



FROM YOUR PRESIDENT

Kimberly E. Applegate, MD, MS

SHE WINS, YOU WIN

Fall is here and we are headed into the year's end with many AAWR accomplishments and more changes ahead. One of our most recent activities has been to balance next year's budget by looking at a number of ways in which we can cut costs, and perhaps increase our revenues. Like many organizations in medicine today, the AAWR faces new challenges and tough decisions; we have accomplished much by working together and decreasing our expenses. Perhaps our most important accomplishment is the move toward more electronic communication resulting in decreased paper products and postage costs. Even so, we still face a budget deficit this year forcing us to consider a dues increase. It has been many years since we have had a dues increase, and we do not take this step lightly. We are working very hard to find ways to increase programs, awards and resources for our members. I strongly encourage you to visit our fabulous web site [www.aawr.org] and thank Dr. Kasia Macura for her skill and dedication. I encourage all of you to contact any of us to share your ideas and volunteer to help us to help you and all women succeed in radiology. [One upcoming need is for volunteers to staff the AAWR booth at the RSNA annual meeting. It is a great way to make new friendships.]

As we pursue diverse goals in our professional careers, there are a number of critical things to consider. One is to anticipate the inevitable and rapid changes in medicine. Another is to understand "the game" of medicine and its organizational culture. Let me

tell you about a book I recently found on the Amazon.com web site and read. (I ought to own stock in Amazon, a 'dangerous' web site for me). This book by Gail Evans is titled "She Wins, You Win." Gail Evans is a journalist and was the first female executive vice-president of CNN. She became a best-selling author with her first book, "Play Like a Man, Win Like a Woman." This new book empowers women to succeed in the business world by telling them that it isn't enough to understand the men's rules of business. The author firmly states that women must create their own. Most importantly, she emphasizes a single important rule: "Every time a woman succeeds in business, every other woman's chance of succeeding in business increases. Every time a woman fails in business, every other woman's chance of failure increases." She writes that her first book was one that men wanted women to read, because it helped women understand male behavior at the office, and made men's jobs easier. This new book is one that men won't want women to read, she says—"men know if women ever stop playing as isolated individuals and start playing as a team, all the rules are going to change. The men also know that when that happens, it's going to be a whole new ballgame."

This book is certainly generalizeable to medicine or any career that is based on an organizational structure created by men. Gail Evans offers a way to diminish discord and

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YOUR CV AND FASHION CHIC: STYLE TIPS FROM AN EXPERT

By *Kate A. Feinstein, MD, FACR**

Dr. Feinstein served as Editor of the AAWR Focus from 1993 to 1995. She currently serves as one of the AAWR Historians.

Before the third week of July, I never thought of my CV as a fashion statement, but that all changed when I attended the course given by Page S. Morahan, PhD, Co-Director of the Executive Leadership in Academic Medicine (ELAM) program for women (www.drexel.edu/ELAM) and a tenured professor in microbiology and immunology at Drexel University College of Medicine, entitled “Your biographical wardrobe: CV and beyond.” This segment of the AAMC Mid-Career Women Faculty Professional Development Seminar was designed to help attendees critically evaluate their CVs, understand the different purposes of the CV, and introduce novel CV formats. The novel CV formats include the biographical paragraph, biographical sketch, and executive summary.

Dr. Morahan, describes the need for multiple CVs likening them to the different garments functioning together to make a complete wardrobe. Just as you have work, play, and special occasion clothing, you should have standard and special occasion CVs. The process of storing and collecting your raw data is the foundation of your CV akin to your lingerie and its drawer. You should have everything (all presentations, medical student lectures, committee assignments, and publications) amassed in a file. This raw data must be sorted and arranged periodically, so that it can become part of your CV. You may need two basic CV styles, an internal document in the format specified by your institution and another one with similar information that can be used externally. You should be cautious about the external CV. Identity fraud may occur if personal information (social security number, date of birth, home address) circulates.

Dr. Morahan emphasizes that your basic CV should contain all of your accomplishments; this is one area where more is better (at least until you are a senior level professor!). Your achievements need to be documented fully. This is your opportunity for graceful self-promotion. Any special achievements should be readily visible. Your CV should be easily read. Details and organization are important. Information pertaining to your publications and grants must be complete. You may want to subdivide your presentations into categories such as national, regional and local. Consider combining sections for your society membership and society service. Committee work that has resulted in presentations or publications should be referenced. Stress the products and results of your work. Your external CV is self-advertisement

and as such needs to be as close to perfect as possible. Since your basic external CV contains everything, it does not serve the following functions: present you succinctly, emphasize your best fit for a position, or make you stand out. The innovative CV formats serve these functions.

The novel CV formats include the biographical paragraph, biographical sketch and executive summary. Of the special occasion CVs, the biographical paragraph and sketch are better known than the executive summary. The biographical paragraph is tailored to a specific audience and purpose, e.g., a meeting brochure, faculty website, or media interview. The biographical sketch is an abbreviated CV that lists your grants, awards, and selected publications, such as for NIH documents.

Dr. Morahan stresses the utility of the executive summary when applying for administrative leadership positions. This one-to-two page text describes your objectives, qualifications, and achievements with respect to the job in question. (For details on constructing an executive summary see Morahan PS and Katz J. *Converting a curriculum vitae to a resume. Career Planning and Adult Development Journal* 2002; 17:46–55.) It allows reviewers to focus on pertinent aspects of your career rapidly without having to scan your entire CV. Women’s CVs are excluded more quickly than men’s, and this format is one way to highlight your experience and emphasize your credentials. She suggests a new pattern for your CV. Place the executive summary at the beginning of your CV with the title “CV - Executive Summary” followed by your external CV entitled “CV - Detailed.” These two parts will become one complete document.

Your CV is a reflection of your academic career, demanding attention to detail, style, and appearance. When you plan your outfit for a black-tie wedding, tennis shoes do not enter the picture. The same should be true of your CV. Consider your special occasion CV, leading off with your executive summary and followed by the detailed section, as the appropriate presentation for the next step in your career.

**AAWR R & E Foundation Professional Leadership award recipient for the AAMC; Mid-Career Faculty Women Professional Development Seminar.*

AAWR President's Report

By Kimberly Applegate, MD, MS



The Annual Intersociety Summer Conference: The Radiologist Assistant

I was privileged and delighted to represent the AAWR at the 2003 Intersociety Summer Conference in Pasadena, California in July. The conference addressed the topic of "Physician Extenders in Radiology" and was

led by Dr. Reed Dunnick, from the University of Michigan. I spoke on "The Impact of Physician Extenders on Fellowship Training" and moderated a breakout group discussion on the job description for physician extenders and the advantages and disadvantages of having physician extenders in radiology. Approximately one hundred attendees and forty societies were represented at the meeting.

The American College of Radiology (ACR) recently supported the idea of physician extenders in radiology in a spring meeting resolution (printed on page 4). The ACR's position is one of collaboration with the American Registry for Radiology Technologists (ARRT) to develop a two-year curriculum for the advancement of technologists' careers. The curriculum will consist of one year of basic science course work, followed by one year of clinical apprenticeship. While the certification process has not been formalized, the ACR has already funded thirteen pilot programs at academic medical centers throughout the country. A minimum of five years of experience as a radiologic technologist will be required prior to admission to the radiologist assistant training program. We discussed the differences

between radiologist assistants with five years of work experience as radiologic technologists versus a trained physician's assistant or nurse practitioner. We noted that the interventional radiology needs may well be different and may more appropriately include the physician's assistant or nurse practitioner as the radiology extender.

Important issues discussed included the effect of the radiologist assistants on the training of residents and fellows, malpractice and billing, and the role of the extender on different subspecialties. Under current practice, the physician assistant or nurse practitioner that performs interventional imaging procedures would bill at 85% of the radiologist's fee, unless the radiologist was directly involved in the procedure. The financial implications of using extenders are not yet completely understood. There were several presentations on the use and financing of radiologist assistants in sonography, CT (for computer image manipulation), interventional radiology and their roles in academic and private practice settings.

The conference was a wonderful opportunity to learn how other societies approach these global issues. The AAWR had an important presence at this year's meeting and will hopefully continue to represent its membership at the Intersociety Summer Conference. A report on the conference will be printed in the new *JACR* next year.

The following policy statement on radiologist assistants was passed as a resolution at the 2003 ACR annual meeting. The statement is worth reading, and we should reflect on how it might affect the quality of our work and our daily practice.

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competition while acknowledging differences amongst women in any profession. The AAWR creates a wonderful network and resource for all women in radiology and radiation oncology to come together and share their stories and their approach to making informed and successful career decisions. There is no better group of women in my mind than those members of the American Association for Women Radiologists. Be well, be proactive, and stay in touch.

Corporate Partners

Berlex Laboratories
 Fujifilm Medical Systems
 MedImmune Oncology
 Philips Ultrasound
 Siemens Medical Systems
 Varian

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ACR ASRT Joint Policy Statement

Radiologist Assistant: Roles and Responsibilities

A radiologist assistant is an advanced-level radiologic technologist who works under the supervision of a radiologist to enhance patient care by assisting the radiologist in the diagnostic imaging environment. The radiologist assistant is an ARRT-certified radiographer who has successfully completed an advanced academic program** encompassing a nationally recognized radiologist assistant curriculum and a radiologist-directed clinical preceptorship. Under radiologist supervision, the radiologist assistant performs patient assessment, patient management and selected exams (as outlined below).

- Obtaining consent for and injecting agents that facilitate and/or enable diagnostic imaging
- Obtaining clinical history from patient or medical record
- Performing pre-procedure and post-procedure evaluation of patients undergoing invasive procedures
- Assisting radiologists with invasive procedures
- Performing fluoroscopy for non-invasive procedures with the radiologist providing direct¹ supervision of the service
- Monitoring and tailoring selected exams under direct² supervision (e.g. IVU, CT urogram, GI studies, VCUG, and retrograde urethrograms)
- Communicating the reports of radiologist's findings to the referring physician or an appropriate representative with appropriate documentation
- Providing naso-enteric and oro-enteric feeding tube placement in uncomplicated patients
- Performing selected peripheral venous diagnostic procedures

The radiologist assistant will not perform interpretations (preliminary, final or otherwise) of any radiological examination, nor will he or she transmit observations other than to the supervising radiologist. The radiologist assistant may make initial observations of diagnostic images and forward them to the supervising radiologist.

The education of the radiologist assistant should be granted through nationally recognized academic programs that lead to certification through the ARRT. Advisory committees to such programs should include representation of radiologists.

The radiologist assistant should actively participate in a facility quality assurance program.

Any formal national or state certification or credentialing of radiologist assistant competency should include the representation of radiologists. Any facility radiologist assistant credentialing process should involve radiologists.

The ACR believes that the advent of the radiologist assistant, with defined responsibilities as described herein, will enhance the performance of radiological procedures and patient care and also provide a professionally satisfying career pathway for radiologic technologists.

^{1,2}The Centers for Medicare and Medicaid Services (CMS) direct supervision requirement states that the "physician is required on site and immediately available."

**Note: "advanced academic program" means a baccalaureate or post-baccalaureate program.

Important Information for our Members

AAWR History

We have restored the historical issue of the 1991 10th Anniversary *Focus*, and posted it along with the 20th Anniversary issue on the AAWR history page <http://www.aawr.org/about/history.htm>

The Focus: A time of transition

Last month, the AAWR Finance Committee met via conference call and decided to transition publication of the *Focus* to a completely electronic format supported by the AAWR Web Site. As a result, 2004 will see two hard copy issues of the *Focus* and two electronic issues. The change is made to ensure the best use of AAWR funds for the benefit of its members.

In order to continue receiving the *Focus*, please ensure that your information is up to date in our membership directory (at the AAWR web site) and that we have your current email address. The Public Relations committee will continue to work towards disseminating all important information to the AAWR membership.

Melissa Rosado de Christenson, MD, FACR
Co-Chair, Public Relations Committee
Editor, *Focus*

Katarzyna J. Macura, MD, PhD
Co-Chair Public Relations Committee
Editor, AAWR Web Site



Both Sides Now

By Stacey J. Keen, MD

Dr. Keen has been an AAWR member since 1982. Since 1985, she has worked with the multi-specialty Patuxent Medical Group in Columbia, Maryland. She is in the process of publishing her book entitled: "Unlikely Warrior: A Physician's Story of Breast Cancer, Martial Arts and Life."

I've looked at life from both sides now,
From win and lose and still somehow
It's life illusions I recall...

From "Both Sides Now" song by Joni Mitchell

Over my twenty years of breast imaging, I've seen breast cancers present in many guises: masses, microcalcifications, subtle architectural distortions. While they may share features in common, malignancies are each a little bit different. Similarly, I have seen every woman react to her diagnosis of breast cancer in a unique way, reflecting her own disposition and worldview.

On October 23, 2000 while dressed in my patient gown, I put my own screening mammogram up on the viewbox, I reacted with my characteristic clinical eye: "That looks like DCIS," I said to the technologist beside me. Well, I was wrong. It wasn't just DCIS; it was infiltrating ductal carcinoma. I went through surgery, chemotherapy and radiation, determined to keep working and enjoying my life. Acupuncture helped mitigate the effects of my treatment, and I was able to continue weight lifting and martial arts (minus the sparring). Through it all, I maintained a positive attitude, focused on healing.

There's much fear that surrounds breast cancer: fear of getting it, fear of the treatment, fear of dying. Losing one's hair on chemotherapy takes getting used to, but it grows back. The diagnosis of breast cancer reinforced my faith in God and, through the love and support of others, I experienced my faith in humanity. Confronting my own Stage II clinical statistics—80% 5-year survival, no guaranteed 100% survival, no guarantee I'd be here tomorrow or the next day—fostered a keen awareness of my own mortality and determination to enjoy each and every day, to eke the most out of every moment.

The shared experience has deepened my connections to patients. I know the perspective of the doctor and that of the patient. I can explain the clinical details of a procedure, as well as what it feels like. In addition to my effect on patients, I am affected by them. When I see a woman with metastatic disease, I confront the sobering realization that this disease can kill you.

Martial arts has certainly helped me deal with breast cancer; overcoming fear is part of training. I began studying martial arts 13 years ago to share a fun activity with my children, then 5 and 8 years old. Little did I know what a profound impact it would have on my life. More than a system of kicks and punches, Bujinkan Ninpo Taijutsu embodies the concept of "nin," patience and perseverance; the spirit of enduring, even when a sword is pointed at one's heart. If three needle localization wires and a surgeon's knife in the six o'clock position of my left breast can be likened to a sword, I did indeed have a sword to my heart. I've learned to confront fear, whether in the form of trying a new, challenging kata or of a large, intimidating opponent. And I've learned that in martial arts, as in life, attitude is crucial: the focused, intense conviction that you will prevail, you will survive is as important as the training itself. Martial arts requires living in the moment, with total concentration on your actions, lest you "eat the punch" being directed at you.

Thich Nhat Hanh, in his book Peace is Every Step: The Path of Mindfulness in Everyday Life, writes of "Bells of Mindfulness:" "In my tradition, we use the temple bells to remind us to come back to the present moment. Every time we hear the bell, we stop talking, stop our thinking, and return to ourselves, breathing in and out, and smiling... Even non-sounds, such as the rays of sunlight coming through the window, are bells of mindfulness that can remind us to return to ourselves, breathe, smile, and live fully in the present moment." So, my experience of breast cancer has served as a reminder to appreciate life and focus on what's important. I realize I am here by the grace of God and that this life is a gift. I know what I'm meant to do: I'm here to read mammograms and to guide patients through the frightening maze of a breast cancer diagnosis.

I now have my unique perspective to share with patients. I can deliver news of a malignant biopsy and the expectation of what's to come. I can imbue them with the courage to accept what's ahead and the optimism to know one can survive, even thrive through it all.

"You have to accept whatever comes and the only important thing is that you meet it with courage and the best that you have to give."—Eleanor Roosevelt



THE AAMC OFFICE FOR WOMEN IN MEDICINE

By Norma E. Wagoner, PhD

An excerpt from a speech delivered by Norma E. Wagoner, PhD on November 3, 2001 at the Women in Medicine Awards Dinner during the annual meeting of the Association of American Medical Colleges (AAMC) in Washington, DC. Dr. Wagoner was the 2001 recipient of the History Maker Award for her immense contribution to the establishment of the Office for Women in Medicine at the AAMC. Dr. Wagoner is Dean of Students Emeritus at the University of Chicago Pritzker School of Medicine and currently works in the Department of Cell and Developmental Biology at the University of Colorado Health Sciences Center in Denver, Colorado.

I'd like to take you back in history and imagine with me—an AAMC meeting 27 years ago, 3000 men in the audience, and this small (and I have to admit powerful) group of eight women sitting together midway through the audience. At the end of the plenary, we talked among ourselves, wondering why there were so few women in the audience and why there were no women speakers on the program. We felt that we should do something about this. That's how it all began.

As we talked, we decided it was time to develop a national organizational structure, which would address the needs of women, and Marilyn Heins asked if I would chair the group. We called ourselves Women Administrators in Medical Education. We set up regional coordinators, contacted all the key senior women administrators in US medical schools and for a year corresponded and met at regional and national meetings.

By the time the 1975 AAMC meeting came around, we were ready to talk with the highest-ranking AAMC official to determine whether the development of an Office for Women in Medicine could move forward. We asked to meet with Dr. John A. D. Cooper, the president of the AAMC at that time. Because of the demand on his time, we met with his vice president, Dr. John Sherman who offered us 30 minutes only. An hour and a half later, he accepted our proposal for the establishment of an Office for Women in Medicine at the AAMC. We were seeking a full-time director who would be given an adequate support staff to do the job well and to bring credibility to the office. We were even audacious enough to provide a job description for the director and to help her, we suggested an advisory council selected from women in senior positions in medical schools. We perceived that this office would serve as a liaison for women beginning with medical students through faculty, that it would assume and advocacy role for new opportunities for women and function in an advisory capacity to help medical schools meet the desired affirmative action goals. It's rather hard to

believe now, but in most institutions' affirmative action efforts in the middle 1970s increasing the number of women at all levels was very much a central feature of the work to be done.

The AAMC did move ahead, set up the office, hired Judy Braslow as the first director and convened the first advisory meeting on April 7, 1976 that I chaired for our Women Administrators group. At that meeting, we pressed for our concerns and had an excellent exchange with Judy, Dr. Cooper and Dr. Sherman. I sent a copy of the minutes from that meeting to Dr. Cooper, for which he thanked me, but only recently did I see that on the copy he sent to Judy he wrote, "I think it is dangerous to let this group write their own minutes. I think you should prepare reports for such meetings." So you can see, at that point we had not engendered a great deal of trust. However, even with our assertive behavior, the end result was what mattered. I do believe that the history of the Office for Women in Medicine has been one of great success. Over the tenure of the office, Judy, Kat Turner and certainly in the last fifteen years under Janet Bickel's most able leadership, enormous strides on behalf of women have been made. The goals that those of us as pioneers envisioned have more than been met. I know that my fellow colleagues from the 1970s would be very proud if they were here today to celebrate.

My assumption is that the challenges for the Office for Women in Medicine in this century will be no less daunting, they will just be different. Today's young women, who are our legacy and our hope for future leaders, have grown up in very different times and possess a very different set of societal values than the Christian work ethic and unremitting toil model that many of us share. In Daniel Yankelovich's words when he wrote in 1981 about the massive changes in societal values he said, "in place of the traditional ethic of self-denial and sacrifice, one now finds an ethic that denies people nothing." Of course, we have observed this shift in our

own students, and found it difficult to understand how they had come to not adopt the values we cherish. In turn, we have, I'm afraid, come to reject theirs. Now, that may sound harsh, and in fact, it is quite easy to reject those who do not share one's values. However, from experience, I learned in the mid '80s in rejecting those values in students that I was seeking to help caused them to reject me, which of course, rendered me relatively ineffectual in being of assistance to them. Thus, my encouragement to you is not to wish that young women today would be different or to reject them but to find new ways to mentor and inspire them. Surely, if you don't the next generation of women leaders will be fewer in the ranks, even though the total number of women now available is so much greater than 25 years ago. It is difficult for young women today to fully appreciate the battles we have fought to gain what ground we have. In many respects, they enter medical school with a relatively naïve assumption that once they graduate, they will be able to steadily rise to higher level academic positions without many roadblocks. For many, there is a wholehearted belief that having it all is not really a social myth, and that finding a balanced life without sacrificing personal freedom or time can indeed come true. Of course one knows that harboring this belief has and will continue to create major internal conflicts and arrested personal development while individuals attempt to figure out how to make this

"promise" work. I have seen students today struggling more than ever with career decisions and I'm not so concerned that it is their lack of exposure to the right array of specialties, but has more to do with life style issues and freedom of choice. Balancing one's daily life in order to accomplish personal and professional goals is in my opinion a challenge of a lifetime. I'm not so certain that this is well understood by today's young people.

My hope for all of you who mentor, teach and influence today's young women students, is to not become complacent with the accomplishments so far, but to fully consider the challenges of bringing new leadership to the fore and preparing them for the work ahead. It is easy to be discouraged when one focuses on areas where there have been minimal gains and setbacks for women. Every time I think about not being able to accomplish something that I believe in, I'm always reminded of what my husband says to me, and that is, "when you were growing up Norma, didn't your mother ever tell you no?" Having a belief system that all things are possible will take you far. With that point in mind, I'd like to close with a quote from an author whose name I couldn't find, but I feel certain that it was written by a woman. She said, "Excellence is the result of caring more than others think is wise; risking more than others think is safe; dreaming more than others think is practical; and expecting more than others think is possible."

2003 AAWR Awards

The 2003 Awards Committee chaired by M. Ines Boechat, MD FACR selected the recipients of the 2003 AAWR Awards. The AAWR congratulates the award recipients for their immense contribution to our society and our specialty. If you know these outstanding women, feel free to extend your congratulations.



Marie Sklodowska-Curie Award:
Theresa C. McLoud, MD, FACR
Massachusetts General Hospital



Lucy Frank Squire Distinguished Resident Award In Diagnostic Radiology:
Pari V. Pandharipande, MD
NYU Medical Center



Alice Ettinger Award:
Gretchen A. Gooding, MD, FACR,
Department of Veteran Affairs
Medical Center



Eleanor Montague Distinguished Resident Award In Radiation Oncology:
Karyn A. Goodman, MD
Memorial Sloan-Kettering
Cancer Center



Merging Diagnostic Imaging and Radiation Oncology

By Ritsuko Komaki, MD, FACR
2001 AAWR President

Presented at the AAWR luncheon held during the 2003 meeting of the American Society for Therapeutic and Radiation Oncology

Our Goal for enhancing the medical care of cancer patients through radiation therapy is to improve the therapeutic ratio. This entails an increased efficacy to kill cancer cells while decreasing toxicity to normal tissues. This goal cannot be achieved without adequate imaging studies. We depend on adequate staging work-up by radiologists using CT, PET, MRI and / or ultrasound depending on the cancer site. Imaging studies allow us to determine whether a malignancy is limited to the affected organ or advanced. An increasing level of sophistication in the different imaging modalities allow radiation oncologists to delineate an accurate gross target volume (GTV). For example, the extent of involvement by lung cancer is much more accurately delineated by PET/CT rather than by CT or PET alone. PET imaging also allows determination of the aggressiveness of a given tumor by identifying unsuspected metastatic deposits. In addition, PET may show acute and late tissue toxicities developing during and after radiation therapy. Ultimately we rely on PET/CT to assess the response of patients with non-small cell lung cancer to radiation therapy.

Radiation oncologists will continue to work closely with diagnostic radiologists in formulating treatment plans. The future holds exciting new collaborations as we venture into the era of molecular imaging.

The AAWR Bookstore

The AAWR Bookstore online has been just implemented:

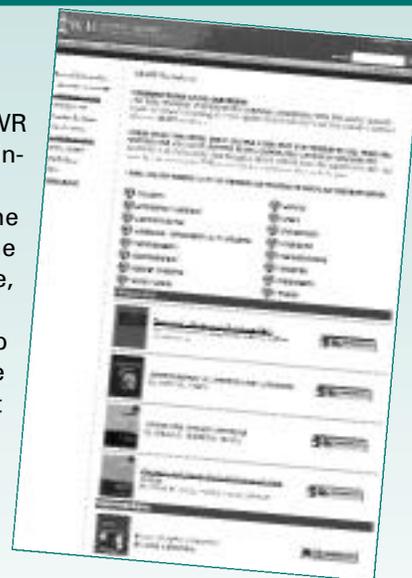
<http://books.aawr.org>

The book selection is based on the Radiology Bibliography from the AAWR Survival Guide for Women Radiologists "The AAWR Pocket Mentor" and also includes authors who are AAWR members.

Please review the listing. If you find a title that is of interest to you, make the selection and you will be directed to the Amazon.com website to complete the purchase. For every book sold through a direct referral from the AAWR web site, our society can earn up to 15% in referral fees with no extra cost to you.

AAWR earns referral fees when a visitor follows a link from the AAWR Web site to Amazon.com and makes a purchase. Our referral is 5% of the sale price for most Amazon.com Product purchases, and 2.5% of the sale price for most Marketplace Product purchases. An individual item link to a book sold by Amazon.com and discounted 10–30% will earn a referral fee of 15% of the sale price if the purchase is a direct sale. A direct sale occurs when the customer adds the individually linked book to his or her shopping cart immediately upon clicking through to Amazon.com. If the customer searches Amazon.com before adding the title to his or her shopping cart, the sale is considered an indirect sale and earns a referral fee of 5% of the sale price. Additional qualifying Amazon.com items purchased during the same shopping session earn a referral fee of 5% (2.5% for qualifying Marketplace items). Please note that all items other than books, music, and videos are subject to a \$10.00 maximum referral fee per item sold.

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AAWR MEMBER FORUM

By Katarzyna J. Macura, MD, PhD, Editor, AAWR Web Site

Dear AAWR Members,

We would like to make the AAWR Member Forum an active AAWR community-building tool. It will only become an important asset to networking if we use it and contribute to it.

We invite all active AAWR members to visit the AAWR Member Forum. In the **AAWR Member Forum** section, our members may post messages, questions, announcements or comments about any topic related to the professional careers and private aspects of life of women radiologists.

To access the AAWR Members Network, click on the Members Login link from the Home Page. On the **Member Log-in Screen**, you need to enter your e-mail address and a password. 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 email 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.

We especially invite our international members to post their messages and to interact with colleagues in the US. We welcome all topics for discussion.

Let us start with the topic of JOB NEGOTIATION STRATEGIES. Let us share our experiences. All messages posted on the AAWR message board are shared only among the AAWR members. AAWR members can post messages, reply to posted messages, search for messages using keywords, or simply browse the content of the board.

Please visit the message board and make a contribution. We can learn a lot from each other.

Also, we posted in the Member Forum two poll questions:

- **Do you want AAWR to continue printing and sending out the Membership Directory?** The AAWR Membership Directory is now available for download as .PDF from the Members Network.
- **Do you want AAWR to continue printing and sending out the AAWR newsletter, FOCUS?** FOCUS is now available for download as .PDF from the Members Network. New issues of the Focus can be announced via e-mail broadcast.

Please visit the AAWR Member Forum and vote. We want your input on any plans for future use of AAWR resources.

After you login to the Members Network, please go to the AAWR **Member Forum Message Board**, then Login to the Forum and under **General Topics** choose the **Poll Questions** and enter your answer. You may post your own poll question or a message, or you may reply to already posted notes.

Please familiarize yourself with the Forum's features. AAWR would like to shift some of its activities to the Internet, and we hope that the AAWR Forum will become the main networking tool for AAWR members.



AAWR Nominating Committee Slate

The following is the AAWR Nominating Committee slate of officers to serve on the 2004 Executive Committee. The membership will vote to elect these officers during the Annual AAWR Business Luncheon at RSNA 2003 on Monday, December 1. A brief biography and photo of each nominee is available on the AAWR web site at www.aawr.org.

President: *Ewa Kuligowska, MD, FACR*
 President-Elect: *Katarzyna J. Macura, MD, PhD*
 Vice President: *Nancy A. Ellerbroek, MD, FACR*
 Secretary: *Etta D. Pisano, MD, FACR*
 Treasurer: *Julie Timins, MD, FACR*
 Member-At-Large, Diagnostic Radiology:
Deborah C. Ter Meulen, MD
 Member-At-Large, Radiation Oncology:
Jeanne M. Quivey, MD, FACR
 Member-At-Large, In Training:
Wendy A. Woodward, MD, PhD



THE AAWR TEN YEARS AGO

By Karen Reuter, MD,
1993 AAWR President

1993 was a very special year for me when I had the honor of serving as President of the American Association for Women Radiologists (AAWR), an organization that was already significantly enriching my professional life. At that time our organizational support came from the American College of Radiology through Ann Wieseneck and Barbara Jennings. These most organized administrators from the College showed a sincere interest in our organization, performing a vital role in our success and a positive impact on radiology. Ann and Barbara were wonderful, accessible and could not have been more helpful to me.

In 1993 our Research and Education Foundation became totally incorporated, and was granted tax-exempt status, becoming eligible for charitable contributions. We determined categories of financial donations for our poster at the AAWR booth at the RSNA as one way to increase revenues.

The first AAWR Executive Committee long-range planning retreat was held during my tenure. It was two-days long and took place prior to the Executive Committee Meeting at the ARRS meeting in San Francisco. Long in-depth discussions of the future of our organization were held. Lori L. Barr, typed minutes on a laptop computer during that meeting, innovative for its day.

The Executive Committee approved a motion to award the first and second year residents free membership in the AAWR. This policy is still in place today.

In 1993, when women's imaging was becoming a separate sub-specialty, a new goal for our organization was to increase the activity of our Women's Issues Committee. The Historical Committee was working on a monograph on women in radiology to be written by Dr. Beverly Spirt.

An ad-hoc committee planned a freestanding AAWR meeting with the theme "Women: Leading radiology" with emphasis on socioeconomic issues slated for the summer of 1994 in Park City, Utah.

I look forward to interacting with AAWR members, as colleagues and friends, especially at national meetings. It is interesting to follow the changes in goals as the profession of radiology evolves. With the dynamic health-care environment, I wonder if the number of our goals will decrease significantly in the future when looking at all that we have accomplished in the past twenty years.

Thank you for the opportunity to play such an important role in 1993 and continuing the strongly positive effect of the AAWR on the field of radiology.

AAWR Activities During RSNA 2003

AAWR Research and Education Committee Meeting

Sunday, November 30, 2003 at 7:00 am
Room N138, McCormick Place (North)
Chicago, IL

AAWR Executive Committee Meeting

Sunday, November 30, 2003 at 8:00 am
Room N138, McCormick Place (North)
Chicago, IL

AAWR Business Luncheon

Monday, December 1, 2003 at 12 Noon
Room S103A, McCormick Place (South)
Chicago, IL

Election of Officers and Presentation of Awards

AAWR-Sponsored Refresher Course

Tuesday, December 2, 2003 at 8:30 am
McCormick Place, Chicago, IL

Course #317: "Encouraging the Advancement of Women"

Janet Bickel, Associate VP of Institutional
Development and Planning and Director of Women's
Programs, AAMC, Washington, D.C.

AAWR Residents' Luncheon

Tuesday, December 2, 2003 at 12 Noon
Room S103A, McCormick Place (South)
Chicago, IL

The Significance of Negotiation in Academic Careers

Dr. Phyllis L. Carr, Dean of Student Affairs
Boston University School of Medicine

AAWR President's Luncheon

Wednesday, December 3, 2003 at 12 Noon
Room S103A, McCormick Place (South),
Chicago, IL

Dual Careers in the Family: Sacrifice and Success

Dr. Wendy Levinson, Past President of SGIM
Chief of General Internal Medicine, University of
Toronto

(Registration form is available at www.aawr.org)

KUDOS

and PLAUDITS



Laurie Fajardo, MD, FACR, was named Professor and Chair of the Department of Radiology and acting Director of Breast Imaging at the University of Iowa in June of 2002. She is actively involved in the development and evaluation of digital mammography and is conducting clinical research trials in multiple areas of breast

imaging. Dr. Fajardo is currently a member of the NCI Breast Cancer Progress Review Group and is a member of the DOD / Army Breast Cancer Research Program's Integration Panel. She served as a panel member on the NIH consensus development conference on Breast Cancer Screening for Women Ages 40-49 (1997). Currently, she serves as a member of the American Joint Committee on Cancer Staging Task Force. Dr. Fajardo serves as an Associate Editor for *Academic Radiology* and on the Editorial Advisory Panel of the *American Journal of Roentgenology* and has served as an editor for multiple other scientific journals. She has authored more than 100 scientific papers and book chapters and has written extensively on breast imaging, breast cancer screening with mammography, stereotactic breast biopsy and digital mammography. Her recent book, *A Comprehensive Approach to Stereotactic Breast Biopsy*, was published in 1997. Dr. Fajardo is the recipient of several past and current NIH research grants and is a frequent lecturer at scientific meetings.



Ann S. Fulcher, MD, professor of radiology, was named Chairman of the Department of Radiology of the Virginia Commonwealth University Medical Center in February of 2003. Dr. Fulcher received her medical degree from the Medical College of Virginia in 1987 and completed her residency in diagnostic radiology

in 1991 at the same institution. She is a board certified, academic, abdominal radiologist with 12 years of experience in abdominal and pelvic computed tomography, abdominal and pelvic MR, and sonography. Since joining the faculty of the Department of Radiology at VCU in 1995, Dr. Fulcher has had as her research focus magnetic resonance cholangiopancreatography (MRCP). Dr. Fulcher and her research team have the nation's largest experience with MRCP. Until she assumed the chairmanship, she served as Senior Deputy Editor for the journal *Radiology*. She has authored or co-authored 47 publications in peer-reviewed journals. In 2001, she was named Visiting Professor by the Society of Gastrointestinal Radiologists in recognition of achievements in radiologic research and education. As a senior radiology resident, she received the Distinguished Resident Award from the AAWR.



Ritsuko Komaki, MD, FACR, was elected to the Board of Directors of the International Association for the Study of Lung Cancer (IASLC) during their Xth World Meeting in Vancouver, BC on August of 2003. Dr. Komaki is the 2001 AAWR President and currently chairs the AAWR Nominating Committee.



Katherine A. Shaffer, MD, FACR, professor of radiology and chief of the section of breast imaging at the Medical College of Wisconsin, was awarded a Gold Medal by the the American Society of Head and Neck Radiology (ASHNR) in October at its 37th Annual Meeting in Rancho Mirage, California. Dr. Shaffer practices at Froedtert Hospital, a major teaching affiliate of the Medical College.

A board certified radiologist and Fellow of the American College of Radiology (ACR), Dr. Shaffer specializes in head, neck and breast imaging and is past president of the Wisconsin Radiological Society.

Dr. Shaffer is a charter member of ASHNR, serving as its president in 1987, when she organized and hosted its annual national meeting in Milwaukee. She has written numerous articles and several book chapters on head and neck imaging, many of which were co-authored with her close associate and former Medical College radiology faculty member June Unger, M.D.

Dr. Shaffer was a pioneer in the use of computed tomography for temporal bone imaging, a technique that the medical imaging establishment was slow to accept. Consequently, many of her articles focused on the improvement in resolution accomplished with this technique, which is now widely practiced.

She has chaired the American College of Radiology (ACR) Committee on Radiologist Resources and served on several other ACR committees, including the Council Steering Committee, and as a representative of the ASHNR and the American Association for Women Radiologists (AAWR) on the ACR Intersociety Commission. A past president of the AAWR, she has also chaired the Medical College's Women's Faculty Council.

Dr. Shaffer has served for six years on the Accreditation Council for Graduate Medical Education Residency Review Committee for Diagnostic Radiology, chairing the committee for the last two years.

She joined the Medical College faculty in 1974, was promoted to professor in 1992. She completed her radiology residency at the Medical College of Virginia in Richmond and received her medical degree from the University of Michigan Medical School in Ann Arbor.



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

Look for the new electronic issues of the *Focus* in 2004!

Editor

Melissa L. Rosado de Christenson, MD, FACR

I invite the membership to share its ideas and expertise with all of us by
submitting articles for future publication in the *Focus*

Editorial Deadlines

December 1, 2003

February 1, 2004

June 1, 2004

September 1, 2004