addresses and affiliations. It is searchable by name, geographic location, and subspecialty.

Features in this section allow members to update directory information, or change the password. The AAWR online membership database has been integrated with the RSNA membership database to allow automatic updates of

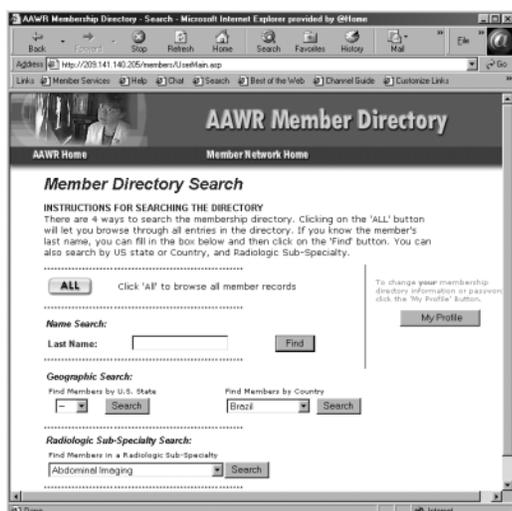


Fig 4

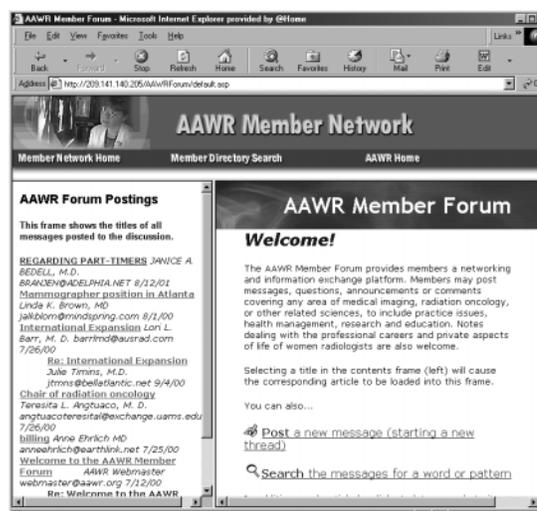


Fig 5

the member records; each online update of AAWR member information will be automatically forwarded to the AAWR office. To update the information, members need to use the **“My Profile”** button and simply enter new data into the text boxes on the screen and save data using the **“Save Your Changes”** button. To change the password, members need to click the **“Change Your Password”** button.

The **AAWR Member Forum** (Fig 5) provides members a networking and information exchange platform. Members may post messages, questions, announcements or comments covering any area of medical imaging, radiation oncology, or other related sciences, to include practice issues, health management, research and education. Notes dealing with the professional careers and private aspects of life of women radiologists are also welcome. To make the Member Forum an attractive **“community building”** tool, starting in December, we will activate the scheduled postings of thematic messages dealing with hot topics related to women radiologists. Using the Member Forum Message Board, AAWR members can post messages, reply to posted messages and search for messages using keywords. We will be announcing topics for discussion via broadcasting e-mail

messages and also with notes posted on the AAWR Home page. The planned topics for discussion are: Job Negotiation Strategies, Workplace Politics, Personalities, Motherhood and Radiology, Featured Guest Spotlight, Continuing Education, and Roommate Search: Accommodation Sharing during AFIP Course and Radiological Conferences.

AAWR FOCUS issues Spring 2000–Summer 2001 are currently available online in the Members Network and for download as an Adobe Acrobat Portable Document File (PDF).

The **AAWR Presentations & Publications** section of the Members Network features the slide presentation from the RSNA 2000 Residents’ Luncheon Meeting **“Getting Around the Internet.”** The text version of the presentation accompanies slides that can be viewed online. Another feature in this section is the recent International Commission on Radiological Protection (ICRP) publication, **“Pregnancy and Medical Radiation,”** ICRP Report No. 84, *Annals of the ICRP*; 2000.

Please visit the AAWR Members Network, at www.aawr.org, and become an active participant in AAWR’s community building effort. We are waiting for your input.

AAWR Nominating Committee Slate

The following is the AAWR Nominating Committee Slate of positions for the 2002 AAWR Executive Committee. The vote will take place during the Annual AAWR Business Luncheon during RSNA 2001 on November 26, 2001.

President: Kathleen Ward, MD, FACR

President-Elect: Kimberly E. Applegate, MD, MS

Vice-President: Ewa Kuligowska-Noble, MD, FACR

Treasurer: Julie Timins, MD, FACR

Secretary: Nancy A. Ellerbroeck, MD, FACR

ACR Councilor: Carol Rumack, MD, FACR

ACR Alternate Councilor: BJ Manaster, MD, PhD

Member-At-Large, Diagnostic Radiology: Jocelyn D. Chertoff, MD

Member-At-Large, Radiation Oncology: Angela Katz, MD

Member-At-Large, In Training: Pamela J. Schlembach, MD

The following members of the American Association for Women Radiologists became Fellows of the American College of Radiology during the college's 78th Annual Meeting, which took place in San Francisco, September 8-12, 2001. The AAWR leadership is proud of their accomplishments and congratulates them in achieving this milestone in their professional careers.



Lori L. Barr, MD, FACR, with husband Steven Dent and son Richard



Mindy M. Horrow, MD, FACR

Lori L. Barr, MD, FACR, a native of Texas, received her medical degree from the Louisiana State University School of Medicine at Shreveport, Louisiana. She completed her Diagnostic Radiology residency at the University of Texas Medical Branch in Galveston, Texas, and her pediatric radiology fellowship at the same institution under the guidance of Dr. Leonard Swischuk. She formed part of the faculty of the Departments of Radiology and Pediatrics at Children's Hospital Medical Center and University of Cincinnati College of Medicine in Cincinnati, Ohio, from 1989–1999. Her special area of interest is pediatric ultrasound. She became an RSNA Scholar in 1994 and a Fellow of the American Institute of Ultrasound in Medicine in 1998. Dr. Barr has served on committees for the Radiological Society of North America, the Society of Pediatric Radiology and the American College of Radiology. She served as Secretary for the AAWR for several years. In 1999, Dr. Barr relocated to Austin, Texas, to serve as Medical Director of Dell Imaging Center at Children's Hospital of Austin. She serves on the Medical Executive Committee of the hospital and on the Children's Hospital of Austin Foundation Board. She is grateful to her parents, Lu and Lee Barr for their love and support, to Drs. Larry Hill and Sanford Rubin for their fellowship nomination, and to the many mentors who supported her throughout her career including: Drs. Diane Babcock, Janet Strife, Kathleen Emery and Christy Holland. Dr. Barr spends her free time enjoying the company of her husband of 11 years, Steven Dent and her son, Richard. They can frequently be found hiking in the Texas Hill Country looking for lizards.

Mindy M. Horrow, MD, FACR, received her AB from Princeton University and her MD from the Medical College of Pennsylvania. She completed her residency in diagnostic radiology at the Brigham and Women's Hospital in 1984. She spent 8 years at the Medical College of Pennsylvania as the Director of Ultrasound and 1 year as Acting Chairman of the Department of Radiology. Since 1992, Dr. Horrow has been the Director of Body Imaging at Albert Einstein Medical Center in Philadelphia, Pennsylvania, and in 1994 received the Outstanding Clinical Teacher Award from the house staff. She has served as the Secretary, Vice-President and President of the Greater Delaware Valley Ultrasound Society, and is currently the Chair of the American College of Radiology's Committee on Economics of the Commission on Ultrasound, and a member of the ACR Commissions on Ultrasound and Economics. Dr. Horrow is an author of over 25 articles and numerous scientific exhibits. She serves as a reviewer for the *American Journal of Roentgenology*, *RadioGraphics* and the *Journal of Women's Imaging*, and is frequently invited to lecture both locally and nationally. She is proud to have been a member of the AAWR since 1986, and has served on the Executive Committee and has been the recipient of a Professional Leadership Award for Senior Women in Medicine. She and her husband, Jan Charles Horrow, MD, live in Wynnewood, Pennsylvania, with their three children. In her spare time, Mindy loves to cook and power walk. She serves as the Treasurer of the Parent/Teacher Organization and as a member of the Board of the local Solomon Schechter Day School.



Jean R. Paquelet, MD, FACR

Jean R. Paquelet, MD, FACR, is a practicing radiologist at Grant Medical Center in Columbus, Ohio. She has been director of breast imaging services at Grant and its outlying breast imaging centers for the past decade. In addition, she serves as a reviewer for the ACR mammography, stereotactic breast biopsy, and ultrasound accreditation programs, as a mammography facility surveyor, and as a senior reviewer for the mammography accreditation program. She has served on the ACR/American College of Surgeons Joint Task Force on Stereotactic Breast Biopsy, the ACR/CDC Cooperative Agreement for Quality Assurance in Mammography, and the ACR/DOD Peer Review Program. She currently serves on the ACR Stereotactic Breast Biopsy Accreditation Committee.



Etta D. Pisano, MD, FACR

Etta D. Pisano, MD, FACR, was born in New York City and raised in the Philadelphia suburbs, the eldest of seven children of her radiologist father and homemaker mother. Dr. Pisano received her medical degree from Duke University, performed a rotating internship in Pensacola, Florida, and completed her radiology residency at Beth Israel Hospital in Boston. After a year on the faculty at Beth Israel, she joined the faculty at the University of North Carolina (UNC) in 1989, as the head of the newly created Breast Imaging Section. She was awarded the Peter Bream award as the outstanding faculty teacher by the UNC radiology residents in 1990, and served as director of residency education from 1992 through 1996. She has been quite active in many federally funded research projects in breast imaging, including her co-leadership role in the Radiology Diagnostic Oncology Group V project investigating the role of stereotactic and sonographic fine needle aspiration and core biopsy for the evaluation of non-palpable breast lesions. She currently heads the International Digital Mammography Development Group and is Principal Investigator of the National Cancer Institute-funded American College of Radiology Imaging Network Digital Mammographic Imaging Screening Trial. Dr. Pisano lives in Chapel Hill, North Carolina, with her husband of 20 years, Jan Kylstra, an ophthalmologist, and their two daughters (Carolyn, age 15, and Marijke, age 7) and two sons (Jim, age 11, and Schuyler, age 10).

KUDOS

and PLAUDITS



Gretchen Gooding, MD, FACR, was one of seven physicians recognized for their contribution to medicine during the 48th annual alumni reunion of the Ohio State University College of Medicine and Public Health. Dr. Gooding has been a faculty member at the University of California San Francisco since 1975 where she currently is a professor of radiology. In 1987, she became the first woman to be the Chief of the Radiology Service Department at the Veteran Affairs Medical Center in San Francisco.

She graduated cum laude from the Ohio State University College of Medicine and Public Health. She interned at University Hospitals in Columbus and was a research fellow at the Boston City Hospital. She completed her diagnostic radiology residency at the University of California in San Francisco and upon graduation joined the full-time faculty.

Dr. Gooding has received numerous honors and awards. She was the president of the National VA Chiefs of Radiology Association. She has been named the Fort Miley Federal Employee of the Year, the San Francisco Bay Area Most Outstanding Professional Federal Employee of the Year and is the recipient of the Distinguished International Faculty Award from the Indian Radiological and Imaging Association. She is also an Honorary Member of the Radiological Society of Pakistan. She is a member of 17 professional organizations and has served as officer and/or committee member in many of them. She is on the Editorial Boards of 25 professional publications. Her scientific contributions include almost 200 peer-reviewed original publications as well as 68 book chapters and one book. She served the AAWR as President in 1985 and as Chair of the Nominating Committee in 1987.



INTERNATIONAL WOMEN'S LUNCHEON AAWR IPR2001, PARIS

*By Janet L. Strife, MD, Chairman, The Society for Pediatric Radiology
Radiologist-in-Chief, Children's Hospital Medical Center, Cincinnati*

The International Pediatric Radiology Society met in Paris May 28th to June 15th, 2001, and was attended by approximately 900 individuals. The European Society for Pediatric Radiology and the Society for Pediatric Radiology sponsor an international meeting every 4 years. Past meetings have been in Toronto, Stockholm, Boston and, most recently, Paris.

The Society for Pediatric Radiology President, Dr. Janet L. Strife, is also Chair of the Department of Radiology at Children's Hospital Medical Center in Cincinnati, Ohio. Dr. Strife was co-president of the International Pediatric Radiology (IPR) meeting and was active in planning the scientific program, morning workshops and seminars, and many of the social events.

The IPR 2001 International Women's Luncheon took place and was attended by over 200 women. After introductions at each table, individuals spoke of their roles and current challenges. Although there were no formal speakers, individuals volunteered their comments openly with encouragement and support to friends and colleagues throughout the world. Dr. Carol Rumack, the first President of the AAWR, welcomed individuals to the meeting and her gracious remarks spurred spontaneous commentary from the group. Dr. Strife ended the luncheon with comments concerning empowerment and "giving ourselves a hug." She also challenged each pediatric radiologist to be a strong advocate for children by "doing the right thing."

Important Information For Our Members

Now available to all AAWR members:

The International Commission on Radiation Protection Publication 84 on Pregnancy and Radiation (see abstracted article in this issue)

To obtain an electronic copy of this publication log on to the AAWR web site at www.aawr.org

If you wish to obtain a personal printed copy of this ICRP report please visit the website of their publishers at <http://www.eslevier.nl/inca/publications/store/6/2/1/8/1/9/intex.htm>

If you wish to know more about the Annals of the ICRP please visit <http://www.elsevier.nl/locate/icrp>

Click "publications" to get a complete listing. More information about ICRP, the International Commission on Radiological Protection, is available at www.icrp.org

Will you attend the 2001 meeting of the RSNA? Here is some useful information!

Beginning this year, children under the age of 16 will be allowed to ride on the RSNA shuttle buses. However, they still will not be allowed to attend the meeting. Onsite childcare will be available for children ages 6 months to 12 years through ACCENT on Children's Arrangements, Inc. Application forms are available on the Internet at www.rsna.org/rsna2001/advanceregistration/

Annual AAMC Statistics on gender and minority demographics for American medical school students and specialty training were published in *JAMA* (September 5, 2001–Vol. 286, No. 9). The data show that women represent approximately 50% of American medical students. There continues to be significantly fewer women in diagnostic radiology residencies with 24.3% being women. Similarly, 28.5% of radiation oncology residents are women.

From the Editor

I dedicate my work on this issue of the *Focus* to my comrades in uniform who lost their lives during the attack on the Pentagon on 11 September 2001 as they labored to keep the United States of America strong and free. May their families, friends and colleagues gain strength and sustenance from their dedication, leadership and valor.

Pregnancy continued from page 2

mGy vary from 0.06% to 40%, with recent analysis supporting a 0.06% increase in risk. Preconception gonadal irradiation of either parent has no proven adverse effects upon offspring.

FETAL RADIATION DOSE EFFECTS

Less than 100 mGy – No increased incidence of malformations or fetal death

100-200 mGy – Very low risk of malformations

200-500 mGy – Effects vary with phase of pregnancy. Between 8-15 weeks, can result in measurable reduction in IQ.

Greater than 500 mGy – Significant risk of growth retardation and CNS damage, especially if during 3–16 weeks.

Single diagnostic x-ray and nuclear medicine studies almost never result in radiation exposures at or above the threshold of risk for fetal malformations (See Table 1). Such examinations should be performed on pregnant women only if absolutely necessary, and then should be tailored to minimize dose to the fetus while providing the required information. The x-ray beam should be collimated. The fetus should be shielded if possible. Fluoroscopy should be used judiciously and sparingly. Technical factors should be recorded, including KVP, dose rate, fluoroscopy time, and film projections used, to allow for estimation of fetal exposure by a medical physicist. Prospective parents may be reassured when the estimated fetal dose is well below the threshold of risk. In the event of a poor outcome of pregnancy, good documentation can also protect the medical staff.

Table 1 Approximate Fetal Doses from Common Diagnostic Procedures (From ICRP, Reference #2)

Examination	Mean Dose (mGy)	Maximum Dose (mGy)
Conventional X-ray Exams		
Abdomen	1.4	4.2
Chest	<0.01	<0.01
IVP	1.7	10
Lumbar Spine	1.7	10
Pelvis	1.1	4
Skull	<0.01	<0.01
Thoracic Spine	<0.01	<0.01
Fluoroscopic Exams		
Upper GI	1.1	5.8
Barium Enema	6.8	24
Computed Tomography		
Abdomen	8.0	49
Chest	0.06	0.96
Hand	<0.005	<0.005
Lumbar Spine	2.4	8.6
Pelvis	25	79

References

1. Timins J. Radiation during pregnancy. *NJ Medicine*. 2001; 98:29-33.
2. Pregnancy and medical radiation, ICRP Report No. 84. *Annals of the ICRP*; 2000.

CLASSIFIEDS

POSITIONS AVAILABLE

Northeast Florida

Mammography/Women's Imaging. Staff radiologist sought by the University of Florida Health Science Center/Jacksonville for a full-time faculty position. Requirements: M.D. degree and BC/BE in diagnostic radiology with special interest or training in mammography. Excellent benefits; salary and academic rank according to training and experience. Send CV and references to Chairman, Search Committee, Department of Radiology, 655 W. 8th Street, Jacksonville, FL 32209, fax 904/244-2265 or email *c/o dorothy.kinnebrew@jax.ufl.edu*. EEO/AEE

**Southwest Suburban Chicago, Illinois**

Full[BC1]-time, partnership track opportunity in SOUTHWEST SUBURBAN CHICAGO, Palos Heights, with an expanding group of three radiologists. High Tech Medical Park is a full-service multispecialty OUTPATIENT diagnostic center (44,000 exams per year), established 15 years, and expanding to a second center opening in the Tinley Park/Orland area in fall 2002. Separate radiation therapy physician group on site. NO EVENINGS. NO NIGHT CALL. NO EMERGENCIES. CLOSED HOLIDAYS. High Tech modality emphasis. Need quality training especially in MR, CT, MAMMO. Current site contains GE Lightspeed CT, DEXA, and 2 MR (includes GE 1.5T EPI, extensive musculoskeletal & neuro), 2 mammo, 2 ultrasound, 2 nuc med (future PET), 2 diagnostic radiology. Send CV/Refs: *sandrahorowitz@yahoo.com* or mail to home address: Sandra Horowitz, MD, 1825 Sylvan Ct., Flossmoor, IL 60422-1945; FAX: 708-361-5928; pager: 312-695-7158

**Clearlake, Texas**

Dedicated Mammography Position Available. Seeking a BC/BE radiologist fellowship-trained in mammography, breast ultrasound and breast interventional for a full-time mammography position. To join two other dedicated fellowship trained mammographers at a growing Breast Center. Responsibilities include screening and diagnostic mammography, breast ultrasound, stereotactic and ultrasound-guided procedures, needle localizations, galactogra-

phy, and bone densitometry. Four LORAD MIV mammography units and one GE DMR mammography unit, two Acuson 128 XP extended frequency imaging ultrasound units, automated LORAD stereotactic unit with Mammotome, Hologic QDR-4500 bone densitometer. Must have excellent rapport with patients and staff. Send CV with references via E-mail to bevdreher@aol.com or by regular mail to Beverly Dreher, 413 Prattwood Court, League City, TX 77573.

**University of Virginia, Charlottesville, Virginia**

General Radiologist. The University of Virginia Department of Radiology seeks a Board Certified general radiologist to work in a two-member, hospital-based practice in Farmville, Virginia. Hospital has a new radiology department that was completed in June 2000. The practice is well established and involves all modalities, including MRI, nuclear medicine, and non-vascular interventional procedures. Working hours are 8-4 or 10-6 with evenings, nights, and weekend coverage for all but interventional cases via teleradiology by the main University Department. This position does not require research or teaching responsibilities. This position will remain open until filled. Submit a letter of interest and curriculum vitae to Mindy C. Franke, Department of Radiology, UVA Health System, P.O. Box 800170, Charlottesville, VA 22908. Phone 434 982-0211; fax 434 924- 8349; e-mail mcf3f@virginia.edu

General Radiologist. The University of Virginia Department of Radiology seeks a Board Certified general radiologist to work in a two member, hospital-based practice in the beautiful Chesapeake Bay region of Eastern Virginia. The practice is well established and involves all modalities, including MRI, nuclear medicine, and non-vascular interventional procedures. Working hours are 8-6 weekdays, with evenings, nights, and weekend coverage for all but interventional cases via teleradiology by the main University Department. Submit a letter of interest and curriculum vitae to Bruce J. Hillman, MD, University of Virginia Health System, Department of Radiology, P.O. Box 800170, Charlottesville, VA 22908, Phone: 434-982-0211, Fax: 434-924-8349, Email: bjh8a@virginia.edu

Diagnostic Neuroradiologist. The University of Virginia Health System in Charlottesville, Virginia, is recruiting a board-certified/board-eligible diagnostic neuroradiologist to join the Neuroradiology Division at the rank of Assistant/Associate Professor. Applicants will take an active role in clinical imaging and development of new services and should be capable of assuming a leadership role

CLASSIFIEDS

POSITIONS AVAILABLE

in establishing a soon-to arrive 3T imaging system, and be willing to undertake clinical or research in functional MR and MR spectroscopy. Experience in high field functional MR and MR spectroscopy is required. A track record in research in these areas is preferable. This position is flexible to allow development of research interests. There is significant interest from the neurosurgery service, psychiatry service, and from subspecialty services within the neurology service for functional MR research. The position will be spent in general diagnostic neuroradiology in an established and large volume diagnostic neuroradiology service, covering busy academic neurology, neurosurgery, and otolaryngology practices. Rank and salary will be based on experience and achievement. This position will remain open until filled. Charlottesville is a beautiful and highly desirable location of Virginia, with the Blue Ridge Mountains to the west. The community is energetic and eclectic, with a wide variety of interests. The affiliation with the University of Virginia ensures a constant exposure of athletic, cultural, and social events. Interested applicants should send a cover letter 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

Musculoskeletal Radiologist. The University of Virginia Health Sciences Center in Charlottesville is recruiting for a 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. Please contact or send CV to Bruce J. Hillman, MD, Chair, University of Virginia Health Sciences Center, Department of Radiology, Box 800170, Charlottesville, VA 22908, Phone: 434-982-0211, Fax: 434-924-8349, Email: bjh8a@virginia.edu

The University of Virginia is an equal opportunity/affirmative action employer.

AAWR Activities During RSNA 2001

AAWR Research and Education Committee Meeting

Sunday, November 25, 2001 at 7:00 a.m.

AAWR Executive Committee Meeting

Sunday, November 25, 2001 at 8:00 a.m.

AAWR Annual Business Luncheon

Monday, November 26, 2001 at 12 noon

AAWR-Sponsored Refresher Course at the RSNA

*"Medical Malpractice Issues in Women's
Imaging" (Course #317)*

Tuesday, November 27, 2001 at 8:30 a.m.

AAWR Resident's Luncheon

"Employment Contracts"

Wednesday, November 28, 2001 at 12 noon

AAWR President's Luncheon

"Radiation Issues in Pediatric Radiology"

Fred A. Mettler, MD, MPH

Thursday, November 29, 2001 at 12 noon

*Sign up to staff the AAWR booth at the
RSNA or simply visit us and meet other
AAWR members!*

Also at RSNA:

Do not miss the Oncodiagnosis Panel on
Pediatric Brain Tumors

Moderator: Sarah Donaldson, MD, FACR

Wednesday, November 28, 2001 at 3:00 p.m.

Luncheon Invitation and Booth Sign-up Sheet
can be downloaded from our Web site:

www.aawr.org



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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 Deadlines

December 1, 2001
February 1, 2002
June 1, 2002
September 1, 2002