



FROM YOUR PRESIDENT

Nancy Ellerbroek, MD

I want to thank Dr. Katarzyna Macura, the AAWR immediate Past-President, for all of her hard work and efforts on our behalf. It would take more than one column to describe her accomplishments, many of which are well known to anyone who has been following the progress of the AAWR these past few years. For now it will have to suffice to say that many of our activities and processes are now quite improved thanks to her. Her substantial accomplishments during her presidency year brought credit and inspiration to all of us.

In this newsletter you will find a review of our activities during the 2005 RSNA annual meeting; the attendees were excited to participate in such interesting events. Sunday opened with the meeting of the AAWR Executive Committee, which made several important decisions. It was determined that we need to take a stand on the issue of salary inequities between men and women in radiology. To this end, we formed a new **Salary Equity Committee**, which will be jointly chaired by Drs. Ines Boechat, Etta Pisano and Jocelyn Chertoff. A second new committee was formed; the **Legislative Committee**, to be chaired by Dr. Amy Kirby, who took part in a Weatherford Fellowship sponsored by the American College of Radiology (ACR). The committee's goal will be to be alert to legislative issues concerning women as they come up so we can work with the ACR or other appropriate organizations in a pro-

active way.

We prepared for increased and enhanced AAWR activities during the 2006 annual meeting of the RSNA, during which we will celebrate the 25th anniversary of the AAWR. There will be a special Sunday evening gala celebration and a presentation of "Manya – A Living History of Marie Curie"- scheduled for Monday evening. The latter will be free of charge for RSNA attendees and will be an excellent educational event.

The following are thoughts on the impact that AAWR will have on its members during this year and the years to come. There is a place for every woman in our organization. We are here to serve you all and to promote your career as you work towards a satisfying and fulfilling professional and personal life.

What does AAWR offer to the private practitioner?

I received some feedback at the 2005 RSNA meeting from a physician in private practice who is an active AAWR member working on the Part-Time Employment Committee and who has written for Focus on the subject. She made an observation about the relative lack of involvement or recognition of the achievements of non-academic women radiologists. She had spoken with at least three current and former colleagues who were AAWR members but did not renew

in *focus*

From Your President	1-3
The 2005 Marie Curie Award	4
AAWR Corporate Partners	4
Komaki Acceptance Remarks	5
The 2005 Alice Ettinger Award	5
Pathways to Leadership	6
Balancing Career and Personal Life	7-8
Necessity of Legislative Process in the Realm of Women's Imaging	9-10
AAMC Early-Career Seminar	11
In Memoriam: Howard S. Stern	12
AAWR at the 2006 ECR	12
A Historical Plaque in a Chicago Hotel..	13
AAWR Statement of Financial Position.....	13
The Pregnancy Guidelines	14
Manya.....	14
AAWR Celebrates its 25th Anniversary	14
Volunteers at AAWR Booth.....	14
Kudos and Plaudits	15-16
2006 Contributors to the R&E Fund	16
AAWR Moments.....	17
RSNA Moments.....	18
AAWR President's Literature Picks.....	18
In the News.....	19
AAWR International Members.....	19

President continued on page 2

President continued from page 1

membership because they were non-academic radiologists and had no feeling of “connectedness” with the organization. They expressed that to them AAWR felt much geared toward academic radiologists and their achievements.

These are valid concerns. I have explored the reasons why such feelings of disenfranchisement might occur. They may stem from interactions (or lack of interactions) between the AAWR and our members, which occur primarily at our meetings and through our newsletters and publications. Our meetings, held during the academic meetings of RSNA, ARRS, SPR and ASTRO are meant to be inclusive. AAWR sponsors an instructional and a refresher course at the annual meetings of the ARRS and the RSNA respectively. There are special talks during luncheons, and award ceremonies that honor the outstanding achievements of our members. It is true that the subjects of many of the talks are of an academic nature. For example, the inspiring talk by Dr. Kazerooni, described the life of a full-time mother and academic physician. Most of our honorees are women in academic radiology.

Our awards and courses accomplish only a portion of our goals, and our website is a good resource as well as an avenue for interaction with our members. A review of the website reveals the inclusive nature of our organization and programs. The Goals and Mission of the AAWR are outlined in the Strategic Plan section of our website: www.aawr.org/about/strategic_plan.htm and addresses issues that are equally applicable to women in private practice and academics.

The Vision

“The American Association for Women Radiologists will assist women in radiology, radiation oncology and related professions to achieve personal and professional fulfillment through equal recognition and opportunities; and will ensure that issues unique to women are acknowledged and addressed by all the members of the profession.”

The question raised is, is there a disparate application of resources to support academic radiologists, and if true is that appropriate? It is very important to remain active with policies affecting training programs, because that is where our future members come from. If a training program has no policy for pregnant radiology residents, that would certainly cause an applicant to think twice about the program and the field in general. The “Proposed Program Guidelines for Pregnant Radiology Residents” written by Meghan Blake, Elizabeth Oates, Kimberly Applegate and Ewa Kuligowska (1), will affect primarily those in training, but the benefits will further our field. Many innovations in radiology have their start in academic centers, and so can

gender inequities. Such inequities may also discourage female applicants, and aggressive attempts to promote women to higher ranking (and higher-paying) positions will teach our future private practitioners to not accept less.

Need for Information about Private Practice Issues

Issues such as part-time work, occupational exposure during pregnancy, and salary or promotion inequities affect women in private practice. Much of the available data is from ACR survey information, which gives us general information. Our mission “to provide a forum for issues unique to women in radiology, radiation oncology and related professions; to sponsor programs that promote opportunities for women and to facilitate communication among members and other professionals” should be applied equally (or in proportion) to women in private practice. The proportion of resources could be based on numbers of members in academics versus private practice, seriousness of the issue in question, or on the level of interest expressed by the group who would be receiving the benefit of the resources. It may be that in the recent past there have been relatively fewer vocal members in private practice. The problem may not be that we are devoting too many resources to issues primarily affecting women in academic radiology, it is rather that we are not addressing private practice issues as actively as we could.

To increase effectiveness in identifying and addressing private practice issues, the AAWR must have input and help from our members in private practice. The numbers are large, and the potential for resources, especially diversity of ideas is enormous. Our members work in practices, which run from solo to very large, with a variety of organizational structures.

How much distinction is there between academic and private practice?

Fortunately or unfortunately, depending on your situation, there is less distinction between academics and private practice than ever before. Funding for resident salaries has been lessened, as has discretionary money for “teaching funds” resulting in increased pressure on academic physicians to not only continue to be productive in research, but to be productive in the clinic at a level that may match that of private practices. Large academic centers that have built or acquired “satellite” facilities and have at times staffed those facilities with physicians with academic appointments but less direct involvement with the research facilities at the University. Those in private practice have shared the pressure from lowering rates of re-imburement, and

President continued on page 3

President continued from page 2

have strived to keep up with their competitors in a number of ways which may include teaching and maintaining a clinical academic appointment. Not only is academic medicine becoming more like private practice, private practice is under more pressures previously experienced mostly in academia. The “Pay for Performance” initiative ties reimbursement to demonstration of adherence to quality measures. “Maintenance of Certification” will involve submission of practice information on a regular basis. Thus, we all are under pressure to measure and report our outcomes.

What can be done to improve Private Practitioner Participation?

There is a need to disseminate knowledge about the AAWR and the services it provides. When I first read the *Pocket Mentor* by B.J. Manaster, I read it from the perspective of a radiation oncologist in private practice, and I enjoyed it immensely. Kimberly Applegate and others in the AAWR were responsible for the initiation of the children’s program at the RSNA. Promotion of such services and initiatives (I bet most female radiologists don’t know of these services) should promote membership by private practitioners.

One of the goals of the AAWR is to “Refine programs for recognition of outstanding achievement”. The over-riding principle of this goal is that recognition of outstanding achievement should be more inclusive of women. Perhaps we can re-define some of our awards and programs of outstanding achievement to be more inclusive of women in private practice. I would appreciate hearing suggestions as to how that could be accomplished. Even our research seed grants could be granted to private practitioners with research ideas.

Another one of the goals of the AAWR is to “Broaden networking opportunities at meetings and on the Internet”. Opportunities for networking at national meetings and committees might be more readily available for women in academics. Perhaps the AAWR could provide a framework for setting up such a network. The AAWR online mentoring program has recently been activated, and is, I think, underutilized. I encourage everyone to participate, especially our members-in-training or those newly in practice. I really wish there had been such a program when I was starting out. Another program has been developed through our Outreach Committee consists of local gatherings hosted by our members. Dr. Kuligowska has hosted some, and Dr. Macura hosted the Hopkins in Radiology gathering this year, which was well attended. Dr. Yoshimi Anzai has really stepped up and she has been appointed to the position of Co-chair for

the Outreach Committee-Regional. This sort of local networking could be initiated with or without the AAWR, but if we share ideas for what provides a successful networking event, more such gatherings will be encouraged.

AAWR leaders and members will be increasingly aware of the needs of our entire membership in academic and private practice, without forgetting our international members.

Our leadership comes from our members. Those in private practice should feel empowered to volunteer for leadership positions, and to make proposals for improvements in policy. I am a radiation oncologist in a private practice that recently became a large single-specialty group. My association with organized radiology started out with attending professional meetings and presenting papers at the RSNA and ASTRO meetings. When I was asked to be a member of an RSNA Committee, it became the first of a number or what my husband refers to as my “volunteer jobs” or, sometimes, my “night jobs”, as most of my work with RSNA and ASTRO has occurred during my years in private practice. We have four children, one still at home, 2 in college and one starting out his career. When I first became interested in issues concerning female radiation oncologists, I found the women I met at the AAWR luncheon meetings to be very supportive. I learned a lot from the practical “take-away” messages at some of the luncheons, and even though I was in private practice I found the leaders to be very welcoming of my participation. The AAWR impressed me as the organization best able to work on remaining problems and challenges facing women in radiology and radiation oncology. It must continue to remain equally relevant to those in private practice and academic radiology. It is my goal to help make it so.

Reference:

1. Blake ME, Oates ME Applegate K, Kuligowska E. Proposed program guidelines for pregnant radiology residents: A project supported by the American Association for Women Radiologists and the Association of Program Directors in Radiology. *Acad Radiol* 2006; 13: 391-401.

Visit our Website
www.aawr.org

The 2005 Marie Curie Award

Ritsuko Komaki, MD, FACR

2005 AAWR Marie Sklodowska-Curie Award Recipient



Dr. Ritsuko Komaki holds the Gloria Lupton Tennison Professorship in Lung Cancer Research at the University of Texas, MD Anderson Cancer Center. She received her medical degree from the Hiroshima University School of Medicine in Hiroshima, Japan, completed her internship at the St. Mary's Hospital in Milwaukee, WI, and her radiation oncology residency and fellowship at the Medical College of Wisconsin, Milwaukee, WI.

Dr. Komaki has made substantial contributions to the treatment of patients with lung cancer and is a world-renowned radiation oncologist with major research contributions in this field. She is a leader in the MD Anderson's clinical and translational research team in radiation oncology studying thoracic tumors. Her passion for radiation oncology had its origins in her childhood based on the experience of having watched family members and friends suffer the effects of radiation exposure from the atomic bomb in her home town of Hiroshima. Her best friend died of leukemia at a very young age, and Dr. Komaki as a young girl raised funds to build a memorial statue in Peace Memorial Park for her friend

and to remind all children in the world about this tragic event. It is no surprise that Dr. Komaki expressed an interest in hematology and oncology early in her medical career.

She is also a leader in the development of methods for providing prophylactic cranial radiation to prevent clinical effects of brain metastases and established the most common method for elimination of metastatic small cell cancer to the brain. She is a leader in the treatment and management of superior sulcus tumors and her work has impacted the lives of countless affected patients. She has been an active investigator of the Radiation Therapy Oncology Group for over 20 years.

She is the author of 235 articles in peer reviewed journals, 40 book chapters and more than 100 abstracts and editorials. She serves on six editorial boards and is a board examiner for the American Board of Radiology. She is a past president of the AAWR, has been devoted to the success of our organization and has worked hard to promote radiation oncologists and international members. In 2005 she was elected Vice President of the Radiological Society of North America.

Dr. Komaki was nominated by Zhongxing Liao, MD, Associate Professor of Radiation Oncology at the University of Texas MD Anderson Cancer Center.



Dr. Komaki (left) receives Marie Sklodowska-Curie Award from 2005 AAWR President, Dr. Katarzyna Macura. Photo by Dr. Robert Macura.

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Ritsuko Komaki Acceptance Remarks

It was truly my honor to receive the 2005 AAWR Marie Curie Award. Marie Curie has been my life-long mentor because of her tenaciousness in her work and education. I read her biography many times when I was growing up. I found her early life in Poland fascinating. When Russia occupied Poland, she was forced to read textbooks in Russian supervised by Russian soldiers in her school. She was furious, but determined to escape from Poland to France where she completed her education and became a leader within the scientific community. She valued education because her father was a teacher.

My father was the youngest of twelve children, and his father died when he was ten. He worked from age 13 as a delivery boy for the family business. He received a degree in education from Hiroshima University and later attended Kyoto University majoring in economics. He married my mother and began working in one of the prestigious conglomerated companies in Hanshin at the bottom of the ladder as a streetcar conductor. My mother came from a very different background. She was the oldest daughter of a samurai family, and was a very educated young woman. Her father had a high government position, and the family had a large samurai house with servants and secretaries to assist them. As in many Japanese households, my mother carried most of the load for the care of the children. After the Atomic Bomb was dropped, my parents moved back to Hiroshima to help their families. My father took a job at the Hiroshima Bank, which entailed moving frequently and working long hours taking care of his customers. He eventually died of disseminated bladder cancer, as he had been a very heavy smoker. My mother realized that all her education did not help her support her relatives. She wanted her three daughters to become capable women able to support their families should anything happen to their spouses.

I experienced hunger, difficulties and sadness growing up in Hiroshima after the war. However, I was loved as Marie Curie was. Marie's curiosity, investigative nature and persistence influenced my life. I became determined to become a scientist and clinician after witnessing one of my close friend's death due to leukemia caused by exposure to radiation. This determination led me to where I now am. It is ironic that the discovery of radioactive material eventually killed Marie Curie, but through understanding the use of medical radiation, I have been able to become a scientist, clinician and educator.

I wish my mother had been with me when I received the Marie Curie Award. She would have been so proud of me. Marie Curie understood that life is not easy for anybody, but that we must all persevere to achieve our goals. Receiving the Marie Curie award is one of the highlights of my life.

I thank the people who supported me including my parents, my husband (James D. Cox, M.D.), Zhongxing Liao, M.D., and the AAWR members.

Ritsuko Komaki, M.D., FACR

Professor of Radiation oncology

*Gloria Lupton Tennison Distinguished Professorship
in Lung Cancer Research*

The 2005 Alice Ettinger Award

Janet Strife, MD, FACR
Recipient of the 2005 AAWR Alice Ettinger
Distinguished Achievement Award



Dr. Janet Strife received her medical degree from the New Jersey School of Medicine and completed her radiology training at the University of Cincinnati and at the Johns Hopkins University Hospital including a pediatric radiology fellowship at Johns Hopkins.

In 1992, she was appointed Chair of the Department of Radiology at Cincinnati Children's Hospital and served in this position for a decade. Under her leadership the faculty and their expertise flourished in an environment of diversity and professionalism. She has mentored and trained over 40 pediatric radiology fellows. She is past president of the Society for Pediatric Radiology and led the organization through its international meeting in Paris. She developed a tool for the assessment of professionalism of radiology faculty and presented her findings to the Association of Program Directors in Radiology, an organization of which she is Past President. She has been a leader in the field of cardiovascular imaging of congenital heart disease. She is an accomplished academician with 94 publications in peer-reviewed journals, 9 book chapters, 3 books and over 100 presentations at national and international medical meetings and scientific assemblies.

She has been a devoted leader and a role model for women radiologists. She was an early member of AAWR and has always supported the AAWR members and its leaders in numerous initiatives and projects.

Dr. Strife was nominated for the Alice Ettinger Award by AAWR inaugural president Carol Rumack, MD, FACR.



From left to right: 2005 President Katarzyna Macura, Ettinger Awardee Janet Strife, and AAWR inaugural president Carol Rumack. Photo by Dr. Robert Macura.

Pathways to Leadership

Peggy Fritzsche, MD, FACR

Medical Director of the Riverside MRI Center in California, Past-President of AAWR and Past-President of RSNA

Dr. Fritzsche served as the Distinguished Speaker during the American Association for Women Radiologists President's Luncheon held during the 2005 annual meeting of the Radiological Society of North America. The following is an excerpt of her presentation entitled *Pathways to Leadership*. She shared observations she learned on her road to leadership, provided insight into acquiring an understanding of the rules of leadership and provided AAWR members with pathways to realize their leadership goals.

Dr. Fritzsche described the three R's of leadership as Responsibility, Resourcefulness and Respect, and stated that there are critical assets on the road to leadership.

Responsibility.

Dr. Fritzsche stressed the importance of believing in the purpose of our organizations, committing ourselves to their success, and expecting to take on additional responsibilities. She advised us to gain up-to-date knowledge and awareness of new trends as they relate to our organizations in order to be prepared to handle new opportunities as they arise. She advised the members to:

- Say yes often
- Volunteer to carry out new assignments
- Do more than what is expected
- Arrive early for appointments
- Show enthusiasm
- Be prepared to discuss relevant issues during meetings
- Learn to communicate and persuade others to embrace new ideas

Resourcefulness.

Dr. Fritzsche advised us to be ready to remove all obstacles in our pathway to leadership, adopt a can-do attitude, and create alliances with our colleagues by being inclusive rather than exclusive. In short, being a good team player will often get us noticed and result in new leadership opportunities. She advocates a proactive attitude towards our role in our organizations. "If a new procedure or a revision of an existing program is recognized that would be beneficial to your organization, volunteer to investigate the situation and document potential solutions with your recommendations for a preference and your reasons."

"Obstacles are those frightful things you see when you take your eyes off your goal."

– Henry Ford

"Great leaders are almost always great simplifiers, who can cut through argument, debate, and doubt to offer a solution everybody can understand."

– General Colin Powell

Respect.

Dr. Fritzsche recommends commanding respect and respecting others. She advised the group to act professionally at all times.

"If you want to be taken seriously, then you have to look like a doctor, dress like a doctor and act like a doctor."

– Dr. Stormy Johnson
Radiologist, Past President of the
AMA, RSNA Gold-Medalist

She recommends always showing kindness and compassion, practicing empathy, and sharing honor and compliments with our associates.

"Speak softly and carry a big stick."

–Theodore Roosevelt

"Live gently and be mindful of opportunity."

– Peggy Fritzsche

In summary, the natural pathway to leadership will often involve practicing responsibility, being resourceful and showing respect for others.



Nancy Ellerbroek, AAWR President presents Dr. Fritzsche (right) with the AAWR Marie Curie T-shirt. Photo by Dr. Robert Macura.



Balancing Career and Personal Life

Ella A. Kazerooni, MD, MS

*Professor and Director, Division of Cardiothoracic Radiology
University of Michigan Medical School*

Dr. Kazerooni served as the Distinguished Speaker during the American Association for Women Radiologists Resident's Luncheon held during the 2005 annual meeting of the Radiological Society of North America. The following is an excerpt of her presentation.

Balancing Radiology Career and Family

The challenge of balancing career and family poses inherent conflicts for our time, physical presence and mental energy. It is all about choices. The "superwoman" myth is just that. A myth. And the choices made today may not be the choices you choose to make a few years or a decade from now. Choice is dynamic. There is the challenge of balancing our own needs, the needs of our significant others and those of our children and family. With regards to our careers, there is the choice and challenge of achieving balance between clinical, research, administrative and service responsibilities. We are only human, and we must also learn to deal with failure and disappointment. The choices we make are our own, and each one of us must figure out what choices are acceptable to us as individuals and for our families, rather than feel the pressure of external forces to make the choices for us. As women we also face issues posed by different gender cultures.

"While men generally do more "work" at home than ever, women have been culturally raised to expect that certain domains of life (household, kids, etc) are theirs to be responsible for, and failure in those areas weighs heavy, even if the spouse says "it's ok, we can order in pizza every night for dinner" and "I don't care if my shirts are wrinkled". In addition, female physicians often marry physicians, further complicating the ability to balance family and career."

Dr. Kazerooni brings her unique perspective to this important topic. She was born in 1965 and married her husband, an interventional cardiologist in 1988 at the end of her medical school education. They have three children (born in 1995, 1999 and 2003). Dr. Kazerooni has had an impressive academic path with promotion to assistant professor in 1993, associate professor with tenure in 1998 and professor in 2003. She is a daughter, spouse and mother, and an academic cardiothoracic radiologist that leads a division of 16 faculty members and 5 fellows. She lives in Northville, Michigan and works at the University of Michigan Hospital where her youngest child goes to daycare. Her older children go to school in Birmingham, and her husband works in the St. John Health System. She and

her husband enjoy great support from her mother and her parents-in-law who live 20-25 miles away.

Her life is certainly busy. Her pre-office day begins at 5:30 a.m., as she and her husband get themselves prepared for the day and ensure that the children get to school and daycare. Her day continues at the office as she manages the administrative responsibilities of a division head, mentors and supports her junior faculty and fellows, interprets cardiothoracic imaging studies, provides consultation to the clinicians and works on her many funded and unfunded research projects. She spends a considerable amount of time mentoring her junior faculty, making sure they have what they need to be academically successful, and recognizing and supporting the diversity of choices they each make in their own careers and work/family balance. This is followed by her post-office day as she picks up her child from day care, meets the older children's school bus, supervises snacks, homework and after school activities, prepares dinner and puts the children to bed. Such a busy schedule does not include many of the daily household tasks such as laundry and errands, which she outsources to a trusted home services company. In addition, she must delegate and assign these responsibilities when she needs to travel for work. Weekends are often full of activities including children's sports, birthday parties and attending professional sport games with her family; the latter is an activity the whole family enjoys, especially the Detroit Pistons!

Dr. Kazerooni states that achieving balance between career and family responsibilities often involves choosing between a series of trade offs. However, she points out that there are several sources of support that women can explore.

Optimize Childcare

In Dr. Kazerooni's case she greatly relies on parents and in-laws that live nearby. However, other options do exist. The most important element is trust. Women must feel certain that the caregiver will provide dependable and high quality childcare. In-home, out-of-home and live in options

Balancing continued on page 8

Balancing *continued from page 7*

are available as well as after school care options, and are different for each one of us. The most important requirement is that one must trust the caregiver and one must be comfortable with the arrangement. This way, worries about childcare are not constantly on our minds when we are busy at the office. This doesn't mean you don't worry, but at least you worry less.

Summer camps can be great resources during the summer months. There are many options with sleep away and day time only camps that allow children to learn new skills and make new friends. This summer her older son will be in camps that support his interests, many offered through the University of Michigan. These include hockey camp, soccer camp and a multimedia camp. Her daughter is younger and attends a general summer camp also through the University, as well as a few weeks of horse camp.

Optimize Household Chores

Some women pay for services in order to have more time for the family. Identifying what you can delegate is important, and may not be easy at first. When she first started doing this, Ella had to force herself to leave lists of tasks so that once a week the home management service would have something to do, rather than try and get them done right away and off her mental to do list. If a few days pass before a package is mailed or alterations are picked up, it can wait. Some women have developed a network of trusted services in which workers can enter the house in their absence. These include cleaning, cooking, yard maintenance and home management services.

Put Technology to Work

Use new technologic developments to your benefit. Maintain a good calendar with everything on it accessible to you from everywhere and anytime. Your mobile telephone should be loaded with all the important numbers you may need. Better yet, Dr. Kazerooni uses a Blackberry handheld device that gives her immediate access to schedule, phone numbers/addresses and email, so when she is not at the office, the office is with her and she can keep tabs on what's going on at work. Notebook computers are available that can be used anywhere and anytime. Your computer at home can allow you to be "at the office" when you cannot physically be there and can provide access to your email and your department's server space.

Value your Colleagues

Colleagues at the office and across the country are often also friends and sources of support. They have to deal with

many of the same difficult issues you deal with. Be thankful for their support, trust, understanding, respect and commitment. Be appreciative of the help they lend when you are in a pinch and help them in turn when they need such support. Create a work environment that values the contributions of a diverse group of professionals with varied talents and interests that makes the whole better than the single individuals in the group.

Build and Maintain Traditions

Realize that some family and professional traditions may conflict with each other. In Dr. Kazerooni's case, the ARRS meeting and her wedding anniversary usually occur at around the same time. In addition, her children are out of school on the second week in June before the summer camps start; thus the family trip often overlaps the day of the radiology department graduation dinner. She puts the family first and accepts the fact that she cannot be everywhere at all times. She has discovered that some radiology meetings are more family friendly than others and occur during dates that allow her to bring the children along.

Treasure Family Time

Dr. Kazerooni always respects her family traditions. She takes her family along to meetings whenever possible. Many of us have seen her hold positions of responsibility at various meetings and will later spot her enjoying downtime with her children. This can only serve as an inspiration for all of us.



Dr. Kazerooni, two of her children and her husband at their annual family weekend Formula 1 US Grand Prix in Indianapolis.

Dr. Kazerooni and daughter Isabel at the members' dinner for the 2001 annual meeting of the Society of Thoracic Radiology in San Diego



Finally, realize that sometimes you cannot do it all. Forgive yourself when you are unable to participate in an activity you were supposed to attend. Your network of friends and colleagues become invaluable assets during these times.



Necessity of Legislative Process in the Realm of Women's Imaging

Amy Kirby, MD
Chair, AAWR Legislative Committee

Mammography has long been the stepchild of radiology departments nationwide. Despite the no call and no week-ends appeal, it is not sought after by radiologists as a career. Why? Imagine perusing this ad in the search for a radiology job:

Join our practice! Become involved in a subspecialty that pays low wages compared to those of your radiology colleagues, has extremely high liability, and is both difficult and not well respected in the radiology community.

Mammography facilities over the past decade have been closing nationwide, and waiting time for women wanting mammography services is increasing. In 2004, the Institute of Medicine released a report with disturbing results showing that women's access to breast cancer screening is threatened due to the shortage of physicians performing breast imaging interpretation. Between 2000 and 2003, there was an 8.5% decrease in the number of mammography facilities operating in the United States, dropping from 9,400 to 8,600. As a result, women in some areas experienced delays of up to five months for screening mammography services. For a recommended annual screening exam, these delays make it almost impossible for women to adhere to such recommendations. The reasons for the closures are several fold: lack of profitability/funding and high medical liability for such services being the two biggest factors.

Most centers that offer mammography services do so at a loss, and those that run a profitable center are few and far between. Why? Reimbursement has been historically low for such services. Medicare reimbursement increased only modestly between 1997 and 2000 by 1.5%. At that time, the Medicare reimbursement rate for a screening mammogram was \$69.23, well below what it cost most centers to perform the service. Reimbursement for the technical component of a screening mammogram was just over \$46, thus limiting the professional fee to less than \$13 a screen. Recognizing an impending crisis, legislative efforts ensued, driven largely by the American College of Radiology Government Relations as well as by their Economics Department. Cost surveys conducted clearly demonstrated the need for increased reimbursement to keep facilities open and to keep screening available to women nationwide. In 2002, due largely to these legislative efforts and resultant political pressure, Sen. Tom Harkin and Rep. Peter King took the initiative to introduce legislation that ultimately resulted in

the Centers for Medicare and Medicaid Services (CMS) increasing the reimbursement from \$69.23 to \$81.81. While this may seem small, it translates into \$54 million annually for those centers and for the radiologists who perform and interpret screening mammograms.

In late 2003, Congress passed the Medicare Prescription Drug, Improvement and Modernization Act of 2003, which contains a provision relating to Medicare reimbursement for mammography services. Specifically, both diagnostic and screening mammography services are paid under the Medicare Physician Schedule, regardless of site of service, beginning in January of 2006. This results in a 13 percent increase in the technical component for unilateral mammo-grams (\$35.89 to \$40.10) and a 39 percent increase for the technical component for bilateral mammograms (\$35.89 to \$50.02). The Congressional Budget Office stated that this provision would add \$200 million over ten years to the mammography system.

This allows for hospital-based facilities to be reimbursed the same as those centers that function in an outpatient setting. What does this mean for the patient? Because many of the Medicare patients receive care in hospital-based facilities, this elderly population has more access to screening. Because screening detects more cancers than a breast exam alone, this means saving more lives.

Currently, the 2005 Medicare Reimbursement for Radiology Services pays \$85.65 for film screening mammography, \$135.29 for digital mammography, and an additional \$19.71 for Computer Aided Detection. Yes, reimbursement has increased in the last five years. However, profitability for these centers is still marginal at best. Despite the groundwork being laid by these two significant increases in reimbursement, more needs to be done within the specialty. One of the crucial issues revolves around medical liability.

Breast imaging, although an effective screening tool for breast cancer detection, is far from perfect. The Report of the International Workshop on Screening for Breast Cancer (2), which reviewed current clinical trial data, both published and unpublished, and then summarized screening test performance for mammography, showed that sensitivi-

Legislative Process continued on page 10

Legislative Process continued from page 9

ty using mammography alone averaged about 75%, while estimates for mammography combined with Clinical Breast Examination (CBE) ranged from 75% in the Health Insurance Plan of Greater New York (HIP) to 88% in the Edinburgh trial and the Canadian National Breast Cancer Screening Study in women aged 50-59 (NBSS 2). Specificity estimates ranged from 98.5% in the HIP trial to 83% in the Canadian NBSS 2. Notice that these are not 100% for either specificity or sensitivity. However, the misconception exists that this is a perfect test and should detect all cancer. As a result, mammographers are practicing more defensive medicine, and performing more biopsies and procedures than in the past.

According to the Physicians Insurers Association of America (PIAA), breast cancer leads to more malpractice claims than any other medical condition, usually cited for delay in diagnosis. This is second only to newborn neurologic impairment in terms of paid claims. The PIAA have also shown that based on their claims, breast cancer continues to be the condition for which a patient most frequently files a medical malpractice claim. In 1995, radiologists represented 24% of defendants in breast cancer malpractice cases; in 2002, it rose to 33%. (3).

Recognizing that a solid patient relationship, communication, and modalities such as CAD can significantly decrease liability risk, the real issue is reform. Until medical liability reform becomes a reality for the nation, these statistics are unlikely to improve. In October 2003, high-risk procedures were no longer offered by nearly 14% of physicians previously performing them, according to a study by the Georgia Board for Physician Workforce (GBPW of Atlanta) as a result of unreasonable malpractice insurance premiums. This followed a 17.8% reduction in 2002. Of those services no longer performed, mammography was a frontrunner, and 19% of the physicians opting out were radiologists. This study also addressed the issue of not only paying unreasonable malpractice premiums, but in some cases, finding an insurer at all for such high-risk specialties.

These are frightening statistics for neophyte radiologists, trying to decide on a career path. What does legislation have to do with this? And why does it matter? Breast cancer is prevalent, with 200,000 women diagnosed every year. In addition, it is a killer. Mammography, in conjunction with Clinical Breast Examination, significantly decreases breast cancer mortality by earlier detection. Without mammography or mammographic interpretation, more people die from breast cancer. Legislative efforts on both the economical front and the liability front are not only necessary to make mammography an attractive specialty to future radiologists, but are critical to its survival as well. For more information on medical liability reform, visit www.ama-assn.org. For more information on legislative efforts by the ACR, visit www.acr.org.

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Visit the AAWR Bookstore and Support the AAWR!

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

Thank you for helping AAWR to increase its revenues in order to better serve our members.



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

Priscilla J. Slanetz MD, MPH

Director of Undergraduate Medical Education, Department of Radiology, Boston Medical Center and Associate Professor of Radiology, Boston University School of Medicine

Where I was born and where and how I have lived is unimportant. It is what I have done with where I have been that should be of interest.

Georgia O'Keefe

I thought about Georgia O'Keefe on several occasions while I attended the AAMC Early-Career Women Faculty Professional Development Seminar this past December in Santa Fe, New Mexico. The 3-day conference included presentations and workshops on conflict management, negotiation, personality differences, running effective meetings, leadership, finance, grant writing, and promotional pathways. Over 100 female physicians and scientists from many different specialties and institutions participated, including five radiologists. Besides the lively and interactive sessions at the conference, there was ample time to network and enjoy the city of Santa Fe, which is home to the famed Loretto Chapel and the Georgia O'Keefe Museum.

One theme that transcended many components of the conference was the importance of self-reflection. Self-reflection is a process by which you step back and objectively look at your career and outside competing interests. As busy physicians, teachers, researchers and sometimes mothers, we often find little time to reflect on what we have done, where we are, what we hope to accomplish, and how we might accomplish those goals. We often postpone what is most valuable to us because we don't have a good grasp of what is most important in our lives.

There were several sessions that focused on elements that impact our ability to reflect and set priorities. One of these sessions was entitled, "Time Management and Organizational Skills". By the end of the session, we had all survived the "brain dump" and come away more focused to accomplish our goals. For those of you unfamiliar with a "brain dump", it is a quick exercise through which you can ascertain your priorities. Simply ask yourself the following questions:

1. What are your lifetime goals?
2. What are your goals in 5-years?
3. What are your goals if you have six months to live?

By reflecting on these three time frames, it becomes fairly easy to see how much you value your career, family and/or other outside interests. Other pertinent conclusions from this session included:

1. Protect your academic time ferociously!

2. Plan ahead. Make lists.
3. If it doesn't contribute to a major goal, don't do it. Just say NO!

Although you may take the time to reflect on your career and life, you can only achieve those goals if you recognize external factors, which may try, and sometimes succeed in steering you off your chosen path. One of the greatest challenges each of us faces is dealing with difficult colleagues at work. The session entitled, "Working Through Differences: Personality Types at Work", was fun, lively, and incredibly informative. After taking the Myers-Briggs test, we worked through the different personality types and identified four principal groups: the SJ (sensors/judgers); SP (sensors/perceivers); NF (intuition/feelers) and NT (intuition/thinkers). Each group worked together on a task that culminated in naming the group's mascot: SJ's chose the Clydesdale horse, SP's choose the German Shepherd, NF's chose the dolphin, and NT's chose the tiger. We then discussed strategies on how to best manage each of these personality types. Having an awareness of different personality types provides insight into why conflict may arise at work and/or at home and provides a way by which you can try to manage conflict to your advantage. The bottom line is to stay focused on your goals, carefully examine the players in every situation, and apply effective management strategies so you continue to make progress towards your goals.

Finally, the session on leadership provided a fresh perspective on how to lead successfully in the 21st century. Instead of the traditional hierarchical model, today's leaders "lead from the middle". They motivate those around them to work collaboratively toward the common goal. They have spent the time to reflect on what they want to accomplish, have studied the personality types of those around them, and manage the personalities to their advantage.

Georgia O'Keefe was truly a revolutionary figure in art and a woman with a pioneering spirit. She often chose to pursue paths viewed as unconventional by many. However, in her 98 years, she changed the world and how we view art and our lives. I met some pioneers in medicine at this conference and had the opportunity to meet and network with many talented dynamic future leaders in medicine. It was truly an honor to have been selected by the AAWR to attend this seminar. Having the opportunity to reflect on the paths I have taken and to learn from the paths of others helped solidify my career goals and become more focused on medical education.

In Memoriam: *Howard S. Stern (1931-2005)*

The AAWR mourns the passing of a great friend and supporter, Howard S. Stern, Co-founder and Chairman Emeritus of E-Z-EM who passed away in December at the age of 74.

I first met Howard in Beijing, the People's Republic of China, during the 1995 International Congress of Radiology. He was a distinguished gentleman who became a good friend and a great supporter. He was a true pioneer in the field of gastrointestinal radiology and developed barium sulfate as a means of examining the gastrointestinal tract. Although we all take barium delivery systems for granted today, it was Howard who first developed the disposable barium enema bags and the method by which the barium and water are mixed inside the bag to produce a quality gastrointestinal imaging study. He also developed the flavored oral barium used for imaging the upper gastrointestinal tract. His achievements were instrumental to the success of E-Z-EM, and Howard served as the Company's Chairman of the Board from its Founding until December 2004 when he was named Chairman Emeritus.

Shortly after our first meeting in 1995, our paths began crossing during the annual meetings of the Radiological Society of North America. Howard was a frequent guest of honor at the American Association for Women Radiologists (AAWR) luncheons and award ceremonies. He was instrumental in ensuring that E-Z-EM had a continuous record as a Corporate Partner of AAWR and a contributor and supporter of AAWR activities. He worked with many past-presidents to fund different AAWR projects and initiatives. In fact, E-Z-EM funded the publication of the AAWR's Childcare Manual published in 1997.

Howard was always generous with his time and his ideas. He was my distinguished guest at the Armed Forces Institute of Pathology when I served as Chairman and Registrar of the Department of Radiology and agreed to fund the E-Z-EM Visiting Professor for Gastrointestinal Radiology. This allowed thousands of radiology residents from the U.S. and around the world to benefit from the knowledge and expertise of outstanding gastrointestinal imaging educators such as Pablo R. Ros, MD, and James L. Buck, MD.

Howard received a Bachelor of Science in Chemical Engineering in 1953 and a Master of Science in Chemical Engineering in 1954, from the Massachusetts Institute of Technology. He served as a Lieutenant in the United States Navy from 1955 to 1958. He is survived by his wife Linda, his children Rachel and Seth, his son-in-law Peter, his daughter-in-law Trisha, and his grandchildren William, Madeleine, and Alexander. He will certainly be missed by numerous AAWR members and leaders. His contribution to our programs and his support of the AAWR will not be forgotten.

Respectfully,

Melissa L. Rosado de Christenson, MD, FACR
Editor-in-Chief, Focus



AAWR at the 2006 European Congress of Radiology (ECR)

Judith Amorosa, MD, FACR and Ewa Kuligowska, MD, FACR

Dr. Judy Amorosa (AAWR President-Elect) and Dr. Ewa Kuligowska (AAWR Past President) represented the AAWR at the 2006 European Congress of Radiology in Vienna, Austria and brought great visibility to our organization in the international radiology community. The AAWR booth was prominently positioned at the meeting and was staffed by Drs. Amorosa and Kuligowska from 10:00am until 4:00pm throughout the conference. An eye-catching collage of AAWR members and activities attracted many visitors. Forty new international members joined AAWR and many Marie Sklodowska Curie T-shirts were sold. Compared to the response to the AAWR booth in previous years, 2006 was a landmark year with increased interest in our organization and its activities. The AAWR is becoming recognized internationally.



Dr. Kuligowska greets visitor to AAWR booth at ECR. Photo by Judith Amorosa, MD, FACR.



A Historical Plaque in a Chicago Hotel

Ann M. Lewicki, MD, MPH

When I last visited Chicago to attend the RSNA meeting, I discovered this plaque in the Congressional Plaza Hotel, a plaque which should have much meaning to all of us. It marks the site where the League of Voters was founded in 1920.

On exploring this further, I learned that the League of Women Voters was indeed founded in Chicago by Carrie Chapman Catt and leaders of the National Women Suffrage Association. Women were granted the right to vote in the U.S. only in 1920 when the 19th Amendment to the United States Constitution became law. The League of Voters was organized so women could be educated to use this newly won suffrage intelligently.

Today, one of the major missions of the League is to influence public policy through education and advocacy. To achieve its mission, the League believes that grassroots effort is important within the League and the communities around. More recently, the League has lent its support to campaign finance reform, gun control and electoral reform.

The headquarters of the League of Voters is in Washington, DC with many chapters throughout the country and abroad. It has never been able to claim more than some 100,000 members, yet it started sponsoring presidential debates in 1976. In 1984 a commission created by the major political parties took over this responsibility. Some 50 years after its founding, in 1974, men were finally admitted to full membership to the League.

When we as women go to the voting booth, we take this right for granted. After all, women have now had this right for several generations in the US. Yet it is good to remember that this right was not always ours, and that our society tolerated for many years excluding half of the population from full participation in our democracy.

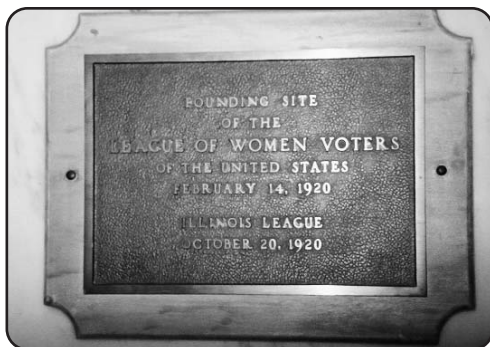


Photo by Dr. Ann M. Lewicki.

AMERICAN ASSOCIATION FOR WOMEN RADIOLOGISTS Statement of Financial Position

Twelve Months Ending September 30, 2004 and 2005
Submitted by Julie Timins, MD, FACR, Treasurer, AAWR

	9/30/04	9/30/05
Assets:		
Cash – Checking	\$ 11,178	1,334
Investments – Merrill Lynch	414,610	422,241
Accounts Receivable	22,005	1,090
Prepaid Expenses	-	629
Equipment	2,244	2,244
Less Accumulated Depreciation	(2,244)	(2,244)
Total Fixed Assets	-	-
Total Assets	\$ 447,793	425,294
Liabilities:		
Due to/from AAWR R&E Foundation	\$ (3,595)	(293)
Accounts Payable	-	4,455
Total Accounts Payable	(3,595)	4,162
Deferred Dues Income	-	1,500
Deferred Subscription Income	11,047	-
Total Liabilities:	7,452	5,662
Net Assets:		
Unrestricted Net Assets	440,341	419,632
Total Liabilities and Net Assets	\$ 447,793	425,294



The Pregnancy Guidelines

*Ewa Kuligowska, M.D. FACR
2004 AAWR President*

Dear Members of the AAWR:

I am proud to announce the completion of our two-year project developing National Policy Guidelines for pregnant radiology residents. The AAWR established a task force in 2004 to revisit guidelines for the protection of pregnant residents from radiation exposure during training. In collaboration with the Association of Program Directors in Radiology (APDR), we conducted two surveys to assess the need and interest in standardized guidelines that would address radiation exposure and work responsibilities for pregnant radiology residents. Based on those responses, we designed standardized program guidelines, which would allow residents and Program Directors to prepare for resident pregnancy with objectivity and consistency.

Blake ME, Oates ME Applegate K, Kuligowska E. Proposed program guidelines for pregnant radiology residents: A project supported by the American Association for Women Radiologists and the Association of Program Directors in Radiology. *Acad Radiol* 2006; 13: 391-401.

The guidelines were accompanied by an editorial written by Kay H. Vydareny, Chair of the Residency Review Committee for Diagnostic Radiology, of the Accreditation Council on Graduate Medical Education and past-president of AAWR. These guidelines were first featured in the RSNA 2004 Daily Bulletin and expanded into a Hot Topic article in the RSNA News in 2005. They are once again featured in the March 2006 issue of the RSNA News. The American College of Radiology has also expressed great interest in this work.

This project is having a major impact on residency training programs across the nation. It is important that AAWR members become familiar with the guidelines and advocate their adoption in all training programs. This is truly a major accomplishment for the AAWR.

Manya

“Manya – A Living History of Marie Curie” will be presented during the 2006 RSNA annual meeting and sponsored by the AAWR. All RSNA attendees will be able to attend this production. Manya is an interactive one-woman show where the artist plays Marie Curie and answers questions in character following the formal performance. A reception will immediately follow. The program will be one of several activities designed to celebrate the 25th anniversary of AAWR. More information on Manya will follow in future issues of Focus.

AAWR Celebrates its 25th Anniversary

The AAWR will host a Gala Event to celebrate its 25th Anniversary. The event will take place during the 2006 annual meeting of the Radiological Society of North America. Join us for an evening of dinner and dancing at The Palmer House, 17 East Monroe Street, Chicago, Illinois on Sunday, 26 November 2006. Twenty-five tables, each hosted by a past president of AAWR will be featured. More information on this and the other events planned to celebrate this milestone in the history of our organization will be available in future issues of Focus and the AAWR website at www.aawr.org.

Volunteers at RSNA Booth

The AAWR thanks those members that volunteer their time and efforts to staff its booth at the 2005 annual meeting of the Radiological Society of North America.

2005 RSNA Booth Volunteers

Gretchen Conroy, MD
Nancy Ellerbroek, MD, FACR
Lynn Fordham, MD
Ewa Kuligowska, MD, FACR
Ann Lewicki, MD
Katarzyna Macura, MD, PhD
Carol Rumack, MD, FACR
Ellen Wolf, MD, FACR

KUDOS *and* PLAUDITS



Sarah S. Donaldson, MD, FACR was elected to the RSNA Board of Directors and will be the liaison-designate for science. Dr. Donaldson obtained her medical degree from Harvard Medical School, completed a residency in radiation therapy at Stanford

University Hospital and a post-doctorate fellowship in pediatric oncology at the Institut Gustave Roussy, Villejuif, France. She serves as associate chair of the Department of Radiation Oncology, deputy clinic chief, and residency program director for radiation oncology at Stanford University Medical Center. She is also the Catharine and Howard Avery Professor of Radiation Oncology at Stanford University School of Medicine. She played a leading role in the conceptualization and planning of Stanford's new Center for Cancer Treatment and Prevention, and has been listed as one of the "Best Doctors in America" for more than a decade. Her interests include pediatrics, soft tissue and bone sarcomas, Hodgkin's disease, central nervous system tumors, breast cancer, radiotherapy for benign disease, and the late effects of cancer and its treatment. Dr. Donaldson is a former president of the American Society for Therapeutic Radiology and Oncology (ASTRO) and the American Board of Radiology. She is the recipient of an ASTRO gold medal, an American Radium Society gold medal, the W.W. Sutow Medal and the del Regato gold medal. She is a past recipient of the AAWRs Marie Curie Award.



Frieda Feldman, MD, FACR will receive the Gold Medal of the American Roentgen Ray Society during the society's 2006 annual meeting in Vancouver. Dr. Feldman received her MD from New York University Bellevue Medical School and completed her residency in

diagnostic radiology at Beth Israel Hospital in New York and a residency in radiation therapy and nuclear medicine at New York University Bellevue Medical Center. Dr. Feldman is a leader in musculoskeletal radiology and has authored or co-authored over 150 articles and was editor of the textbook Radiology, Pathology and Immunology of Bones and Joints: Review of Current Concepts. She

has been editor and reviewer for many radiologic and orthopedic journals. She is the recipient of the Founder's Gold Medal of the International Skeletal Society. She is professor of Radiology and in Orthopedic Surgery at Columbia University College of Physicians and Surgeons and is Director of musculoskeletal radiology and attending radiologist at Columbia Presbyterian Medical Center in New York.



Theresa C. McLoud, MD, FACR was appointed to the position of Chairman of the Board of Directors of the Radiological Society of North America (RSNA). Dr. McLoud is associate radiologist in chief and director of education for the Department of Radiology at the

Massachusetts General Hospital in Boston, and a professor of radiology at Harvard Medical School. Dr. McLoud obtained her medical degree from the McGill University Faculty of Medicine in Montreal, Canada and completed a thoracic imaging fellowship at the Yale University School of Medicine in New Haven, CT. She serves on the advisory committee for the Lung Cancer Screening Trial, conducted by the National Cancer Institute and on the Accreditation Council for Graduate Medical Education Standing Panel for Accreditation Appeals in the Specialty of Diagnostic Radiology. She is a past recipient of the gold medal of the American Roentgen Ray Society (ARRS) and the Marie Curie Award of the American Association for Women Radiologists. She is a past-president of the Fleischner Society, the Society of Thoracic Radiology and the ARRS.



Etta Pisano, MD, FACR, was appointed Vice Dean for Academic Affairs at the University of North Carolina (UNC) School of Medicine effective June 1, 2006. Dr. Pisano is Kenan Professor of radiology and biomedical engineering at the UNC School of Medicine, Director of the UNC Biomedical Research Imaging

Center, former chief of breast imaging at UNC Hospitals and co-leader of the UNC Lineberger

Kudos & Plaudits continued on page 16

Kudos & Plaudits continued from page 15

Comprehensive Cancer Center's breast program. Dr. Pisano is internationally known for her breast cancer research and was the principal investigator in a multi-center study that involved 49,500 women in the United States and Canada comparing the value of traditional film mammography to digital mammography in the detection of breast cancer. She is the 2005 recipient of the American Medical Women's Association annual Women in Science Award for her contributions toward saving lives by detecting breast cancer earlier. She earned her medical degree from the Duke University School of Medicine and completed her residency training at Harvard's Beth Israel Hospital.



Marilyn J. Siegel, MD, FACR, is serving as the Armed Forces Institute of Pathology (AFIP) 2005–2006 Distinguished Scientist in the Department of Radiologic Pathology from January 1, 2006, to June 30, 2006. Dr. Siegel is a professor of radiology and pediatrics at the Washington University School of Medicine in St. Louis, MO. Her principal areas of interest and expertise are pediatric radiology, cross-sectional imaging of pediatric solid neoplasms, adolescent diabetes and obesity and cardiovascular imaging in both children and adults. Dr. Siegel earned her medical degree from the State University of New York Downstate Medical Center School of Medicine, Brooklyn, NY, completed a pediatric internship at the Montefiore Medical Center in the Bronx, NY, and a residency in pediatrics at the Cardinal Glennon Memorial Hospital of St. Louis University School of Medicine. She completed her fellowship in pediatric oncology at the University of Washington in Seattle and a diagnostic radiology residency and fellowship in pediatric radiology at the Edward Mallinckrodt Institute of Radiology of Washington University School of Medicine in St. Louis, MO. She is professor of radiology at the Barnes–Jewish Hospital and Children's Hospital of St. Louis. She is past president of the Society of Computed Body Tomography and Magnetic Resonance. She is the editor of the Radiology Casebook Section of the Journal of Perinatology, and has served on the editorial boards of Radiology and the ACR Professional Self-evaluation Program. She also has been listed as one of the "Best Doctors in America" and has received several awards for excellence in teaching.

2005 Contributors to the R&E Fund

The AAWR thanks those members who contributed to its research and educational Programs through contributions to the AAWR Research and Education Foundation.

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AAWR Moments

at the 2005 RSNA Annual Meeting



At the RSNA booth

Jenny Smith from International Meeting Managers (left), Dr. Macura (second from left) and Dr. Ellerbroek (fourth from left) with AAWR member. Photo by Dr. Robert Macura.



The AAMC Award

Drs. Macura (left) and Ellerbroek (right) present the AAMC's Women in Medicine Leadership Award earned by the AAWR in 2005. Photo by Dr. Robert Macura.



The 2005 President's Award

Dr. Thomas Harle receives the 2005 AAWR President's Award from 2005 president Dr. Katarzyna Macura for his support of the AAWR and its activities. Photo by Dr. Robert Macura.



The AAWR Sponsored Refresher Course at RSNA

Refresher course speakers from left to right Dr. Strzelczyk, Dr. Damilakis, and Dr. Marx with Dr. Macura (third from left). Photo by Dr. Robert Macura.

RSNA MOMENTS



Back row: Charles Washington, Mitch Latinkic, Michael Gillin, PhD, James D. Cox, M.D. Dr. Macura and Dr. Strife

Front row: Zhongxing Liao, M.D. Lina Tang, Dr. Komaki, Dr. Ellerbroek, and Guanying Zhu, M.D. Dr. Jing Jin Photo by Dr. Robert Macura.

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 meg-blake@yahoo.com or admin@awwr.org



The AAWR President's Literature Picks

Nancy Ellerbroek, MD, 2006 AAWR President

Donnelly LF, Strife JL. Establishing a program to promote professionalism and effective communication in radiology. *Radiology* 2006; 238:773-779.

It is my pleasure to alert you to this article co-authored by Janet Strife, MD, FACR, one of our members on the topics of professionalism and communication in radiology. It discusses many aspects of professionalism and ways of measuring them quantitatively, as well as qualitatively.

“In our experience, the majority of the problems that occur in radiology departments are not related to deficient technical skills: rather, they are most commonly related to poor communication. Such failure in communication is often viewed as unprofessional and can occur between multiple parties... These problems often occur despite high levels of clinical competence and motivation among parties involved.”

The article explains the common causes of these problems, and describes in detail the program that the author's institution implemented with success. It includes a description of the institution's mission statement, their *Professionalism in Radiology* booklet, guidelines for radiology conferences, patient and family satisfaction surveys, and a department scorecard. There is also a section on evaluating faculty communication skills and the quality of radiology reports. I found the article to be very practical as well as informative, and recommend it highly.

Janet Strife is Professor of Radiology and Pediatrics at the Cincinnati Children's Hospital Medical Center, and we are fortunate to have her as an AAWR member.

Horst K, Gunderman RB. There is more to life than lifestyle. *Radiology* 2006; 238: 767-771.

The authors discuss the reasons why radiologists are less involved in service and philanthropy than other specialists. They cite a reference by Frank and Vydareny who wrote about the characteristics of women radiologists and noted that women radiologists were more likely to think they were overworked, reported longer work hours and that they had less control over their work and less career satisfaction than did women in other medical fields. Horst and Gunderman not only analyze the situation but also present positive suggestions on restoring satisfaction not only in the workplace but also in life as a whole.

In the News

Surveys Reveal Why More Women Are Not Choosing Radiology as a Speciality

Leaders in the field of diagnostic radiology are working to make sure medical students choosing a specialty get a complete and accurate picture of the field. One of their top priorities is to attract more women to the profession. For the full text of this story, go to <http://www.rsna.org/eneews/decd.htm>.



News from the AAWR International Committee

Maka Kekelidze, MD, PhD, a member of the AAWR International Committee was awarded the Member-in-Training Award for Outstanding Presentation at RSNA. She was born in 1969 in Tbilisi, Georgia, where she graduated from Tbilisi State Medical University in 1994. In 1997, she started a postgraduate residency program in radiology at the Institute of Radiology and Interventional Diagnostics. In 1999, Dr. Kekelidze received a PhD in Medical Sciences, with a specialty in radiology. She has published 20 scientific works in the field of abdominal radiology and participated in several national and international congresses and symposia including RSNA, ECR, and ESUR. She has participated in training programs in Greece (Aretheion Hospital, Athens) and Austria (Graz University Hospital). In 2002, she received the EAR research and educational grant; and in 2003, she received an RSNA Derek-Harwood Nash Fellowship, accomplished at Brigham and Women's Hospital in Boston. Dr. Kekelidze was awarded a prize for outstanding scientific presentation at the ESUR meeting (Uppsala, Sweden) in 2003. Dr. Kekelidze currently resides in the Netherlands and continues to train at Erasmus MC, Rotterdam. She is a member of RSNA, AAWR, ARRS, ECR and ESUR.

AAWR International Members *(members who reside outside of the US and Canada)*

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We invite the membership to share its ideas and expertise with all of us by
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