



WINTER 2002

*focus*

## FROM YOUR PRESIDENT

*Kathleen A. Ward, MD, FACR*

Dear Friends and Colleagues:

Happy New Year! I am delighted to be this year's AAWR president. The year 2001 was a remarkable year for the American Association for Women Radiologists. We witnessed growth in the international membership, continued to expand our Web site, and hired a new management firm, International Meeting Managers (IMM). The Annual Business Meeting held at RSNA this year highlighted the achievements of many AAWR members. The AAWR awarded President's Awards to Drs. Henrietta Kotlus Rosenberg and Frieda Feldman in recognition of their many accomplishments. The Distinguished Resident Awards were presented to Drs. Jennifer Hill (Diagnostic Radiology) and Pamela Schlembach (Radiation Oncology). Our first president, Dr. Carol Rumack, was this year's recipient of the Alice Ettinger Distinguished Achievement Award, and Dr. Karen Fu received the 2001 Marie Curie Award. The AAWR Refresher Course, Medical Malpractice in Women's Imaging, was well received, as was the informative Resident luncheon lecture on Employment Contracts. Dr. Fred Mettler's talk on Radiation Issues in Pediatric Radiology rounded out the week's activities with timely information.

The new year promises to be just as exciting. This year we will be celebrating the 20th Anniversary of the American Association for Women Radiologists. I am inviting all members to help us celebrate this special anniversary. We have invited past presidents, past Marie Cure and Alice Ettinger Award winners, and members of the 1981 Steering Committee

to participate in planning the celebration of this memorable occasion. Watch the Web site and Focus for future developments.

This year, a new Ad Hoc Committee, the Committee on Part-Time Employment, has been instituted. Certainly, part-time employment has great impact on the radiological work force, both in academic and private practice. Many of our members have great personal interest in this topic, and I suspect our studies on part-time employment will be of great interest to our colleagues at the ACR.

Plans to reprint the Pocket Mentor are being finalized, and hopefully the new printing should be available to residents this Spring. The Pocket Mentor is just one of the many benefits of membership for our members-in-training. I encourage our members-in-training to avail themselves of the opportunities afforded by the AAWR. While many of you might not now see a need for a society to support women radiologists, in the coming years you will certainly find the AAWR an invaluable network of support and encouragement. I encourage you to commit to the AAWR beyond your first two years of residency and join us for the long haul. Your continued interest and involvement will be rewarded for many years to come.

Certainly, the events of September 11th have had a profound effect on all of us. The importance of the AAWR in supporting and serving the needs of women radiologists cannot be understated, particularly at this time in history. The Executive Committee welcomes your input and invites you to become involved in your Association.



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# PREGNANCY AND MEDICAL RADIATION—PART II

By Julie Timins, MD, FACR, Treasurer AAWR

Through special arrangement with the International Commission on Radiological Protection, the AAWR now has available on its web site the recent ICRP publication, "Pregnancy and Medical Radiation." Pregnancy and Medical Radiation—Part I was published in the Fall 2001 issue of the AAWR *Focus*. The following article presents additional information from the ICRP publication.

## Radionuclide Exposure During Pregnancy

On occasion nuclear medicine procedures are requested on pregnant women. Most diagnostic nuclear medicine studies utilize technetium-99m, which is a short-lived isotope that does not deliver large fetal radiation doses. The majority of radiopharmaceuticals do not cross the placenta. In the rare event that a nuclear imaging study is necessary for medical management of a pregnant patient, strategies can be employed to diminish fetal dose.

Perfusion lung scan is the radionuclide examination most commonly indicated during pregnancy, and is requested when there is clinical suspicion of pulmonary embolism. Usually a two-part study is performed in the work up of pulmonary embolism, consisting of a ventilation lung scan followed by a perfusion lung scan. However, when the patient is pregnant and the need for the examination has been confirmed, the perfusion lung scan is performed first. If the perfusion scan is normal or if, when evaluated in conjunction with a chest radiograph (performed with appropriate shielding of the fetus), the scan is unequivocally positive, the ventilation scan becomes unnecessary. The perfusion scan utilizes a technetium-labeled colloid that breaks down in the capillary beds of the lungs, enters the maternal circulation, and is excreted by the kidneys into the maternal bladder. The fetus is in close proximity to the maternal bladder, particularly in early pregnancy, and radionuclides in the bladder can cause fetal radiation exposure. Strategies to decrease fetal exposure include ensuring maternal hydration and placing a bladder catheter or encouraging frequent voiding. When a ventilation scan is needed, xenon-133 gas is the preferred agent because it is promptly exhaled and results in very little fetal radiation exposure.

The fetal thyroid picks up iodine avidly. Radioiodine in the form of sodium iodide crosses the placenta readily and is contraindicated in pregnancy, for both diagnostic and therapeutic applications. Women undergoing radioiodine therapy for thyroid disease should be counseled against getting pregnant for several months following therapy, generally on the order of 6 months or longer. The length of time will depend on the amount of isotope administered, the radioiodine uptake and turnover, and the medical cause for therapy. Patients being treated for thyroid cancer may be asked to postpone pregnancy longer to be certain their disease is under medical control.

Patient radionuclide doses are routinely recorded in log books and medical records. Consequently, fetal radiation dose from maternal radionuclide studies is relatively easy to estimate accurately. (Table 1)

## Radionuclides and Breastfeeding

During breastfeeding many radioisotopes can pass from mother to infant in breast milk. In-depth guidelines have been published by the Nuclear Regulatory Commission for the resumption of breastfeeding following radionuclide administration to the nursing mother. A summary of these guidelines follows, but recommendations are approximate and dose-dependent.

- Technetium-99m compounds, iodine-labeled hippurates, I-123 sodium iodide, and PET scanning agents (e.g., F-18 fluorodeoxyglucose): stop breastfeeding for 12-24 hours.
- Thallium-201 thallos chloride: stop breastfeeding for 2 weeks.
- Diagnostic use of I-131 and I-125 sodium iodide, sodium-22, and gallium-67 citrate: stop breastfeeding for 3 weeks.
- Therapeutic use or post-thyroidectomy whole-body imaging dose of I-131 sodium iodide: completely terminate breastfeeding.

**Table 1** Fetal Whole-body Dose from Common Nuclear Medicine Examinations in Early Pregnancy and at Term. (From ICRP, Reference 2)

Radiopharmaceutical	Procedure	Administered Activity, MBq	Early Pregnancy mGy	At Term mGy
Tc 99m	Bone scan (phosphate)	750	4.6–4.7	1.8
	Lung perfusion (MAA)	200	0.4–0.6	0.8
	Lung ventilation (aerosol)	40	0.1–0.3	0.1
	Thyroid scan (pertechnetate)	400	3.2–4.4	3.7
	Red blood cell	930	3.6–6.0	2.5
	Liver colloid	300	0.5–0.6	1.1
	Renal DTPA	750	5.9–9.0	3.5
Ga 67	Abscess/tumor	190	14–18	25.0
I 123	Thyroid uptake*	30	0.4–0.6	0.3
I 131	Thyroid uptake*	0.55	0.03–0.04	0.15
	Metastasis imaging*	40	2.0–2.9	11.0

\*Fetal-thyroid doses are much higher than are fetal whole-body doses (e.g., 5-15 mGy/MBq for I 123 and 0.5-1.1 Gy/MBq for I 131).

## Occupational Exposure During Pregnancy

Monitoring of radiation dose is required for people working in fields involving exposure to ionizing radiation. As soon as a woman radiation worker finds out she is pregnant her supervisor should be notified. Efforts should be made to keep occupational exposure of the fetus to no more than 1 mGy for the remainder of the pregnancy, excluding medically indicated exposure. There is no requirement that the pregnant worker completely avoid work entailing radiation exposure or that she avoid designated radiation areas. Counseling should be provided including local policies, potential hazards of radiation exposure, and recommended dose limits. Such counseling might be documented in the worker's employment record.

When evaluating occupational radiation exposure dose it is important to keep in mind that fetal absorbed dose is not directly comparable to the dose indicated on a film badge or personal dosimeter. The location of the monitoring

device greatly affects the dose recorded. When placed outside of a lead apron the dosimeter may receive 100 times the fetal dose; when placed under a lead apron it may register 10 times the fetal dose. For pregnant women working in nuclear medicine and radiation oncology departments, the fetal dose is often less than 25% of the dose recorded on the monitoring device.

## References

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## The Alice Ettinger Distinguished Achievement Award

By Janet Strife, MD

*Carol M. Rumack, MD, FACR (center) receives the Alice Ettinger Distinguished Achievement Award from Ritsuko Komaki, MD, FACR (left) and Janet Strife, MD, FACR (right).*

On November 26, 2001, the AAWR presented the Alice Ettinger Distinguished Achievement Award to Carol M. Rumack, MD, FACR. The award was presented by Janet L. Strife, MD, Radiologist-in-Chief, Children's Hospital, Cincinnati, Ohio; who emphasized Dr. Rumack's lifelong career commitment to educational issues, high standards of clinical performance and her insight, energy and commitment to the AAWR and the goals of supporting women's success in radiology careers.

Dr. Rumack received her MD from the University of Wisconsin, completed her radiology residency at the University of Colorado, and was the first fellow to train in pediatric radiology in the department. Dr. Rumack served the AAWR as its first President, as Editor of the Newsletter for eight years, and as Alternate Councilor and Councilor of the ACR. Dr. Rumack has served the ACR for many years as Co-Chair of the Nominating Committee, as member of the Ultrasound Commission

and as Chair of the Education Committee whose main task is the ultrasound learning file. This year she was appointed to the Council Steering Committee. She has been active in the Colorado Radiological Society, the Society for Pediatric Radiology, and the Radiological Society of North America. She is a Fellow of the ACR, AIUM, and SRU. She is a member of the Radiology Residency Review Committee and has been an examiner for the American Board of Radiology. Since 1993 she has been Associate Dean for Graduate Medical Education at the University of Colorado School of Medicine. Her book, "Diagnostic Ultrasound," is a standard reference text used by many physicians throughout the world. Dr. Rumack lives with her husband, Barry Rumack, MD. They have two children, Becky and Marc. Congratulations to Carol on receiving the Alice Ettinger Award based on her strong contribution to women, imaging, and the care and management of pediatric patients!




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### CAROL M. RUMACK, MD, FACR

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I am truly honored to receive the Alice Ettinger award of the American Association for Women Radiologists (AAWR). When we started the AAWR it was with the goal of sharing solutions to the barriers that women in radiology faced in the 1980s as well as providing role models for young women just entering the specialty. Not only was Dr. Ettinger a pioneer in radiology, she was a pioneer in demonstrating that

women could provide both innovation and leadership. In 1932, Dr. Ettinger was sent to Boston by her mentor, Dr. Berg of Berlin, Germany, to introduce to the United States his new invention, the fluoroscopy spot film device. She was initially refused in a telegram stating "No woman, can't you send a man?" and the response was—"No man available, I recommend her." She was the first Chair of Radiology at an



American medical school (Tufts, 1959). She received the ACR Gold Medal in 1984 in recognition of her outstanding achievements as a gastrointestinal radiologist, administrator and award-winning teacher. Her outstanding career might never have happened if the Boston radiologists had not given her the chance to excel and succeed. Her footsteps have given all of us a path to follow. I would like to review some of the events that made a difference in my life, and some of the “lessons learned” that I hope can help others succeed.

My mother and father were both physicians who I followed when they made house calls and visited patients in the hospital. My mother had a very busy general medical practice and delivered over 4,000 babies. My father was medical director at the Bettis–Westinghouse facility of the Atomic Energy Commission where he was responsible for worker health and pioneered atomic safety methods. It was not surprising that I decided on a career in medicine. My parents retained a full-time live-in housekeeper to allow their busy practices and call schedules. I used the same model in our home so that career and family balance could be maintained. Further emulating my parents, I made sure that evenings were begun with a family dinner and that the time after dinner was focused on family. When I was working I worked hard, and when I was with family I did not allow anything to dilute my focus.

My husband Barry shares my passion for medicine and dedication to academic excellence and has always been a great supporter. When he trained in Scotland, our entire family accompanied him. I was fortunate to spend time with ultrasound experts in Edinburgh who told me how lucky I was to live in Denver, one of the 3 sites where ultrasound was pioneered. It was important for me to leave my institution in order to understand what opportunities I had at home. I have enjoyed the development of ultrasound ever since.

In my early years of presenting papers and participating at the RSNA, I found a group of women with a passion for radiology and a desire to help other women succeed. During those first AAWR Steering Committee discussions we shared stories about career and family issues. We frequently said to each other, “I know just what you mean,” to both negative and positive experiences. Fortunately we decided not to complain, but specifically chose to work towards constructive changes in reducing the barriers to our success both in our families and in our work. The AAWR is a network of friendships that helped us develop balance and introduce women experts into many needed areas. The AAWR began officially at the 1982 RSNA meeting, and I was privileged to be its first president. At that time men moderated the majority of scientific sessions, and the presenters were usually men, even if a woman was first author on a paper. Dr. Helen Redman, one of the first AAWR steering committee members was chair of the scientific program and a frequent presenter. She and Kay Shaffer, Kay Vydareny, Peggy Fritzsche

and many others encouraged the RSNA to increase women’s participation by creating “Co-moderators” which gave more people a chance to be visible as experts. B.J. Manaster and Melissa Rosado de Christenson organized refresher courses on presentation skills and writing skills. By asking women to present when we were moderators or program chairs and by getting women on RSNA committees and those of other major radiology organizations we were able to provide career opportunities. Women are expected to make their expertise known through national presentations and publications and through appointments to committees and organizations that foster such expertise. What women need is a chance to excel. The AAWR has provided role models and solution sharing as well as friendship and encouragement. Over the years the AAWR luncheon at the Society for Pediatric Radiology has brought friendship and leadership to both organizations. Janet Strife, Diane Babcock, Beverly Wood (3 of 4 women presidents of SPR), Sandra Fernbach, Kimberly Applegate, Ines Boechat, Nancy Rosen, Marilyn Goske and many others have shared ideas that work for them to make career and family balance successful. Most recently, Janet organized an International Women’s lunch at the International Pediatric Radiology conference.

Lastly, I want to thank all of you for the opportunity to represent the AAWR as councilor in the American College of Radiology (ACR). At the ACR’s annual meeting, we have a great celebration when we lunch with all of the new women ACR Fellows. It is wonderful to hear of their accomplishments and stories of their lives. I have been honored to work with every AAWR president and to see these outstanding women become leaders throughout radiology. We still have a long way to go, but the American Board of Radiology (ABR) and the ACR are evolving under the leadership of two AAWR Marie Curie awardees, Sara Donaldson, the first woman president of the ABR and Kay Vydareny, the first woman president of the ACR.

The future is bright, and I am pleased that the AAWR continues to provide a forum for the resolution of many issues. The barriers that existed back in 1982 have certainly been reduced, and the support from the leadership of the RSNA, both male and female, has been extraordinary. I believe we chose the right path in 1982 when we decided to work positively and constructively with all the radiology organizations.

\* \* \* \* \*

# AAWR 2001 Awards

## Marie Curie Award

Karen King-Wah Fu, MD, FACR

## Alice Ettinger Distinguished Achievement Award

Carol M. Rumack, MD, FACR

## President's Awards

Henrietta Kotlus Rosenberg, MD, FACR, FAAP

Frieda Feldman, MD, FACR

## Special Recognition Award

Katarzyna J. Macura, MD, PhD – 2001 Web Master

## Lucy Frank Squire Distinguished Resident Award in Diagnostic Radiology

Jennifer Hill, MD

## Eleanor Montague Distinguished Resident Award in Radiation Oncology

Pamela J. Schlembach, MD

## The AAWR Research and Education Foundation Awards

### Professional Leadership Award (AAMC Professional Development Seminar Mid Career Faculty)

Kimberly E. Applegate, MD, MS

### Professional Leadership Award (AAMC Professional Development Seminar for Early Career Faculty)

Jackeline T. Gomez-Jorge, MD

### Member-in-Training in Diagnostic Radiology

Denise S. White, DO

*"Differentiation of Perforated and Non-Perforated  
Appendicitis by CT"*

### Member-in-Training in Radiation Oncology

Feng-Ming Kong, PhD, MD

*"3D Analysis of Lung and Heart Dose to Decipher Central  
Lung/Heart Distances and Radiation Techniques for Intact Breast  
Irradiation"*

### AAWR Research and Education Foundation Seed Grant

Jennifer Menell, MD, Memorial Sloan-Kettering Cancer Center

*"Magnetic Resonance: Depiction of Mammographically detected  
and Mamographically Occult Ductal Carcinoma in-Situ"*

## AAWR RSN

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Henrietta Kotlus Rosenberg, MD, FACR, FAAP accepts one of the 2001 AAWR President's Awards. Dr. Rosenberg was nominated by Barry Goldberg, MD, FACR.

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Frieda Feldman, MD, FACR (center) receives one of the AAWR President's Awards from Ritsuko Komatsu (right) and Ellen Wolf, MD (left), who nominated her for the award.

## A Activities

AWR Awards were presented during the annual Business Meeting on 26 November at the annual meeting of the Radiological Society of North America in Chicago, Illinois.



*Dr. Ritsuko Komaki, MD, FACR (left) receives the Eleanor Montague Distinguished Resident Award in Radiation Oncology from Dr. Jennifer Hill, MD (right).*



*Dr. Jennifer Hill, MD (right) receives the Lucy Frank Squire Distinguished Resident Award in Diagnostic Radiology from Dr. M. Ines Boechat, MD, FACR (left).*



*Dr. Karen King-Wah Fu, MD, FACR (center) receives the Marie Curie Award from Dr. Jeanne M. Quivey, MD, FACR (left) and Dr. Ritsuko Komaki, MD, FACR (right).*



*Dr. Ritsuko Komaki, MD, FACR  
and Dr. Feldman*



### **Kathleen A. Ward, MD, FACR**

#### *President's Address at the AAWR Business Luncheon*

I know that this has been a particularly difficult year for us all. The events of September 11 had a profound effect on America and the world, changing our lives and freedoms forever. We are living in a world faced with not only the threat of bioterrorism but also of nuclear disaster. Now more than ever we need the support of others in getting through our day-to-day existence. We also need the support of others to sustain us in comforting our families and our patients. The AAWR was initially formed as a network to support women radiologists, not only politically but also socially. The importance of the AAWR in supporting and serving the needs of women radiologists cannot be understated, especially at this time. I challenge you to become more involved in this organization, but particularly, I challenge you to support and sustain your fellow women in radiology.

# RADIOLOGY INTELLIGENT LEARNING ENVIRONMENT DESIGN AND IMPLEMENTATION:

## ULTRASONOGRAPHY MODULE "ARE YOU READY FOR CALL?"



*Katarzyna J. Macura, MD, PhD, Co-Chair, AAWR Public Relations Committee  
Member-at-Large for Radiation Oncology, AAWR*

*The Russell H. Morgan Department of Radiology and Radiological Science,  
The Johns Hopkins Medical Institutions, Baltimore, MD*

*The project is supported in part by a seed grant from the Research and Education Foundation of the American Association for Women Radiologists, [www.aawr.org](http://www.aawr.org)*

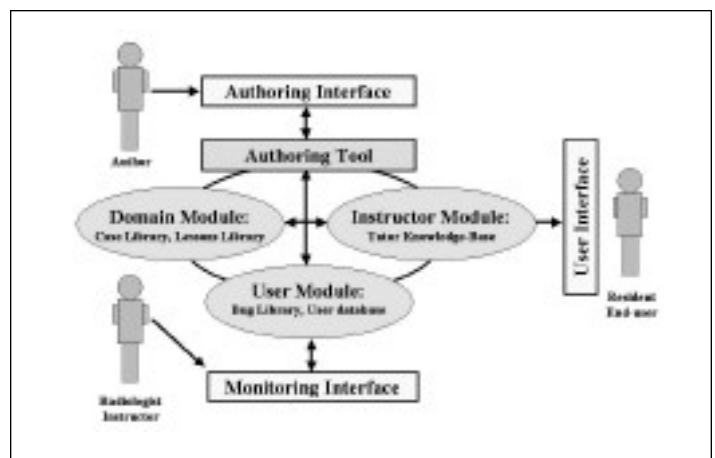
### Introduction

The complexity and volume of work confronting radiology residents on call has escalated in recent years due to advances in technology as well as increasing patient referral and pressure to deliver prompt and accurate service in a competitive environment. A computer-based course covering the most frequently encountered diagnostic problems in emergency radiology and testing resident's readiness for independent practice might help prepare junior radiology residents for call. Computer-assisted instruction allows self-directed learning, adds interactivity to the learning process, and allows assessment of the learner's knowledge.

### Objectives:

- Build an interactive radiology instructional system based on an intelligent tutoring paradigm and present emergency radiology cases from real life scenarios
- Design a system that re-uses multimedia resources
- Provide an adaptable dynamic user interface
- Emphasize learning through experience to include mistakes
- Teach visual thinking

### Design & Implementation



**Figure 1** The main components of the intelligent tutoring system: domain module, instructor module, user/student module, and interfaces.

### System Architecture:

The proposed architecture includes:

**Case Library** – a database of radiology cases, including textual and imaging information, to be used as a resource for cases presented for instruction and as a reference for differential diagnosis.

**Lessons Library** – a database of instructional concepts and explanations linked to the cases in the Case Library, to be used in the instructional module. Each case may be a source of multiple lessons which in turn are indexed to allow retrieval in particular diagnostic scenarios. The lessons library contains a concept vocabulary with important definitions for teaching objectives. Currently, the program only includes ultrasound emergency cases.



**Tutor Knowledge Base** – a module containing diagnostic and instructional algorithms and case presentation algorithms, to be used as a repository of radiology expertise.

**Bug Library** – database of user's mistakes and misdiagnosed cases, to be used as a resource for system refinements and feedback updates.

**User Database** – to be used for gathering user's performance data. User's scores and interactions are stored for progress assessment and system refinement.

**Interface** – dynamically created interface based on interactions with the user, using educational resources and sending input to the user module.

### Types of Interactions:

1. Lecture format "show and tell" images & text
2. Hypertext links

3. Hot object responses with image-based input
4. Single-choice, multi-choice, and true/false questions
5. Text entry responses
6. Drag and drop interactions

### Programming Environment:

Relational database—Microsoft (r) ACCESS 2000

Authoring tool—Macromedia (r) Authorware 5.1

### Project Presentations:

15th International Congress and Exhibition, Computer Assisted Radiology and Surgery, CARS 2001, June 27–30, 2001 Berlin, Germany

49th Annual Meeting of the Association of University Radiologists, May 16–20, 2001 Toronto, Canada



*Drs Julie Timins and Judith Amorosa greet visitors to the AAWR Booth.*

*Thank you!*

The following AAWR members donated their time during the 2001 RSNA meeting to staff the AAWR booth. The Executive Committee thanks them for their hard work and their dedication toward the success of the activities of the AAWR.

Judith Amorosa, MD  
Teresita Angtuaco, MD, FACR  
Ellen Benya, MD  
Ines Boechat, MD, FACR  
Jocelyn Chertoff, MD  
Deirdre Coll, MD  
Lynn Fordham, MD  
Ritsuko Komaki, MD, FACR

Amy Kotsenas, MD  
Vivian Lee, MD, PhD  
Katarzyna Macura, MD, PhD  
Melissa Rosado de Christenson, MD, FACR  
Carol Rumack, MD, FACR  
Katherine Shaffer, MD  
Julie Timins, MD, FACR  
Ellen Wolf, MD

**KUDOS***and* **PLAUDITS**

**Peggy J. Fritzsche, MD, FACR**, 2001 Chairman of the Board for the Radiological Society of North America assumed her post as the RSNA President-Elect during the annual meeting and scientific assembly which took place in Chicago, Illinois from 25 to 30 November 2001. Dr. Fritzsche is currently the medical director of the Riverside MRI Center in Riverside, California and is a clinical professor of radiology at Loma Linda University School of Medicine. Dr. Fritzsche has had a distinguished career in radiology, which has been highlighted by many honors and years of service to organized medicine. Dr. Fritzsche is a Past-President of AAWR.

**Sharon Wallace, CAPT, MC, USN**, is forging the way for women leaders in military medicine. She has chaired the Department of Radiology at the Naval Medical Center in Portsmouth, Virginia since 1998. The department was recently approved for radiology residency training effective 1 July 2003 and will be seeking Radiology Residency Review Committee approval in 2002. Of note, this is the busiest Radiology Department in the United States Navy and performs approximately 190,000 exams annually with state-of-the-art equipment including a filmless environment and a PACS system. There are several outstanding women on Dr. Wallace's staff who are leading the way in US Navy medicine. "Give us a few years with our residency and our academics will follow suit!"

*The opinions and assertions contained herein are the private views of Dr. Wallace and are not to be construed as official or as representing the views of the Departments of the Navy or Defense.*

\* \* \* \* \*

**2002****AAWR Executive Committee***President*

Kathleen A. Ward, MD, FACR  
Email: [kwardmd@aol.com](mailto:kwardmd@aol.com)

*President-Elect*

Kimberly E. Applegate, MD, MS  
Email: [kiappleg@iupui.edu](mailto:kiappleg@iupui.edu)

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Ewa Kuligowska, MD  
Email: [ewa.kuligowska@bmc.org](mailto:ewa.kuligowska@bmc.org)

*Secretary*

Nancy A. Ellerbroeck, MD, FACR  
Email: [nellerbr@phsca.org](mailto:nellerbr@phsca.org)

*Treasurer*

Julie E. Timins, MD, FACR  
Email: [jtmns@bellatlantic.net](mailto:jtmns@bellatlantic.net)

*Past President*

Ritsuko Komaki, MD, FACR  
Email: [rkomaki@mdanderson.org](mailto:rkomaki@mdanderson.org)

*ACR Councilor*

Carol Rumack, MD, FACR  
Email: [carol.rumack@uchsc.edu](mailto:carol.rumack@uchsc.edu)

*ACR Alternate Councilor*

B.J. Manaster, MD, PhD, FACR  
Email: [bj.manaster@uchsc.edu](mailto:bj.manaster@uchsc.edu)

*Member-At-Large, Diagnostic Radiology*

Jocelyn D. Chertoff, MD  
Email: [jocelyn.d.chertoff@hitchcock.org](mailto:jocelyn.d.chertoff@hitchcock.org)

*Member-in-Training At-Large*

Pamela J. Schlembach, MD  
Email: [pschlemb@mdanderson.org](mailto:pschlemb@mdanderson.org)

*Member-At-Large, Radiation Oncology*

Angela Katz, MD  
Email: [akatz@mdanderson.org](mailto:akatz@mdanderson.org)

# CLASSIFIEDS

POSITIONS AVAILABLE

## The Cleveland Clinic Foundation

### Regional Practice

The Cleveland Clinic Foundation invites you to be a part of one of the nation's most prestigious healthcare organizations built on commitment to international leadership and uncompromising patient care, education, and research. We seek to expand our staff in the Division of Radiology Regional Practice and have general diagnostic and interventional opportunities with limited call available in Cleveland, Ohio and Naples, Florida. For more information on The Cleveland Clinic's Division of Radiology please visit our website [ClevelandClinic.org/radiology](http://ClevelandClinic.org/radiology). For specific information on this opportunity please contact the CCF Department of Professional Staff Development at 1-888-738-4799 ext 84575 or ext. 84722.

### Main Campus

The Cleveland Clinic Foundation seeks to expand the staff in the Division of Radiology Main Campus and invites highly qualified, Board Certified radiology candidates to join our faculty as we define the future for the delivery of radiologic care. The main campus is located in Cleveland, Ohio and is a strong subspecialty academic practice with a strong focus on research and education. We invite you to take a closer look at the future of healthcare, a future taking shape today at the Cleveland Clinic Foundation. For more information on The Cleveland Clinic's Division of Radiology please visit our website [ClevelandClinic.org/radiology](http://ClevelandClinic.org/radiology). For specific information on this opportunity please contact the CCF Department of Professional Staff Development at 1-888-738-4799 ext 84575 or ext. 84722.

### Vascular and Interventional Radiology Section

The Cleveland Clinic Foundation is seeking vascular/interventional radiologists to join our expanded practice. Training in peripheral vascular intervention, TIPS, hepatobiliary, genitourinary, embolotherapy and dialysis access procedures is required. Candidates should be board certified in diagnostic radiology and eligible for membership in SCVIR. The Cleveland Clinic Foundation is a 1,000-bed teaching hospital with a long history of exceptional care for patients with cardiovascular, hepatobiliary, renal and oncologic diseases. Diagnostic imaging and interventional equipment are state-of-the-art, including six angiography labs and an active MRA program. Clinical and basic sci-

ence research opportunities exist and facilities include a full angio-animal laboratory. For specific information on this opportunity please contact the CCF Department of Professional Staff Development at 1-888-738-4799 ext 84575 or ext. 84722.



## Allegheny General Hospital

If you are committed to excellence as we are, and wish to be part of an organization that values your skills and contributions, join us, Your Employer of Choice for talented, dedicated professionals! Allegheny General Hospital is seeking Radiology Technologists for all levels of experience and specialty expertise including: mammography, special procedures, and diagnostic. Allegheny General Hospital services the city of Pittsburgh and the surrounding five states with outstanding services and medical expertise in a wide range of specialties. We offer competitive salaries and a comprehensive benefits package. Interested candidates should visit our website at or call our Job Line toll free at: 1-877-JOB-REVIEW (1-877-562-7384); or fax resume to: 412-359-6718. An Equal Opportunity Employer.



## Portland, Maine

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AMERICAN ASSOCIATION FOR WOMEN RADIOLOGISTS  
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Houston, TX 77027

Phone (713) 623-8335

Fax (713) 960-0488

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

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**Editor**

Melissa L. Rosado de Christenson, MD, FACR

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

**Editorial Deadlines**

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