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## FROM YOUR PRESIDENT

*Katarzyna J. Macura, M.D., Ph.D.*

### The American Association for Women Radiologists' Success Story

It is my pleasure to announce the Association of American Medical Colleges (AAMC) recognition of AAWR's long term commitment to the advancement of women in radiology by awarding its prestigious Women in Medicine Leadership Development Award to AAWR this year. It has been my privilege and honor to serve as the leader of the AAWR in 2005, and to submit the nomination of the AAWR for the AAMC award. I know you share my pride in our society's achievements over the past two decades and of this special recognition by the AAMC. This award is a tribute to all women leaders and officers of AAWR who "since 1981 have pushed persistently uphill against various obstacles with wonderful results that created opportunities for professional growth to many women in radiology". AAWR has provided encouragement, tutoring and networking to women radiologists who have championed education and research, contributed to the growth of our profession, and also served on the boards of many professional organizations. As this year's winner, AAWR was invited to participate in the panel "Change Agents for Improving Academic Life" held on November

7, 2005. Carol Rumack, MD, FACR, the inaugural President of AAWR, Ann Lewicki, MD, MPH, FACR, a founding member of AAWR and AAWR's Historian, and I spoke on behalf of AAWR. The goal of the session was to discuss strategies for obtaining support for women's leadership programs and recognition of their value and importance. AAWR presented our society's perspective on building a strong organization supporting the advancement of women. Last year's winner, the University of Pennsylvania Program for Women Career Development also contributed to the panel discussion. Women Liaison Officers (WLOs) from medical schools around the country participated in the event. At the annual Women in Medicine Luncheon, on November 8, 2005, the AAWR received the AAMC award, an inscribed plaque and a certificate for a complimentary registration for one AAWR member to attend the AAMC's Women Faculty Professional Development Seminar. A description of the AAWR will be added to the Women in Medicine web site and will be included in the January 2006 issue of Faculty Vitae, the AAMC's online professional development publication for faculty.



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Many factors have contributed to the AAWR's success over the years. In the recent article in *Radiology* "American Association for Women Radiologists: Its Birth and 25 Years Later" (*Radiology* 2005; 237: 19-25) Ann M. Lewicki, MD, MPH, FACR reflects on the early years of the society. She recounts its inception, growth, and maturation to a widely accepted and respected organization. Ann writes, "...it needs to be emphasized that, above all, progress and success of AAWR over the years were possible because many talented women volunteered to work for this effort and volunteered to help in all sorts of ways. Some were willing to serve on committees; others even volunteered to serve as officers. All of these volunteers felt compelled to share what they knew, but, above all, they were compelled to share their experiences, and they always kept in mind, in particular, the needs of those women who were just starting their training or career in radiology....The professional landscape has changed considerably for women in radiology since the founding of the AAWR. Now, women not only teach refresher courses but they also chair refresher course committees. It is no longer unusual for a woman to chair a scientific session or to serve on the editorial board of one of our major radiological journals. Women have ascended to the highest office of president in all major radiological societies. They have been honored with the highest awards given by these societies. How much credit can the AAWR take for these changes? We will, of course, never know, but it is of interest that many of these accomplished women were and are AAWR members and have held positions of responsibility with the AAWR. Some of us like to think that this experience helped them prepare for what was ahead when they moved into an environment that they perhaps found to be less supportive. The AAWR, in some cases, served as a training ground for these talented women."

AAWR has contributed to my professional growth in many ways. I joined AAWR as a first year resident. Early on I became actively involved in the development of the AAWR web site. In 1998, Melissa Rosado de Christenson, MD, FACR, the AAWR President at that time, appointed me Chair of the Web Site Committee. The web site has flourished since 1998 from a few web pages to an attractive and informative site with online features for networking and mentoring, which have yet to be utilized to their full potential. As an editor of the web site I learned to manage online publishing, became involved in the creation of the "virtual AAWR society", and most importantly, became immersed in the history of AAWR. My work for the society led to my nomination to the Executive Board, and subsequently to the honor of becoming the 24th President of AAWR. AAWR gave me the opportunity to enrich my professional commu-

nity. I am grateful to the Society for giving me a forum for the expression of my talents, and for encouraging my personal growth. My career exemplifies the importance of AAWR as a "training ground", and I hope that other members will use similar opportunities created by AAWR to enhance their own careers. Through active involvement in the activities and projects of the society, you not only serve our membership and the advancement of women in Radiology; you also learn the vital components of organizational work, how to advocate on its behalf, how to promote ideas, and how to create opportunities for others. There are few things more rewarding than seeing your heartfelt efforts come full circle to benefit you. That wonderfully fulfilling experience can be yours by giving to the society. The skills that I learned through my service will stay with me for years to come, as I advance my academic career and make further contributions to organized radiology. Please take the advantage of the rich opportunities created by AAWR, get involved, get benefits of membership and develop your own "spring board" to success.

As we celebrate the triumph of women in radiology, we cannot forget the men who supported the creation of the AAWR and then offered their encouragement and mentorship. It is my privilege and honor to recognize the outstanding contributions to the promotion of women radiologists made by Dr. Thomas Stanley Harle, Professor of Radiological Sciences in the Department of Radiology at Wake Forest University School of Medicine, and present him with the 2005 AAWR Presidential Award and Honorary AAWR Membership. We are indebted to him for his support towards the advancement of women in radiology over the decades. Many women have benefited from his dedication to our professional growth and success. I would like also to thank all of the men who are enthusiastic about the career advancement of women: chairmen, husbands, family members, and friends who understand the challenges women face in everyday life. We thank all of you for standing beside us and believing in us.

I am thrilled to have had the chance to contribute to the AAWR's success through my work on the AAWR web site and then as a leader through the year 2005. The recognition of AAWR's efforts on behalf of all women in radiology in the form of the AAMC's award fills me with pride and joy for each one of us. AAWR, with its over 2,000 membership, is uniquely positioned to further help women radiologists in refining leadership skills, expanding networking and mentoring activities, continuing to work towards eliminating gender bias, and achieving equality in the work place. We will write many more chapters of the AAWR's success story in the years to come. Thank you AAWR for all you have allowed us to give, and everything you have given in return!

## 2005 AAWR Recognition Awards

The 2005 Award recipients will be honored at the 2005 AAWR Business Luncheon during the annual meeting of the RSNA on Monday, November 28th, at 12:00 Noon in room S103A of the McCormick Place Chicago. Please join us to celebrate with our distinguished awardees.



**Marie Sklodowska-Curie Award:  
Ritsuko Komaki, MD, FACR**

Dr. Komaki is Professor of Radiation Oncology and holds the Gloria LuptonTennison Distinguished Professorship in Lung Cancer Research at the University of Texas M. D. Anderson Cancer Center in Houston. She received her medical

degree from Hiroshima University School of Medicine, Hiroshima, Japan, and completed her residency and fellowship in Radiation Oncology at the Medical College of Wisconsin in Milwaukee. She has been an ABR Oral Board Examiner for Radiation Oncology. From 2000 to 2001, she served as President of the American Association for Women Radiologists (AAWR). Her peer reviewed journal publications exceed 200.



**Alice Ettinger Distinguished  
Achievement Award:  
Janet Strife, MD, FACR**

Dr. Strife graduated from the New Jersey College of Medicine and trained for two years as a resident at the University of Cincinnati with Dr. Felson and Dr. Silverman and subsequently completed her radiology resi-

dency at Johns Hopkins where she was fortunate to study with Dr. John Dorst. She returned to the faculty at Cincinnati Children's Hospital and has worked there for twenty-five years. In 1992, Dr. Strife became Chair of the Department of Radiology at Cincinnati Children's Hospital and led the department through a time of rapid growth in the clinical practice with increasing imaging in computed tomography and MRI. She maintained a high profile within the department and hospital and worked to reorganize the delivery of care with a focus on the family. As the department chair, she mentored over 40 pediatric radiology fellows and has been an integral part of their training as well as their advancements nationally. Under Dr. Strife's leadership, the Cincinnati Children's Hospital Radiology Department was one of the first in the nation to have a separate imaging research center that is currently externally funded. Academically, she has delivered many named lectures, in addition to publishing over 90 articles in peer reviewed journals.

Her past and current leadership roles include active partic-

ipation in the AAWR, President of the Society for Pediatric Radiology in 2001 and President of the Association of Program Directors in Radiology in 2003. She was appointed to the American Board of Radiology in 2002. Her current interests are in radiology education and training, particularly as they relate to the core competencies.

In her letter to the AAWR Board, nominating Janet Strife, Dr. Carol Rumack wrote: "Dr. Strife was one of the founding members of the women's organization, has worked for equity, positions and salaries, has always valued and advanced part-time people, and gives frequent talks to organizations on women's issues. She has provided one-to-one support for career development of many of the radiology residents, fellows and faculty. By her leadership roles, she has provided opportunities for others to advance through the appointment process."



**Lucy Frank Squire Distinguished  
Resident Award in Diagnostic  
Radiology: Avanti Ambekar, MD**

Dr. Ambekar grew up in Cleveland, Ohio. She completed the Honors Program in Medical Education at Northwestern University Medical School in Chicago. She went on to a transitional internship at Saint

Vincent's Hospital in Manhattan and then moved to the west coast. She is currently in her senior year of diagnostic radiology residency at University of California-San Francisco and plans to stay on for fellowships in neuroradiology and musculoskeletal imaging. Dr. Ambekar has served in leadership roles ranging from participation in the medical school Student Senate to Chief Resident in radiology. She enjoys teaching and research and hopes to pursue these during fellowship and beyond. In her spare time, she plays soccer, squash, and golf.



**Eleanor Montague Distinguished  
Resident Award in Radiation  
Oncology: Reshma Jagsi, MD, DPhil**

Dr. Jagsi is Chief Resident at the Harvard-Massachusetts General Hospital Program. Dr. Jagsi graduated first in her undergraduate class at Harvard-Radcliffe Colleges and went on to earn her MD from Harvard

*2005 AAWR Recognition Awards continued from page 3*

Medical School. As a Marshall Scholar at Oxford University, she earned a DPhil in Social Policy. Dr. Jagi has served as Chair of the Association of Residents in Radiation Oncology, Representative to the Women in Academic Medicine and Education Committees at Massachusetts General Hospital, and Delegate to the Resident Physicians' Section of the American Medical Association. She has also interned for the White House, Congress, and British Parliament. Her research has focused on breast cancer treatment, health care policy, and issues confronting women in the medical profession.



### **AAWR President's Award: Thomas Stanley Harle, MD**

Dr. Harle receives the 2005 AAWR President's Award for his contributions to the professional growth and success of women in radiology. Dr. Harle

was elected an Honorary Member of AAWR, effective September 1, 2005.

Dr. Harle is Professor of Radiological Sciences at Wake Forest University School of Medicine. He received his M.D. degree from Northwestern University and completed a residency in Radiology at Brooke Army Hospital. Prior academic appointments include The University of Texas M.D. Anderson Cancer Center, The University of Texas Medical School-Houston where he served as Chairman, Michigan State University, Duke University and the Baylor College of Medicine. He received Teacher of the Year awards from The University of Texas-Houston and Wake Forest University. Dr. Harle is a past trustee of the American Board of Radiology, and Past President and Gold Medalist of both the Association of University Radiologists and the Radiological Society of North America. He is an Honorary Fellow of the Faculty of Radiologists of the Royal College of Surgeons in Ireland, and Honorary Member of the British Institute of Radiology and the European Association of Radiologists. Dr. Harle and his wife Barbara have two sons and four gifted grandchildren. His main interests outside radiology are his family, architecture and religion.

*2005 AAWR R&E Foundation Awards*

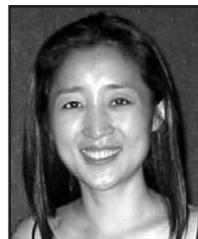
### **AAMC Professional Development Seminar for Early-Career Faculty: Priscilla J. Slanetz, MD, MPH**

Dr. Slanetz is currently Assistant Professor of Radiology at Tufts University School of Medicine and Director of Breast Imaging at Caritas St. Elizabeth's Medical Center in Brighton, MA. Since her fellowship at Massachusetts General Hospital in 1997, she has continued to pursue clinical research in breast MR and the clinical assessment of new breast imaging technologies. More recently, she has focused much of her time on medical education and presently teaches medical students at Harvard Medical School, Tufts University School of Medicine, and Boston University School of Medicine. By attending the AAMC Early Career Development Seminar, she hopes to gain insight into the varied educational career pathways.



### **AAMC Professional Development Seminar for Mid-Career Faculty: Elizabeth A. Krupinski, PhD**

Dr. Krupinski is a Research Professor at the University of Arizona in the Departments of Radiology and Psychology. She received her undergraduate degree from Cornell and a PhD from Temple, both in Experimental Psychology. Her main interests are in medical image perception, assessment of observer performance, and human factors issues. She is Associate Director of Evaluation for the Arizona Telemedicine Program and carries out a number of studies in this area. She is President of the Medical Image Perception Society and serves on the Editorial Boards of a number of radiology and telemedicine journals.



### **Member-in-Training Award for Outstanding ASTRO Presentation in Radiation Oncology: Clara Choi, MD, PhD**

Dr. Choi graduated from Stanford University with a Bachelor of Science in Chemistry. As an MSTP (medical scientist training program) fellow at the University of Michigan, she completed the dual M.D./ Ph.D. (biological chemistry) degrees. After a transitional intern-

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ship year at the Santa Clara Valley Medical Center, Dr. Choi began her residency in radiation oncology at Stanford University. As a Holman Pathway resident, the focus of her research is molecular imaging of protein-protein interactions. Dr. Choi enjoys traveling, running, hiking, food and wine. She has been an AAWR member since 2003.



**Member-in-Training Award for Outstanding Presentation at RSNA - International:**

**Maka Kekelidze, MD, PhD**

Dr. Kekelidze was born in 1969 in Tbilisi, Georgia, where she graduated from Tbilisi State Medical University in 1994. In 1997, she started a post-graduate residency program in radiology at the Institute of Radiology and Interventional Diagnostics. In 1999, Dr. Kekelidze received a PhD in Medical Sciences, with a specialty in radiology. She has published 20 scientific works in the field of abdominal radiology (uroradiology) and participated in several national and international congresses and symposia (RSNA, ECR, ESUR). As a part of her radiology training, she participated in training programs in Greece (Aretheion Hospital, Athens) and Austria (Graz University Hospital). In 2002, she received the European Association of Radiology research and educational grant; and in 2003, she was a recipient of the RSNA Derek-Harwood Nash fellowship at Brigham and Women's Hospital in Boston. Dr. Kekelidze was awarded a prize for outstanding scientific presentation at the ESUR meeting (Uppsala, Sweden) in 2003. She currently resides in the Netherlands and has been continuing training at Erasmus MC, Rotterdam. She is a member of RSNA, AAWR, ARRS, ECR and ESUR.



**Member-in-Training Award for Radiation Oncology:**

**Mary Feng, MD**

Dr. Feng grew up in Wilmette, IL and graduated with Honors in the Biological Sciences from Stanford University. While attending medical school at Washington University in St. Louis, she decided to pursue a career in radiation oncology. Now a third-year resident at the University of Michigan, her research interests are diverse and include incorporating mid-course PET scans into lung cancer treatment planning, identifying predictive factors of outcome and toxicity in sarcoma and prostate cancer, and optimizing IMRT to include organ motion in pancreas and head and neck

cancer. She looks forward to a rewarding future in patient care and research.



**Member-in-Training Award for Outstanding Presentation at RSNA – Diagnostic Radiology:**

**Pari Pandharipande, MD**

Dr. Pandharipande is currently a fellow in the Program for Cancer Outcomes Research Training at the Massachusetts General Hospital (MGH) Institute for Technology Assessment, as well as a clinical fellow in abdominal imaging at MGH. She came to MGH after completing her residency at NYU Medical Center in 2004, with an interest in learning formal outcomes research methodology. Dr. Pandharipande's research interests are centered in studying population-level imaging issues from a decision sciences perspective, with a focus in cancer screening/surveillance. In the future, she aims to continue her work in the evaluation of imaging modalities beyond test performance characteristics and hopes to motivate others to do so as well. Dr. Pandharipande has been a member of the AAWR since 2001.



**2005 Seed Grant:**

**Michelle Bradbury, MD, PhD**

Dr. Bradbury is currently a junior faculty member in the Department of Radiology at Memorial Sloan Kettering Cancer Center, subspecializing in neuroradiology. Her areas of special interest include molecular and functional neuroimaging, particularly as they relate to the field of regenerative medicine. Along these lines, she is investigating the use of human embryonic stem cell derivatives for novel and promising experimental treatments of the central nervous system, including neurodegenerative disorders. Dr. Bradbury believes that coupling the radiological sciences with the rapidly advancing fields of molecular and cellular biology is crucial for more effectively incorporating molecular neuroimaging applications into clinical practice. Dr. Bradbury has been a member of the AAWR since December of 2002.



## American Association of Medical Colleges Mid-Career Women Faculty Professional Development Seminar

*Elizabeth A. Krupinski, PhD, Department of Radiology, University of Arizona*

Imagine walking into a room where there are over 100 of the brightest and most dynamic future leaders of academic medicine – and they are all women! This is precisely what I saw when I walked into the meeting room the first morning of the American Association of Medical Colleges (AAMC) Mid-Career Women Faculty Professional Development Seminar. I stood there in the back of the room and thought “WOW!” Despite recent immense progress, we still hear about workplace inequity, gender barriers, pay differentials and so on. There are more and more women, MDs, PhDs, DVMs, MBAs etc, that are willing to take on the risks, responsibilities and challenges of leadership in academic medicine.

This 3-day seminar held at the Lansdowne Resort just outside of Washington, DC in Virginia was more than just a learning experience – it was enlightening. It was an absolute pleasure and privilege to spend those three days in the presence of the amazing women who put this seminar together and shared their wisdom and experience as academic leaders with those of us who are at a turning point in our careers. One of the key elements that made the meeting successful was the casual atmosphere. From department meetings to society conferences we generally have to be “on” 100% of the time – meet, greet, see, be seen, make an impression and not mess up. At this seminar, most people were strangers – although not anymore. Dress was casual, and conversation and interaction were encouraged. No topics were out of bounds, and everything spoken was held in confidence. It was possible to simply relax, experience and learn.

The seminar is divided into sessions that everyone attends and smaller breakout sessions designed to promote interaction as well as introspection. One of the themes that ran through both formats was the growing imperative to not only appreciate, but to understand the financial aspects of academic medicine. If you have any desire to become a section head, department chair or some type of dean it would be a significant asset to have an MBA or at least some financial acumen. Although I knew it was important to understand finances before the seminar, the session titled “Financing Medical Academic Missions: How to Follow the Money Stream!” really opened my eyes. In radiology we may be a bit more spoiled than other specialties since radiology is generally one of the few moneymaking departments in a hospital. Yet, if I want to ask my chair for a raise, research bridge funds, or extra dollars to buy a new piece of equipment to

help promote my research, I need to be able to go in there with an understanding of where the money comes from and whether or not it can be tapped for what I need. I need the information required to negotiate, to counter with informed alternatives when the answer is not what I want to hear. How do you find that out? Go to lunch! One piece of advice I heard throughout the meeting was go to lunch. Take the person who knows what you need to know out to lunch and ask them to explain the lay of land to you. In the case of department finances and following that money stream, talk to your business manager before going in to negotiate with your chair.

Negotiation and strategies for dealing with the range of personalities we encounter every day was another major focus of some of the sessions. There are hundreds of books available on how to negotiate and get what you want, but what the seminar provided was the opportunity to ask questions and trade successful and not so successful negotiation experiences. One session in particular, “Leading from the Middle” was extremely useful. After a few introductory remarks we were all given a short assessment tool called the PACE palette. It took less than five minutes to fill out, ranking yourself (what you ARE and NOT what you WANT to be!) on a series of descriptive adjectives (e.g., spontaneous, planner, sincere, curious). Scores are tallied and you are classified as green, blue, red or yellow. The color reflects your primary mode of interacting with others and in groups. Everyone of course is a little bit of everything and can bring to the forefront certain styles based on the situation. Nonetheless, people tend to have a predominant or default style.

Why is it important to know your color and those of others you have to work with? Communication and working styles are part of what the color reveals. For example, yellows tend to be planners. They are detail-oriented, punctual and organized. If you are not a yellow and you are in charge of a task force, you may want to include a yellow on the team because they will help generate a point-by-point plan of action. A blue on the task force will tend to maintain group harmony. They are the group glue, the peace makers. Greens are curious; they see the big picture, like to solve problems and are generally calm and cool. Reds like adventure, are concerned about the here and now, get easily bored, are com-

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petitive and learn by doing. If your chair or dean is yellow and you want something from them, then it would be to your benefit to go in there with an explicit plan of action with clear steps laid out. A red is going to want you to get to the point, make it clear, but don't burden them with all the details – they'll just get bored listening to you and your chances of success will be diminished. Knowing the communication and interaction styles of those around you helps you deal with them and get things done. Knowing your style will help you appreciate and adapt to their styles. There are of course many other tools in addition to the PACE palette that will provide you with similar information, but the key is to be aware of personal styles and use them to your advantage. By the way, I am a green with lots of red thrown in!

Another very useful session was "Communicating Effectively: Getting Your Point Across". The session dealt with a number of issues, but the most interesting was how to deal with the media. My phone is not exactly ringing off the hook with requests for interviews, but I have on occasion been called for an interview. There is always the concern that someone is going to misquote me, or that I may say something stupid, or simply will not know how to respond. The main thing I learned is that you have to put yourself in control of the situation. Women tend not to think this way. We tend to want to answer questions directly and immediately. We want to help, to be useful and not offend by putting people off. Whether the interview is in person or on the phone, always do two things. The first is time you are contacted, even if it is just five minutes on the phone, say you are with someone and you will call them back. If you are first contacted in person, say you just got paged and after you deal with that, you will come right back. The second thing is to know what their purpose is, in other words, what is on their agenda. Once you know their motivation, you can take a few minutes to collect your thoughts and prepare what "you" want to talk about. Strategies were given to redirect the questions, while still answering them, to make points that you want to get across to the audience. These were especially enlightening and although it takes practice to use these strategies successfully, I know I will be prepared if I get called for a future interview. A final point is that it is perfectly all right to say I do not have the answer (statistic, piece of information) to that question right now, but I'd be glad to get back to you with it.

Finally, I would like to thank the AAWR for giving me the opportunity to attend this wonderful seminar. My time in academic medicine to date has been exciting and rewarding. Attending the AAMC seminar has given me a refreshing look at the possibilities open to me and more importantly some important tools that I can use to explore those possibilities. I do not know where I will be ten years from now or

whether I will be in a leadership position. I would like to be, and thanks to the AAMC seminar I now have new insights into how I can capitalize on opportunities that arise and maybe more importantly how to make my own opportunities. I strongly encourage women in academic medicine to attend this seminar even if you are not looking to get into a leadership role. The skills I learned in just three days will help me in all aspects of my life, not just with my career. When I started out 15 years ago I had a clear plan of where I wanted to go and what I wanted to become. I achieved that and 15 years later at 44, I am wondering "now what"? The AAMC seminar gave me the opportunity to start to deal with the "now what?" question. I have started to work on a 5-year plan, something I have never really done, but now realize the importance of having.

### Online AAWR Forum

The online Forum available through the AAWR website [www.aawr.org](http://www.aawr.org) has restricted access for AAWR members only. Access is password-protected, use your e-mail as Login and the password "AAWR" (unless you have changed it). We hope that this Forum will become a valuable resource for our members, who can openly share their experiences, ask questions, provide feedback and guidance, and brainstorm on issues of importance to women in radiology, such as maternity leave, childcare, family life, stress, boards, and career development. The goal of this project is to give AAWR members an opportunity to voice personal and professional concerns and receive feedback from peers and other women radiologists who have succeeded in advancing in our specialty.

We structured the forum to include discussion categories such as Meet and Greet, Radiology Training (Life and Family in Radiology Residency, Pregnancy and Radiology Training, Radiology Boards, Research and Clinical Experience, AFIP: Meet and Share a Room), Careers (Looking for a Job and Negotiating, Career Development in Academic Radiology, Careers in Private Practice, Mentors and Mentees – Help Center). The Forum can be expanded to include new debate threads.

Any user can add a new discussion topic, respond to existing questions, and interact with other members through the internal messaging system. We hope that our friendly forum will play an important role in the networking and mentoring activities of the AAWR membership. Please contribute and make it YOUR FORUM.



## AAWR Report from the American College of Radiology's Intersociety Summer Conference

*Katarzyna J. Macura, MD, PhD*

This year's conference hosted by the American College of Radiology was held in Jackson Hole, Wyoming, July 22-24, 2005. The conference was led by Dr. Reed Dunnick, chairman of radiology at the University of Michigan, and this year's topic was: Training for the Future of Radiology. Three main sub-topics were discussed during the general sessions and working groups meetings: a) Cardiovascular Radiology, b) Fusion Imaging, and c) Maintenance of Certification (MOC). The following is the summary of the debates.

### **Cardiovascular Radiology and Residency Training:**

The discussion of cardiovascular radiology focused on two issues: new models of training in radiology in general, and training in cardiovascular radiology. The emphasis was placed on a training structure to teach skills that would allow future generations of radiologist successfully compete in the field.

There was extensive debate about improving the radiology residency by incorporating the clinical year into the latter part of training after the subspecialty interests have been solidified and specific clinical training needs have been established based on the future choice of specialty. The clinical year was considered of value, but in the current format not pertinent to radiology practice. An alternative model of integrating the clinical year using "modules" during Radiology training was also considered. Funding issues for the integrated clinical year were discussed; as currently the clinical year is frequently completed at outside institutions and institutional caps exist. Only four fellowships are CMS (The Centers for Medicare and Medicaid Services) funded: interventional radiology, neuroradiology, pediatric radiology, and nuclear medicine. If the clinical year is eliminated prior to the radiology years and a smaller commitment is integrated later within the course of the residency, this would effectively expand the residency to 5 years or to 6 years if a fellowship year is included. Residents would not be required to rotate in specialized areas that they are unlikely to undertake professionally unless they chose to.

With the increasing radiology knowledgebase, the competency in the entire field is unrealistic, and a new model of 3 core years plus 2 years of sub specialization was discussed. The subspecialty fellowships need to be defined, e.g. Neuroradiology, Pediatrics, Cardiovascular, Abdominal, Thoracic, Mammography, Interventional, Musculoskeletal, MRI. An alternative proposal was a 3 plus 3 program, which

would include research, possibly limited to programs that can offer research experience. Consequently, two main possibilities for Board Certification through a restructured residency were discussed: a) General Radiology after three years (probably to include at least 9 months of clinical medicine) with a subsequent two years of dedicated fellowship. The graduate would then be Board certified and have a specialty certificate, b) three years basic training and two years of subspecialty fellowship training to include clinical components in the basic core, as well as the subspecialty fellowship training and a possible additional year of research. Thus, a radiologist would not be finally certified until after five years of training, in keeping with the current standard.

There was considerable discussion of whether and how to expand radiologists' presence in cardiovascular imaging, particularly with the advent of cardiac and coronary artery CT and cardiac MR, and increasing utilization of cardiovascular imaging in the emergency departments during screening for chest pain. Issues discussed included: a) teaching new clinical skills, such as consultation, clinic visits, admitting patients, follow-up, in addition to cardiovascular knowledge and imaging interpretation if we are to collaborate with and/or complete with cardiologists, b) including in the core cardiovascular curriculum all forms of cardiac imaging - angiography, CT, MRI, ultrasound, nuclear medicine; c) increasing the exposure to cardiac physiology and pathology. It was acknowledged that efforts to increase cardiovascular training will be difficult to undertake because of lack of experts in radiology training programs to teach cardiovascular imaging. Strategies were proposed to raise the radiologists' interest in the cardiovascular imaging field and provide opportunities to enhance their knowledgebase, such as expanding the Radiology Board examination to include much more cardiovascular material and a dedicated section, rather than "virtual" one, and expanding opportunities for radiologists already in practice to develop and/or advance cardiac imaging knowledge (more CME, distance learning, regional centers of excellence, preceptorships, hands-on workshops). Participants from private practices expressed concern that these proposed changes may not be practical and that these changes don't take into account all of the needs for manpower and skills among the private practice community.

**Fusion Imaging:** Key areas of discussion centered on training and examination guidelines for residents and imagers

in practice – including radiologists and nuclear medicine (NM) physicians. Topics regarding training included: proposed changes in radiology residency that will decrease mandatory nuclear medicine exposure from 6 to 4 months, inclusion of molecular imaging training at a time when most of this field remains in a research environment, and expanding the NM residency to include more CT and MR imaging to allow NM specialists to be competent in correlative imaging. Regarding guidelines for performing and interpreting PET-CT and other fusion imaging, a strong preference was expressed for generating a single report for a PET-CT scan, even if read by two individuals. A more desirable option was a single individual interpreting both scans. It was noted that administration of the agent must be supervised by someone with license in radioactive materials, thus, cross-sectional imagers must acquire this licensing or work with those who do. It was acknowledged that extensive additional training is needed by anyone doing PET-CT. NM physicians should learn cross-sectional imaging (especially in those cases in which diagnostic CT scans are performed to include IV contrast administration, rather than scans limited to localization and attenuation correction) and cross-sectional imagers should learn the appropriate nuclear medicine topics. The extent of the training requirements for various groups was hotly debated without reaching a consensus. Points of discussion were: 1) whether using numbers of supervised cases was an appropriate criterion, 2) how many cases should be required, 3) how much more training is needed by NM physicians than primary imagers, 4) residency training needs, and 5) ongoing on-the-job CME and training needs. The proposed accreditation and training requirements were published in *JACR* 2005;2(7):568. Diagnostic radiology residents should participate in the evaluation and interpretation of at least 150 PET/CT scans under the supervision of qualified nuclear medicine physicians and diagnostic radiologists. For the NM residents, the American Board of Nuclear Medicine (ABNM) is in the process of changing its training requirements from 2 to 3 years to incorporate in the third year additional training in correlative imaging between CT and nuclear medicine examinations, especially PET. It was recommended that NM physicians and other physicians having the qualifications to use radiopharmaceuticals for diagnostic procedures should receive training in the performance and interpretation of CT that includes 100 hours of CME; directly supervise the interpretation of CT examinations of 500 patients, with a reasonable distribution of CT of the neck, chest, abdomen, and pelvis; receive training in the physics of diagnostic radiology; complete 8 hours of CME devoted to PET/CT; and supervise the interpretation of 150 PET/CT examinations.

**Maintenance of Certification (MOC):** One of the most controversial topics was the proposal to postpone the time of the oral board examination to well after completion of the residency. Arguments were expressed on both sides of the

issue. Regarding MOC, it was emphasized that the ABR is strongly encouraging participation even among radiologists who “grandfathered” this requirement. Development of Self-Assessment Modules (SAMs) is underway. There is an effort to encourage societies and other organizations to create more SAMs. It was suggested that the ACR should maintain a database or repository and online links to them as they are generated. An interesting concept was proposed to structure the MOC process in the more manageable format of “nibbles”. That is, perhaps the examinations can be in smaller, more frequent modules than is currently planned. The development of SAMs and the MOC movement is strongly supported by the major organizations and will move forward. It was proposed that societies should encourage participation by offering SAMs free of charge to their members.

Another topic addressed was implementing measures to enhance quality of care with improving patient safety. As an example the strategies of anesthesiology, a leader in the medical safety, were discussed. It was noted that the successful implementation of safety strategies by anesthesiology has led to decreasing insurance premiums over the last 20 years. It was proposed that radiology should focus on similar goals and devise the appropriateness criteria and outcome assessment. Medicine has largely failed to implement measures to assess and assure quality, and has fallen behind industry where safety and outcome measures are widely implemented and demanded by the public. ACR sponsors a program called MEDIC, the Medical Excellence in Diagnostic Imaging Campaign. MEDIC is working to save taxpayers billions in Medicare costs and improve patient care quality by establishing quality standards for advanced medical imaging. Further details can be found at [www.qualityimaging.org](http://www.qualityimaging.org).

The ACR Intersociety Summer Conference serves as a gathering event for leaders in radiology. In this forum each society has an equal voice, helping to formulate solutions to the issues confronting the practice of diagnostic radiology and radiation oncology. The AAWR sponsors its president to attend the meeting and represent its membership. I was privileged and delighted to attend this interesting and important meeting, and to represent the AAWR among over 40 Radiology societies. Other AAWR members in attendance on behalf of various organizations were: Teresita Angtuaco, Kimberly Applegate, Dorothy Bulas, Janet Collins, Valerie Jackson, B.J. Manaster, Theresa McCloud, and Beverly Wood.

### New AAWR Photo Album Online

Visit AAWR web site History page at <http://www.aawr.org/about/history.htm> to browse pictures from the events at RSNA 2004, ARRS 2005, and ACR 2005. We have collected photos since 2000 to preserve important moments for AAWR.

## 2005 AAWR Programs at RSNA

Mark your calendar and plan to join us!

### AAWR Events at RSNA, Chicago, IL

#### AAWR Booth at RSNA, Chicago, IL\*

Plan to visit Booth #1035, in the South Building, Hall A of the McCormick Center

#### Annual Business Meeting Luncheon

Date: Monday, November 28, 2005  
Time: 12:00 noon – 1:00 p.m.  
Room: S103A  
Awards Presentation and Election of Officers

#### Resident's Luncheon

Date: Tuesday, November 29, 2005  
Time: 12:00 noon – 1:00 p.m.  
Room: S103A  
Topic: "Balancing Radiology Career and Family"  
Speaker: Ella Kazerooni, MD

#### Refresher Course (RC516)

Date: Wednesday, November 30, 2005  
Time: 8:30 a.m. – 10:00 a.m.  
Topic: "Radiation Exposure and Your Professional Life: Facts and Controversies"  
Speakers: M. Victoria Marx, MD, John Damilakis, MSc, PhD and Jadwiga Strzelczyk, PhD  
Moderator: Katarzyna Macura, MD, PhD

#### President's Luncheon

Date: Wednesday, November 30, 2005  
Time: 12:00 noon – 1:00 p.m.  
Room: S103A  
Topic: "Hints on Leadership"  
Speaker: Peggy Fritzsche, MD

#### International Member Luncheon

Date: Thursday, December 1, 2005  
Time: 12:00 noon – 1:00 p.m.  
Room: S103A  
A great way to mix and mingle with AAWR members from across the world!

\* If you wish to help work the AAWR booth, please contact Angela Mason at [amason@meetingmanagers.com](mailto:amason@meetingmanagers.com) or 713-965-0566. Registration for AAWR Events, except for the Refresher Course is available at [www.aawr.org](http://www.aawr.org).

**We look forward to seeing you there!**



## LIFE IS ALL ABOUT WHAT'S NEXT

### Report of AAWR/ASTRO 2005 Luncheon

*October 17th, 2005 Denver, Colorado*

*Reported by Zhongxing Liao, MD – Chair of the AAWR Radiation Oncology Committee*

The 3rd AAWR/ASTRO luncheon was successfully held in the colorful city of Denver Colorado on October 17th. This event was co-sponsored by AAWR and ASTRO for the benefit of women in radiation oncology and related disciplines. Dr. Sarah Donaldson, the featured speaker for this special gathering, attracted 157 registrants, women and men alike.

In her inspiring speech titled "Life is all about what's next", Dr. Donaldson shared her experience, insights, and advice on how to maintain a positive attitude, forward thinking, planning, and dealing with the challenges and stresses in our personal and professional lives.

She said: "Happiness is doing our utmost under good conditions". She emphasized that it is important to actively search for the good conditions, to find joy in what we do, and to prepare ourselves to deal with whatever comes next. She reminded the group that in one's professional career, there are certain "facts of life" that are specifically pertinent to women: lack of time, lack of a red carpet, and lack of a role model or mentor. Her advice is to accept these facts and overcome such road blocks by creating the good conditions where we can do our utmost.

"One of the best ways to overcome road blocks is to gain inspiration by going to the wonderful women pioneers of Radiation Oncology, who faced similar problems. Somehow, these wonderful women gathered their strengths, and made a successful life happen", Dr. Donaldson reported. Certainly being disciplined, determined, and focused on reaching one's goals are very important characteristics for achieving happiness in one's career. In her talk Dr. Donaldson shared with the group the stories of a few of these outstanding women in our field, including Marie Curie, Nora Tapley, Anna Hamann, Alberta Hart, Vera Peters, and Ester Marting. Their stories inspired her to overcome her own road blocks and to prepare for what was next.

Dr. Donaldson quoted Helen Keller who said "Life is a daring adventure, or it is nothing". She reminded us that

too often we think of what is next in life as a series of insurmountable barriers. Instead we should all remember the courage of the great women that came before us and begin to see life as a daring adventure. While discipline is a primary characteristic for success, it is also important to be alert and flexible, to see a problem not as a barrier, but as an opportunity. Another important characteristic to help one decide what is next, is a positive attitude, so we can become optimistic and visionary. Ester Marting is known to have said “Women have the same calling to a life of service that men do, but you must work harder than your male counterparts. Be so good that you are acceptable when the opportunity comes”. Other advice to heed is that process or change always involves risk. It has been said “You can’t steal second base, and keep your foot on first”.

To overcome lack of time, Dr. Donaldson’s solution has been to look at what is ahead and then to prioritize her time to see what things she can do and when. She has found it very helpful to make lists and set realistic milestones or timetables for the day, the week, the month, and the year in order to stay organized. She advised that to be effective, it is a good strategy to subdivide the tasks into chunks, and try to follow one’s timetable, multi-tasking whenever possible. Practically, she might draft an abstract or a proposal while she is sitting under the hair dryer, or work on a talk when she is doing the laundry, or cleaning the kitchen, and she always brings along a project to do while she is sitting on an airplane.

The second limitation, that of not having a red carpet rolled out before us, means that particularly being women, we are likely to experience a lack of parity, and we may hit a glass ceiling. To Dr. Donaldson, this means that “Destiny is not a matter of chance; it is a matter of choice”. She said, “At least for us in this room, privileged to be in Radiation Oncology, I think this means that we should look to the future, to what is next in life, as opportunities not destined to happen, but rather as opportunities where we can make choices of where to go and what to do. In terms of lacking someone to roll out the red carpet, I have found it important to overcome a sense of entitlement. I have tried to face issues head on and not expect someone to roll out the red carpet for me.” She told of a personal experience at a particularly difficult time in her life, when she found that in order to survive, she had to learn to weave her own red carpet, to adapt to the life style and habits of the culture where she was living, and to learn the system before trying to maneuver it.

A third limitation, that of not having a role model who can offer advice and guidance, can be a serious roadblock. She told the group that there may not be a suitable role model, so one needs to look for a mentor. She further advised that “We can learn from these women of history. A role

model could be a parent, a colleague, or a teacher”. In her own case her mentor was her employer, a young surgeon, who offered her a job, opened the door and gave her a chance. She seized the opportunity, asked for and followed his advice – which eventually was to apply to medical school, to enter Radiation Oncology, to go to Stanford. Personalizing the story she admitted that “At every step of the way I asked his opinion, and I always listened to his advice. And I must tell you, I have no regrets about any of these decisions. I keep in contact with him and I forever thank him”.

Dr. Donaldson said that “Finding someone you can like and admire is a way to do your utmost, to be happy, to find the courage to face what is next. Such a person can help you see what you can do, and who you can become”.

Dr. Donaldson inspired the audience, not only the women, but also a number of male participants by saying “As I learned how to face limitations, at least most of the time, I recognized that much success comes from anticipating the future, and working out a plan to deal with its challenges. Knowing how others have overcome obstacles can help us deal successfully with our own problems – now and in the future; and in the end, the key to success is finding happiness in what we do. The key to happiness is learning how to deal with what is next – Because Life is all about – What is next!”

## Online Resources on How to Become a Fellow of ACR

Please visit the AAWR web site Members Network (access is password-protected, use your e-mail as Login and the password “AAWR” (unless you have changed it) to review materials related to the process of becoming a Fellow of the ACR. You will find there an alphabetical listing of women ACR fellows and also a listing sorted by state to allow you locate an AAWR member who could help you or inform you about their path to Fellowship. You will also find comments and recommendations from ACR Fellows, and you will be able to download articles describing the process from the academic, private practice, and military perspectives.



## Macedonian Radiology: Then and Now

*Biljana Bozinovska, MD  
Radiology Resident, Neuromedika  
Skopje, Republic of Macedonia*

The Republic of Macedonia is located on the Balkan Peninsula in Southeastern Europe. The republic is landlocked. It has common boundaries with Albania in the West, Bulgaria in the East, Greece in the South, and Serbia in the North. The territory of the Republic of Macedonia is approximately twenty-five thousand square kilometers. The population is 2 million inhabitants. The capital of the republic is the city of Skopje in the Northern part of the country, on the Vardar River.

**Development of university-based radiology:** Over the past 30 years in Macedonia, radiology has come into its own as a specialty, developing into an academic center called “the Institute of Radiology at the Medical University in Skopje”. At this time the Institution is one of the most advanced in the Balkans. It is a large department equipped with Siemens machines and has great potential for expansion and growth. Up until 1978, only basic diagnostic procedures were conducted at the institution, when the first CT scanner (Ohio nuclear - 50 fast) was purchased and installed. Over the subsequent 10 years, progress continued with the addition of updated ultrasound equipment and an additional CT scanner (Somatom DRH-Siemens). In 1996, an MRI scanner was donated to Macedonia by the German government, which was the last new piece of equipment installed in the Institute of Radiology at the Medical University of Skopje.

**Development of private practice radiology:** Beginning in 1992, modest, but functional, private diagnostic radiology centers were organized. These centers grew into very sophisticated and advanced diagnostic imaging centers. The position of women during this time was quite difficult due to social and moral aspects of the society, and the perception of the significance of the risk of exposure, or “contamination” by radiation. Because of these ideas, women were nearly excluded from participation in radiology. In the process of building the Macedonian Radiology Institute, only one female physician was included among 13 males. However, one was enough for the future interest of women radiologists at the Medical University of Skopje. After that period of time, the integration of women reached a high level and they became leading experts especially in pediatric radiology.

**Past political environment and women’s rights:** A long period of socialism in Macedonia, as with other parts of the

Yugoslav Republic, brought rights and benefits enjoyed by all women, not just those in radiology. In fact, one may say that perhaps the rights and benefits of women working in radiology have been protected more than in other jobs. Specifically, work shifts for women radiologists are shorter, and maternity leaves are longer (8 months during pregnancy and 8 months post delivery). However, personal radiation protection has been poor in the past and remains so today.

**Current practice of Radiology in Macedonia:** After the break down of Yugoslavia, the situation in the country slowly started to change. Now there is one academic radiology institute situated in the capital city of Skopje, and 18 non-academic, multimodality radiology departments in medical centers as well as 50 modules (radiography and ultrasound only) in different medical institutions. There are 6 private diagnostic centers, two in the capital city and 4 in the provinces. Currently, the best equipment and personnel can be found in the capital city at the Radiology Institute of the Medical University at Skopje, and a private healthcare organization, Neuromedika. These two centers are able to provide CT, MRI and diagnostic radiology procedures at one location.

**Total personnel and equipment in the Republic of Macedonia (including 13 medical centers and the Medical University at Skopje):** Total personnel includes 163 radiologists, 25 residents in training over 34 years, 178 diagnostic radiology technologists and 52 assistant X-ray technicians. Equipment includes 188 X-ray machines up to 17 years old (176 functional and 12 non functional), 19 ultrasound machines, 9 unislice CT scanners (5 state and 4 private practice owned), and one MRI machine.

**Practice design:** The radiologists and radiation oncologists have organized to form a society called The Association of Radiologists of Macedonia. The association is a non-governmental organization founded on the initiative of the radiologists 40 years ago. There are currently 190 (130 male and 60 female) members at the University Clinic and other medical facilities. The aim of this association is promotion of continuing medical education among the radiologists and radiation oncologists. The association is active in organizing seminars and different congresses in Macedonia. It is involved in cooperative efforts with the Balkan forum of Radiology and the European Association

*Macedonian Radiology continued on page 13*

*Macedonian Radiology* continued from page 12

of Radiologists, having a representative in both organizations. No specific benefits are given to women radiologists in the Macedonian association as compared to the men. The law affords women with the rights that follow. Depending on the medical circumstances, maternity leave is 1 month before delivery and 8 months after. Monthly working hours are 184 plus night shifts, except for mothers with children younger than three years. Lastly, 24 working days are taken off for vacation. For the private health organizations, it is based on individual agreements and according to the needs of the Clinic.

**Radiology resident and fellowship training:** There are two types of four year residency programs – state and private. Funds for state residency programs are provided to medical institutions through the Foundation for Education from the Ministry of Health. Only general medical doctors who are already employed by state hospitals are eligible for this type of residency. Private radiology residency is funded by the individual resident and costs \$6,500.00 for 4 years. An open announcement is made for this position and interested persons may apply, including medical students, X-ray technicians or residents in radiology. No fellowship training exists in Macedonia. Fellowships may be sought abroad, but most subspecialists are trained on the job. Neither Macedonian medical graduate degrees, nor residency are recognized by European Union countries or the British Medical College.



## Radiology in Germany: A female perspective

By Birgit Ertl-Wagner, M.D.

Let me commence by providing a short outline of the German system of medical education. Children in Germany are divided into three types of schools depending on their academic achievement after the fourth grade, i.e. at the age of ten. The “highest” type of school combines a high school and college education and directly qualifies for a university education, e.g. for medical school. In order to get into medical school, students need to have a high grade point average and score high on additional tests.

At the beginning of medical school, and also at the time of graduation, there are slightly more female students than male (approximately 57% to 43 %). This proportion changes dramatically when looking at higher academic positions. In the realm of full, associate professors, only 4% are female, and there are no female chairpersons of an academic radiological center in Germany.

Medical school spans 6 years until graduation. The first 2 years are preclinical. The following 3 years are spent in clinical training and the final year is composed of sub internships. Of the final year, 4 months have to be spent as a sub intern in a surgical department, and 4 months in an internal medicine department. The third part is spent as an elective sub internship in one other clinical field. It is usually spent in the specialty the student aims to go into.

In the final year, students apply for residency. Unlike in the United States of America (USA), there is no matching program. The students directly apply to the residency program they want to go into. Radiology is a popular residency both for men and women, and applicants are abundant, especially in large academic programs. Residencies are not as structured as in the USA. In most centers, there are no formalized rotation schedules. The residents, however, do have to fulfil a “catalogue” of requirements, i.e. read a fixed number of body MRIs, perform a number of angiographic interventions, etc. The minimum time to complete residency is 5 years. However, residents at most centres take somewhere between 6 and 7 years to fulfil their requirements for board eligibility.

Maternity leave and the protection of mothers-to-be are federally regulated, and quite extensive in Germany. Pregnant women are not allowed to work nights or weekends. The maximum number of hours per week is 48 for mothers-to-be. Pregnant radiologists get special, very sensitive dosimetric devices that continuously assess the radiation exposure. These

*German Radiology* continued on page 14

*German Radiology continued from page 13*

devices can be read by the women themselves and are also monitored once per month by the Office for Radiation Protection. Pregnant women are advised not to work in the angiographic or interventional suite or in other workplaces that involve direct radiation exposure. They are not supposed to be in contact with needles or sharp devices, and should not have exposure to infectious patients.

Maternity leave starts 6 weeks prior to the expected date of birth and lasts until 8 weeks after the birth of the child. During maternity leave mothers get their full salary, and can go back to work full-time after maternity leave, which rarely happens. Otherwise, the mother (or father) can take a leave of absence until the third birthday of the child, called the “parenting time”. The length of the parenting time leave can vary, i.e. the parent can only take 6 months or the full 3 years. The mother is not paid during that time; however, it is possible to work part-time either for the same or for a different employer (up to 30 hours per week). The employer must keep the parent’s job vacant and is required to take them back after that time. Even though this concept of “parenting time” is open for both mothers and fathers, it is very rarely used by fathers.

Day-care for small children is a big problem in Germany. There are far too few day-care facilities available. Only about 1 in 10 children less than 3 years of age applying for a place in day-care, actually receives one. This is a small proportion of the under 3 year old German population, as most mothers stay at home anyway and do not apply for day care. For the mothers of the children who cannot find a place in day care it is exceedingly hard to go back to work. Nannies are extremely expensive. The average salary of a nanny is roughly the same as the net salary of a board certified radiologist, and there are too few full-time babysitters.

The role of the mother is still quite traditional in German society and the “normal” situation is considered to be a “stay-at-home” mother. It is still very rare for mothers to work full-time and even rarer for them to pursue a career. Subsequently, many women in high positions decide against having children, with birth rates constantly dropping among career women. This trend has received quite a bit of attention by the press lately – however, little is done about it.

In summary, the situation of female radiologists is still quite difficult. There are very few women in higher positions and even fewer women in top positions who are also mothers. Subsequently, there are very few role models for young female radiologists. Many become discouraged and either decide against a family or abandon their career completely. Having children and working full-time in an acad-

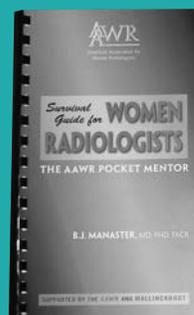
mic radiology position in Germany is still a bit like walking a tightrope. However, in my own experience, it is working out for me. I have a 2-year-old daughter who goes to a day care center in my hospital (which is a very large academic center), and I am working full time pursuing an academic career. I therefore strongly encourage all female radiologists not to become discouraged, but to face the challenge of having both a family and a career “head-on” because it is worth it.

### AAWR Virtual Mentoring Program

Please sign up today to become a Mentor or Mentee in our online Mentoring Program. The goal of this program is to provide AAWR members an opportunity to interact informally with more experienced members to discuss issues related to career development, promotion, radiology research, and balancing family and work. Participants determine topics for discussion, but they may include advice about career paths, works in progress, or how to get started. To sign up, you have to login to the AAWR Members Network on AAWR web site. Access is password-protected, use your e-mail as Login and the password “AAWR” (unless you have changed it).

### The AAWR Pocket Mentor

Survival guide for women radiologists”, by BJ Manaster, MD, FACR, AAWR President in 1996 is now available for download on AAWR web site in the Members Network. Access is password-protected, use your e-mail as Login and the password “AAWR” (unless you have changed it).



Remember that to update your contact information you can visit the Online AAWR Membership Directory (within the Members Network, access is password-protected, use your e-mail as Login and the password “AAWR” (unless you have changed it), and use “My Profile” button to open your record and edit it. We need your current e-mail address!

# KUDOS *and* PLAUDITS



**Etta Pisano, MD, FACR**, the Kenan Professor and Director at the University of North Carolina Biomedical Research Imaging Center was the Principal Investigator of the research study sponsored by the U.S. National Cancer Institute to compare digital

mammography to conventional screen-film mammography, known as DMIST, the Digital Mammographic Imaging Screening Trial. Initial results from the trial were released from the American College of Radiology Imaging Network (ACRIN) on September 16, 2005 and published in a special online edition of the *New England Journal of Medicine*. The study received major media attention in the U.S.A., with newspaper articles and TV coverage publicizing the results. Congratulations to Etta for her leadership in this important ACRIN project.



**Ritsuko Komaki, MD, FACR** is Chief of Thoracic Radiation Oncology at the MD Anderson Cancer Center in Houston, TX, and has contributed immensely to the success of the American Association for Women Radiologists, serving as President in 2001.

Dr. Komaki was recently interviewed by Claudia Dreifus of the *New York Times* regarding her experiences as a child growing up in post-atomic bomb Hiroshima. The interview "A Conversation with Ritsuko Komaki; From Hiroshima's Shadow, Turning Radiation into Renewal" was published on August 2, 2005. Dr. Komaki, whose family is originally from Hiroshima, relates how she lost many relatives and childhood friends to the initial atomic bomb blast and to the after effects of radiation. At the age of 11, Dr. Komaki lost her friend Sadako to radiation-related leukemia. She organized the students in her school in a fund-raising campaign to build a memorial to Sadako and all the children who died from direct or indirect effects of the atomic bomb. Today the statue still stands in Peace Park in Hiroshima. In fact, it was her first hand knowledge of the effects of radiation that inspired Dr. Komaki to learn more about it in medical school and eventually pursue a career in radiation oncology. Today, Dr. Komaki uses radiation to treat patients with lung cancer and has

pioneered the development of three-dimensional conformal radiation therapy in the treatment of advanced lung cancer with significant improvements in survival. Dr. Komaki is a dedicated leader and mentor to other women radiation oncologists and radiologists. The *New York Times* article can be accessed on line at: [www.newyorktimes.com](http://www.newyorktimes.com) with search keywords *Ritsuko Kumaki*.



**RSNA/AUR/APDR/SCARD Radiology Educational Research Development Grant: Kitt Shaffer, MD, PhD**

Dr. Shaffer earned her BA from Kansas State University, her MD from Tufts University and her Anatomy PhD from the University of Kansas. She completed her Radiology residency at the New England Medical Center, and her fellowship in Thoracic Radiology at the Brigham and Women's Hospital. She is a past Associate Chief of Radiology at Dana-Farber Cancer Institute and was recently appointed Director of Undergraduate Medical Education for the Cambridge Health Alliance. In 2004 she received the Harvard Faculty Prize for Excellence in Teaching Years 3 & 4. Her papers on education have won the Stauffer and Whitley Awards of the Association of University Radiologists.

## A New AAWR T-Shirt!

Thanks to the efforts of Meghan Blake, MD, AAWR's Member-In-Training-At Large and generous financial support from Ann M. Lewicki, MD, MPH, AAWR's Historian, the AAWR signature T-shirt featuring the portrait of our role model Marie Skłodowska Curie is available for sale (10\$) and is on display on our Web site.



Please consider supporting the AAWR by adding this special T-shirt to your collection. Please contact Meghan [megblake@yahoo.com](mailto:megblake@yahoo.com) or [admin@awwr.org](mailto:admin@awwr.org)

## 2006 AAWR Ballot — Officer Bios

The 2006 AAWR Officers will be elected by membership during the AAWR Business Meeting that will take place during the Annual Meeting of the Radiological Society of North America in Chicago. The Meeting will be held on Monday, November 28th, from 12:00 Noon to 1:00 PM in room S103A. The following candidates are submitted to the AAWR membership by the Nominating Committee.



### President

#### **Nancy A. Ellerbroek, MD, FACR**

Dr. Ellerbroek received her MD degree from UCLA, and then stayed on to complete her residency in Radiation Oncology. She subsequently joined the faculty at the University of Texas MD Anderson

Cancer Center as well as the Loma Linda University Medical Center prior to entering private practice with the Valley Radiotherapy Associates Medical Group. Her areas of special interest include interactions of chemotherapy and radiation therapy as well as the treatment of breast and prostate cancer. Dr. Ellerbroek is Past President of the Southern California Radiation Oncology Society and President-Elect of District 17 of the Los Angeles County Medical Association. She has served on the Program Committee of the Radiological Society of North America and is a member of the Editorial Board of the journal *Radiology*.



### Vice President

#### **Etta Pisano, MD, FACR**

Dr. Pisano received her MD from Duke University and completed her radiology residency at Beth Israel Hospital of Harvard Medical School. Following a year as Chief of Breast Imaging and Instructor in Radiology

at Beth Israel, she relocated to University of North Carolina at Chapel Hill where she served for 16 years as Chief of Breast Imaging. She is currently Kenan Professor of Radiology and Biomedical Engineering and Director of the UNC Biomedical Research Imaging Center. She is a Past President of the Association of University Radiologists. She served as the Principal Investigator of the Digital Mammographic Imaging Screening Trial (DMIST) and recently published the results of that study in the *New England Journal of Medicine*. Dr. Pisano has served on several AAWR committees, including the Committee to Promote the Advancement of Women.



### President- Elect

#### **Judith Amorosa, MD, FACR**

A native of Hungary, Dr. Amorosa received her MD degree from New Jersey College of Medicine and completed her residency and fellowship at St. Vincent's Hospital in New York following a pediatric

internship at Columbia Presbyterian Hospital in New York City. Currently clinical professor of radiology and program director of the Diagnostic Radiology residency program at UMDNJ-Robert Wood Johnson Medical School, she is a fellow of the American College of Radiology. She has authored 35 journal articles, four books and has served as an oral examiner for the American Board of Radiology. Her major interest is creation of radiology learning materials. Dr. Amorosa is past chair of the AAWR Membership Committee and also was involved in development of international membership policy and the creation of the AAWR International Committee.



### Secretary

#### **Lynn Fordham, MD**

Dr. Fordham is chief of pediatric imaging at the University of North Carolina. She attended Tufts University Medical School, did her residency in radiology at the University of North Carolina, and

completed her training with a fellowship in pediatric radiology at Children's Hospital, Boston. She has been a member of the AAWR since she was a resident. She has served on the membership committee for six years and has served as the chairman of the committee for four years. Her favorite benefits from the AAWR are the RSNA and SPR lunches, about which she comments "I have been fortunate to hear a lot of really terrific speakers over the years. I learn so much from their presentations and really enjoy the opportunity to catch up with old friends and meet new members."



**Treasurer**  
**Julie Timins, MD, FACR**

Dr. Timins is a diagnostic radiologist in hospital-based private practice in Jersey City, New Jersey. She received her MD from Thomas Jefferson University Medical School and completed a general radiology residency at George Washington University Hospital, followed by a fellowship in Nuclear Medicine at the National Institutes of Health. Board certified in General Radiology and in Nuclear Medicine, she is past president of the Radiological Society of New Jersey and has chaired the Council on Communications and served on the Council on Medical Services of the Medical Society of New Jersey. She has served on the New Jersey Taskforce on Telemedicine and is a member of the New Jersey Interagency Council on Osteoporosis, where she co-chairs the Medical and Scientific Subcommittee. Dr. Timins chairs the New Jersey Commission on Radiation Protection. A Fellow of the American College of Radiology, she has chaired the ACR Nominating Committee and is serving a second elected 2-year term on the ACR Council Steering Committee. She was recently elected to the National Council on Radiation Protection and Measurements and sits on the National Mammography Quality Assurance Advisory Committee of the Food and Drug Administration. Dr. Timins has chaired the AAWR Membership Committee and has served as AAWR Treasurer and Finance Committee chair since 1999.



**Member-at-Large, Diagnostic Radiology**  
**Mary Frates, MD**

Dr. Frates is a full-time radiologist specializing in ultrasound at Brigham and Women's Hospital, and an Associate Professor of Radiology at Harvard Medical School. Her particular interests are thyroid, ectopic pregnancy, and high-risk obstetrical ultrasound. She graduated from the Brown University combined medical education program, and completed her Radiology residency at Tufts/New England Medical Center in Boston. She became a member of AAWR as a second year resident in 1987, and has found the society to be a continuing source of support as she combines a full-time academic career with family responsibilities that include a physician husband and 3 daughters aged 14, 12 and 11 years.



**Member-at-Large, Radiation Oncology**  
**Zhongxing Liao, MD**

Dr. Liao received her MD from Hunan Medical University, The People's Republic of China. Dr. Liao completed a Fellowship and Postdoctoral Fellowship in Experimental Radiation Oncology at the University of Texas, M.D. Anderson Cancer Center, Houston, Texas in 1994. In 1995, Dr. Liao concluded her internship in Internal Medicine at the Wichita Center for Graduate Medical Education at the University of Kansas School of Medicine. She then returned to Texas for her Residency in Radiation Oncology and become a faculty at the University of Texas M.D. Anderson Cancer Center 1999. Currently, Dr. Liao holds the title of Associate Professor of Radiation Oncology and Section Chief, Thoracic Radiation Oncology at M.D. Anderson Cancer Center. Dr. Liao has been a long-term active member of AAWR. She has served as the chair for radiation oncology committee of AAWR for the past 3 years. She also serves on the AAWR's Bylaws and Nomination committees. Dr. Liao's awards and honors include the World Health Organization Fellowship (1989-1990) and Travel Grants from the International Society of Gastrointestinal Oncology (2004, 2005), AAWR Early-Career Women Faculty Professional Development award (2004).



**Member-at-Large, In Training**  
**Meghan Blake, MD**

Meghan Blake is a third year radiology resident at Boston University Medical Center. A graduate of Stanford University, she received her MD from the University of Iowa College of Medicine where she was the recipient of a University of Iowa Medical Student Summer Research Grant. She continues her involvement in research during residency and will attend the Introduction to Research Program at RSNA in November. Meghan has been active within the AAWR this past year, serving on the AAWR Ad Hoc Committee on Pregnancy during Radiology Residency, holding the member-in-training seat on the Executive Committee and co-chairing the Member-in-Training Committee. She initiated and organized the creation of the AAWR Marie Curie T-shirt and has worked to increase member-in-training participation through resident

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representatives within individual programs. She is also vice-president of her local chapter of the ACR, the Massachusetts Radiological Society.



**ACR Councilor  
Kimberly Applegate, MD, MS**

Past President of the AAWR, Dr. Applegate trained in diagnostic radiology at Dartmouth and completed a fellowship at Children's Hospital in Boston. Dr. Applegate also received a Master's degree in

Epidemiology and Biostatistics from Case Western Reserve University. Currently, Associate Professor of radiology at Indiana University, Dr. Applegate is the recipient of several research grants, awards, and scholarships, including an American Roentgen Ray Society Scholarship. She is on the editorial boards for Radiology, AJR II, Pediatric Radiology, and JACR. She is the vice president for the Radiology Alliance for Health Services Research (RASHR), the secretary-treasurer for the AUR and serves on the boards of directors for the Academy of Radiology Research (ARR) and the ACR RadPac. In 2005-6, she chairs the ACR Nominating Committee.



**ACR Alternate Councilor  
Melissa Rosado de Christenson,  
MD, FACR**

Dr. Rosado de Christenson received her MD from the Uniformed Services University of the Health Sciences in Bethesda, Maryland. Following completion of a residency

in diagnostic radiology at the George Washington University Medical Center, Washington, DC, she was commissioned as a Captain in the United States Air Force and assigned to Clark Air Base, Republic of the Philippines. She was later assigned to the Armed Forces Institute of Pathology (AFIP) as Chief of Pulmonary and Mediastinal Radiology and subsequently became Chairman and Registrar of the Department of Radiologic Pathology, the first woman ever to serve in this capacity since the establishment of the department in 1947. She served on the faculty of the Department of Radiologic Pathology at the AFIP for over thirteen years and trained over 18,000 radiologists, residents and other physicians. After retirement from active duty, she joined the faculty of the Ohio State University in Columbus, Ohio as a Clinical Professor of Radiology. A Fellow of the American College of Radiology, she chairs the ACR's

Continuous Professional Improvement Panel and serves as Editor-in-Chief of the American College of Radiology Institute Chest Learning File. A member of the Executive Council of the American Roentgen Ray Society, Dr. Rosado de Christenson is also past President of AAWR, co-chairs the AAWR Public Relations Committee and serves as editor of the Focus, the AAWR newsletter.

## Visit the AAWR Bookstore and Support the AAWR!

Take a moment to visit the AAWR Bookstore at our website [www.aawr.org](http://www.aawr.org)! The book selection is based on the Radiology Bibliography from the AAWR Survival Guide for Women Radiologists "The AAWR Pocket Mentor" and also includes authors who are AAWR members. Review the listing. If you find a title that is of interest to you, make the selection and you will be directed to the Amazon.com website to complete the purchase. For every book sold through a direct referral from the AAWR web site, our society can earn up to 15% in referral fees with no extra cost to you. AAWR earns referral fees when a visitor follows a link from the AAWR Web site to Amazon.com and makes a purchase.

An individual item link to a book sold by Amazon.com and discounted 10-30% will earn a referral fee of 15% of the sale price if the purchase is a direct sale. A direct sale occurs when the customer adds the individually linked book from the AAWR Bookstore to her or his shopping cart immediately upon entering the Amazon.com site. If the customer searches Amazon.com before adding the title to her or his shopping cart, the sale is considered an indirect sale and earns a lower referral fee of 5% of the sale price. Additional qualifying Amazon.com items purchased during the same shopping session earn a referral fee of 5%. Please remember that ANY purchase at Amazon.com (from apparel, through toys, electronics, to kitchen items) can earn referral fees if you enter Amazon.com through the link from AAWR web site. 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. Thank you for helping AAWR to increase its revenues in order to better serve our members.

## AAWR Member Subscription Email List

AAWR has created [members@aawr.org](mailto:members@aawr.org) – a subscription email service where Members can post messages to the entire member mailing list. Here's how the service works:

All members will be automatically subscribed to the Member Mailing List through their email addresses. Members can choose to unsubscribe from the list, but we encourage everyone to remain on the list in order to maximize sharing of ideas and information. Pose a question, request or comment to the membership by sending an email to [members@aawr.org](mailto:members@aawr.org). All Replies to your message will be sent directly to your email address.

**Please adhere to these guidelines whenever you post a message for the membership:**

1. Keep your postings related to the AAWR. If you want to share ideas on other topics, use personal email utilizing the [online membership directory](#) on the web site.

2. Replies can also be "broadcast" to the membership if you include [members@aawr.org](mailto:members@aawr.org) in the "CC" or "TO" field. Contact the person individually if you would like them to fax/email you a document they have offered to the list, do not reply to the entire list. Use the individual's email address and request or share your information. Always check the "To:" box before hitting send. Please AVOID sending your REPLY TO ALL, as these can multiply and create mailbox jam. Use REPLY TO SENDER instead, if you want to communicate with the originator of the message.

3. Attachments will clog the email server, and not all recipients can receive them, creating pages of useless characters within the email. If you have an attachment to share with the group, provide your email address and ask that those interested email you directly.

4. Please treat everyone with respect, and refrain from using angry or condescending tones toward individuals when posting to the list. Abusive and obscene language will not be tolerated and will result in removal from the list.

If you wish to unsubscribe to the list, send a blank message to [members-unsubscribe@aawr.org](mailto:members-unsubscribe@aawr.org).

## AAWR New Members

(May 2005 – October 2005)

### ACTIVE MEMBERS

Laura Arrowsmith, DO	Jennifer Mayberry, MD
Nina Gordon, MD	Mary Salvatore, MD
Patricia Grant, MD	Naomi Schechter, MD
Laura Heyneman, MD	Anne Silas, MD
Jonathan Lewin, MD	Gail Weingast, MD
Mary Mahoney, MD	Bokran Won, MD

### FIRST YEAR RESIDENTS

Amna Ajam, MD	Christine Le Bedis, MSc, MD
Elizabeth Bathala, MD	Serena McClam, MD
Leah Braswell, MD	Susan McCloskey, MD
Kristen Brewer, MD	Shannon McCrann, DO
Melanie Caserta, BS, MD	Carol Mc Laughlin, BS, MD
Karen Cohen, MD	Neeta Moody
Shauna Duigenan, BSc, MD	Lyudmila Muinov, BS, MD
April Durand, BS, MD	Holly Nelson, BS, MD
Brandie Fagin, MD, MS	Nadia Rao, DO
Brenda Farnquist, MD	Jody Riherd, MD
Elizabeth Herf, MD	Janet Sailor, MD
Delma Jarrett, MD	Kathleen Schroeder, DO
Zina Kellow, BA, MD	Jennifer Sharp, BS, MD
Chi Wan Koo, MD	Salina Tsai, MD
Jennifer Kujak, MS, MD	Carolyn Wang, BA, MD
Maude Labell, MD, RII	Dorota Wisner, MD, PhD

### THIRD YEAR RESIDENTS

Monica Kessi, MD  
Zhen Wang, MD  
Mary White, BS, MD

### FOURTH YEAR RESIDENTS

Laura Amodei, MD  
Jessica Panko, MD  
Lisa Ramakrishnan, MBBS

### FELLOWS

Amy Cole, DO  
Vandana Dialani, MD  
Sarah Mezban, MD

### CORRESPONDING

Wafaa Shanabo, MD

### HONORARY

Thomas Harle, MD

We look forward to working with all of you, and welcome to the AAWR! If you should have any questions or needs, please feel free to contact the AAWR Headquarters at 713.965.0566 or by email to Angela Mason at [admin@aawr.org](mailto:admin@aawr.org).



AMERICAN ASSOCIATION FOR WOMEN RADIOLOGISTS  
4550 POST OAK PLACE, SUITE 342  
HOUSTON, TX 77027



You can reach us at

**AAWR**

4550 Post Oak Place, Suite 342

Houston, TX 77027

Phone (713) 965-0566

Fax (713) 960-0488

E-mail: [aawr@meetingmanagers.com](mailto:aawr@meetingmanagers.com)

Website: [www.aawr.org](http://www.aawr.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 the benefit of its membership

**Editor**

Melissa L. Rosado de Christenson, MD, FACR

**Associate Editors**

Aletta Ann Frazier, MD

Lisa H. Lowe, MD, FAAP

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

**Editorial Deadlines**

February 1, 2005

June 1, 2005

September 1, 2005

December 1, 2005