



SUMMER 2002

focus



FROM YOUR PRESIDENT

Kathleen A. Ward, MD, FACR

Dear Friends and Colleagues:

A recent article in the Chicago Tribune detailed a study that found men's priorities change from career toward the family after age 40. The study, entitled "Moderators of the Relationship between Work/Family Conflict and Career Satisfaction," appeared in the Academy of Management Journal and was authored by Luis L. Martins, John F. Veiga, and Kimberly A. Eddleston. The study involved 975 American workers (49% women and 51% men), the majority of which were married. Sixty-seven percent of the men and 56 percent of the women had children. The study reported "while women's career satisfaction is negatively affected by work/family conflict throughout their lives, men show this adverse effect only in the later stages of their careers, when they're 40 and older." Further, the article suggests that businesses and organizations take note of these findings and reduce the effects of such conflicts through internal networks and other programs.

The AAWR has been such a network for women radiologists for the past twenty years. Initially founded as a sup-

port group for women radiologists, the AAWR has provided a forum for issues unique to women in radiology. Over the years, the AAWR has sponsored programs that promote opportunities for women and further communication among its members and other professionals. The AAWR can certainly be proud of its twenty-year history of mentoring activity, research and education efforts, and proactive support of women, but perhaps the greatest asset is its members. Women, long absent from the "club house" and other sources of networking, have been able to turn to the AAWR for a unique network of women radiologists from all areas of the country, all types of backgrounds, and all levels of radiology.

This month we welcome our newest members, the first-year members-in-training. I invite you to take advantage of our programs, visit our website and thoroughly read Focus. Be an active member of the AAWR. Attend our luncheons at the national meetings. Get connected. The rewards of membership in the AAWR are many, and our network of supporters of women radiologists is quite impressive indeed.

in *focus*

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PART-TIME WORK: PROBLEM OR SOLUTION?

By *Jocelyn Chertoff, MD*

Part-time work has been suggested as a solution to both the oversupply of radiologists perceived in the recent past¹ and to the current workforce shortage in radiology.² That the same solution can be suggested for opposite problems is intriguing. In studying part-time work in radiology, one finds strongly held, opposite views. Managers report that part-time radiologists provide needed flexibility for their practices, but that they add undesirable complexity to scheduling. Full-time radiologists perceive a need for an increase in the workforce and a frustrating rigidity to part-time work hours, compared to what seem to be unlimited demands on their own time. Part-time radiologists see a solution to their need for time for both their careers and for their families or other pursuits, but also see a problem in how they are perceived and in negative career consequences.

So which is it? Is part-time work a problem for radiology or a solution?

There are data now available to allow us to study the issues in part-time work and to work towards arrangements that maximize the benefit to the individuals involved, really all of us. There can be no single arrangement that will work for all groups or all individuals, nor can the arrangement be overly rigid or static, as the needs of both the practice and the individuals may change. Some part-time arrangements will be temporary to deal with a short-term problem, others will be more long-term, as young children become more independent, and still others will be pre-retirement. One size does not fit all, but certain factors, above and beyond the financials, should be considered for all such arrangements. Having policies in place is important for all parties involved.

Work Hours and Work Assignments

These must fit the needs of the practice and the skillset of the radiologist, but with full awareness of the implications of the work assignment. Is this a very low volume, or low RVU assignment that will result in an equitable, i.e. RVU-based, but inevitably small bonus? Is this an assignment that ends at a specific time for the morning person, but goes on into the evening for the afternoon person? Will call be proportional? Is it an acceptable expectation that with adequate advance notice, the part-time radiologist may be requested to cover addi-

tional hours when needed, or will they be the only individuals whose work hours are never extended due to clinical need? Is the extension of their work hours invisible and unappreciated when inadequate non-clinical time forces them to sign reports, call patients, follow-up on problems, attend meetings and prepare lectures and articles during their “free” time?

Benefits

Part-time radiologists report receiving fewer benefits than their full-time colleagues.³ A percentage of benefits equal to the percentage of time worked may seem “fair”, but it may be neither fair, nor advantageous to anyone involved. Proportional malpractice coverage or health insurance doesn’t work, although an argument might be made for the part-time radiologist to assume more of the cost. What about CME time or funds, should they be proportional? Part-time radiologists have the same CME requirements to maintain their licenses, with no reduction in fees or expenses at meetings. They are further disadvantaged educationally by less exposure to educational opportunities due to their shortened work hours. Is the real goal equity of benefits or a well-educated workforce? Other benefits to be evaluated include vacation time, disability and life insurance, academic time, bonuses, time allowed for visiting professorships, medical savings accounts, etc.

Promotion/Partnership

There is evidence that supports the theory that part-time radiologists are less academically productive, and that there is a relationship between part-time work and lower academic ranks. Will the usual career path, designed for full-time radiologists, be modified for part-time radiologists? In academic practice, promotion is usually linked to academic productivity^{4,5} and rate of publication.⁶ Will the part-time career path maintain the same criteria, but prolong the time to promotion? If so, does this compensate for decreased access to mentoring and opportunities for collaboration? Is it fair to create a part-time track with different expectations, and will this devalue the promotion? Radiologists who have protected academic time have been shown to be more productive in terms of research and publication.⁷ If academic time is proportional, won’t this create additional disadvantages?

In private practice, there is evidence that radiologists who had ever worked part-time were significantly less likely to achieve partnership status.² The expectations and criteria for full partnership status should be determined ahead of time.

Return to Full Time

Frequently, younger radiologists feel pressured to solve their immediate problem by working part-time, failing to anticipate a time when this arrangement is no longer desirable. Women tend to work part-time earlier in their careers than men, for whom it is frequently a prelude to retirement. Interestingly, the 2000 ACR survey showed that “a substantial fraction of men age 55 to 74 were working part-time”, while “part-time work was rare among women 55 and older.”⁸ Plans for a possible return to full-time work should be included in the initial negotiation. The practice may not be able to guarantee a full-time position, but may be willing to commit to increasing hours as current radiologists retire or leave the practice.

This brief discussion is intended to introduce a series of articles on the topic of part-time work in Radiology. We hope to show different perspectives, explore the inherent advantages and disadvantages, as well as the unexpected consequences and stimulate discussion in order to promote the best arrangements for the profession and the individuals.

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Letter to the Editor

Dear Dr. Rosado de Christenson,

I was delighted by Dr. Timins' article in the most recent *Focus* regarding radiation and pregnancy. This article neatly summarizes issues that have recently arisen in our program (in the middle of the night!), and I plan to make sure that it is read by all of our residents.

Thank you.

Sincerely,

Sharon W. Gould, MD

Assoc. Program Director

Diagnostic Radiology Residency

Christiana Care Health Services

A new article by Dr. Julie Timins is found in this summer issue of the Focus. We appreciate the support of our members as well as their comments and contributions to the AAWR's newsletter.



REDUCTION OF RADIATION-INDUCED SKIN INJURIES

By Julie K. Timins, MD, FACR, Treasurer, AAWR

The introduction and increasing use of high-dose fluoroscopic procedures, such as TIPS (transjugular intrahepatic portosystemic shunt) for portal hypertension and cardiac catheterization with radio-frequency catheter ablation for cardiac arrhythmias, have resulted in a new awareness of radiation-induced skin injuries.

Radiation Skin Injuries

The skin is the organ system most frequently injured by ionizing radiation, with the skin closest to the X-ray source receiving the greatest exposure. Adverse effects are dose-related and include, in order of increasing severity, erythema, hair loss, dry and moist desquamation, and chronic skin ulceration. The latter may require deep excision and skin grafting for treatment. (See Figure 1.)

Radiation-induced skin damage may appear within hours, as in the case of early transient erythema due to a relative low radiation dose of 2 Gy, or may not become apparent for weeks or months, as with dermal necrosis due to a high dose on the order of 18 Gy. (See Table 1) Because of the variable time of the appearance of skin changes and the often inconspicuous location of the injury, such as the patient's central mid back with cardiac catheterization procedures, most injuries go unnoticed and unreported. The highest radiation doses occur when patients undergo repeated or serial procedures, such as an angiogram followed by angioplasty or ablation, or when the interventional procedure is unsuccessful and requires more fluoroscopic time.

Cancer Risk

In addition to the injurious effects directly attributable to radiation exposure, as detailed in Table 1, high-dose interventional procedures result in a 5% increased risk of developing skin cancer. There is a substantially smaller but statistically significant 0.2% increased risk of fatal malignancy, such as breast, lung, or stomach cancer or leukemia. These risks must be balanced against the often life-threatening conditions that require treatment with high-dose fluoroscopy-guided procedures.

Factors Affecting Radiation Dose

The radiation dose for a specific procedure varies significantly. Factors influencing radiation dose include the medical institution, fluoroscopic equipment, age, sex, and size of

the patient, and the proficiency of the interventional physician. The physician performing the procedure is the greatest single factor in patient radiation dose. Greater physician experience, judicious limitation of fluoroscopic time, and speed can result in a six-fold difference in mean fluoroscopy times between medical institutions.

Reducing Patient Radiation Exposure

Since the physician determines fluoroscopy time, the most important intervention is physician training. Physicians must be educated about radiation safety and techniques to reduce patient exposure.



Figure 1 Skin Ulceration Following Cardiac Catheterization and Angioplasties. This male in his sixties was seen 18 months after three fluoroscopy-guided procedures: Cardiac catheterization followed immediately by unsuccessful coronary artery angioplasty and repeat angioplasty the following day. Total fluoroscopy time was approximately five hours and calculated dose was more than 3,000 rads (30 Gy). (Courtesy of Fred A. Mettler, Jr, MD. Reprinted by permission of New Jersey Medicine, from Timins, Reference 1.)

Proper fluoroscopic technique must be taught, including using pulsed instead of continuous fluoroscopy. This alone can reduce radiation dose by 50% to 75%. The fluoroscopic controls should be optimized, with increased kVp, decreased Ma, and low dose rate settings. The X-ray beam

should be collimated, the tube position rotated when feasible, magnification use limited, and distance between the patient and the image intensifier minimized.

Technological advances greatly help to offset the image degradation caused by decreased radiation exposure. These include freezing of the last fluoroscopic frame on the television monitor, and digital acquisition and archiving instead of cine film recording. Newer fluoroscopic units can also directly record patient radiation exposure.

Patients should be monitored periodically for the appearance of radiation-related skin injuries, to allow for timely treatment and as a learning tool for the medical team. The patient's radiation exposure should be entered in the individual's medical record, which should include cumulative exposure. A log of radiation exposure from all interventional procedures should be maintained and reviewed periodically, under the guidance of the institutional radiation safety committee.

A continuing quality improvement program should be developed and implemented, including review of procedure protocols, review of radiation exposure to patients, physicians, and staff; and logs of equipment maintenance and inspection.

The Food and Drug Administration has issued several guidance documents dealing with radiation skin injuries. These give detailed recommendations on quantification and limitation of patient radiation exposure. Pertinent federal regulations are being developed to deal with this serious problem.

Table 1 Skin Effects After Single-Fraction Irradiation. (Reprinted with permission from Wagner et al. Journal of Vascular and Interventional Radiology 5:71-84, Reference 2.)

Effect	Single Dose Threshold (Gy)	Onset	Peak
Temporary epilation	3	~3 wk	
Permanent epilation	7	~3 wk	
Early transient erythema	2	hours	~24 h
Main erythema	6	~10 d	~2 wk
Dry desquamation	10	~4 wk	~5 wk
Moist desquamation	15	~4 wk	~5 wk
Late erythema	15	~6-10 wk	
Secondary ulceration	20	>6 wk	
Dermal necrosis	18	>10 wk	
Dermal atrophy	11	>14 wk	
Telangiectasia	12	>52 wk	
Invasive fibrosis	10		

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Important Information for Our Members

Beyond Parity: Transforming Academic Medicine Through Women's Leadership

The University of Illinois at Chicago National Center of Excellence (CoE) in Women's Health is hosting a symposium to examine leadership issues for women faculty in academic medicine on Monday, September 23, 2002 in Chicago. Janet Bickel, Associate Vice President for Medical Affairs, Association of American Medical Colleges, will guide efforts to:

- Examine the current status of women in academic medicine, nationally and in Region V
- Expose the structural barriers that created and maintain the status quo

- Explore successful efforts to dismantle these barriers
- Embark on redefining "success" beyond the issue of parity

The event is co-sponsored by all the Region V CoE's with support from Region V Office of Women's Health, the American Medical Women's Association, the AMA, and Pfizer Pharmaceuticals.

For more information visit their website at: <http://tigger.uic.edu/orgs/womenshealth/index.htm>

On May 21, 2002, the Nominating Committee of the AAWR met by Conference call to discuss the slate of officers to serve on the American Association for Women Radiologists 2003 Executive Committee. The membership will vote on this proposal during the annual business meeting, which will take place on December 2, 2002 at the RSNA meeting. At that time, nominations from the floor will also be requested.



PRESIDENT

Kimberly Applegate, MD, MS, received her BA in Chemistry in 1984 from the University of California at Berkeley, before attending George Washington University Medical School, where she received her MD in 1988. During medical school, she spent a month as a volunteer physician at Scheer Memorial

Hospital in Banepa, Nepal. After completing her residency in diagnostic radiology at the Dartmouth-Hitchcock Medical Center in New Hampshire, Dr. Applegate served as a Pediatric Radiology Fellow from 1993 to 1995 at Children's Hospital in Boston. She completed her Master's degree at CWRU in Epidemiology and Biostatistics with an emphasis on Health Services Research. She is now an associate professor at Indiana University. Dr. Applegate is the recipient of several research grants, awards, and scholarships including an American Roentgen Ray Society Scholarship, a Society for Pediatric Radiology Research and Education Foundation Grant, and an RSNA Seed Grant. Since 1999, Dr. Applegate has been an assistant editor of *Radiology*. In 2000, she served as the RSNA Editorial Fellow from North America. She is a reviewer for several journals, including *Academic Radiology*, the *Journal of Urology*, *Medical Decision Making*, *RadioGraphics*, and *Radiology*. She serves on the boards for the Radiology Alliance for Health Services Research (formerly known as SHSRR) and the AUR, the RSNA Health Policy & Practice Committee, and is the current chair of the RSNA Program subcommittee on Health Services Policy & Research. A member of the American Academy of Pediatrics, the American College of Radiology, the RSNA, as well as numerous other research and medical societies, Dr. Applegate has published 39 papers, contributed two book chapters, and presented scientific papers, posters, and abstracts at medical and scientific assemblies across the United States. Kimberly has three wonderful boys who love sports--and their dad coaches them well both on and off the field. Dr. Applegate is President-Elect of the AAWR and has been active as an officer and served on numerous committees for many years.



PRESIDENT-ELECT

Ewa Kuligowska, MD, FACR, is a Professor of Radiology at Boston University, Boston, Massachusetts. She has published 70 peer-reviewed scientific papers, 80 abstracts, 9 chapters and a book on Ultrasound Examination of the Prostate. She is a Summa

Cum Laude Diplomat of the Polish Board of Radiology and has received "Best Teacher of the Year" awards from both the Warsaw Medical Academy and the Department of Radiology at Boston University. She completed her Radiology residency and fellowship at Temple University, is a Diplomat of the American Board of Radiology and a Fellow of the American College of Radiology. For the past seven years she has served as an Examiner for the American Board of Radiology and as a consultant to the Polish National Board of Radiology. She is on the Editorial Board of the *Journal of Women's Imaging*, and a senior reviewer for *Radiology*, *AJR* and several other journals. Dr. Kuligowska is an internationally recognized expert in Ultrasound and Interventional Radiology. She has been invited as a plenary speaker, moderator and lecturer to many international congresses and symposia. For the past twenty years, she has sponsored Fellowships for radiologists from all parts of the United States, Europe and other nations throughout the World. Dr. Kuligowska has been active on the AAWR Executive Committee for many years and currently serves as Vice President. She also Chairs the AAWR International Committee.



VICE-PRESIDENT

Wendy R.K. Smoker, MD, FACR, received her BS, MS, and MD degrees at The University of Iowa where she subsequently completed her residency and fellowship in Neuroradiology. She remained at The University of Iowa as an Assistant Professor for four years after completing her fellowship. Upon leaving The University of Iowa, she was an Associate Professor for four years at the University of Utah and, for the past 11 years, has been a Professor of Radiology, Neurosurgery, and Otolaryngology and Director of Neuroradiology at the Medical College of Virginia in Richmond, Virginia. She recently returned to Iowa City as Professor and Director of Neuroradiology at her alma mater. She received her CAQ in Neuroradiology in 1995 and became a Fellow of the ACR in 1994. Wendy has been a prolific academician having authored or co-authored more than 100 scientific papers, 20 book chapters and 47 scientific exhibits. She has lectured both nationally and internationally, presenting more than 150 invited lectures. She served as a Deputy Editor of *Radiology* from 1997-2001. Dr. Smoker has been actively involved in organized radiology throughout her career. A member of the AAWR since 1982, she has served as Treasurer (1993-1999), member or Chairman of the Finance and Long Range Planning Committee (1990-2001), as a member of the Board of Directors of the Research and Education Foundation (1993-1996), the Corporate Support Committee (1991-1994), as well as the Public Relations, ACR Council, and International Committees. Dr. Smoker has also served as Secretary of the American Society of Neuroradiology and is a Past President of the American Society of Head and Neck Radiology. She is currently the ACR Councilor from the ASHNR and serves as the Neuroradiology representative to the ABR written Board Examination Committee.



TREASURER

Julie Timins, MD, FACR, completed her radiology residency at George Washington University Hospital in Washington, DC and a Fellowship in Nuclear Medicine at the National Institutes of Health in Bethesda, MD. She currently works in the Department of Radiology of Christ Hospital in Jersey City,

NJ. Dr. Timins has been very active as a Councilor of the American College of Radiology. She is a past president of the Radiological Society of New Jersey and has been a member of the Executive Committee for 20 years. Also active in the Medical Society of New Jersey, she chairs that organization's Council on Communications. Dr. Timins is a commissioner on the Commission on Radiation Protection of the State of New Jersey. She sits on the New Jersey State Interagency Council on Osteoporosis and co-chairs the Medical and Scientific Subcommittee. Dr. Timins chaired the AAWR Membership Committee from 1998–1999 and currently serves as AAWR Treasurer and chair of the Finance and Long Range Planning Committee.



SECRETARY

Nancy A. Ellerbroek, MD, FACR, received both her BA in Physics and medical degree from UCLA. She completed her residency in Radiation Oncology at UCLA in 1987, and served as Assistant Radiotherapist at the University of Texas, MD Anderson Cancer Center. She made the move to Loma Linda

University Medical Center, where she served as Assistant and later as Associate Professor. Her areas of special interest include interactions between chemotherapy and radiation therapy, and the treatment of breast and prostate cancer. She joined Valley Radiotherapy Associates in 1993 where she currently works in private practice. Dr. Ellerbroek is immediate Past President of the Southern California Radiation Oncology Society, as well as immediate Past President of District 17 of the LA County Medical Association, where she serves on the Board. She has served on the RSNA Program Committee and is currently on the Editorial Board of the journal, *Radiology*. She has served on the Long Range Planning Committee and currently serves on the Membership Committee for ASTRO. Dr. Ellerbroek has four children. She has served on numerous committees of the AAWR, and currently holds the office of Secretary.



MEMBER-AT-LARGE FOR DIAGNOSTIC RADIOLOGY

Carol L. Andrews, MD is a musculoskeletal radiologist in private practice with Tower Medical Imaging Group in Beverly Hills, California. She attended the University of Utah School of Medicine, graduating in 1989 with election to the medical honor society,

Alpha Omega Alpha. She completed her diagnostic radiology residency at the University of Utah and was board-certified by the American Board of Radiology in 1994. She completed two years of fellowship training in musculoskeletal radiology including a clinical year at the University of Utah and a research/clinical year at the Armed Forces Institute of Pathology (AFIP) in Washington, D.C. Following fellowship, Dr. Andrews returned to the University of Utah as Musculoskeletal Section Chief and subsequently accepted a faculty appointment at UCLA in the Musculoskeletal Radiology Section, where she developed and directed the Spine Injection Service. In her second year on faculty at UCLA, she received the Leo G. Rigler Teacher of the Year award. Dr. Andrews is also an active member of the Society of Skeletal Radiologists, Radiological Society of North America, American Roentgen Ray Society, North American Spine Society, International Spinal Injection Society and the American College of Radiology. Dr. Andrews has participated in AAWR as a Member-in-Training-at-Large and on the member-in-training and membership committees for a number of years.



MEMBER-AT-LARGE FOR RADIATION ONCOLOGY

Jeanne Quivey, MD, FACR, a native of California, graduated from UC Berkeley in 1966 with a BA in Genetics and from University of California San Francisco (UCSF) with her degree in Medicine in 1970.

Dr. Quivey also did her post-graduate training in Radiation Oncology at UCSF, and in 1974 she joined the full-time faculty where she has remained since that time. She is currently Professor of Clinical Radiation Oncology at UCSF with special interest in the treatment of eye and orbital malignancies, breast cancer, head and neck cancers, and intensity modulated radiation therapy. Dr. Quivey's family has grown with her career, with her two children (born during residency) and husband Peter, an orthopedic surgeon. Dr. Quivey currently serves AAWR on the International and Radiation Oncology Committees.



MEMBER-IN-TRAINING-AT-LARGE

Denise S. White, DO, is currently a third year resident and Chief Resident in the Department of Diagnostic Radiology at the Albert Einstein Medical Center in Philadelphia, PA. She completed her internship and obtained her medical degree from the University of Medicine and Dentistry of New Jersey—School of Osteopathic Medicine in Stratford, NJ. Dr. White was the recipient of the AAWR 2001 Research and Education Foundation Member-in-Training Award and currently serves on the AAWR Member-in-Training Committee.

AAWR PAST PRESIDENTS REFLECT ON THE LAST 20 YEARS

2002 marks the twentieth anniversary of the American Association for Women Radiologists (AAWR). Our President and her committee are busily planning the celebration of such a milestone for our organization. In its next few issues the Focus will "look back" at the activities of the AAWR through the comments and recollections of its Past-Presidents as we look forward to our next 20 years!



Gretchen A. W. Gooding, MD, FACR
1985 AAWR President

Hurray for the 20 years of the AAWR!

I am proud to have served as President of this august body in the year 1985. Katherine Shaffer was Secretary, June Unger, Treasurer, Sandra Fernbach, the Membership Chair and Dixie Aronberg, the Nominating Committee Chair. We strategized about how to become visible to organized Radiology. Since we were only four years old, we spent a lot of time and effort in getting the message out that we existed. At the RSNA meeting, we made considerable efforts to staff the AAWR booth and to explain who we were and why we felt there was a need for our organization.

As women professionals, we knew that visibility and appreciation for work well done was not always recognized. Thus, I felt that it was important to create an award to recognize the accomplishments of our colleagues and chose Marie Curie as the name for an award that would epitomize eminent achievement, recognized worldwide, in honor of a woman who presented an appropriate role model for women radiologists, physicists, scientists, and radiation oncologists.

We enjoyed our association, were proud of its first steps, and basked in the fellowship of its members.

Gretchen AW Gooding, MD, FACR is Professor and Vice Chair of the Department of Radiology at the University of California, San Francisco and Chief of Radiology Services of the Department of Veteran Affairs Medical Center, San Francisco



B.J. Manaster M.D., Ph.D., FACR
1996 AAWR President

I was privileged to serve as President of the AAWR in 1996. As we approached our 14th year of existence, we felt that we had come a long way as an organization and in influencing both the treatment and perception of women radiologists. We also recognized how important it is to remain relevant in order to continue to attract members, as well as influence policy. At that time there was an explosion of interest in radiology among women medical students, and numbers of women radiology residents were significantly increasing. Many made their way in the world of radiology without difficulty, but others found they could benefit from more collegial advice and mentorship. Since this was often not available in their programs, the AAWR took on the responsibility of writing and distributing a book entitled "Survival Guide for Women Radiologists: the AAWR Pocket Mentor." I served as the editor as well as an author for several chapters, but was especially lucky to be able to call on many of my fellow members of the AAWR to contribute. What a variety of experience these accomplished women brought to the book! As we read one another's contributions, many of us commented "If only I had known that!" The book epitomized what the AAWR is all about: sharing information in such a way that we can all gain. With the sponsorship of Mosby, we were able to publish the book and send it, at no charge, to all incoming women radiology residents in the United States over the next several years, until our original printing of 5000 copies ran out. The response was positive; I still have radiologists comment on how helpful various chapters were to them personally. I am pleased to report that the second edition is now being printed, and this service to incoming women radiology residents will be continued for the next several years, due to sponsorship by Mallinckrodt. I am pleased to see the success of the AAWR as it approaches this big anniversary, and I treasure the friendships and collegial relationships which have developed from my time spent in the society.

B. J. Manaster, MD, PhD, FACR is Vice-Chair and Professor of Radiology at the University of Colorado Health Sciences Center and serves as the AAWR's Alternate Councilor for the ACR.



Nancy S. Rosen, MD, FACR
1997 AAWR President

I am very pleased to have been the AAWR President in 1997. My year was facilitated by the excellent work of Ann Rosser, our Executive Director and Barbara Jennings our Account Executive.

These women managed the day-to-day working of the Executive Committee of the AAWR and those of us who were officers had only to follow their expert directions.

With the help of Ann and Barbara and that of Executive Committee Member, Carol Andrews, I was able to set up a computerized national mentoring network for AAWR where women wishing to be mentored, but unable to find mentors at their own location could find someone in their area. Carol and I also wrote articles on mentoring which were published in the Focus.

With funds provided by one of our long time sponsors, the E-Z-EM Corporation, I published a pamphlet on childcare. Many of our members contributed moving descriptions of their personal experiences—all the joys, trials, tribulations and frustrations that we experience as working mothers.

Nancy S. Rosen, MD, FACR is Professor of Radiology at the Memorial Sloan Kettering Cancer Center in New York.



KUDOS

and

PLAUDITS



Teresita Angtuaco, MD, FACR, a professor of radiology in the University of Arkansas for Medical Sciences (UAMS) College of Medicine and Past-President of the American Association for Women Radiologists recently received the Outstanding Woman Faculty Award. Debra Fiser, MD, professor and chair of pediatrics and the first winner of the award,

presented the award to Dr. Angtuaco on February of 2002 at the annual dinner meeting of the Women's Faculty Development Caucus (WFDC). Paula Anderson, M.D., a professor of medicine and chair of the caucus' award committee, explained that the award was created to honor a woman faculty member for leadership, mentoring, scholarship and achievement. "We particularly want to acknowledge and reward the task and gift of mentoring junior faculty and students at all levels, because it is such a vital and necessary function to ensure faculty success and productivity in business and academia," she said. The WFDC is an organization for women in the College of Medicine, including "women of leadership, junior women, and women of color."

AAWR Welcomes New Members in 2002

Lejla Aganovic, MD ^T
Indu Agarwal, MD ^T
Gagan Ahuja, MD ^T
Laura Aizenman, MD ^T
Julie Aker, MD ^T
Barbara Albani, MD ^T
Marybeth Allian, MD ^T
Tracy Alpert, MD ^T
Falguni Amin-Zimmerman, MD ^T
Marina Ananich, MD ^T
Liva Andreeva, MD ^T
Kelli J. Andresen, MD ^T
Janna Andrews, MD ^T
Munazza Anis, MD ^T
Catherine M. Appleton, MD ^T
Rimma Aronov, MD ^T
Anupama Athota, MD ^T
Laura Avery, MD ^T
Kerri Baden, MD ^T
Jody M. Barber, MD ^T
Verouique Barois, MD
Erica Bassetti, MD
Deep Bassi, MD ^T
Amanda F. Bauer, MD ^T
Kathryn Beal, MD ^T
Melissa Bean-Leimkuehler, MD ^T

Marie-Claude Beauchemin, MD ^T
Christine Benton, MD ^T
Tammie S. Benzinger, MD ^T
Deborah Berger, MD ^T
Noel Bergquist, MD ^T
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Jennifer Kam, MD ^T	Alie Norman, MD ^T	Hakiran Singh, MD ^T	

^T = Training

AAWR 2002—Mark Your Calendars

AAWR New Fellows Luncheon during ACR Meeting

Tuesday, October 1, 2002
Loews Miami Beach Hotel, Miami, FL

AAWR Luncheon during ASTRO Meeting

Sunday, October 6, 2002
Hilton Riverside Hotel, New Orleans, LA

"Marie Curie and You"
Sarah Donaldson, MD, FACR

AAWR Business Luncheon during RSNA Meeting

Monday, December 2, 2002
McCormick Place, Chicago, IL

AAWR Sponsored Refresher Course during RSNA Meeting

Tuesday, December 3, 2002
McCormick Place, Chicago, IL

"Workforce Issues in Radiology Panel Discussion"

Moderator: Kimberly Applegate, MD, MS

Panelists: Kay Vydareny, MD, FACR
Carol Rumack, MD, FACR

Hedvig Hricak, MD, PhD, FACR and
James Borgstede, MD, FACR

AAWR Residents' Luncheon during RSNA Meeting

Tuesday, December 3, 2002
McCormick Place, Chicago, IL

"General Competencies for Radiology Residents"

Jannette Collins, MD

AAWR President's Luncheon during RSNA Meeting

Wednesday, December 4, 2002
McCormick Place, Chicago, IL

"The Past, Present, and Future of the AAWR"

Carol Rumack, MD, FACR

*Invitations to luncheon events will be mailed.
You can visit our website: www.aawr.org
for additional and updated information.*

New Radiology Center to be Named for the Late Linda R. Roe

A fund-raising drive is underway to name the new radiology center at Fletcher Allen Health Care, Burlington, VT, in memory of the late Linda R. Roe, M.D. The facility, located within the soon-to-be-constructed 362,000 square-foot Ambulatory Care Center, will house magnetic and diagnostic equipment within the Cancer Treatment Center. Dr. Roe, who joined the faculty of the Department of Radiology at the University Of Vermont College Of Medicine in 1981, died May 3, 2001, at the age of 53 after a valiant battle with pancreatic cancer. Dr. Roe, whose special interests included musculoskeletal radiology and breast imaging, rose to professor of radiology at the University in 1995. University of Vermont/Fletcher Allen physicians Betsy Sussman, M.D. and Anne Hayton, M.D. are serving on a volunteer committee to raise funds for the proposed Roe Center.

"She was an outstanding clinician, an excellent teacher and a dear friend to many physicians, patients and health care professionals. In addition, she was an outstanding role model and inspiration to many women who she helped train. It will be a tremendous honor to have her name attached to this new facility at our academic medical center," said Dr. Sussman.

Dr. Roe is survived by Dr. Norman Sturtevant, two daughters, a son, a stepdaughter, her mother and two brothers.

Contributions are being accepted by The Roe Center Project, Fletcher Allen Health Care, Development Office, 111 Colchester Avenue, Burlington, Vt. 05401. For more information, contact Rob Buckla at robert.buckla@vtmed-net.org or 802-847-5508. All contributors will be recognized within the completed Roe Center.



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Articles for consideration for publication in the *Focus* can
be submitted to the address above.

Focus is published four times a year by the American Association for
Women Radiologists (AAWR) for the benefit of its membership

Editor

Melissa L. Rosado de Christenson, MD, FACR

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

February 1, 2002
June 1, 2002
September 1, 2002
December 1, 2002