From Your President

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

Motherhood and Professional Life: Reflections from Women in Radiology

For many years, women in medicine experiencing discrimination, frustration and endless obstacles in career advancement have sacrificed becoming mothers and fulfilling their personal aspirations because they focused on attaining their professional goals. Some women have delayed having children in favor of first establishing a career. As the career received the priority during the optimal childbearing years, late pregnancies were frequently complicated with serious health issues. Recently many women have chosen to embrace motherhood, even at the expense of increased hardship and slower career development. More and more women physicians decide that career and family are equally important and want to pursue both at the same time. I cannot agree more with that philosophy; we absolutely can do it. There is room for both work and family. There can be a balance between personal and professional goals. The younger we are the healthier and stronger we are to endure the everyday parenting demands. The happier we are drawing from the joys of motherhood, the more productive we are. With productivity comes success and job satisfaction. Our success, when shared with our families, is the most important achievement we can accomplish. I echo the opinion that the most important single factor in the career of a woman doctor is the man she marries. I cannot overemphasize the importance of relationship, nurturing love, emotional support, friendship, and dependability. Nobody says it is easy, but many women physicians have done it.

How can we learn about other women’s experiences in balancing family and professional life? For many years AAWR has provided educational programs focused on balancing our roles at home and at work. The “AAWR Pocket Mentor, a survival guide for Women Radiologists” (edited by BJ Manaster, MD, PhD, FACR, 1996 AAWR President) addressed some of the unique professional and personal challenges faced by women radiologists. The Child Care monograph (edited by Nancy Rosen, MD, FACR, 1997 AAWR President) presented the AAWR combined experience on childcare arrangements.

Another way to share the experience of balancing family and professional life is through the stories of other professional women. We at AAWR collectively hold the wealth of knowledge and experience of hundreds of women who have proven that family and profession can flourish successfully together. Would you share your life experience with other AAWR members? We have implemented an online Forum (www.aawr.org) to allow AAWR members to interact in a friendly “women’s circle”. We can explore the topic of motherhood and professional life, or any other topic. We can compile a series of essays from those willing to share their stories, in the manner of “This Side of Doctoring: Reflections from Women in Medicine” (edited by Eliza Lo Chin, MD, 2003 Oxford University Press). Let me tell you about this remarkable book that would be of great interest to many of you. It is an anthology of stories, poems,
essay, and quotations capturing the essence of being a woman and a doctor. More than 140 contributors share their experiences and reflections on being women doctors as well as daughters, wives, mothers, teachers, students and community leaders. The book addresses the struggles, rewards, delight and distress women physicians in America have faced and continue to face. The book begins with a historical perspective on how women in the nineteenth century began their journey into the medical profession in the face of hostility, rejection and societal disapproval. Through the years, women in medicine reached many important milestones. Recent AMA statistics for women entering medicine show that for the first time, in the 2003-2004 academic year women applicants (50.8%) outnumbered men in applying to US medical schools. Many essays in the book portray the ways in which women balance a tiring and demanding profession with the pressures of family life.

The chapter entitled “Mothering and Doctoring” deals with the guilt which many women physicians feel when they cannot devote adequate time to their young children because of being tired and stressed by their work. In “Making Choices” some women physicians describe lost opportunities and painful personal decisions such as not having children in order to devote themselves to their profession. “Barriers” presents the stumbling blocks that women have to face, when they try to enter the traditional male specialties. Other chapters reveal the various facets of the lives of women in medicine including stories from families sharing their views on how they look up to these women and more general reflections by contributing authors about their career choices, challenges and rewards.

This type of direct sharing offers not only insight into the inner struggles of women physicians but also gives the reader an opportunity to learn from the experiences of others and to find strength, reassurance, and validation of one’s own struggles.

The dilemmas of mothering and doctoring are many. We at AAWR can bring together our collective unique experience and compose our own story for the benefit of current and future generations of women in radiology. The official, rational and cold analyses that statistically summarize our lives in tables and graphs are certainly important. However, the real stories from the kitchen and playground (as opposed to the trenches) could prove to be even more important as we try to attract more women to our specialty.

Radiology offers lifestyle opportunities that are beneficial to women trying to balance their careers and families, and we can gain valuable knowledge and at the same time educate female medical students about our way of living. Please consider contributing to the AAWR and the radiology community at large by sharing a story or two from your life. You can submit your notes via e-mail to our office at admin@aawr.org or directly to me kmacura@jhmi.edu. Let us reflect on the lives of women in radiology.

The AAWR thanks Dr. Kuligowska for her support and generosity

Ewa Kuligowska, MD, FACP, the 2004 AAWR President donated 500 copies of a special article on Marie Sklodowska Curie published in the Journal of Women’s Imaging. These reprints will be displayed in the AAWR booth at future national and international meetings. The Executive Committee thanks Dr. Kuligowska for her gift and for her efforts in support of women radiologists.

Resources for AAWR members: AAWR Forum

The online Forum available through the AAWR website www.aawr.org has restricted access for AAWR members only. We hope that this Forum will become a valuable resource for our members, who can openly share their experiences, ask questions, provide feedback and guidance, and brainstorm on issues of importance to women in radiology, such as maternity leave, childcare, family life, stress, boards, and career development. The goal of this project is to give AAWR members an opportunity to voice personal and professional concerns and receive feedback from peers and other women radiologists who have succeeded in advancing in our specialty.

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

The Forum can be expanded to include new debate threads. Any user can add a new discussion topic, respond to existing questions, and interact with other members through the internal messaging system. We hope that our friendly forum will play an important role in the networking and mentoring activities of the AAWR membership.

MomMD.com

MomMD is the Internet community for women in medicine. The site is designed to help students and physicians balance motherhood and a career in medicine by providing professional and personal online support, discussions, and advice.
The course was moderated by Katarzyna J. Macura, MD, PhD (2005 AAWR President) and featured five speakers:

**Ewa Kuligowska, MD, FACR** – Professor of Radiology & Chief of the Ultrasound Department at Boston University Medical Center, specializes in both diagnostic and therapeutic ultrasound-guided intervention. She introduced the topic of infertility and discussed the role of ultrasound in male infertility workup.

**Victoria Marx, MD** – Professor of Radiology, Director of Education in the Department of Radiology, at University of Southern California, Keck School of Medicine in Los Angeles. Dr. Marx is an interventional radiologist who shared her personal story as a core for discussion of the topic.

**Lindsay Machan, MD** - Head of Angiography and Interventional Radiology, at Vancouver Hospital & Health Sciences Center, and Associate Professor at the University of British Columbia, discussed the role of interventional procedures as applied to male infertility.

**Anne Roberts, MD** – Professor of Radiology & Executive Vice Chair of the Radiology Department at the University of California in San Diego. Her specialty is interventional radiology with a focus on minimally invasive procedures for treatment of uterine fibroids and pelvic congestion syndrome.

**Ewa Radwanska, MD, PhD** – Professor of Obstetrics and Gynecology, Director of Reproductive Endocrinology and Infertility Division and In Vitro Fertilization Program at Rush Medical College in Chicago. She discussed her experience in management of infertility from the gynecologic perspective.

**Facts on Infertility**

**Interventions for Female Infertility (Anne Roberts)**

Problems can result from abnormalities in the uterus, fallopian tubes, ovaries and abdominal cavity. Percutaneous therapy primarily addresses abnormalities in the uterus and the fallopian tubes.

**Uterus**
- Leiomyomas – It is not clear how myomas affect fertility. Treatment includes myomectomy and uterine artery embolization.
- Adenomyosis – It is not clear how adenomyosis affects fertility. Treatment may include uterine artery embolization.

**Fallopian tubes**
- Proximal obstruction treated by selective catheterization or fallopian tube recanalization
- Distal obstruction treated by attempted surgical repair or *in vitro* fertilization

**Varicoceles and Male Infertility (Lindsay Machan)**

**Varicocele** represents abnormally dilated veins in the pampiniform plexus of the scrotum. Its relationship to infertility is controversial and the mechanism is not well defined.

**Pre-procedure Assessment** of patients includes a consultation with a urologist or infertility specialist and a scrotal ultrasound, which provides an opportunity for consultation.

**Scrotal Ultrasound** - Criteria for the Diagnosis of Varicocele
- Gray scale - 3 vessels greater than 2 mm
- Color – abnormal accentuation with the Valsalva maneuver

**Varicocele** - Indications for Treatment
- Infertility and appropriate semen abnormalities
- Groin pain
- Adolescent varicocele
- Testicular atrophy
- Recurrence post surgery

*Refresher Course* continued on page 4
Treatment Options
• Keep trying – varicocele is not a health risk
• Assisted fertility
• Surgical ligation
• Embolization

Advantages of Embolization over Surgery
• No operation
• Shorter recovery

Infertility – Gynecologist’s Perspective (Ewa Radwanska)

Couples presenting with infertility require a detailed evaluation.

Imaging techniques play a very important role in the initial work-up:
• Hysterosalpingogram (HSG) evaluates the uterine cavity and tubal lumen and patency; it may disclose anatomic anomalies of the uterus, myomas, polyps or tubal pathology.
• Hysterosonography also evaluates the uterine cavity.
• Pelvic ultrasound may be diagnostic of ovarian cysts, polycystic ovaries (PCO), uterine myomas and/or adenomyosis; it is also used to evaluate follicular development, ovulation and cyclic changes of the endometrium.
• MRI helps in the differential diagnosis of cases with more advanced pathology.

Ultrasound is indispensable in the monitoring of:
• The induction of ovulation with clomiphene or injectable gonadotropins
• Timing of the therapeutic insemination.
• Ovarian stimulation for in vitro fertilization (IVF).
• Endometrial development during cycles prepared for frozen or donor embryo transfers.
• Early pregnancies – to confirm number and location of the gestational sacs; fetal viability; exclude ectopic and heterotopic pregnancies; evaluate markers of normal early fetal development.
• Ovarian hyperstimulation syndrome (OHSS) - A serious iatrogenic complication that may occur in patients with PCO.

Ultrasound guidance is used for:
• Oocyte retrieval for IVF.
• Aspiration of ovarian cysts and endometriomas.
• Selective pregnancy reduction in early multifetal gestations.
• Transcervical and transmyometrial embryo transfers.

The above imaging techniques have made modern treatment of infertility not only possible but increasingly successful and safer than ever before.
Making Friends With Your Anger

By: Carol A. Aschenbrener, M.D.

Dr. Aschenbrener is Vice President, Division of Medical School Standards and Assessments, Association of American Medical Colleges (AAMC) and Co-Secretary of the Liaison Committee on Medical Education. She has extensive executive experience including nine years in various Dean's Office positions at the University of Iowa College of Medicine and four years as Chancellor of the University of Nebraska Medical Center. She has served terms as appointed member of the Liaison Committee on Medical Education, Accreditation Committee for Continuing Medical Education and Accreditation Committee for Graduate Medical Education and elected Chair of the National Board of Medical Examiners. A graduate of the University of North Carolina School of Medicine, she completed residency training in Anatomic Pathology and Neuropathology at The University of Iowa. The remarks that follow summarize Dr. Aschenbrener’s presentation at the 2004 President’s Luncheon held during the annual meeting of the RSNA in Chicago, IL. The presentation was entitled “Putting Your Best Lines Forward: Using Communication to Your Advantage in Conflict.”

1. Anger is a natural, healthy human feeling. Everyone experiences it. Like other feelings, anger arises out of the interpretations the individual gives to stimuli (events and bodily states). You are responsible for your feelings. No one “makes” you angry. Rather, anger arises in you because of the interpretations (meanings) you give to events and behaviors.

2. Anger is often associated with the sense of “ought.” The other person “ought” to be behaving differently. Anger serves a policing function. We believe that we can influence the other person to behave according to “the rules” as we see them.

3. Anger is a potent source of energy that can be used constructively or destructively. Anger can be a powerful vehicle for change and for definition of the self. But we rarely use it that way.

4. The secret of effective anger management is not to suppress or repress the anger, but to understand it. You have angry feelings but you are not your anger. Learn to recognize those situations and behaviors that are likely to trigger your anger. Watch your anger arise, observe it and it will lose its power to sweep you away.

5. Most arguments focus on surface issues, with the combatants each trying to get the other to accept their version of “the facts” or “the truth” of how things “ought” to be. Try to understand what the argument is really about – usually identity issues such as roles in a relationship and how power is apportioned and used.

6. No one has a corner on the Truth. We all see the world through a set of filters, our learned mental models, each of which is useful and partial. Differences in perspective arise from different mental models. Seeing things differently doesn’t mean one person is right, the other wrong.

7. Be clear about responsibility and rights. Every person has a right to his/her own thoughts, opinions and feelings – and is responsible for them. Others are free to view the world differently – and they do.

8. The expression of anger is still generally not acceptable for women in our culture. Women often learn early in life to feel guilty when they are angry. Guilt is a learned feeling that is extremely useful for keeping people from challenging authority or the status quo.

9. Develop assertive methods for expressing your anger following these principles:
   - Be spontaneous
   - Deal with issues when they arise, don’t rehearse your anger
   - State your feelings directly
   - Use honest, expressive “I” language
   - Avoid sarcasm, innuendo, name-calling, put-downs and physical attacks

10. Remind yourself daily of this fact of life: it is impossible to change someone who doesn’t want to change. So stop trying.

Three good references:
The AAWR congratulates the following AAWR members who became Fellows of the American College of Radiology during the ACR’s annual meeting, which took place in May 2005 in Washington, DC.

Kimberly Applegate, MD, MS, FACR, Associate Professor of Radiology, Indiana University, Indianapolis, IN received her BA in Chemistry from the University of California at Berkeley and attended the George Washington University Medical School. During medical school, she volunteered at Sheer Memorial Hospital in Banepa, Nepal. After completing her radiology residency at the Dartmouth-Hitchcock Medical Center in New Hampshire, she served as a Pediatric Radiology Fellow at Children’s Hospital in Boston. In 2001, she completed her Master’s degree at Case Western Reserve University in Epidemiology and Biostatistics with an emphasis on Health Services Research.

Dr. Applegate is the recipient of several research grants, awards, and scholarships including an American Roentgen Ray Society Scholarship. Since 1999, she has served as an assistant editor of Radiology. In 2000, she served as the RSNA Editorial Fellow from North America and created and co-edited the Statistical Concept Series for Radiology. From 2001-2004, she chaired the RSNA Program subcommittee on Health Services Policy & Research. She also serves on the editorial boards of Pediatric Radiology, the Journal of the American College of Radiology, and the AJR II. She is a reviewer for several journals, including Academic Radiology, the Journal of Urology, Medical Decision Making, and Radiology.

She is the vice president (2006 President) for the Radiology Alliance for Health Services Research (formerly known as HSRR), secretary/treasurer (2008 President) for the Association for University Radiologists (AUR) and member of the board of directors of the Academy for Radiology Research and the Society for Pediatric Radiology. She is an oral board examiner for the pediatric section of the American Board of Radiology. She is a member of the American Academy of Pediatrics pediatric radiology section executive committee, ARRS, RSNA, as well as numerous other research and medical societies.

Dr. Applegate has published over 60 peer-reviewed papers and book chapters, and has presented scientific papers and lectures at medical and scientific assemblies across the United States. For many years, she has served on committees and as an officer for the American Association for Women in Radiology. She was the 2003 AAWR President. She currently serves as the AAWR’s ACR councilor representing the AAWR, chairs the college nominating committee and the committee on standards and accreditation (for the commission on general and rural practices) for the ACR, serves on the ACR RAD-PAC board, the radiologist resource committee, the Commission on Quality and Safety, the Research and Technology Assessment Commission, and the Economics committee on HOPPS/APCs, and the executive committee for the ACR Intersociety Summer Conference.

She is the Indiana state chapter treasurer and will serve as chapter president in 2008. Kimberly and her husband, George, have 3 boys who love sports, and anything to do with Star Wars, Star Trek, Lord of the Rings, or Axis & Allies.

Bernice Capusten, MD, FRCPC, FACR, Chief, Diagnostic Imaging David Thompson Health Region, Alberta, Canada

I was born in Prince Edward Island to parents who were the first-born children of immigrants from Eastern Europe. I grew up in Saskatchewan where I went to medical school. My parents encouraged me to get an education and taught me the importance of tolerance. They lived through the depression and the Second World War, which gave them an appreciation of freedom. Through their example, I became aware of the importance of helping people and chose medicine as a career.

Dr. Stewart Houston introduced me to radiology and saved me from a life in Obstetrics and Gynecology. During residency in

ACR Fellows continued on page 7
ACR Fellows continued from page 6

Montreal, great people like Bernadette Nogrady, Rolla Wilson, Sigrid Jequier and Heidi Patriquin mentored me. My interest in radiology has changed over the years from pediatric and fetal-maternal imaging to most recently, cardiac and cardiovascular imaging.

Ever concerned that the voice of radiology be heard, I have been a member of the Radiology Advisory Committee of the College of Physicians and Surgeons for 14 years and chaired that committee for 4 of those years. During this time I successfully pushed for the universal adoption of the mammography accreditation program. Alberta is only one of three provinces in Canada where this is mandatory. With Barb Unger and Angie Arseniuk, I developed the radiology accreditation questionnaires for the College of Physicians and Surgeons of Alberta. I was a member of the Professional Development Committee of the Royal College of Physicians and Surgeons of Canada that initiated the Maintenance of Certification Program for all Canadian specialists which is now ending its first 5-year cycle. I have been the chief of Diagnostic Imaging for the David Thompson Health Region (third largest in the province of Alberta) for 6 years.

Radiology is a wonderful profession that continues to help us understand the way the body works. How lucky we are to have the tools to see into one of the most beautiful structures (the human body) on earth. Every human is like an oyster; you’ll never know what you’ll find in it until you look.

I started a business (Curie Medical Systems) to develop education tools for physicians over the Internet and named it after another Polish girl who loved science, Marie Sklodowska (Madame Curie).

The things that sustain me are the sense of accomplishment I get from my work, my friends who are some of the best people on earth, and our wonderful daughter, Nathalie Weiswasser, who teaches me new things every day. It is important to have a sense of humor coupled with the knowledge that there are very few things that qualify as a crisis. I love riding my horse, cooking for friends, talking with my daughter, and being in nature.

One of the most important observations I have made over the years is: if it’s good for the patients it’s good for radiology. It is an honour to be in the company of the other radiologists who received ACR fellowships this spring!

Dr. Javitt was recently appointed Associate Editor of the American Journal of Roentgenology and will coordinate the new section on Women’s Imaging. She is the Editor-in-Chief and founding editor of the Journal of Women’s Imaging, a peer reviewed CME accredited quarterly medical journal published by Lippincott, Williams, & Wilkins. She is an Oral Board Examiner for the American Board of Radiology. She serves as peer reviewer for multiple radiology journals including Radiology, American Journal of Roentgenology, and RadioGraphics, and has been the recipient of the Editor’s Recognition Award with Special Distinction, for excellence in peer review from Radiology. Dr. Javitt is Panel co-Chair the American College of Radiology Continuous Professional Improvement (CPI) in Genitourinary Radiology and Chair of the Radiology Resident Curriculum Committee for the Society of Uroradiology.

Dr. Javitt has been an educational consultant for multiple organizations including the National Institutes of Health, Little Brown and Company, Cytogen, Berlex Industries, Toshiba, and TAP Pharmaceuticals. She serves on multiple national and international committees including most recently in 2004, Assistant Treasurer for the American Association for Women Radiologists and Course Director for the 2004 American Roentgen Ray Society’s Categorical Course on Women’s Imaging, and member, Program Committee, Radiological Society of North America, Genitourinary Subcommittee, 2004.

Dr. Javitt has authored or co-authored two textbooks, multiple book chapters, and multiple publications in peer reviewed journals. She has served as an investigator in funded projects including Cytogen (a monoclonal antibody used for imaging prostate cancer), and Ferridx (an injectable MR agent for liver imaging), as well as multiple funded educational media presentations and learning modules. She has delivered more than 50 invited presentations.

Marcia C. Javitt, MD, FACR, Section Head of Body MRI and Genitourinary Radiology at Walter Reed Army Medical Center in Washington, DC became a board certified Diagnostic Radiologist in 1984. She was elected to fellowship in the American College of Radiology as well as the Society of Uroradiology effective 2005.

Dr. Javitt is Panel co-Chair the American College of Radiology Continuous Professional Improvement (CPI) in Genitourinary Radiology and Chair of the Radiology Resident Curriculum Committee for the Society of Uroradiology.

A New AAWR T-Shirt

Thanks to the efforts of Meghan Blake, MD, AAWR’s Member-In-Training-At Large and generous financial support from Ann M. Lewicki, MD, MPH, AAWR's Historian, the AAWR signature T-shirt featuring the portrait of our role model Marie Sklodowska Curie is available for sale (10$) and is on display on our Web site. Please consider supporting the AAWR by adding this special T-shirt to your collection. Please contact Meghan mebblake@yahoo.com or admin@aawr.org
My Experience as a Female Radiologist in Nigeria
By Adenike Akhigbe, MBBS, AAWR International Member
Department of Radiology, University of Benin Teaching Hospital, Benin City, Nigeria.

I am a consultant radiologist with the University of Benin Teaching Hospital, and a Senior Lecturer at the University of Benin Medical School, Benin City, Nigeria.

I have been in radiology practice as a consultant for the past eight years. Radiology is still a relatively unpopular specialty in Nigeria and not as advanced as it is in America and Europe. We are still very much behind in terms of technological advances. However more women in medicine are training in radiology, but compared with our male counterparts the ratio is still very low. In the last ten years, out of the nine radiologists trained in my center, only three were women. Out of the sixteen radiology residents in my center presently, only two are women.

At the point of entry into residency training there is discrimination against women, because of female related matters like pregnancy and maternity leave. Maternity leave during residency training is frowned upon. Some residents are actually told that pregnancy is not compatible with residency training. Although there is no official rule against maternity leave for female residents, leave is often denied. In some cases when maternity leave is granted, the resident receives less than fifty percent of her net pay and she forfeits some allowances. Some therefore choose to have their babies before starting residency training to avoid the various inconveniences. This means that women necessarily enter the residency training later than their male colleagues. Some actually have become “stale”. Here in Nigeria, most couples work full-time. The woman nevertheless oversees the “home front”, keeping house and making babies!

There is less discrimination against women once the level of consultant is reached. We have three consultant radiologists in my center and I am the only woman. I am the immediate past head of the department or chair of the unit. In another major center in Nigeria, four of the five consultant radiologists are women.

Despite the odds women are moving on in radiology in Nigeria. Although women account for less than thirty percent of radiologists in Nigeria, the current president of the Association of Radiologists of West Africa (ARAWA) is a woman.

Most of the women radiologists in Nigeria are in academics with very few in private practices. This may be an advantage in the long run. We may be able to encourage female medical students to take up radiology as a specialty. Mentoring such female entrants into residency may prove beneficial. Now that a few of us have become members of AAWR, it should be easier to benefit from the wealth of experience of women radiologists in America and Europe. Strengthening the ranks of women radiologists in Nigeria will be quite a challenge, but a task that must be accomplished!

As a radiologist working in the biggest hospital in the biggest country south of the Sahara in Africa, the challenge I see confronting radiology now is not an inadequate number of female specialists in that discipline, but in having equal access to career development opportunities as their male colleagues.

As soon as a woman qualifies as a doctor, her immediate concern is to settle down and have a family. If the woman is interested in a career in radiology, she will also be concerned about the effects of radiation on her fertility and pregnancy. Therefore, her commencement of residency training may be delayed. There is also the problem of leaving her young family in order to develop her career, unlike young male radiologists, who may leave for any course or training for any length of time, thus conferring gender advantage. It is not unusual for a female radiologist to be in her early or mid forties but still relatively young in the specialty. In the end, female radiologists in all age groups tend to miss opportunities to participate in many local, national and international empowerment-training programs and fellowship grants because of family responsibilities and age constraints (as consideration is typically given to those below 35 years). Consideration is not given to their dedication to work.

Because women may miss out as potential beneficiaries of grants and fellowships, their academic and professional advancement is threatened. The sum total of these factors is frustration, job dissatisfaction and change of specialty to other disciplines such as family medicine. In order to forestall a decline in the number of female radiologists, and encourage female doctors who would like to specialize in radiology, due consideration must be given to these issues so that women have the same opportunities as their male counterparts.

Capacity Building in Radiology: Gender Issues
By: Dr. Omolola M. Atalabi, Lecturer / Consultant Radiologist
College of Medicine/University College Hospital, University of Ibadan, Ibadan, Nigeria

As a radiologist working in the biggest hospital in the biggest country south of the Sahara in Africa, the challenge I see confronting radiology now is not an inadequate number of female specialists in that discipline, but in having equal access to career development opportunities as their male colleagues.

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Rather than emphasizing age, number of years in the specialty need to be included as eligibility criteria to favour females, at least for applicants from developing countries.

Canada

Women and Radiology Through the Eyes of a Canadian Female Radiology Resident
By Marie-Therese Nguyen, MD

It is with great honor that I share with you some of the topics discussed at the RSNA 2004 International AAWR Luncheon held on December 2 in Chicago, Illinois. Not only was it a memorable experience to meet female radiologists from all over the globe, it was extremely inspiring to interact with such influential and charismatic leaders of radiology! I would like to share with the AAWR members some of our perspectives as Canadian radiologists.

At McGill University Health Center in Montreal, Quebec, Canada, we are currently 29 radiology residents of which only 5 are females! Note is made that in the McGill class of Medicine 2000, 66% of medical students were female. It is not completely clear to me why this is the case.

Regarding salaries, ascending to the FMRQ (Fédération des Médecins Résidents du Québec), an organization representing all Quebec medical residents with the mandate of studying, defending, and developing its members’ interests (economic, social, moral, and scientific), salaries should range from 36,543 $CAN for all RI (1st-year residents) increasing steadily to 51,601 $CAN for all RV (5th-year residents), with fellows earning 54,192 $CAN.

In terms of academic positions, women radiologists hold 13 out of 48 full-time academic positions with a vice-chairwoman at the Montreal General Hospital!

At my institution, the pregnant radiology resident is relieved from call duty as of 24 weeks of gestation, and is assigned to lower-risk radiation rotations.**

• Duration of maternity leave – The pregnant resident is entitled to a 20-week maternity leave if she has done 20 weeks of residency. A maximum of 2-year leave without pay may be taken after the 20-week period. She must notify the institution at least 2 weeks prior to leave.
• Call during pregnancy – The pregnant resident may be relieved from call duty (in-house or home call) 16 weeks prior to estimated date of confinement or at 32 weeks of gestation.
• Remuneration during maternity leave – Maternity leave is remunerated at 95% of salary.
• Social advantages – The pregnant resident maintains all social privileges during maternity leave including life insurance, health insurance, annual vacation, and sick days.

** Translated from French from the FMRQ Collective Agreement – “Fédération Médicale des Résidents du Québec”

REF http://www.fmrq.qc.ca/cgi-bin/FmrqSiteWeb.cgi/CongesDeMate
During the AAWR luncheon at the 2005 American Roentgen Ray Society Meeting, AAWR members gathered to discuss the current status of enrollment of women physicians into radiology training and to brainstorm about the reasons why women medical students do not choose radiology for their future specialty. The presentations included an overview of the recruitment of women to radiology, which was based on statistics from the American Association of Medical Colleges (AAMC) and the Electronic Residency Application Service (ERAS), along with the video clips including comments from women radiology residents about their personal reasons for entering radiology training. Serena McCall presented the results of the survey of the graduating class of the University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School. The following facts and insights are excerpts from the discussion.

Facts and Insights

Close to half of the students currently graduating from U.S. medical schools are women. (AAMC web site http://www.aamc.org/data/facts/2004/2004summary.htm)

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<td>739</td>
<td>31</td>
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<tr>
<td>Applicants Radiation Onc.</td>
<td>125</td>
<td>32</td>
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The article entitled “Why don’t female medical students choose diagnostic radiology? A review of the current literature” by Potterton et al. in JACR; 1(8):583-590 (August 2004) examined the literature to discern possible reasons for why women enter diagnostic radiology at a lower rate. Authors address trends among women in academic medicine and examine the effects of gender and socialization in medical school on specialty choices among women. Among suggested factors that have a negative impact on specialty choice is the lack of women role models. It was shown that women tend to select specialties to which they are positively exposed during medical school. Therefore, the authors hypothesize that “recruitment of women to diagnostic radiology can be accomplished by improving access to positive experiences during medical school, such as small group sessions with medical students, research, mentoring programs, and rotations in radiology”.

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Why Aren’t Female Medical Students Choosing Radiology?

By Serena McClam MD and Judith K. Amorosa, MD

Over the recent decade, women’s enrollment in medical schools has risen dramatically. Consequently, the numbers of women entering the various medical specialties has also risen. Yet, a tremendous discrepancy continues to exist in radiology, as out of forty-six percent of women enrolled in medical schools, only one-quarter enter radiology residencies. This puzzling observation has led us to wonder why more women do not choose radiology as a specialty. Radiology has significant benefits, including reasonable call, defined work hours, financial remuneration, and intellectual challenge. Thus, it would reasonably follow that more women would be drawn to radiology rather than less.

To further investigate this issue, we surveyed the graduating class of the University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School. We collected data regarding medical specialty choices and the factors contributing to such choices through a series of open- and closed-ended questions. Approximately, 25% (n=34) of the students responded. Of those students who responded, 44% were female and 56% were male. In our sample, 20% of the women were entering radiology versus 16% of men.

In accordance with existing data, most male and female medical students chose a specialty during the third year of medical school at the rates of 53% and 73% respectively.

Personal experiences (73%), medical school rotations (80%), and medical school faculty (43%) were ranked as the top three influences in specialty selection. Although the top three influences are similar for men, they were less likely than their female counterparts to rate medical school rotations (68%) and medical school faculty (37%) as factors influencing their choice of medical specialty.

In our sample, 47% of the women considered radiology, but only 20% chose radiology. In contrast, 53% of the men considered radiology and 30% chose radiology.

Male students were more likely to be exposed to radiology than female students (89% versus 73%). However, approximately one-third of both men and women reported that their exposure to radiology was minimal.

The most commonly cited reasons why women considered radiology were: intellectual challenge, lifestyle, academic career, and opportunity to do procedures. (Graph 1a) In contrast, men were more likely to choose radiology because of lifestyle (80%), salary (70%), and intellectual challenge (60%).

Of the students who did not consider radiology, lack of patient contact was the most commonly cited reason for both women and men. Among the women, additional reasons for not choosing radiology included lack of exposure, lack of radiologist role models, and negative experiences. (Graph 1b) For all of the reasons students cited for not choosing radiology, the women were less likely to indicate these choices than the male students.

Other factors cited in the free text field as to why students may not choose radiology include competitiveness, length of training, lack of continuity, insufficient in-depth and early exposure, future outlook, male domination in the field, and perception/reputation.

So how do we attract the best and the brightest? The results of the study suggest that we might consider the following:

- Offering an early radiology elective or required course, preferably in the second year or early third year of medical school to provide exposure prior to specialty selection. Students who have had a radiology elective are more likely to report a positive perception of radiologists (Shepherd et al, 2003).

- Make radiology a required clerkship or course to ensure that medical students receive a similar exposure to our specialty as compared to the standard medical school rotations. In a study conducted by Gunderman and colleagues, an emphasis on quality of

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radiology teaching and introducing a second year required course resulted in an increase of students applying to radiology (2000).

- Provide faculty role models and mentors to improve students’ perceptions of radiology and to provide opportunities for meaningful interactions with radiologists. Exposure to role models in a particular field of medicine is strongly associated with medical students choosing that particular field (Wright et al, 1997). In addition to increasing exposure, mentoring can increase awareness of the many “benefits” associated with radiology, which may lead students to make a more informed choice of specialty. This is especially important since “controllable lifestyle” was the most common reason to change specialty choices during medical school (Jarecky et al, 1991).

- Provide experiences that highlight patient contact in radiology (e.g. interventional radiology and mammography) and actively engage students in problem solving. These strategies may make radiology more attractive to female students. This is especially important since women are more likely to be attracted to radiology because of its intellectual challenge. In a study by Schlesinger, first year students believed that radiology had an undesirably low level of patient contact and was perceived as not being intellectually challenging (1992). Such dynamic experiences can disprove inaccurate perceptions associated with our specialty and counteract perceived disadvantages.

While the reasons why women do not choose radiology as a specialty as often as men are numerous, there are many opportunities available to identify potential candidates and present them with an accurate perception of our specialty in order to reverse current trends.

References

AAWR survey results – Radiologist contact with medical students

By Julia R. Fielding, MD, Chair of AAWR Outreach Committee for Medical Students

During January of 2005, the AAWR conducted a survey of its members regarding interactions with medical students with the dual aims of 1) understanding current teaching methods and 2) increasing the interest in radiology of female medical students. The survey was sent out via email, and 117 AAWR members responded (approximately 15%). Of this group, 100 currently interact with or teach medical students. The following is a summary of the survey results:

N=117 – all respondents
N=100 – respondents who interact with medical students

I currently teach medical students as part of my practice:
Yes = 85 (73%)
No = 32 (27%)

I work (17 skipped this question) in:
Academic center=80 (80%)
Community/private hospital with residency rotations=20 (20%)

I interact with medical students (30 skipped this question):
Didactic lectures 1st or 2nd year. . . . . . . . . . . . . . . . . . . . . . . . . 25 (29%)
Clinical clerkships 3rd or 4th years. . . . . . . . . . . . . . . . . . . . 80 (80%)
Research mentor. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 23 (26%)
Advisor as part of a formal medical school program . . . . 23 (29%)
Informal gatherings. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 22 (25%)

Approximately how many medical students do you come into contact with each year? (30 skipped this question)
[Median between 50 and 100 with a wide range from 10 to 300]

How can we best encourage talented medical students to enter radiology (chosen as most important by respondents):
Early exposure to radiology . . . . . . . . . . . . . . . . . . . . . . . . . 58 (61%)
Mandatory clinical clerkships . . . . . . . . . . . . . . . . . . . . . . 36 (38%)
Informal or formal mentoring . . . . . . . . . . . . . . . . . . . . . . 20 (21%)
Improved marketing . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 18 (19%)
Other - free text – 2 most common responses:
1) Longitudinal exposure to radiology while students are on other rotations, 2) Early marketing to 2nd year students with focus groups

Although the majority of respondents interacted with medical students as part of clinical clerkships in the third and fourth year of training, they also indicated a perceived need for early exposure to radiology via clerkships or lectures. Informal mentoring during the first and second years of medical school and incorporation of radiology into other clinical rotations were other novel ways suggested to market the field to talented students.
Yoshimi Anzai has been a member of the AAWR for the last six years. Although she originally trained in Japan, she was impressed by the strong academic radiology programs in the US and repeated a radiology residence at the University of Michigan in Ann Arbor. She is currently an Associate Professor of Radiology and Program Director of the Neuroradiology Fellowship at the University of Washington. Her husband, a Nuclear Medicine physician and her daughter who will soon start Kindergarten make her life busy and enjoyable.

Radiology is a male dominated profession; only 17% of practicing radiologists are women. While half of medical students are women in the US, only 23% of radiology residents are women (according to AAWR report by M. Blake et al from Boston University). Today, women are less likely to stay in an academic department, and furthermore much less likely to gain a leadership position. Why is this?

Most women in the medical profession are generally multi-tasking. We are efficient, work hard, love teaching, engage in collaborative projects, and say YES to most that we are asked to do. When we go home, (for most women, including myself), our second job starts. When driving home from work, I am already thinking about what I can make for dinner and what my family is doing. When I finish dishes, bills, reading school letters, feeding pets, bathing my daughter, and reading her a book, I let go a big sigh at 10 pm, if I am still awake. If I am faced with a serious deadline, I simply cut down my sleep to 4-5 hours. Does this sound familiar?

We need to have a little bit of a break from our too busy lives and certainly deserve a little “down” time for socializing. Let’s start to meet with other women in our department and talk about how they handle a highly demanding professional and personal life. What do residents and fellows think about us? Do we serve as role models or not? This was how the idea of a “women in radiology retreat” started. Talking with a few radiology secretaries, I found out that there are 43 women in our department, including staff, residents, fellows, basic scientists, and physicists. Due to our busy daily lives, we hardly ever see each other, certainly not to talk about anything outside of our work. The first step was to get support from our Chairman, Dr. Norm Beauchamp. I expected him to be supportive, and I was right. In addition to his support and endorsement of a “women in radiology initiative”, he was eager to identify gender-unique issues that need to be addressed in order to promote the advancement of women in our department.

The Women in Radiology Retreat was held on the evening of April 26, at the Faculty Club on the UW campus. Thirty people were able to attend; women from UWMC, Harborview Medical Center, VA Hospital, Children’s Hospital, and the Seattle Cancer Care Alliance. It was a beautiful Tuesday evening, in a nice quiet place overlooking Lake Washington. We enjoyed a glass of wine, cheese, appetizers and dessert.

As hoped, the retreat provided a wonderful opportunity for networking, communication, and meeting the various attendees. I asked a few senior faculty members and residents to speak briefly about their career experiences, professional development, teaching skills and negotiating strategies. They also spoke about balancing personal and professional lives, when to have a child, and pregnancy during residency.

The following is a brief summary of what we discussed:

**Career development**
- Set a goal to be reached within the next 5 - 10 years.
- Write down what you need to do to reach this goal or goals.
- There will be times when you will be less academically productive due to the other demands we face, but keep up with the goal.
- Identify at least one (and preferably more than one) male or female role model.

**Developing teaching skills**
- Teaching is a very rewarding mission in academic radiology.
- Requires enormous motivation and commitment.
- If you find good cases, show them to residents; they’ll appreciate your effort.

**Negotiation skills**
- Society does not encourage women to be "forceful" negotiators.
- Women need special training and/or faculty development programs for negotiation skills.
- Convince people that you can positively impact your department.
- Negotiate what you want, not what you deserve!
- Demonstrate how your success benefits the department’s success.

Women in Radiology Initiative at University of Washington: How Women can Succeed in an Academic Environment

By: Yoshimi Anzai, MD, MPH
Department of Radiology, University of Washington
Balancing personal and professional lives –
• It is not balancing, it is juggling.
• Try not to be a perfectionist. Do not sweat the small things.
• If you are at work, focus on your work; do not worry about your family.
• If you are at home, do not worry about your work.
• If we need or want to work part-time, we should not feel uncomfortable about the decision. The section chief or Chairman should have a full understanding of our needs.

When to have a child –
• There is no ideal time to have a child: if you want a child and the time is right for YOU, just do it. Everything else will follow and you will make it through.
• Do not wait too long. Having children when you are in academic or private practice is often no less stressful than when you are in training.

Pregnancy during residency –
• We need to have a standardized national policy. AAWR, ACR and other societies are in the process of addressing this issue.
• In the past, arguable today, male faculty expressed negative attitudes toward pregnant residents and fellows.
• During pregnancy, it is ideal to avoid rotations that require long hours of fluoroscopy work without access to drink or food.
• Some women have concerns regarding any fluoroscopy rotations and prefer the option of avoiding them altogether.
• Many are uncomfortable to announce their pregnancy during the early first trimester.
• There often aren’t enough special lead aprons for pregnant residents or staff, or adequate radiation protection strategies.

Leadership development –
• We need a dedicated leadership skills development program for women.
• The following websites may be useful:
  • AAMC (AAWR offers funding for their programs): http://www.aamc.org/members/wim/
  • http://www.aamc.org/members/wim/meetings/start.htm
  • AUR (Philips and Kodak programs): http://www.aur.org/about.html
  • RSNA offers leadership and management courses during its annual meeting
  • AAWR provides several career support programs each year during the annual meetings of the RSNA, ARRS, ACR, SPR and ASTRO.
  • Discrimination can be overt or subtle. By identifying the unique challenges that face women faculty, avoiding all forms of discrimination is possible.

I must say that our first Women in Radiology Retreat was quite a success. With the help of a glass of wine, everyone felt comfortable expressing her own views and perspectives, and we were able to have lively and constructive discussions. After the meeting, I heard a lot of positive feedback, and there is a strong desire to continue this type of activity.

In the future, I hope to bring The Women in Radiology Retreat to a higher level, by facilitating mentorship for junior faculty and residents, addressing gender-unique issues such as pregnancy and maternity leave, promoting women in our radiology department, and increasing recruitment of medical students in radiology at the University of Washington and elsewhere.

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There is significantly higher percentage of professionally active women radiologists than men working in academic practices (22% vs. 14%, respectively) according to the results from the ACR’s 2003 Survey of Radiologists. Therefore, we should capitalize on this advantage to enhance the visibility of women radiologists and the development of positive relationships between female students, residents, and faculty. As exposure to role models affects one’s choice of specialty, by having more women radiologists interact with women medical students, we should be able to improve the recruitment: more women attract more women.
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Naomi Alazraki, MD
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Thank you for your loyalty and continuous support to the AAWR
(We did not intentionally forget anyone, so if you see a name that is not listed but should be, please contact the AAWR office at 713-965-0566)
Teresita L. Angtuaco, MD, FACR was a member of the RSNA International Visiting Professor team that visited Thailand for 10 days in March. She shared her expertise in ultrasound with the radiology staff of four hospitals in Bangkok and Chiang Mai. The other team members were Dr. Ed Staab of Wake Forest University (nuclear medicine) and Dr. John Hesselink of the University of California San Diego (neuroradiology). The team participated in the annual meeting of the Thai Radiological Society and the Royal College of Radiologists of Thailand and lectured during the three-day conference. They visited the King Chulalongkorn University, Siriraj University and the Ramathibodi Hospital at King Mahidol University in Bangkok. In Chiang Mai, they lectured at Chiang Mai University. Dr. Angtuaco was the 1999 AAWR President, and chairs the AAWR Past Presidents Circle.

Dr. Omolola M. Atalabi, Lecturer/Consultant Radiologist, College of Medicine/University College Hospital, University of Ibadan, Ibadan, Nigeria was recently elected Secretary of the Association of Radiologists of West Africa (ARAWA) during the Association’s annual meeting held in June 2005. Dr. Atalabi is an AAWR International Member.

The RSNA International Visiting Professor Team and their Thai Hosts — From left to right: Dr. Chamaree, Dr. Staab, Dr. Angtuaco, Dr. Hesselink, Dr. Pipat

Judith Amorosa, MD, FACR received grant funding from the RSNA Research and Education Foundation for her study of “Developing a Radiology Clerkship Companion for Medical Students”. The RSNA Research and Education Foundation received a number of applications, and Dr. Amorosa’s application was one of forty selected for funding. Dr. Amorosa is a radiologist for UMDNJ – Robert Wood Johnson Medical School in New Jersey.

Ines Boechat, MD, FACR was elected as an official of the Board of Directors of the Society for Pediatric Radiology, as a Second Vice President in 2006, and will ascend to the Presidency of the organization in 2009. Dr. Boechat is a Past President of the AAWR (2000) and is Chief of Pediatric Imaging and Professor of Radiology and Pediatrics at the David Geffner School of Medicine at UCLA.

Hedvig Hricak, MD, PhD, FACR received two great honors in May 2005. At the centenary celebration of the German Radiological Society (Deutsche Roentgengesellschaft) in Berlin, she was awarded an honorary membership (the first woman in 100 years). One week later, she became the first woman in 500 years to receive an honorary doctorate from the Ludwig Maximilian University of Munich. Dr. Hricak is the 2002 recipient of the AAWR’s Marie Curie Award.

Etta Pisano, MD, FACR has been asked to give the University of North Carolina December commencement address this year. Dr. Pisano joins a small circle of elite women who have been given this honor. Dr. Pisano is currently the Kenan Professor and Director at the University of North Carolina Biomedical Research Imaging Center.
AAWR at the 2005 ECR Meeting

AAWR was well represented at the European Congress of Radiology in Vienna, Austria March 4-8, 2005.

Drs. Katarzyna Macura, Judy Amorosa, and Ewa Kuligowska staffed the AAWR Booth. Many international women radiologists stopped by to learn about our Society and were amazed to learn that AAWR's goals are to promote opportunities for women and facilitate networking and career development - support they clearly need. We shared many stories, and several common issues still to be resolved surfaced in our conversations. We will learn more about our international colleagues through articles in the AAWR International Members Speak Out column in this and future Focus issues. Dr. Ewa Kuligowska moderated the ECR Genitourinary Refresher Course on “Imaging of the Female Pelvis”; Topics included infertility, endometriosis, and adnexal lesion characterization and staging.

One of the highlights of the meeting was Sunday’s Honorary Marie Curie Lecture delivered by Anne G. Osborn, MD. Dr. Osborn is a loyal Member of AAWR and the 1995 recipient of the AAWR Marie Sklodowska Curie Award. Hundreds of ECR attendees, many of whom stood in the aisles or sat on the floor, attended Dr. Osborn’s lecture and showed their appreciation with a loud and sustained applause. Many international radiologists congratulated Dr. Osborn on her immense contribution to radiology teaching. Many of the friends she made during her worldwide visiting lectureships were there to give her a handshake or a hug. Dr. Osborn has enlightened international audiences for years on the importance of anatomy and physiology in neuroimaging. Radiology residents love her dynamic lectures during the AFIP Radiologic Pathology Course as she turns a didactic session into an outstanding stage performance. The ECR lecture was no exception.

The lecture was entitled “The brain perivascular spaces in health and disease: 2005 update on anatomy, pathophysiology, advanced neuroimaging.” Dr. Osborn emphasized that perivascular spaces (PVSs) are lined by pia, not arachnoid, and contain interstitial fluid, not cerebral fluid. PVSs are best imaged with 3T MR, and may become enlarged and mimic disease. PVSs are a natural route of spread into the brain for many disease processes, such as inflammation, infection, and malignancy, both primary and secondary. At the conclusion of the presentation, ECR President Antonio Chiesa paid a tribute to Anne.
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We invite the membership to share its ideas and expertise with all of us by submitting articles for future publication in the Focus

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February 1, 2005
June 1, 2005
September 1, 2005
December 1, 2005