Dear AAWR Members,

It is my privilege to be the 24th President of AAWR. I follow the path of 23 great women who have served tirelessly since 1981 to maintain AAWR’s mission of increasing visibility for women in radiology, addressing gender-unique issues, and promoting AAWR nationally and internationally. I am grateful to our past presidents who have plotted the course for the AAWR journey, and I am honored to lead you through 2005. AAWR was formed as a resource for “professional socialization” for women in a male-dominated field. Although the AAWR has accomplished a great deal since its inception, AAWR’s relevance and importance have not diminished over the past two decades. As I take the helm of AAWR, I would like to share with you our plans for the coming year. We will concentrate in 2005 on four goals from the AAWR Strategic Plan, devised under the leadership of Melissa Rosado de Christenson, MD, FACR, the 1998 AAWR President. We will implement the AAWR Virtual Mentoring program to work towards the advancement of the professional and academic standing of our members. The goal of this program is to provide AAWR members an opportunity to interact informally with more experienced AAWR members to discuss issues related to career development, promotion, research and balancing family and work. Participants will determine topics for discussion, which may include advice about career paths, works in progress, or how to get started. I encourage all of you to sign on to this program, so we can develop a database of available mentors and mentees with their needs, preferences, and contact information. To sign on, simply visit the AAWR web site Member Network.

To address gender-unique issues, we will work towards the creation of a national policy on pregnancy during radiology training. BJ Manaster MD, FACR, the 1996 AAWR President investigated this topic, and recommendations were published in Academic Radiology [1]. The issue was re-visited by AAWR immediate Past President, Ewa Kuligowska, MD, FACR and Meghan Blake, MD, an AAWR Member-in-Training who presented the preliminary results from the survey conducted among radiology residency program directors during the 2004 meeting of the RSNA. We will capitalize on the results from those investigations and continue to work on formalizing official guidelines for residency program directors.

To increase and retain active membership, we are implementing ad hoc Outreach Committees to research the reasons why women medical students do not choose radiology as their future career, to engage in women medical students’ needs assessment and mentoring and to educate radiology residents and fellows about the benefits of membership and networking. We would also like to
reach out to women radiologists in private practice and improve AAWR communication with international women radiologists. The Regional Outreach Committees will work in five major parts of the U.S. to communicate with members at local levels and organize local social events to promote the AAWR mission and facilitate networking. During AAWR’s International luncheon at the 2004 RSNA meeting we gathered women radiologists from around the world and discussed their professional and personal lives. Our international colleagues will share their experiences with us in a series of articles in Focus, such as those in this issue. We will continue to extend the AAWR’s international reach and will implement programs designed to support women in both the U.S. and abroad.

To improve visibility and communication, we will continue to work on our web site resources and electronic mail exchange. I believe that my most significant personal contribution to AAWR is the creation and management of the AAWR web site since 1998. The web site www.aawr.org has grown to become our prime vehicle for promotion of AAWR’s activities, for networking and for publishing materials of importance to the AAWR mission and our newsletter. Now we would also like to use it as a vehicle for mentoring. “Have you visited AAWR web site lately?” If the answer is NO, please take a few minutes to familiarize yourself with the web site content. I am sure you will find it interesting and informative. Review our Photo albums on the History Page, access the Members Network, join the Forum Discussions, visit the AAWR bookstore, and more. We have implemented the AAWR ListServe service, and now all members can share their ideas and communicate with the entire membership. Take a moment to ensure that we have your current e-mail address. We will be distributing information about AAWR activities via e-mail monthly, and want to keep you informed about AAWR events, accomplishments, and exciting developments.

There are many ways you can contribute to the success of AAWR in 2005. This is your organization! The networking and mentoring resources available at AAWR are rich, and you should take advantage of all the opportunities that AAWR provides. Our programs are specifically designed to help women develop career advancement strategies and negotiate and balance family and work requirements. Attend future AAWR programs at national meetings, consider applying for AAWR Research and Education Foundation career development grants, participate in AAWR polls and discussions, and most importantly, provide feedback. We need your input to prioritize the initiatives and programs that are important to our members.

Stay in touch, get involved and receive all the benefits of membership. I look forward to working for and with all of you to make this another successful year for the AAWR.

Reference

AAWR Welcomes New Association Account Executive

As of March 7, 2005, Angela Mason became the new AAWR Association Account Executive. Angela comes to us from the Office of Development at Houston Baptist University (HBU), where she focused on Alumni Relations, Endowment and Planned Giving and the Annual Fund. Prior to working at HBU, she was a Legislative Aide for the House Democratic Leader Dianne Byrum, at the Michigan House of Representatives. Angela graduated from Michigan State University, with a Bachelor of Arts in Communication, along with a Specialization in Public Relations and a Cognate in Behavioral and Social Sciences. Angela works out of the International Meeting Managers Headquarters in Houston, Texas. If you should have any association needs, please feel free to contact her at 713-965-0566 or amason@meetingmanagers.com.

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 of AAWR to discuss issues related to career development, promotion, radiology research, balancing family and work. Participants determine topics for discussion, but they may include advice about career path, work in progress, or how to get started.

To sign up, you have to login to the AAWR Members Network on AAWR web site www.aawr.org.
Radiological Attacks and Their Medical Management

By Julie K. Timins, M.D., F.A.C.R.
Treasurer, AAWR

For over three years the specter of terrorist attacks has loomed. Concern about radiological terrorism centers around several basic types of attacks: radiological dispersal devices, nuclear weapons, or attacks upon nuclear reactors or radioactive materials in transit. Each type of assault carries different risks.

Radiological Dispersal Device

A radiological dispersal device, or RDD, combines radioactive materials with a conventional explosive or other dispersal mechanism. An RDD would most likely involve dispersal of a relatively small amount of radioactive material over a small to large geographic area, or distribution of a higher concentration of radioactive material over a relatively small area. This could include putting radioisotopes in the food or water supply. An RDD would cause far fewer deaths than a crude nuclear bomb. Few people would receive a high exposure, and individual exposure is likely to be low. The primary effects would be psychological (terrorism) and economic (the cost and inconvenience of clean up).

However, explosion of a highly radioactive industrial source could spread large quantities of radioactive materials over a large area, causing injuries from the blast and radioactive contamination of people and ground structures. Evacuation might be required. Residual radiation could require costly decontamination and could result in an increased risk of cancer deaths in remaining residents.

Nuclear Weapon

The likelihood of a terrorist attack with a nuclear bomb is considered to be low. A crude device would probably give a low yield of 0.01 to 10 kilotons, whereas a more sophisticated bomb obtained from a nuclear weapon stock-pile could have a yield of over 10 kilotons. Detonation of a high-yield device would cause an initial shock wave air blast, thermal radiation, an initial intense pulse of radiation, residual radiation from radioactive residue and fallout, crater formation, and ground shock.

Attacks on Nuclear Reactors and Isotopes in Transit

Large quantities of radioactive materials are contained in nuclear power plants. Security measures are extensive and rigorously enforced by the U.S. Nuclear Regulatory Commission, making a successful terrorist attack unlikely. A successful attack could cause lethal radiation exposure within the containment structure, and an associated explosion could disperse radiation for miles around. Health hazards would be similar to, but on a much smaller scale than, those of the Chernobyl accident. An attack on radioactive materials in transit would have similar risks to an RDD; the amount of radioactive material involved would be much less than that of a nuclear reactor.

Medical Management of Exposed Victims

The following guidelines are based upon those formulated by the Department of Homeland Security Working Group on Radiological Dispersal Device Preparedness for medical management of patients exposed to an RDD. These guidelines apply to other radiation exposure emergencies as well, and are presented in order of priority and importance.

Of primary importance is triage and medical stabilization of traumatic injuries. Radioactive decontamination and treatment of radiation exposure are secondary concerns.

Universal precautions and radiation precautions should be observed by medical staff. Attire should include protective gloves and clothing, and respirators or protective masks. Personal radiation dosimeters are desirable, especially for those involved in conducting radiation surveys on patients.

Medical records should be accurate and complete, including patient identification, injuries, and radiation measurements if available.

Patients should be observed for signs and symptoms of radiation exposure, such as nausea, vomiting, diarrhea, and skin erythema. If these are noted within 4 hours of exposure, there may have been high but treatable external radiation exposure. Particularly poor prognostic factors include unexplained hypotension and neurological signs. Since lymphopenia within 8-24 hours is an indicator of high radiation exposure, serial CBCs should be drawn initially every 4-6 hours. Lymphocyte depletion kinetics can assist in dose estimation, treatment planning, and prognostication.

Supportive therapy is instituted when high radiation exposure is suspected. This includes fluid administration, antibiotics and...
transfusions as needed, and possibly cytokine colony stimulating factors.

Patients should be evaluated for external radiation exposure and radioactive contamination. External radiation puts only the patient at risk. Radioactive contamination can affect the medical staff, but is generally easily eliminated or minimized. Removal of clothing eliminates over 90% of surface contamination. Most of the remaining radioactive contamination is removed by washing exposed skin with soap, warm water, and a washcloth, and shampooing or clipping hair. Cover open wounds before skin decontamination. Avoid traumatizing skin by scrubbing or shaving, and avoid hair conditioner as this can cause radioisotopes to adhere to hair.

Containers such as plastic bags should be labeled and used for storage of contaminated clothing and personal effects. Radioactive materials should be stored in a designated secure, shielded location.

Radioactively contaminated burns and wounds should be gently cleansed with minimal debridement. If possible, radiation should be reduced to twice background level. Additional contamination will be lifted out into the covering dressings by the normal exudative process. Radiation effects can impede wound healing, so necessary surgery and wound closure should optimally be performed within 36-48 hours. Metallic foreign bodies in wounds may be radioactive, and should be removed with long forceps and stored appropriately until surveyed.

Patients should be evaluated for internal radiation contamination, which may be inhaled, ingested, or absorbed cutaneously or through wounds. External counters such as survey meters or nuclear medicine gamma cameras may be utilized. Inhaled dose can be estimated by extrapolation of nasal swab radioactivity. Pulmonary lavage will rarely be indicated. Absorption of gastrointestinal radioactive material can be diminished by gastric lavage within 2 hours of ingestion, and by emetics, laxatives, enemas, and antacid and magnesium sulfate administration. Fluid administration promotes urinary and bowel excretion and dilutes absorbed radioisotopes. In some circumstances, chelating agents may be helpful.

When appropriate, the public should be counseled to minimize radiation exposure, with measures such as sheltering, changing clothing, showering, and evacuation. If radioactive iodine has been released, oral potassium iodide prophylaxis should be considered.

Screening for radioactive contamination should be performed by trained personnel, utilizing radiation survey meters and radiation precautions. Results should be recorded, including person surveyed; time, date, and location of survey; name of the operator, and serial number and type of instrument used. Contaminated persons should undergo decontamination, followed by repeat radiation survey and recording of new results.

A large number of unexposed and uninjured people will seek medical care, decontamination, and reassurance. These people must be treated with respect and concern. Provisions must be made to deal with psychological trauma, to minimize panic, anxiety, and emotional disturbance.

**Noteworthy Facts**

Medical staff members are very unlikely to receive significant radiation exposure. First responders are at much higher risk, and should be appropriately trained and monitored.

Only the exposed individual may be harmed by external radiation exposure.

Removal of clothing eliminates over 90% of external radiation contamination. Soap, water and shampoo remove 95% of remaining contamination.

The decontamination goal is reduction of radiation to twice background level.

Potassium iodide (KI) prophylaxis is appropriate only if radioiodine has been released. KI should be administered orally to pregnant women and children under age 21 years, immediately before or as soon as possible after exposure, preferably within 4 hours, to block thyroid uptake of radioiodine isotopes.

**Recommended References**


Additional information is available on the web sites of the following organizations:

American College of Radiology, [www.acr.org](http://www.acr.org)


By: Blake M, Oates E, Kuligowska E. Boston University Medical Center

Purpose: By 2004 the proportion of women in U.S. medical schools had reached 50%. The number of women choosing to enter the field of Radiology, however, continues to lag behind this, as currently women comprise only 23% of Radiology residents nationwide. We postulate that misperceptions regarding the risks of radiation exposure may lead young women physicians away from our specialty. In seeking to attract the most qualified applicants, Program Directors are challenged to provide reassurance that a resident can entertain the possibility of pregnancy without fear of being stigmatized or marginalized, and that she can expect a safe and supportive work environment should she become pregnant.

Method and Materials: All Radiology Residency Program Directors were surveyed as to methods and/or formal policies employed to address issues of pregnancy during residency. Tabulated results were analyzed using the method of proportions to identify unique features and commonalities. Attachments were catalogued for future policy development.

Results: Of the forty responders to date, less than half have a written policy for pregnant residents, although two-thirds report encountering resident concerns. Most programs instruct residents in methods to reduce radiation exposure and provide radiation safety counseling for pregnant residents as necessary. This information is informal and not made readily available to interviewing candidates. Although there is a general consensus that interventional rotations should be restricted, appropriate limits for general fluoroscopy rotations are less clear. A majority of survey responders express support for an unifying national standard regarding pregnancy during residency.

Conclusions: Based on responders’ current policies and suggestions, government regulations, and The American Board of Radiology eligibility requirements, the American Association for Women Radiologists (AAWR) and the Association of Program Directors in Radiology (APDR) will jointly develop guidelines to address the special needs of pregnant residents in training.

Marie Sklodowska Curie was a scientist, a wife and a mother who went on to become a Nobel Laureate. Her daughter Irene must have been inspired and probably also mentored by her mother as she continued Marie’s work and also earned a Nobel prize. Marie Curie died in 1934, but continues to serve as a magnificent role model for both men and women in our profession and is particularly admired by the American Association for Women Radiologists and its members who named the AAWR’s most prestigious award after her.

I feel humbled and deeply honored to stand before you as the 2004 Marie Curie Award recipient. I thank Dr. Ritsuko Komaki for nominating me for this award and the members of the Awards Committee for confirming my nomination to attain the greatest milestone of my radiology career. I want to take a moment to recognize three individuals who had an enormous impact on my career and my accomplishments. William W. Olmsted, MD, FACR, Editor of RadioGraphics, taught me during residency, guided me through my first scientific publication and encouraged me to become an academic radiologist. Richard P. Moser, Jr., MD, FCR, offered me a staff position in the Department of Radiologic Pathology at the AFIP in 1988; a department that had existed since 1947 but had never had a woman staff radiologist. Dr. Moser helped me develop as an educator, military officer and leader and prepared me to later lead the department as its first woman Chairman and Registrar. B. J. Manaster, MD, PhD, FACR encouraged me to become involved in the activities of the AAWR by appointing me Chair of the AAWR Membership Committee in 1994.

AAWR provided me the opportunity to get to know and learn from women leaders and pioneers in radiology. These women enhanced my professional development and supported me through friendship and professional collaborations.

I feel that it is both appropriate and important to reflect on the role of mentors when we reach such milestones in our careers. The Vision of AAWR as a professional organization is to assist women in radiology, radiation oncology and the related professions to achieve personal and professional fulfillment through equal recognition and opportunities and to ensure that issues unique to women are acknowledged and addressed by all the members of our profession. AAWR and its members have been quite successful in mentoring and supporting women at all stages of their careers. We only need to look through any issue of the Focus to recognize the amazing achievements of AAWR members and can rejoice in the knowledge that we are working towards enriching our profession and furnishing it with much needed leaders. I encourage all members to become active in the AAWR and to both seek mentorship and serve as mentors at the local, national and international levels.

I want to recognize my family who joined me at the awards ceremony: my husband Dr. Paul J. Christenson and my children Heather, Jennifer and Jon who always encouraged and supported me and who gracefully and patiently tolerated the many demands that radiology always placed on our time together.

**AAWR Corporate Partners**

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Valerie P. Jackson, MD, FACR
John A. Campbell Professor and Chairman of Radiology
Indiana University School of Medicine, Indianapolis, Indiana University

Many radiologists involved in full- or part-time practice of radiology spend all of their professional time doing clinical work. The remainder of their time is consumed with family and friends, and there is little or no time for or interest in becoming involved in local, state, or national radiology organizations. However, involvement in organized radiology can be a highly rewarding experience. While there is no monetary reward for such volunteer work, the intellectual stimulation, interaction with experts from around the world, and ability to make a real difference outside of one’s own practice are tremendous benefits for an individual.

There are many organizations that welcome volunteers. Several are major general radiology organizations such as the American College of Radiology (ACR), the American Board of Radiology (ABR), the Radiological Society of North America (RSNA), and the American Roentgen Ray Society (ARRS). Other organizations are subspecialty societies, such as the Society of Breast Imaging (SBI), Society of Interventional Radiology (SIR), and the Society for Pediatric Radiology (SPR). Many radiologists are unaware of the scope of activities of these organizations and the ways that they may volunteer to become involved.

The ACR is the major political and socioeconomic organization for radiology. Each state has its own chapter of the ACR and radiologists should join both their state chapter and the ACR. While state chapter work can be time-consuming depending upon the state and one’s level of interest, this is the easiest way for busy radiologists to get involved in organized radiology. Each state sends Councilors and Alternate Councilors to the ACR’s annual Council meeting, where many facets of the current and future practice of radiology are determined. Individuals can also volunteer to participate in the ACR’s many general and subspecialty radiology committees and commissions.

The ABR is the organization that is responsible for Board Certification in Radiology, as well as for Maintenance of Certification. Volunteers are often needed to write questions for the written examinations and to serve as examiners for the oral exam.

Other general and subspecialty radiology societies are always looking for volunteers to provide service to the organization. If you have a specific interest, contact the organization or talk to one of its leaders – let them know you would like to contribute! Then accept committee memberships or other projects that you are offered, even if they are not in your major area of interest. Do what you say you will do and strive to do it well. Be a team player for the organization. If you are an active, reliable volunteer, you will ultimately get even more involved – you can become a true leader in the organization. This is an opportunity to shape the future of our specialty and give back to the specialty that has given us all so much.

Visit the AAWR Bookstore and Support the AAWR!

Take a moment to visit the AAWR Bookstore at our website 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. Our referral is 5% of the sale price for most Amazon.com Product purchases, and 2.5% of the sale price for most Marketplace Product purchases. An individual item link to a book sold by Amazon.com and discounted 10-30% will earn a referral fee of 15% of the sale price if the purchase is a direct sale. A direct sale occurs when the customer adds the individually linked book 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% (2.5% for qualifying Marketplace items).

Thank you for helping AAWR to increase its revenues in order to better serve our members.
THE SKY IS CLOSER TO REACH AT SANTA FE

By: Zhongxing Liao, MD, Chair, Radiation Oncology Committee

I flew to Santa Fe, New Mexico on 4 December 2004 to participate in the Early-Career Women Faculty Professional Development Seminar, which is jointly sponsored by the Association of American Medical Colleges and Harvard Medical School. The American Association for Women Radiologists (AAWR) sponsored my participation in the seminar. When I arrived in Santa Fe I noted that the sky was very blue and seemed very close.

I was deeply impressed by a speech delivered by Dr. Lois M. Nora, the President and Dean of the Northeastern Ohio Universities College of Medicine. She was an excellent speaker, funny and concise. Her speech was entitled “On The Way To Becoming A Dean: Lessons Learned”, which I enjoyed greatly. She organized her wisdom in 6 steps:

1) The most important part of your life is YOU. Life is short. You only have one life. So live fully. She shared the story of her mother and sister, who both passed away at the prime of their lives. The loss of loved ones taught Dr. Nora to treasure each day, each hour and each minute of her life. In the midst of a busy and hectic academic career, women should learn to take care of themselves.

2) The most important person for you to know is YOU. I found this point particularly interesting. I took the Meyers-Brigg personality inventory and the Thomas-Kilmann Conflict Management Mode tests shortly before I went to Santa Fe. It dawned on me that I was categorized as ISFJ, a category that stands for introverted sensing with feeling. Persons in ISFJ category are sympathetic, loyal, considerate, and kind, and tend to go to any amount of trouble to help those who needed it. They enjoy providing behind the scenes support and encouragement. However, the pitfalls for this type of person in an organization are that they may be overly cautious, especially about the future. They may not be seen as sufficiently top minded when presenting their views to others, they may be underdeveloped because of their self-evasive style, and they may rely excessively on their own experiences and may not be as flexible as the situation or others require. ISFJ type women usually manage any conflict by accommodating, avoiding, and compromising, leaving their own needs unmet. This self-assessment tool helped me to understand myself tremendously although it was painful to realize all the pitfalls of my personality. A better understanding of myself allowed me to be more conscious in handling conflict management in my daily life.

3) If I could have it right now, would I take it? Once I have it, what do I have? You need to set your goal, find your passion, and pursue it.

4) Identify your career basics and master them – be an expert in what you do. Strive to be competent in your specialty. Be a good doctor. It is very important for women professionals to be competent in core areas and to portray the highest professional standards in the eyes of our peers. To accomplish this, one needs to develop a strategic plan, to develop good time management skills, to master effective communication skills, and to learn how to run a meeting. These basic skills are very important for the development of women faculty. It is also important to leverage your strength and to set many more goals for your career and your life. To remain competent in academics we need to actively participate in different committees, become committee members to perform peer reviews, publish, and of course, pass certification and re-certification exams.

5) To keep a clean purse. You need to be organized. Organize your family life and your career life. Without organization the hectic pace of an academic life can destroy women faculty. It is also important to avoid awkward situations. When you foresee a situation that would become uncomfortable, develop a strategy to avoid getting involved. A most important strategy to avoid awkward situations is to behave in a way that is acceptable based on the moral standing of society. Do not have love affairs with your peers or in your workplace.

6) Identify your life basics. Life basics include family, children, and financial stability. It is important for women faculty members to plan finances wisely. You should have a monthly and a yearly budget and take care of your debt. To have good financial planning also includes taking care of the family, the children’s college education and retirement. “Mother, put on your oxygen mask before you help your children”.

Finally, Dr. Nora pointed out that to be a woman medical faculty member is indeed a very stressful and demanding job. However, we are fortunate to have a rewarding, highly respected, and compensated job. “A lot of people would love to have your problem!” she said.

This was one of the best seminars I have attended since I started my academic career. The course on negotiation skills was most helpful. Outstanding women in the field of medicine taught these courses. They shared their experiences and lessons learned in their career and their lives. This was also my first trip to Santa Fe, and I was stunned by the glories of one of America’s oldest and most beautiful cities. Looking at the city spreading at the foot of the stunning Sangre de Cristo Mountains, I finally realized that the blue sky seemed within my reach because Santa Fe is situated at a high plateau.
AAWR Past Presidents:
Standing: Dr. Applegate (2003), Dr. Gooding (1985), Dr. Angtuaco (1999), Dr. Macura (2005), Dr. Kuligowska (2004), Dr. Shaffer (1992), Dr. Randall (1987), Dr. Boechat (2000)
Sitting: Dr. Rosado de Christenson (1998), Dr. Rumack (1982), Dr. Reuter (1993)

Resident Luncheon: Pictured from left to right Dr. Ewa Kuligowska, 2004 AAWR President, Dr. Nancy Ellerbroek, 2005 AAWR President Elect, Dr. Miyuki Sone, AAWR International Member, Dr. Katarzyna Macura, 2005 AAWR President and Dr. Ritsuko Komaki, 2001 AAWR President.

Business Luncheon: Pictured from left to right: Dr. Macura, 2005 AAWR President, Dr. Wernicke, Dr. Kuligowska, 2004 AAWR President, Dr. Blake, Dr. Rumack (AAWR Inaugural President), Dr. Applegate, 2003 AAWR President.

Presidents Luncheon: Pictured at the table: Dr. Jeanne Quivey, Member-at-Large for Radiation Oncology, Dr. Alexander Margulis, AAWR Honorary Member, Dr. Ewa Kuligowska, 2004 AAWR President.
Dr. Mary Koshy receives the Eleanor Montague Distinguished Resident Award in Radiation Oncology from Dr. Kuligowska.

Dr. Kuligowska presents the Alice Ettinger Distinguished Achievement Award to Dr. Patricia Randall.

Dr. Ewa Kuligowska, outgoing 2004 AAWR President receives a plaque from Dr. Macura, 2005 AAWR President.

Dr. Kuligowska presents honorary AAWR membership to Dr. Helen Carty.
AAWR sponsored RSNA refresher course on Infertility.
Pictured from left to right: Dr. Kuligowska, Dr. Marx, Dr. Roberts, Dr. Radwanska, Dr. Macura, Dr. Machan.

Dr. Ann Lewicki and Dr. Katarzyna Macura at the AAWR booth. Dr. Lewicki is the AAWR historian.

Dr. Macura, AAWR President, presents the 2005 AAWR Research and Education Foundation Seed Grant to Dr. Gabriella Wernicke.

Dr. Valerie Jackson, featured speaker at the AAWR Residents Luncheon, and Dr. Macura.
My Perspective on Part-Time Radiology

By: Patricia Delzell, MD

Firstly, in any career, the balance between family time and work time is individually decided. What may work well for one woman and her family may not work for another. Many factors including spouse’s occupation, level of childcare support, level of emotional support from family and friends, level of support and appreciation from colleagues, community outlook on women’s careers, number of children, cost of living, etc can influence what combination is the best for an individual. Having said that, I started my family when I was a first-year radiology resident married to an anesthesiology resident. We now have four children ages 10 to newborn. I worked full-time through my residency and fellowship and then went part-time with a partly academic, partly private practice group.

The initial transition from full-time to part-time was difficult mostly because of my own expectations. I had to learn, initially, to say “no” more frequently and to work during my agreed work time instead of attempting to do everything I had done previously in a shorter period of time. Once I became used to that schedule, I was able to be “home” during my home time and at “work” during my work time. Eventually, my productivity at work improved as I learned the valuable skills of prioritization and efficiency. Currently in my seventh year of part-time practice, my productivity has continued to increase equaling 70-100% of my full-time counterparts.

I have worked for a large multi specialty group and a small private practice group. I found that the large group has more flexibility, particularly if there are childcare issues, whereas, the involvement in the practice decisions and the ability to promote a certain skill set is easier in a smaller setting. It is important to be realistic with yourself and your practice as to what you can give time wise and skill wise. There is nothing worse than overextending yourself. Make sure your practice is truly committed to having you present on a part-time basis. If they are constantly asking you, “So, when are you going full-time?” you are not in the right place.

From a business standpoint, make sure you have a specific contract outlining your expectations. Do not go into a practice that is unsure about your part-time status and expect to change their minds. Part-time radiologist does not equal part-time employee. If your desire is to become a partner in the group, the actual time by the clock that you spend in the department should not be a major factor in the decision process. The importance is your contribution to the group, productivity and promotion of the practice. If your desire is to be an employee, then make sure your contract outlines that desire and your responsibilities are clear. If your desire is to become a part-time partner, likewise come to an agreement before you start as to how to achieve that goal in a realistic way, which is comfortable for both you and your colleagues.

I have worked part-time days and part-time weeks. I find half days to be very stressful. The work was never done when I had to leave, and as a result I always felt as if I were leaving work for others to do. I personally like working full days for part of the week. That way you are at work during your “work days” and at home during your “home days.” The distinction is very important for you and your colleagues.

Finally, one of the most difficult scheduling issues for my family has been call and weekends. I made a recent career change to an independent contractor, and have complete control over my hours and with whom I work without being “locked in” to a group practice and “their ways” of doing business. It is a refreshing outlook on my part-time career. I know three other women radiologists, both part-time and full-time employees, who have ventured in this direction. The greater number of choices available today regarding where you want to work (including academics and/or private practice), how often, for how much compensation and for what time period, makes the balancing that much easier. I would be interested in reading about others’ experiences with this business avenue.
Report of the Radiation Oncology Committee for 2004
Zhongxing Liao, M.D.
Chair of Radiation Oncology Committee
Accomplishments in the year 2004

- The committee welcomes two new members: Dr. Feng-Ming Kong from Ann Arbor Michigan, and Dr. Wendy Woodward.
- A new member-in-training Outstanding ASTRO Presentation Award was created. Work will now focus on increasing the visibility of this award.
- The first joint event of AAWR and ASTRO took place during the 2004 ASTRO Annual Convention in Atlanta, GA. A panel discussion during a breakfast meeting attracted about 50-60 female members of ASTRO. A second joint event is being planned during the 2005 ASTRO meeting with increased media coverage. Five women joined AAWR during the 2004 breakfast and one member volunteered to serve on the AAWR Radiation Oncology Committee to begin a mentorship program.

2005 AAWR Programs
2005 AAWR Programs at SPR and ARRS
Mark your calendar and plan to join us!

AAWR Refresher Course at ARRS, New Orleans, LA
Date: Tuesday, May 17 from 8:00 a.m. – 9:30 a.m.
Room: Second Floor, Magnolia Room,
Hilton New Orleans
Topic: IC 201 Educational Course: Publishing in the Radiology Literature
Speakers: Lee F. Rogers, MD

AAWR Luncheon at ARRS, New Orleans, LA
Date: Tuesday, May 17 from 12:00 p.m. -1:30 p.m.
Room: Prince of Wales, Hilton New Orleans
Topic: “Why female medical students are not choosing radiology, and what AAWR can contribute: a brainstorming session”
Moderators: Judith Amorosa, MD, FACR and Katarzyna J. Macura, MD, PhD.

AAWR Booth at ARRS, New Orleans, LA
Plan to visit the AAWR Booth outside of the Grand Salon entrance on the first floor of the Hilton New Orleans Riverside

AMERICAN ASSOCIATION FOR WOMEN RADIOLOGISTS
Statement of Financial Position
Twelve Months Ending September 30, 2004 and 2003
Submitted by: Julie Timins, MD, FACR, AAWR Treasurer

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<td>(Journal of Women’s Imaging)</td>
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Total Liabilities and Net Assets               | 447,793 | 426,973 |
AAWR International Members Speak Out

The AAWR held its second International Members Luncheon during the 2004 annual meeting of the Radiological Society of North America in Chicago, Illinois. AAWR members from several different countries met and shared information regarding the status of women radiologists worldwide. Their comments will be featured in this and future issues of the Focus.

Poland

Women in Polish Radiology

Prof. Dr. Malgorzata Szczerbo – Trojanowska
Chairman and Head of Department of Radiology
Past President of Polish Medical Society of Radiology

There are approximately three thousand board certified radiologists in Poland, and 47% of them are women. Women radiologists are devoted mostly to: conventional radiology, pediatric radiology, breast imaging and ultrasonography. The great majority of radiologists in Poland belong to the Polish Medical Society of Radiology. The society was established in 1926. During its 78-year history there have been 15 presidents but only one of them was a woman. Every three years there is a National Radiological Congress in Poland. Among 37 presidents of the Congresses, only one, in 2001 in Lublin, was a woman. In the present Board of the Society women hold one fourth of the positions. Women are also chairmen of various subspecialty sections of the Society – out of 10 sections; women chair three (pediatric radiology, breast imaging and oncologic radiology). An official organ of the Society, the Polish Journal of Radiology (PJR) was founded 79 years ago. The Journal has a small proportion of women on the editorial board as well as among reviewers.

In Poland there are 11 Universities with medical faculties. They all run University Hospitals. Women chair two of the departments of radiology of these universities. A much higher proportion of women are professors of radiology. There are 16 counties in Poland each with a county hospital. Women direct four of them.

During the last 10 years the number of women radiologists holding prestigious posts in Polish radiology is increasing. The most famous Polish woman in the field of radiology was Maria Sklodowska-Curie – winner of two Nobel Prizes. She was the first honorary member of the Polish Medical Radiological Society. She was also the first woman to receive the Gold Medal of the Radiological Society of North America.

Japan

Yoriko Kajiya, MD
Dr. Kajiya works at Nanpuh Hospital as a diagnostic radiologist. Her husband is also a radiologist.

Women radiologists in Japan have recently increased and now number 1,378 (17.8%) among 7,755 of medical doctors belonging to the Japan Radiological Society (JRS). The support for women radiologists has also gradually increased. A day nursery for preschool children during a midsummer seminar started last year for the first time, and some women radiologists used it. Because my son is 7-years-old and entered a primary school last spring, I did not benefit from this day nursery when I needed it, but it is good news for younger women radiologists.

Nobue Uchida, MD
Department of Radiology, Shimane University School of Medicine

The situation of women in Japan has changed dramatically in the past thirty years. When I was a child, my mother was a housewife, a very common thing in those days. Since then, the population composition and life styles have changed in many ways. The percentage of elderly people has increased, and the birth rate in 2003 was only 1.29%, which means the number of people available to work is decreasing. A Japanese woman who says that she wants to work would seem to be welcome in such a society. But most men or husbands tell her that she can work if she likes, but that household affairs and childcare are also her duty. Japanese society expects women to enter the labor force, but social support for childcare is not sufficiently established.

A similar issue exists in the medical field. The percentage of newly-graduated doctors in Japan is about 30% women, thus the medical society should recognize women doctors as important and indispensable members. One of the most serious problems for a woman doctor is that the training period in which she is expected to hone her medical skills overlaps with the period in which she is expected to deliver and undertake childcare. Some women doctors must give up their career because they are unable to continue to balance her profession and childcare. This must be considered a negative benefit to both society and the medical service system. I think that the time of childbearing and childcare is not such an inconvenience to the medical world to offset the social contribution of raising children. In fact, the difficulties of balancing career training with childcare only exist during a limited period of a female doctor’s life. Job offers for radiologists are increasing because of the increase in radiological equipment. I think radiology is one specialty in which a woman doctor can successfully combine her family life with her career, as there are few emergency calls or in-patient duties. The issue of radiation protection during pregnancy can be easily solved if she moves to a section without radiation exposure such as ultrasound and MRI for certain period.

International Members continued on page 15
There are many, many kinds of duties without radiation exposure. There are numerous women radiologists who are now participating actively as professors or medical directors of their departments. New working arrangements such as image interpretation at home via the internet are available, enabling the woman radiologist to work at home while her children are small. I believe that the future is promising for all women radiologists.

I had a wonderful time shared with women radiologists from around the world at the AAWR International Luncheon held during the 2004 meeting of the RSNA in Chicago on December 2. We shared experiences from our professional and personal lives.

I have three children, all girls, ages 14, 10, and 9. I took 10 weeks of maternity leave for the first one while I was a resident, then took eight-month and six-month leaves while I was a junior faculty at Iwate Medical University in Japan. Since then, I have worked full-time as an interventional radiologist. I did not use a day-care center or a baby-sitting service. My family gave me tremendous support. I couldn’t have pursued my career without their dedication. Interventional radiology is not a nine-to-five job, and it is not always easy to balance career and family. However, my situation is quite fortunate.

In Japan, a maternity leave of 6 weeks prior and 8 weeks after the birth is guaranteed with a reduced salary (60% of the regular salary) in accordance to the Labor Law. It can be extended up to one year after the birth with a benefit of 25% of the salary.

A sharp decline in the birthrate is an emerging issue in Japan. In 2003, the total fertility rate reached a low of 1.29. To arrest the nation’s falling birthrate, the government planned to establish a seamless support system from pregnancy through school life. For instance, taking more paid maternity or paternity leave is encouraged together with the dedication. Interventional radiology is not a nine-to-five job, and it is not always easy to balance career and family. However, my situation is quite fortunate.

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Two RadioLOGY Residents Share the Illinois Radiological Society’s Inaugural 2004 Steven M. Pinsky MD Resident Research Award

Julia J. Choo, MD, radiation oncology resident at Rush University Medical Center in Chicago, and Stephanie H. Swope, MD, diagnostic radiology resident at Southern Illinois University Hospitals in Springfield, have been awarded the Steven M. Pinsky MD Resident Research Award by the Illinois Radiological Society (IRS). A $1,000 cash award was presented to both Dr. Choo and Dr. Swope at the IRS Annual Meeting held in Chicago on September 11&12, 2004. The award winners were chosen from a group of nine resident finalists who presented selected abstracts at the IRS Meeting. Dr. Choo’s research paper was entitled, “Vaginal Lymphatic Duct Location and Implication on Intracavitary Brachytherapy Radiation Treatment.” Dr. Swope’s presentation was titled “Power Injection of Intravenous Contrast Material Through Central Lines: Evaluation of Efficacy and Safety.”

The 2004 IRS Educational Symposium and Annual Meeting marked the inaugural presentation of the Steven M. Pinsky MD Resident Research Award. The Award was first proposed and later developed by Dr. Pinsky not only to encourage radiology and radiation oncology members-in-training to do research, but also to enhance the academic careers of radiology residents and to promote inter-institutional exchange of information. Following Dr. Pinsky’s untimely death in 2004, the IRS Executive Committee named the award in his honor.

After completing his residency at the University of Chicago Hospitals, Doctor Pinsky enlisted in the army, rising to the rank of major and serving at Walter Reed Hospital in Washington, DC. Returning to Chicago, Doctor Pinsky was appointed chief of nuclear medicine at Michael Reese Hospital. He also served on the faculty of the University of Chicago, in time attaining the title of professor of radiology. He was subsequently appointed chairman of radiology at Michael Reese Hospital and was also elected president of its medical staff. In 1989, Dr. Pinsky was named chairman of the radiology department at the University of Illinois at Chicago College of Medicine and chief of radiology at the UIC Medical Center.

During his exceptional career, Dr. Pinsky was particularly involved in organized radiology, serving as president of the Central Chapter of the Society of Nuclear Medicine and president of the Illinois Radiological Society. He was awarded fellowship in both the American College of Radiology and the American College of Nuclear Physicians. In recognition of his outstanding work on behalf of radiology, the Chicago Radiological Society awarded Dr. Pinsky its highest honor, the Distinguished Service Award, or the Gold Medal. Dr. Pinsky’s generosity and service extended beyond the scope of radiology, donating a room at Michael Reese Hospital, a conference room at the University of Chicago, and a children’s library at the Jewish Community Center in Northbrook, IL.

Miyuki Sone, MD
Dr. Sone is an Assistant Professor of Radiology at Iwate Medical University. Her work includes various interventional radiology procedures, CT, MR and radiography. She also participates in delivering radiology education to medical students and radiology residents.
AAWR Report on the American College of Radiology Intersociety Summer Conference

By: Kimberly Applegate, MD, MS

Kimberly Applegate is Past-President of the AAWR and serves as ACR Councilor for AAWR.

This annual conference, hosted by the American College of Radiology and sponsored by over forty different radiological societies, was held in Montreal July 30-August 1, 2004. The conference topic was the effect of self-referral on over-utilization of imaging in the United States. This phenomenon of self-referral must be understood in the context of financial incentives for imaging in medicine today. Dr. Ewa Kuligowska, 2004 AAWR President and I (Dr. Kimberly Applegate) represented the AAWR at the conference. I serve on the program planning committee and was one of the speakers asked to describe the definition of self-referral in imaging.

The definition of self-referral originates in the federal Stark Law from the 1980’s. The Stark Law prohibits a physician from referring patients to any entity for “designated health services” for which Medicare might pay if they or their immediate family has a financial relationship with the entity. Financial relationship is defined as an ownership or investment interest in the entity or a compensation arrangement with the entity. Of interest in understanding this complex issue is that several sub-specialties in radiology perform appropriate self-referral. These specialties include interventional radiology, radiation oncology, and, to a lesser extent, other specialties such as breast imaging. The goal of the meeting was to better understand this issue in health care today, and to incorporate some of the ideas from the meeting to better educate both the radiology societies and the public. One outcome from the meeting was to emphasize to our sub-specialty societies and to the public that the goal of radiology organizations is to improve the appropriateness of imaging in the health care of our patients. There is both over- and under-utilization of imaging, and we radiologists must play an important role in educating our clinical colleagues on these issues.

In 2003, the cost of health care in the US escalated to over $1.7 trillion dollars - 15.3% of the GNP (as compared to the 8.5% GNP Europe). Utilization of health care continues to increase as reimbursements decrease. Despite these costs, the US placed only 47th for life expectancy, and over 44 million Americans have no health insurance.

A study by Elliot Fisher showed that one-third of health care spending is duplicative, unhelpful, or actually makes patients worse. In the past, physicians referred patients to hospital-based radiologists for medical imaging. The referring physician had no financial incentive to order more exams. Currently, physicians buy their own imaging equipment and place it in their own offices. Some also refer to facilities in which they have a financial interest. Several utilization studies show that physician owners order more imaging studies on their patients at 2 to 7 times higher rates.

There are numerous loopholes in Stark Law restrictions that include in-office imaging, specialty hospitals, and imaging centers with physician-investors – with the physician receiving “kickbacks” per referral. Stark Laws do not apply to non-Medicare/Medicaid patients, in office self-referral, prepaid health plans, personal service agreements, healthcare in rural settings, and PET scans. Potential Strategies to deal with self-referral were discussed:

- Enact effective physician self-referral laws
- Enact certificate of need laws
- Mandate accreditation for outpatient CT/MR/PET scanners (as required for mammography)
- Credential physicians and tie reimbursement to credentialing
- Require pre-certification for self referred exams
- Decrease pay for self-referral exams
- Increase co-pay for self-referral exams
- Link state licensure with specialty training
- Limit imaging privileges for non-radiologists
- Enforce strict training and practice evidence-based guidelines

More information about the Intersociety Summer Conference 2004 meeting will be published in the Journal of the American College of Radiology in the spring of 2005. The AAWR sponsors its president to attend the meeting and represent its membership. The 2005 Intersociety Summer Conference will be held July 22-24 in Jackson Hole, Wyoming.
The American Association for Women Radiologists is accepting nominations for the following AAWR Awards

Marie Sklodowska-Curie Award

The Marie Sklodowska-Curie Award is presented annually to an individual who has made an outstanding contribution to the field of radiology. The nominee need not be a member of the AAWR. Complete curriculum vitae should accompany the nomination, as well as letter(s) 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. Presentation of the award will take place during AAWR membership luncheon meeting during RSNA. Expenses (airfare and per diem) to accept the award will be provided to the winner.

Alice Ettinger Distinguished Achievement Award

This lifetime achievement award recognizes long-term contribution to radiology and to the American Association for Women Radiologists. Complete curriculum vitae should accompany the nomination, as well as letter(s) of support addressing the outstanding lifetime contributions of the candidate to radiology and women in radiology.

Presentation of the award will take place at AAWR membership meeting luncheon meeting during RSNA. Expenses (airfare and per diem) to accept the award will be provided to the winner.

Lucy Frank Squire Distinguished Resident Award in Diagnostic Radiology and Eleanor Montague Distinguished Resident Award in Radiation Oncology

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

1) a completed nomination form;
2) a nominating letter from the residency director (to include a notation of what year the candidate will be in residency at the time of the award ceremony);
3) a letter of concurrence from the departmental chair; and
4) a copy of the candidate’s curriculum vitae.

Nominees will be evaluated on the basis of outstanding contributions in clinical care, teaching, research or public service. Prizes of $500 will be awarded to each winner, and expenses (airfare and per diem) to accept the award will also be included.

All nominations for AAWR awards should be submitted as soon as possible, but no later than June 30, 2005. All applications must be received in electronic format only. Please send all materials to admin@aawr.org.

Member-In-Training Outstanding ASTRO Presentation Award

The American Association for Women Radiologists is accepting nominations for its Member-In-Training Outstanding ASTRO Presentation Award for 2004, a new award that is to be presented annually to an individual who presents an outstanding oral scientific presentation at the Annual ASTRO meeting in the field of Radiation Oncology.

Requirements for the award include: AAWR membership for 1 year at the time of application, excellent scientific merit of the presentation as determined by the scoring judges and oral presentation and attendance at the ASTRO meeting. Research that addresses women issues in the field of radiation oncology will be given priority consideration.

The application should be accompanied by a complete curriculum vitae of the candidate, reference to her abstract including the unique ID number and title, acceptance notification from ASTRO for an oral presentation, and a letter(s) of support from the department chair, and the nominating AAWR member addressing the unique role the applicant has undertaken in clinical care, teaching, and research.

The deadline for receipt of applications is August 31, 2005. All applications will be submitted in electronic format only to admin@aawr.org. Winners will be notified in September 2005. The award will be officially presented during the AAWR membership luncheon meeting during the RSNA. Airfare and per diem to accept the award will be provided to the winner.
Sarah S. Donaldson, MD, FACR, the Catharine and Howard Avery Professor of Radiation Oncology at Stanford, received the Elizabeth Blackwell Award from the American Medical Women’s Association (AMWA), at their 2005 annual in Washington DC. This award memorializes Elizabeth Blackwell, the first woman to earn a doctor of medicine degree. The Blackwell medal is the AMWA’s highest award identifying a female physician who has made an outstanding contribution to the cause of women in medicine. In receiving this award, Dr. Donaldson is recognized for her numerous accomplishments as a physician, researcher, and author, demonstrating exceptional achievements and commitment to medicine. Dr. Donaldson is also the 1998 recipient of the AAWR’s Marie Curie Award.

Patricia A. Hudgins, M.D., was elected as the 2005 - 2006 President of the American Society of Neuroradiology (ASNR). She is the second woman to ever serve as ASNR president. Dr. Hudgins received her MD degree from the University of California San Francisco in 1980. She completed her radiology residency and her neuroradiology fellowship also at UCSF. In 1988 she joined the faculty of the Department of Radiology at Emory University School of Medicine and is currently a Professor of Radiology/Neuroradiology. Dr. Hudgins is also the immediate past President of the American Society of Head and Neck Radiology.

Ritsuko Komaki, MD, FACR was chosen First Vice President of the 2005 Radiological Society of North America officers. Dr. Komaki is a Professor of Radiation Oncology and Gloria Lupton Tennison Distinguished Professor of Lung Cancer Research at the MD Anderson Cancer Center in Houston, TX. She serves as a Board Director for the International Society for the Study of Lung Cancer, Treasurer of the American Radium Society and Co-Chair of the Lung Committee of the Radiation Therapy Oncology Group. She also served as Chair of the Education Committee of the American Society for Therapeutic Radiology and Oncology in 2002. She Chairs the International Committee of the AAWR, led the AAWR’s Radiation Oncology Committee for many years and served as the 2001 President of the AAWR.

Etta D. Pisano, MD, FACR was awarded the annual Women in Science Award by the American Medical Women’s Association on January 28, 2005 in Washington, DC for her contributions toward saving lives by detecting breast cancer earlier. According to the citation, the award is “presented to a woman physician who has made exceptional contributions to medical science, especially in women’s health, through her basic and/or clinical research, her publications and leadership in her field.” Dr. Pisano was nominated by her medical students, and was recognized for work throughout her career in improving breast cancer diagnosis and her teaching. Her husband, three of her four children and two of her sisters attended the ceremony. Dr. Pisano is professor of radiology and biomedical engineering at the UNC School of Medicine, chief of breast imaging at UNC Hospitals and former co-leader of the Lineberger Comprehensive Cancer Center's breast program. Dr. Pisano serves in the Executive Committee of the American Association for Women Radiologists as secretary.

Kay H. Vydareny, MD, FACR will receive the 2005 American College of Radiology Gold Medal during the ACR’s annual meeting in Washington, DC. The ceremony will take place on April 10, 2005. Kay Vydareny is Professor of Radiology at Emory University School of Medicine. Dr. Vydareny is Past President of the American College of Radiology and the American Roentgen Ray Society. She is Past President of AAWR and a past recipient of the prestigious AAWR Marie Curie Award. Madame Marie Sklodowska-Curie herself was the first woman ever to receive the ACR Gold Medal in 1931.

Beverly P. Wood, MD, FACR professor of pediatrics, medical education and radiology at the University of Southern California (USC) Keck School of Medicine, Los Angeles, CA, has successfully completed her PhD in educational psychology and technology at USC’s Rossier School of Education. Dr. Wood received her BA degree from Radcliffe/Harvard College in 1961 and her MD degree from the University of Rochester School of Medicine and Dentistry in 1965. After a tour of duty with the U.S. Army Medical Corps as captain, she served her residency and pediatric radiology fellowship in the diagnostic radiology department at the Strong Memorial Hospital, University of Rochester Medical Center, in New York. Dr. Wood is Chair of the AAWR’s Website Committee and Co-Chair of the AAWR Public Relations Committee.
**New Members**

**New First Year Residents**
- Julia Flukinger, MD
- Audrey Graham, MD
- Alison Smith, DO
- Sirisha Komakula, MD
- Nanette Le, DO
- Eva Lizer, MD, MPH
- Rashmi Nair, MD
- Ayodale Odulate, MD
- Sarah Oh, MD
- Cydney Cox, MD
- Zofia Nowicki, MD
- Lisa Zorn, MD, MPH
- Jennifer Nicholas, MD
- Kristine Hatcher, DO
- Celi Andrade, MD
- Sarah Sheikh, DO
- June Kim, MD
- Meghan Lubner, MD
- Jennifer Bergin, MD
- Amy Wisnewski
- Hillary Warren, MD
- Libby Shadinger, MD
- Grace Lin, MD
- Ramona Gupta, MD

**New Second Year Residents**
- Olga Brook, MD

**New Third Year Residents**
- Kimberly Burkholz, MD
- Sonia Velazquez, MD
- Grace Knuttimen-Kalweit, MD, PhD

**New First Year Fellows**
- Carrie Betel, MD, FRCP
- Agnieszka Szot Barnes, MD
- Rajashree Vyas, MB, BS, DMRD
- M. Raquel Oliva, MD

**New Second Year Fellow**
- Ritu Randmawa, MD

**New International Members**
- Keiko Shibuya, MD
- Maria Hasselquist, MD
- Susana Bordegaray, MD
- Darlene Bassey, MD, FMCR, FWACS
- Adenike Akhigbe, MD, MBBS
- Atalabi Omolola, MD
- Kofoworola Soyebi, MD
- Hanan Gewefel, MD

**New Members**
- Dorothy Bulas-Kurzok, MD
- Beryl McCormick, MD, FACR
- Cassandra Foens, MD, FACR
- Harmindar Gill, MD
- Gail Morgan, MD
- Marta Hernandez-Schulman, MD
- Claudia Bundschu, MD
- Alison Bevan, MD, PhD

**New Honorary Member**
- Helen Carty, PhD

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**Pennsylvania; Musculoskeletal Radiologist**

The Department of Radiology at Coordinated Health in Lehigh Valley, PA is seeking a Board Certified Radiologist with fellowship training or experience in the following areas: Musculoskeletal, Neuroradiology, MRI, CT, Orthopedics

Coordinated Health is a musculoskeletal integrated health system. Our facilities are located in Bethlehem, Easton, Allentown, Quakertown, Pocono, and our Ambulatory Care Center in Bethlehem. We are in the heart of Pennsylvania with close proximity to Philadelphia and New York City. This is an excellent opportunity to grow with our department while having no responsibilities of call or holidays. Coordinated Health offers a competitive salary, and benefits package.

To learn more about this excellent opportunity contact:

Marci Paulk, Department of Radiology, Coordinated Health System
2775 Schoenersville Rd, Bethlehem, PA 18017
Tel: 610-861-8080 ext 5203, email: mpaulk@coordinatedhealth.com
You can reach us at

**AAWR**
4550 Post Oak Place, Suite 342
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Phone (713) 965-0566
Fax (713) 960-0488
E-mail: aawr@meetingmanagers.com
Website: 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