



SPRING 2000

*focus*



## FROM YOUR PRESIDENT

*M. Ines Boechat, MD, FACR*

*Dear fellow AAWR members,*

In this spring issue of *Focus*, I am glad to report on many new developments concerning the American Association for Women Radiologists (AAWR). Our management transition from the American College of Radiology (ACR) to the Radiological Society of North America (RSNA) was completed in the first week of February, 2000, when 37 boxes containing files and documents were transferred to our new headquarters in Oak Brook, IL. We are bound to find hidden treasures within these boxes after reviewing and cataloguing the documents, and I will share them with you in the months to come. Communications Resource Management (CRM) now manages our Web page, and the new site premiered on February 15, 2000. Take a moment to visit at [www.aawr.org](http://www.aawr.org), and give us your feedback and suggestions for improvement. The Web site should become a place for very dynamic interaction between us and can only improve with your participation. The new Membership Directory is currently under production. We need accurate information about our members. Please check your name and address as they appear in the current directory and send us corrections or updates if necessary.

One of the greatest challenges that medical organizations face today is the continued decrease in membership. An organization's survival depends on the maintenance of a representative constituency identified with its goals. While the AAWR has a significant

number of members, they are well below the total number of women who practice radiology in the United States and Canada. Therefore, it is very important to strengthen our position by recruiting new members, not only among residents and fellows, but also in the ranks of well-established radiologists. If each of us could recruit one new member this year, we would potentially increase the number of AAWR members to almost 4000. Membership application forms can be downloaded from our Web site, so go ahead!

I want to extend an invitation to you to attend the upcoming AAWR activities during the annual meeting of the American Roentgen Ray Society that will take place in Washington, DC. We welcome your participation as a volunteer to staff our booth, a great way to meet other members and recruit new ones. The AAWR Executive Committee will meet on May 7, 2000, to discuss many relevant issues, including further work on the AAWR's International Corresponding Membership. If there are issues that you would like us to discuss at the meeting, feel free to contact me. On Tuesday, May 9, we will have a special guest at the AAWR luncheon, Dr. Nancy Hopkins, from MIT. She will speak about the status of women faculty at MIT. Her presentation should be most interesting and relevant to all of us, particularly those in academia. The new millennium has been an exciting time of growth for the AAWR. I look forward to hearing your feedback and meeting many of you in the months to come.

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*In Memoriam*

## HELEN C. REDMAN, MD, FACR

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### A WOMAN OF DISTINCTION

By Kathleen A. Ward, MD

Helen C. Redman, founding member of the AAWR and recipient of the 1999 AAWR Marie Curie Award, passed away on March 13, 2000. Dr. Redman was the Frederick Bonte Professor of Radiology and the Vice-Chairman for Academic Affairs at the University of Texas Southwestern Medical Center in Dallas. Her areas of expertise included angiography and body imaging.

Dr. Redman was born in Newton, MA. She received her BA degree in Biology from the University of Rochester (NY) and her MD degree from the Columbia University College of Physicians and Surgeons. Dr. Redman completed her internship and radiology residency at the Palo Alto-Stanford Hospital, where she not only was the first woman resident, but also served as chief resident. As a James Picker Fellow in Radiologic Research, Dr. Redman studied under Professor Olle Olson at the Roentgen Institute in Lund, Sweden. She subsequently served on the staff of the University of Pittsburgh and the University of Michigan, but later returned to California to serve as Clinical Associate Professor of Radiology at Stanford and as Clinical Professor of Radiology at the University of California at San Francisco. In 1983, Helen Redman joined the staff of Dallas' Parkland Memorial Hospital as Chief of Vascular and Interventional Radiology. She later assumed the posts of Chief of Special Procedures and Body Imaging and Chief of Genitourinary Radiology.

Dr. Redman authored or co-authored over 80 journal publications, 23 book chapters and 5 books and monographs, including *Gastrointestinal Angiography*. She served on the editorial boards of the *American Journal of Roentgenology*, *Radiology*, and the *Journal of Vascular and Interventional Radiology*.

Helen Redman was a Fellow of the American College of Radiology and served on its Board of Chancellors. She was a member of the Board of Trustees of the American Board

of Radiology. She was the first woman president of the Radiological Society of North America. She chaired the RSNA Program Committee, and later served as chairman of the RSNA Board of Directors and Board of Trustees. Dr. Redman was particularly proud to have been the first woman president of the Texas Radiological Society.

A Fellow in the Society of Cardiovascular and Interventional Radiology, Dr. Redman presented the Charles Dotter Lecture at the meeting of the Society of Cardiovascular and Interventional Radiology in 1994. She also held membership in the American Roentgen Ray Society, American Society of Emergency Radiology, Association of Program Directors in Radiology, Association of University Radiologists, and the Western Angiography Society.

Dr. Redman was an honorary member of the European Congress of Radiology and held an honorary fellowship in the Royal College of Surgeons Faculty of Radiology in Dublin, Ireland. She presented the Cook Invitational Lecture for the Royal College of Radiologists in Norwich, England, as well as the 50th Anniversary Lecture for the Korean Radiological Society in Seoul.

In a past interview for AAWR's *Focus*, Dr. Redman suggested that it was crucial for women to find a mentor to sponsor them. She encouraged "all women with an interest to try and become active in the society of their choice, whether the smaller subspecialty organizations or the national organizations such as the American Roentgen Ray Society or the RSNA." She believed, "the more women become involved, the more women will become leaders and hold positions of prestige and power, enabling them to serve as mentors to future women." A mentor to many women radiologists and leader to all, Dr. Redman was indeed a woman of distinction and will be greatly missed by men and women radiologists alike.



# ALICE ETTINGER AND THE AAWR

By Barbara L. Carter, MD

*Dr. Carter is the 1999 recipient of the Alice Ettinger Award. She is Professor of Radiology and Otolaryngology at Tufts School of Medicine and Chief of Ear, Nose and Throat Radiology at the New England Medical Center.*

It has been a great honor to receive the Alice Ettinger Award, a recognition that I deeply appreciate and for which I am most grateful. The Alice Ettinger Award was named after a woman radiologist who was a great leader, an outstanding clinician and a superb teacher. Her colleagues referred to her as the “Grande Dame Extraordinaire” of Radiology.

Alice Ettinger was born in Germany and wanted to enter the world of business by managing theater companies but was told this would be an impossible career for a woman and one without a future or possibility of success. Therefore, she modified her goals and decided to pursue a career in medicine. She attended the Chamisso Gymnasium of Berlin and the Albert Ludwig University Medical School in Freiburg. While training in general medicine, she developed a deep personal concern for her patients and felt she would best serve them if she could learn more about an evolving new specialty called radiology. She became interested in the gastrointestinal tract and studied under Dr. Berg, then world-renowned for his new radiologic “mucosal relief technique.” Dr. Berg had designed and built an innovative machine that would allow the recording on spot films of images seen during fluoroscopy. Dr. Ettinger put the new equipment in her suitcase and traveled to Boston for a six-week visit, only to remain in the United States for the rest of her life. Thus, modern gastrointestinal radiology was introduced in Boston and the United States. Dr. Ettinger became a Professor of Radiology at Tufts Medical School and Chairman of the Department of Radiology at the New England Medical Center.

Dr. Ettinger was a very dynamic individual with a great sense of humor. She earned the respect of all who worked with her. She was devoted to providing excellent care to her patients and ensured that everyone else in her department was equally conscientious in their efforts. She allowed no guesswork when it came to diagnosis, no careless reporting, no errors, and no unnecessary delays. The patient was to have all possible consideration. She visited numerous departments and clinics throughout the United States and Europe, and interviewed many department chairmen. She became known for her inquisitiveness and her pursuit of truth and understanding. She introduced sub-specialization in radiology in her own department long before other departments even considered it.

Dr. Ettinger authored numerous landmark manuscripts in the areas of gastrointestinal radiology and uro radiology. In

the early days of radiology she recognized the importance of tomography and zonography in the study of the kidney, the lung, the trachea and the skeleton. She emphasized angiography and other techniques in the early diagnosis of renal tumors, intravenous cholangiography in the evaluation of the gallbladder, and specialized gastrointestinal radiology studies in the diagnosis of inflammatory bowel disease. Dr. Ettinger worked in collaboration with nephrologists to identify the potential hazards of contrast material with regards to renal failure. She was a founding member of the Society of Gastrointestinal Radiology and the Society of Genitourinary Radiology. She was nationally and internationally recognized and received the Gold Medals of the Radiological Society of North America and the American College of Radiology in 1982 and 1984 respectively.

Dr. Ettinger was also devoted to her students. She demanded the very best instruction from their teachers, who were privileged enough to be asked to teach! She treated students with great respect and in turn expected them to learn medicine and radiology. Her enthusiasm was contagious, her devotion unmatched, and her vast fund of knowledge greatly admired by all. Her efforts and dedication were consistently recognized as graduating classes named her Teacher of the Year until her retirement at the age of 86 years.

The American Association for Women Radiologists (AAWR) has provided a forum for young women radiologists to learn about some of their predecessors. Many women have made significant contributions to our field: Madame Curie as a great scientist and twice Nobel Laureate; Alice Ettinger, a great clinician and teacher; and Lucy Squire, an outstanding teacher of medical students to name a few. There are many more whose careers and contributions should be documented for the benefit of all radiologists. It is crucial for all women radiologists to have an organization where they can interact with other female colleagues and exchange ideas regarding the unique challenges that confront women in our specialty. It is remarkable how many women have excelled in our profession as well as in their home lives. Many have assumed leadership roles and find that today they can compete on an equal footing in all facets of medicine. Throughout it all the AAWR has labored to secure a place for today’s women in modern day radiology and in medicine at large.



# MINI-TUTORIAL ON THE INTERNET— PART 4

By Katarzyna J. Macura, MD, PhD  
Co-Chair, AAWR Public Relations Committee

The previous three articles in the Internet tutorial series focused on the Internet architecture, methods for connecting the computer to the network, and communication over the Internet. The fourth part of the tutorial describes the basics of Internet browsers, Web servers, Hypertext Markup Language, and Web publishing.

## Basics of the WWW: How it Works

Although many people use the term World Wide Web (WWW) and Internet interchangeably, WWW is one of the services available on the Internet, together with others like e-mail, FTP, Telnet, newsgroups, mailing lists, and chat rooms. WWW is second in popularity only to e-mail. WWW consists of a worldwide collection of electronic documents, called **Web pages**, that have built-in links to other related documents. These links, called **hyperlinks**, allow users to navigate quickly from one document to another with just one click. Links allow the user to obtain information in a nonlinear fashion, making them powerful tools. Text links appear as underlined words or phrases, and graphic links are in the form of images or icons. The user can identify the link by placing the arrow-shaped pointer on the link, which then changes to a hand-shaped link pointer. By clicking a link, the user requests the Web page indicated by the link. To remind the user which pages were already visited, browsers change the color of a used link. A collection of related Web pages forms a **Web site**. Displaying pages from one Web site after another is called **surfing the Web**. Web sites have a starting point, called a **home page**, which is similar to a book or magazine cover or table of contents and provides information about the site's purpose and content.

The Web operates on a client/server model. The Web pages can be accessed using software called a **Web browser**. The user runs Web client browser software, such as Netscape Navigator or Microsoft's Internet Explorer, on her/his computer. The Web pages that comprise a Web site are stored on a server, called a Web server. A Web server is a computer and software that delivers requested Web pages to the client's browser. Multiple Web sites can be stored on the same Web

server. Many Internet Service Providers (ISP) include a Web address with several MB of storage on a Web server maintained by the ISP as part of their services, allowing customers to maintain their own Web sites. Storage space on a Web server can also be purchased from Web hosting companies for a monthly fee. Any personal computer linked to the Internet can become a Web server by using special Web software installed on that computer. The best performance is achieved via a high-speed communication link, e.g. T1 link at a university or business. Over the years, Web browsers have become software suites that can do everything from managing e-mail, reading newsgroups, allowing collaborative work with whiteboard applications that permit users to work on the same documents simultaneously, to video conferencing, and creating and publishing Web pages.

The Web pages and the hosts that make up the WWW must both have unique locations, so that the user computer can locate and retrieve the pages. Each Web page on a Web site has its unique address, called a Uniform Resource Locator (**URL**), e.g. [http://www.aawr.org/general/strategic\\_plan.html](http://www.aawr.org/general/strategic_plan.html). The URL begins with `http://`, which stands for **hypertext transfer protocol**, the communication protocol used to transfer pages over the Internet. The second part of the URL refers to the specific host computer (Web server) where the Web site resides. This part of the address is also called a domain name. The third portion of the URL is the directory/folder on the host computer that contains a specific part of the Web site. Subdirectories might also be indicated in this part of the address. The last segment of the URL is a document name, file name and file extension, leading to a specific Web page. A browser retrieves a Web page by using its URL, which tells the browser where the document is located. URLs make it possible to navigate using links because a link is associated with a URL.

The Web page can incorporate text, graphics, audio, animation, and video. The Web pages are created and formatted using hypertext markup language (**HTML**), which is a set of special codes that define the placement and format of text, graphics, video, and sound on a Web page, as well as produce special effects. These codes, called **tags** or **markups**, specify how text and other elements will be displayed in a

browser and where the links will lead. A Web browser is the software that displays Web pages by interpreting HTML tags embedded in each page; e.g. the browser understands that when it encounters the HTML tag <U> in the text, it should underline text until it reaches the end tag </U>. The client browser translates the document with HTML tags into a functional Web page; <U> How does a browser work? </U> will translate into How does a browser work? The HTML file that the browser loads to display the Web page does not actually have graphics or other multimedia files in it. Instead, it contains HTML references to those files. The browser uses those references to find the files on the server, download them, and display them as a part of the Web page. The finished HTML document is readable by any browser on any computer. The simplicity of HTML makes cross-platform compatibility easy and reliable. The content of the Web pages does not change, but the final look may vary from browser to browser (Netscape/Internet Explorer), and platform to platform (Windows 98/MacOS). The browsers determine the exact font, size, and color. The more complex and specialized the HTML tagging and the more multimedia features the Web page contains, the longer it will take to download and display the document. The HTML document can be created using any word processing software or Web page authoring software that hides the complexity of HTML instructions by providing templates, wizards, and collections of design elements. There are special computer programs called plug-ins that extend the variety of files and media that a browser can display on a Web page. Certain types of video and sound files might require those plug-ins for viewing/listening. If the Web page requires a plug-in that the user's browser does not have, a message will be displayed indicating which plug-ins are needed and from which sites they can be downloaded, usually for free.

The development/authoring of Web pages is called **Web publishing**. A **Webmaster** is the individual responsible for developing Web pages and maintaining the Web site. Since there is no single organization that controls additions and changes to Web sites all over the world, there is no central

menu or catalog of Web sites content or addresses. There are, however, several companies maintaining organized directories of Web sites to help users find information on specific topics. A **search engine** is a software program that can be used to locate Web pages on certain topics or find specific pages for which the user does not know the exact URL. To find a page or pages, the user enters a word or phrase, called search text or keywords, in the search engine's text box; the search engine then displays a list of all Web pages that contain the entered keywords. Any Web page listed as the result of a search is called a **hit**. Companies that provide access to search engines also provide directories of Web sites organized by topics/categories. Once the user connects to the search engine, she/he can search by selecting topics from an indexed list. Most search engines can handle both simple and complex text searches. With a simple search, a search engine often returns a huge list that might contain thousands of hits. To get a smaller, more focused list, the user should use advanced search techniques. Because each search engine provides a slightly different set of advanced search tools, the online help should be consulted for details on composing advanced searches. Search engines actually do not search the entire Internet; as such searches would take a long time. Instead, they search an index of Internet sites that is constantly updated by the company that provides the search engine. The most popular search engines include [AltaVista](http://www.altavista.com) (www.altavista.com), [Excite](http://www.excite.com) (www.excite.com), [HotBot](http://www.hotbot.com) (www.hotbot.com), [Infoseek](http://www.infoseek.com) (www.infoseek.com), [Lycos](http://www.lycos.com) (www.lycos.com), and [Yahoo!](http://www.yahoo.com) (www.yahoo.com). These search engines are available through the URLs listed above. Like any other Web site, a search engine has a URL that points to it.

The World Wide Web is the fastest growing and in many ways the most exciting part of the Internet. It has become an important part of both our personal and professional lives. It is an easy to use and, for the most part, a friendly and interactive window to the world that we can use from our desks. On-line surfing in search of information on education, business, shopping, and entertainment, are but a few applications.

## Corporate Partners

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## "HOW I BECAME A FELLOW OF THE ACR, THE ACADEMIC RADIOLOGIST'S PERSPECTIVE"

By *M. Ines Boechat, MD, FACR*  
President, AAWR

When I began my professional career as a radiologist, my main goal was to become competent in both the clinical and academic areas. I applied for membership in the major radiological societies as well as in my subspecialty society. Membership in the American College of Radiology (ACR) was another way to increase my participation in organized medicine, although at the time I was not thinking about becoming an ACR Fellow. It is quite rare for a radiologist to be nominated and accepted to Fellowship in the ACR before a total of 10 years as an active member in the organization, as was my case. Thus, I would conclude that early enrollment in the ACR helped tremendously!

For most of my academic career, I concentrated in reaching my initial objectives. I worked hard in academic endeavors and published extensively in peer-reviewed journals. I had over 90 publications at the time of my application for Fellowship. In addition, I became increasingly involved in the activities of the Society for Pediatric Radiology, the American Board of Radiology, and the American Association for Women Radiologists. I believe my efforts in publication and especially my involvement in organized medicine allowed me to become a competitive candidate for ACR Fellowship.

Every year I reviewed the list of new ACR Fellows. I noted that the list of individuals who achieved this honor always included radiologists whom I both knew and respected. I viewed ACR Fellowship as a most important professional accomplishment in the careers of these individuals. So, when I read the list of requirements for ACR Fellowship, I realized that the time had come for me to apply. I called my local ACR chapter, asked for an application form, filled it out, and asked for letters of recommendation from two other Fellows; a fellow pediatric radiologist and my department chair. I also spoke to the President of the Los Angeles Chapter of the ACR and made her aware of my intention to apply. It should be noted that my involvement with my state chapter included participation in its Membership Committee.

I was very happy to hear that my nomination had been approved, and immediately thought of all the people that had helped along the way. Without the support of my fam-

*ACR continued on page 9*

# KUDOS

and **PLAUDITS**



**Hedvig Hricak, MD, PhD, FACR**

**New Chairman of Radiology at Memorial Sloan-Kettering Cancer Center**

A long-term member and supporter of AAWR, Hedvig Hricak, MD, PhD, was appointed Chairman of the Department of Radiology at Memorial Sloan-Kettering Cancer Center in New York City last fall. Dr. Hricak is an enormously talented and energetic radiologist with a special interest in research in the genitourinary system. She has authored over 231 publications, has served in numerous radiologic and medical societies, and has been an invited speaker at numerous national and international institutions and scientific assemblies.

Dr Hricak was born in Croatia and attended the University of Zagreb Medical School. She completed a radiology residency in Zagreb before moving to the United States for further training at the St. Joseph Hospital in Pontiac, Michigan. She worked at the Henry Ford Hospital in Detroit, and was appointed Clinical Assistant Professor of Radiology at the University of Michigan in Ann Arbor. She spent most of her academic career at the University of California in San Francisco (1982-1999). In 1992, she completed her PhD in oncology at the Karolinska Institute in Stockholm, Sweden. Among her many accomplishments, she is a Fellow of the American College of Radiology, the Society of Uroradiology, and the International Society for Magnetic Resonance in Medicine. She has held many positions involving medical student, resident, and fellow education, and has served as a board examiner for diagnostic radiology. She has completed over 16 national and 9 international visiting professorships and 8 named lectureships. In addition, she has served or is currently serving on

*Kudos continued on page 9*



## RADIATION ONCOLOGY CORNER

### Therapy of Patients with Limited Small Cell Lung Cancer

By Ritsuko Komaki, MD, FACR  
AAWR President-Elect

In the United States there will be approximately 164,000 new cases of lung cancer diagnosed in 2000. Unfortunately, in spite of a recent decrease in the incidence of lung cancer among males, the incidence of lung cancer in females continues to increase. It is expected that the incidence of lung cancer in females will triple from 1960 to 2010. This is related to cigarette smoking among young females and to an overall increase in the incidence of adenocarcinoma of the lung in females.

Approximately one fourth of lung cancer patients have small cell lung cancer which is strongly related to tobacco smoking. When compared to non-small cell lung cancer (NSCLC), small cell lung cancer is a rapidly growing neoplasm. Small cell lung cancer cell lines demonstrate sensitivity to small doses of radiation and to chemotherapy. Patients with limited small cell lung cancer (small cell lung cancer confined to one hemithorax) may be curable with chemotherapy and radiation therapy, according to a study conducted by the Eastern Cooperative Oncology Group (ECOG) and the Radiation Therapy Oncology Group (RTOG). The object of this study was to prove that smaller fraction size radiation therapy doses given twice-daily were sufficient to kill malignant cells, while sparing normal tissues. The hyperfractionated radiation therapy was delivered in an accelerated fashion to overcome rapid proliferation of resistant cells. The study was conducted in a randomized fashion to compare patients receiving twice-daily accelerated thoracic radiation therapy (1.5 Gy twice a day with 6-hr interfractional interval – total dose of 45 Gy delivered over 3 weeks) with once-daily fractionation (1.8 Gy/day/5 days/week – total dose of 45Gy over 5 weeks). Concurrent cisplatin and etoposide chemotherapy was used in both arms of the study.

Four hundred and seventeen patients with limited small cell lung cancer were randomized in this study and received 4 cycles of cisplatin and etoposide every 21 days with concurrent thoracic radiation therapy. The results showed that twice-daily thoracic radiation therapy with the first cycle of chemotherapy significantly improved survival as compared with concurrent once-daily radiation therapy ( $p = 0.04$ ). After a median follow-up of almost 8 years, the median survival was 23 months for the twice-daily group compared to 19 months for the once-daily group. The survival rate for the patients receiving twice-daily fractionation was 26% at 5

years compared to 16% at 5 years for the once-daily group. However, grade 3 acute esophagitis was significantly more frequent with twice-daily thoracic radiation therapy occurring in 27% of patients as compared with 11% in the once-daily group ( $p < 0.001$ ). There was no significant difference in late toxicity (beyond 90 days after completion of the treatment) between the two arms. This study shows a significant advantage of accelerated thoracic radiation therapy with concurrent cisplatin and etoposide. This treatment almost doubled 2-year survivals when compared to sequential chemotherapy followed by thoracic radiation therapy which used to be a more common practice (44% vs. 20%, respectively). In addition, 5-year survivals significantly improved compared to studies performed a decade ago that reported only a 5% 5-year survival when using sequential chemotherapy followed by thoracic radiation therapy. This study established a standard treatment for patients with limited stage small cell lung cancer using twice-daily thoracic radiation therapy and concurrent platinum-based chemotherapy. In spite of these encouraging results, the local failure rates are still significant as 35% of patients treated with twice-daily fractionation and 50% of those treated with once-daily fractionation experienced therapeutic failures. At present, RTOG is conducting a dose-escalation study of accelerated thoracic radiation therapy without prolonging the duration of the radiation therapy with concurrent etoposide and cisplatin.

Patients with small cell lung cancer should be made aware of the availability of the above new therapies. In addition, in view of current lung cancer statistics, all women, particularly young women must be made aware of the very real health hazards of cigarette smoking. For additional information, feel free to contact the author at [rkomaki@mdanderson.org](mailto:rkomaki@mdanderson.org)

### References

Turrisi AT III, Kim K, Blum R, Sause WT, Livingston RB, Komaki R, Wagner H, Aisner S, Johnson DH. Twice daily compared with once daily thoracic radiotherapy in limited small cell lung cancer treated concurrently with cisplatin and etoposide. *NEJM* 1999;340:265–271



**CLASSIFIEDS**

POSITIONS AVAILABLE

**Assistant Professor***Position available July 1, 2000.*

The University of Wisconsin-Madison (Medical School) has a full-time Faculty position available as of July 1, 2000, for an Assistant Professor in Cardiovascular and Interventional Radiology. Fellowship training in angiointerventional radiology is preferred. Duties include medical student and resident teaching and clinical research. To ensure consideration, apply by May 15, 2000. After that date, candidates will be considered until a suitable candidate is found. Please contact Sandy Yost about the position availability at (608) 263-8311. Cover letter and resume should be made in application to: Patrick Turski, MD, Professor and Chairman, Department of Radiology E3/311, Clinical Science Center, 600 Highland Avenue, Madison, WI 53792-3252. Unless confidentiality is requested in writing, information regarding the applicants must be released upon request. Finalists cannot be guaranteed confidentiality. An equal opportunity/affirmative action employer. Wisconsin Caregiver Law Applies.

**Neuroradiologist**

The Department of Radiology at Northwestern Memorial Hospital, Chicago, Illinois, is seeking a full-time Neuroradiologist. Applicants must be board certified radiologists who have completed an accredited neuroradiology fellowship program, and be eligible for or have passed the Neuroradiology CAQ examination. The applicant should have experience in all aspects of neuroradiology, excellent clinical and interpersonal skills, and a strong interest/background in academic radiology. Preference will be given to applicants with experience beyond fellowship training, particularly those with demonstrated MR research expertise. Demonstrated facility for teaching is also highly desirable. The applicant must be able to qualify for appointment at the level of Assistant, Associate, or Professor of Radiology at Northwestern University Medical School. Salaries and extensive benefits are highly competitive. This position is a continuing appointment, with a proposed starting date of July 1, 2000. In order to ensure full consideration, application must be received by May 1, 2000.

The section of Neuroradiology at Northwestern covers an active clinical service, with six full-time neuroradiologists and four ACGME-approved fellows. Equipment includes five helical CT scanners (three new GE Lightspeed scanners), four state-of-the-art clinical MR scanners (Siemens 1.5T Vision, Phillips 1.5T NT and two Siemens Symphony 1.5T). Two high gradient strength Siemens research scanners are in place. The Vision platform currently serves as the base for an active research program in fMRI, and the Symphony and Sonata platforms for research in contrast enhanced MR angiography and cardiac imaging. A high-level research agreement with Siemens Medical Systems is in place, including extensive PhD support. Additional clinical magnets will be forthcoming, as will 3T-research scanner (Summer 2000). In addition, our departmental division of Informatics supports a new GE PACS system, which is fully integrated into the new hospital facility, enabling fully filmless film review and reporting. Neuroangiography equipment includes two biplane Siemens Neurostar units, providing added capabilities for our increasingly active program in Interventional Neuroradiology, directed by Timothy Malisch, MD. An animal research facility is currently in design.

Address inquiries and a current curriculum vitae to:

Eric J. Russell, MD, FACR  
 Director of Neuroradiology  
 676 St. Clair, Suite 835  
 Chicago, Illinois 60611  
 Phone: (312) 695-3771  
 Fax: (312) 695-4108  
 e mail: e-russell@nwu.edu

Northwestern University is an Affirmative Action/Equal Opportunity Employer. Women and minorities are encouraged to apply. Hiring is contingent upon eligibility to work in the United States, and acquisition of a license to practice medicine in Illinois.

**Women's Imaging**

The Women's Imaging Center is seeking a talented, highly qualified fellowship-trained radiologist. The center, located in Denver, Colorado, is a unique outpatient women's radiology clinic specializing in all areas of mammography and breast biopsy techniques, ultrasound and bone densitometry. The Center is offering both full and part-time positions, with competitive salaries and benefits. There is no night or weekend call. Denver is an exciting and growing city with over 300 days of sunshine per year, and is in close proximity to the beautiful Rocky Mountains. For further information contact Dr. Kelly McAleese at (303) 321-2273, FAX (303) 321 3641.

**CLASSIFIEDS**

POSITIONS AVAILABLE

**Pediatric Radiology Vascular Interventionalist**

The Department of Radiology of The Children's Hospital of Philadelphia/University of Pennsylvania is beginning a search for a full-time, Pediatric Radiology Vascular/Interventionalist. This position will include a faculty appointment at the University of Pennsylvania (rank to be determined by qualifications). All applicants must be American Board of Radiology certified, have a Certificate of Added Qualification in Pediatric Radiology, be fellowship-trained, and have greater than 5 years of experience in pediatric interventional radiology with administrative ability to expand an interventional practice as the Division Director.

The Department of Radiology at the Children's Hospital of Philadelphia includes 13 staff members, 2 clinical fellows and 30 rotating residents. Approximately 100,000 examinations are performed annually, over 1600 of which are interventional studies. Strong academic and research credentials and/or interests are a major requirement for this position.

Letters and curricula vitae should be forwarded to Latonia Ayscue, Human Resources, The Children's Hospital of Philadelphia, 3535 Market St., 9th Floor, Philadelphia, PA 19104. The Children's Hospital of Philadelphia, Hospital of the University of Pennsylvania, and the University of Pennsylvania are Affirmative Action/Equal Opportunity Employers.

*ACR continued from page 6*

ily and my collaborative efforts with many colleagues both in publication and organized medicine, I would not have become an ACR Fellow. The induction ceremony last September allowed me to reunite with many old friends and to make new ones, in a special celebratory mood.

Here are some words of advice on achieving ACR Fellowship:

- Become a member of the ACR as soon as possible.
- Become active in the radiological organizations and focus on those areas of interest to you.
- Keep your curriculum vitae up to date and note your participation in local and national radiological organizations as well as your teaching activities and publications.
- Do not be afraid to ask someone to write a letter on your behalf.
- Do not give up if your application is turned down once. It may be reconsidered in a few years when you have had more experience and a longer history of service.

Many of your colleagues in the AAWR are ACR Fellows. They may prove to be an important source of support and information. Become active in the AAWR! Your participation will strengthen and enhance the professional lives of all our members, and will certainly help you exercise and document your leadership abilities. I encourage you to review your professional record, determine whether you qualify for ACR Fellowship, and by all means apply.

*Kudos continued from page 6*

12 editorial boards as well as a number of consultant and advisory board positions. She is the immediate past president of the Society for the Advancement of Women's Imaging, past president of the California Academy of Medicine and president-elect for the Society of Uroradiology.

Dr. Hricak has received research funding from radiologic organizations, the NIH, the NCI, the American Cancer Society, and several corporations. Her work has focused on the multimodality analysis of the anatomy, physiology and pathology of the genitourinary system. At present, her research focuses on retrospective and prospective cross-sectional

imaging performed in collaboration with different specialties including radiology, pathology, urology, nephrology, gynecology, and physics. She is particularly interested in the evaluation of prostate cancer using Ultrasound, MRI and MR spectroscopic imaging, the evaluation of cancer of the uterus and ovaries, and outcomes research including cost-effectiveness analysis and meta analysis.

The AAWR recognizes Dr. Hedvig Hricak's outstanding contribution to our specialty, her mentoring of many young radiologists, and her successful and inspiring career.



## TO OUR MEMBERS-IN-TRAINING

By *Judith Amorosa, MD*  
 Chair, AAWR Membership Committee

You are finishing your radiology residency, you just started in practice, or you are an instructor at a university. You have made it! You had no more trouble being accepted in medical school than your male cohorts, with an average GPA of 3.6 and an average MCAT score of 33. If you married in medical school or during your residency and even had a child or two, or if you are a single parent or a parent in a less-than-conventional setting, your life is quite challenging. Excelling at work, parenting, performing research, advancing in academics or in a partnership are all extremely time-consuming challenges in our male-dominated world.

The American Association for Women Radiologists (AAWR) was established in 1981, at a time when just getting into medical school and getting into and through radiology residency was a rarity for a woman. Today you cannot be denied admission to medical school or into competitive residencies simply because of your gender. Thus, the role of the AAWR has evolved reflecting the challenges that current medical practice places before our members.

### What does the AAWR provide?

1. **Mentoring.** Senior AAWR members are women who have successfully met the challenges of our specialty, and

they can provide mentorship for younger women. Today there are more women radiologists in partnership positions than 20 years ago. There are also more women in high academic positions than previously, although according to the latest issue of NEJM (Feb 10, 2000); "Equal opportunity is not possible for women in academia because only women can bear children and because women have the primary (and often nearly total) responsibility for the care of children."

2. **Networking.** Senior AAWR members hold important decision-making positions. They know about opportunities. They know how to get to the top and can lend a helping hand.
3. **Leadership.** Senior AAWR members hold leadership positions in national and international radiological societies. They are ready to enroll you in committee work for organized medicine so you can succeed and become a role model and a mentor to your junior female colleagues.

So, while you can certainly succeed by working on your own, you may consider joining a select group of women who are ready to help you, to promote your career and to work with you towards excellence in our specialty for the benefit of all.



## Who is Who

### LISE SWANSON

Account Executive, Related Society Services

Lise Swanson joined the American Association for Women Radiologists (AAWR) as Account Executive in January of 2000. Ms. Swanson began her employment with the Radiological Society of North America (RSNA) in 1994 in Meetings and Convention Services. In 1997, she accepted the position of Manager of Related Societies, and in 1998 she was promoted to Assistant Director of Related Society Services. She currently serves the RSNA as an Account Executive in Related Societies.

Before joining the RSNA, Ms. Swanson earned a BA in Sociology from Northern Illinois University. She then worked in Human Resources at a Security Service, as an Office Manager at Northern Illinois University and as the Continuing Medical Education Coordinator at Kishwaukee Community Hospital in DeKalb, Illinois.

The Executive Committee of the AAWR is pleased to welcome Lise Swanson and looks forward to a long and mutually rewarding relationship with her and the rest of the RSNA staff.

# Announcing...

## AAWR Distinguished Resident Awards

The American Association for Women Radiologists (AAWR) announces the 2000 Distinguished Resident Awards, to be presented during the AAWR Annual Business Luncheon, which will take place during the annual meeting of the Radiological Society of North America. Two awards will be presented: the Lucy Frank Squire Distinguished Resident Award in Diagnostic Radiology and the Eleanor Montague Distinguished Resident Award in Radiation Oncology.

Nominees must be AAWR members as of January 1, 2000. There should only be one nomination per residency program. The completed application package must include:

1. A completed application form
2. A nominating letter from the residency program director (to include a notation of what residency year the candidate will be in at the time of the award ceremony)
3. A letter of concurrence from the department chair
4. A copy of the candidate's curriculum vitae

Nominees will be evaluated on the basis of outstanding contributions in clinical care, teaching, research, and/or public service.

Prizes of \$500 will be awarded to each winner, and expenses (air fare and per diem) incurred during travel to Chicago to accept the award will be reimbursed.

Nominations must be received before July 1, 2000.

## AAWR Marie Curie Award

The American Association for Women Radiologists (AAWR) is accepting nominations for the 2000 Marie Curie Award. The Marie Curie Award is presented annually to an individual who has made an outstanding contribution to the field of radiology. The award will be presented during the AAWR Business Luncheon, which will take place during the annual meeting of the Radiological Society of North America. The nominee need not be a member of AAWR. A complete curriculum vitae should accompany the nomination, as well as a letter of support addressing the unique role the nominee has undertaken in clinical care, teaching, and/or research and the accomplishments that set her/him apart.

Expenses (air fare and per diem) incurred during travel to Chicago to accept the award will be reimbursed.

Nominations must be received before July 1, 2000.

## Alice Ettinger Distinguished Achievement Award

The American Association for Women Radiologists (AAWR) is accepting nominations for the 2000 Alice Ettinger Distinguished Achievement Award. The Alice Ettinger Distinguished Achievement Award is a lifetime achievement award that recognizes long-term contributions to radiology and to the American Association for Women Radiologists. A complete curriculum vitae should accompany the nomination, as well as a letter(s) of support addressing the candidate's outstanding lifetime contributions to radiology and women radiologists.

The award will be presented at the AAWR Business Luncheon which will take place during the annual meeting of the Radiological Society of North America.

Expenses (air fare and per diem) incurred during travel to Chicago to accept the award will be reimbursed.

Nominations must be received before July 1, 2000.

## Candidates Sought

The AAWR Nominating Committee is in the process of preparing the slate for the AAWR's 2001 officers. If you would like to serve on the Executive Committee as an officer or as one of the three members-at-large (diagnostic radiology, radiation oncology, or in-training), please send a letter describing your interests and past AAWR service, if any, and a current copy of your curriculum vita, to Melissa L. Rosado de Christenson, Chair of the Nominating Committee.

Correspondence and inquiries regarding the above announcements can be mailed to Lise Swanson at AAWR, 820 Jorie Blvd., Oak Brook, IL 60523.