



Women in
Thoracic
Surgery

ORACLE

To further the achievements of women practicing thoracic surgery by providing mutual support and facilitating professional advancement

President's Corner

By Margarita Camacho, MD



I would like to extend an enthusiastic welcome to our new members, and well-deserved congratulations to our 10 newly board certified women. This year has been an important one. Realizing that we have grown in both size and scope, it is necessary to assure we have the proper organizational and administrative tools to continue moving forward. With the guidance and assistance of our founder, Leslie Kohman, and our constant supporter, Carolyn Reed, we formed an official agreement for STS

to provide management services to WTS. We celebrated this new relationship at the WTS meeting in Washington DC that was held during the AATS (see photos page 8). Many of you may have seen the announcement in the most recent STS newsletter. Dr. John Mayer, STS President, has been very supportive of WTS, and very much welcomed this new relationship. We anticipate a significantly increased ability to reach out to members regarding meetings and events, and to continue to increase membership both in North America and internationally.

In an effort to decrease the deadly trend of smoking in young women, the WTS leadership sent a compelling letter to several magazines, urging them to stop tobacco advertising. The publications included Glamour, Vogue, Cosmopolitan, Elle, InStyle, Interview, and Marie Claire. Our International Membership Chair, Carolyn Dresler, has been a tireless advocate of the anti-smoking initiative in women, and I encourage that anyone interested in getting more involved contact Carolyn, whose e-

mail address is on our website.

During our WTS board meeting last May, we discussed plans for a workshop or retreat for WTS members in the Fall of 2008. We have not yet finalized the topics to be included, but many were interested in issues surrounding career development. We will keep you posted by late winter/early spring, beginning with a "save the date" notice.

We are very much looking forward to our WTS general membership meeting on January 27, 2008, in conjunction with the STS meeting in Ft. Lauderdale. It will be an early evening meeting, and we will e-mail and post the details on our website within the next few weeks. Many important positive changes have happened over the last few years. I will highlight these and share with you the vision of the leadership group. Again, thank you for continuing to support Women in Thoracic Surgery, and look forward to seeing you in Ft. Lauderdale!

Getting to Know You: Yolonda Colson



Yolonda studied medicine in a combined 6-year MD-PhD program, completing her MD work at Mayo Medical School and her PhD at the University of Pittsburgh in Immunology studying lymphocyte adhesion to endothelium. She completed her general surgery residency in Pittsburgh and also did a 4-year post-doctoral fellowship where she was involved in setting up clinical trials in bone marrow-induced tolerance for solid organ transplantation. She is now an Associate Professor in Surgery at Brigham and Women's Hospital in Boston where she is clinically busy as a general thoracic surgeon and runs a laboratory with several post-doctoral fellows, graduate and undergraduate students studying both transplantation tolerance and polymer-based drug delivery systems for the treatment of lung cancer. She is the recipient of the George H.A. Clowes, Jr, MD, FACS Memorial Research Career Development Award through the American College of Surgeons. Her lab is funded by the NIH, ACS and CIMIT and she just filed a patent on her work with nanoparticles and drug-delivery polymer films.

Yolonda is currently active on committees for the ACS, STS, AATS, and is on the Board of Directors for WTS.

Oracle: Yolonda, congratulations on your recent promotion to Associate Professor at Harvard! We are hoping to celebrate with you at the STS, and would like to take this opportunity to get to know you better personally. Can you tell our readers a little about yourself and your family?

Dr. Colson: I have been married to my husband, Gray Lorig, for nearly 20 years. We met in college when we were both studying engineering. Of course, we dated for 8 years while we both did advanced degrees, figured out how to get jobs in the same state and made sure that no one else in the world could put up with our crazy lifestyle. He has offered amazing support throughout my MD, PhD, post-doc, general surgery and cardiothoracic surgery residencies, and continues to be my primary support person. We have two young daughters, Karinne,

who loves fencing, Latin and drawing and plays the flute, and Azuri, who has been playing the harp since she was 5 years old and loves horses, dragons, and drawing. Every year we try to take a vacation where the children can see that not all children in the world have lives like theirs in the US - they have been to Spain, Costa Rica, Honduras and Kenya. They have figured out that not everyone needs a Game Boy and a TV to be happy, but they still believe that taking them away will certainly make everyone unhappy. My time with my family is critical, as this is what keeps me grounded and helps me be a better physician.

In terms of my background, I was born in Colorado and moved to a 160-acre farm in Minnesota where I went to high school. Our family built our own house- foundation, bricks, plumbing and all (!) and I remember many, many long weekends and vacations working together as a family nailing sheetrock, shingles etc. I went to a very small, unaccredited high school in Minnesota before going Rensselaer Polytechnic Institute in Troy, NY to be a biomedical engineer.

Oracle: So, you did a 6-year MD-PhD program, then residencies in general and cardiothoracic surgery plus a postdoctoral fellowship, right? And in the meantime you found time to get married and have a family. How did you make that work?

Dr. Colson: I was married in my last year of the 6-year MD-PhD program when I returned to Mayo, although we still lived in two separate cities about a 90 minute drive apart. After graduation, I started my general

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Cont. Getting to Know You: Yolonda Colson

surgery residency at Pittsburgh and did a 4-year post-doctoral fellowship. I had our first daughter at the end of this laboratory time. I was pregnant with our second daughter as a chief resident in general surgery, and she was born in August after we moved to Boston. My research time had led to independent NIH funding so it allowed me to work in the laboratory for a year and get the laboratory up and running, add a family member (Azuri), and be sure that my family was comfortable in Boston before I began my cardiothoracic surgery residency. I did not know that all the previous cardiothoracic chiefs in the program had been men and I probably would have missed a wonderful opportunity had I known - since we are always told that this is one of the “danger signs” in any program you are considering. Sometime it is the right time to be first and you just happen to be in the right place at the right time. (Rule #1 - Don't be afraid of a really good opportunity.) I would really encourage women residents to think carefully about your career choices, but don't be so cautious that you lose a great opportunity just because “a woman has never done it before”. You can't be a pioneer and take the road well-traveled at the same time. My career would not have been possible without lots of planning and a wonderful spouse, but throughout all of my residency and early career, he was living in the same house, working in New York, and traveling to Asia and London. Yes, we did have a nanny call schedule as well! (Rule #2 - You have to be flexible and love your family enough to keep it all together.)

Oracle: That's great! OK, so you live

in Boston and naturally you are a huge Red Sox fan, but what other sports do you like to watch? Do you play any sports yourself?

Dr. Colson: I guess that my favorite sport to watch is quickly becoming fencing since my oldest daughter is now competing in saber. I have no idea how you get the points and win the match but I am very good at reading the scoreboard and telling who is ahead and who wins the match!

Sports that I like to do are rollerblading and horseback riding, two sports that every cardiothoracic surgeon should take out extra insurance for, since both are great ways to break an arm if you work at it.

Oracle: We hope you will be careful! OK, finally, it sounds like you have a lot of different things you do at work. What do you enjoy the most?

Dr. Colson: That is very hard to say since I have a great mix of what CT surgeons can do and I like them all - meeting with patients and giving them hope and belief that someone cares no matter how bad it gets; doing the best surgery in the world, (I love operating in the chest although the lungs are much, much more interesting than that beating thing in the middle); and having the opportunity through my research to hopefully eventually change the treatment of thousands of thoracic patients for the better - these are all absolutely amazing parts of my “ordinary” day and I just can't think of any other career that I can find such an experience. (Rule #3 - You can only “do it all” and be happy if you really love what you do every day).

What is the WTS Scholarship Program?

WTS is proud of its scholarship program which has awarded \$23,500 since 2005. In awarding the annual WTS scholarships, Women in Thoracic Surgery is fulfilling one of its stated missions: “to enhance the education of women thoracic surgeons.”

The year 2008 marks the fourth year that WTS will be aiding women interested in pursuing a career in thoracic surgery to attend the Society of Thoracic Surgeons meeting. To date, eighteen women have received awards based on an essay submitted to the Leadership Committee of WTS. The majority of the recipients have been residents in a thoracic surgery training program, although one medical student and several general surgery residents with an eye on a thoracic surgery career have received the award. The scholarship is open to women from all countries who are in an approved surgical training program.

This year's essay topic is chosen to encourage the applicant to reflect on how her career decision will affect the person closest to her - be it a spouse, friend or family member. The scholarship, a \$1500 cash award, will be given to the recipient at the WTS Membership meeting held in conjunction with the STS meeting on Sunday, January 27, 2008 in Ft. Lauderdale, FL.

If you are in training and considering a career in CT surgery, please apply! If you know someone in training, please pass along the application form and encourage her to apply.

Working for a Higher Calling: Cardiothoracic Surgeon and Saint?

Giancarlo Rastelli, known to us as the person behind the Rastelli

Classification and the Rastelli Operation, may one day soon be better known to the world at large as Saint Giancarlo. Pasted below are excerpts from a recent article by Monica Rafie. Monica's words remind us of how important we are to our patients and their families, and how the very things we do every day may be much deeper and more important than we realize.

Paediatric heart surgeons are regularly hailed as miracle workers, making the tiniest hearts, missing the most essential parts, function -- and for a lifetime. Even though they have saved the lives of our children, however, we parents stop short of kneeling to kiss their hands. Not quite hagiographies, books with titles such as, *Walk on Water* about Dr Roger Mee of the Cleveland Clinic, and *King of Hearts*, about Dr. Walt Lillehei, the pioneer of open-heart surgery, herald monumental achievements. They also warn us not to idolize these super-hero surgeons who are, after all, only ordinary men. They are not necessarily saints.

But they could be. In 2005 the Catholic Church began to investigate the sanctity of Mayo Clinic paediatric heart surgeon and researcher, Giancarlo Rastelli, who was born in Pescara, Italy, in 1933. In 1960, Rastelli won a NATO scholarship, which began his relationship with Mayo. He quickly distinguished himself by his research, as well as his dedication to patients with the most defective hearts.

There is every reason to believe his innovations would have continued if his life had not been cut short at the age of 36. Despite all he had contributed to paediatric cardiology within a short span of time, Rastelli was only able to see what remained to be done. Near the end of his life when it would have been acceptable - due to his progressing illness - to slow down, he chose to continue. "To stop the research," he said, "is to cease to live." By then it was clear to those who knew him that Rastelli was not only a great surgeon, but also a man of great virtue.

His colleagues remember him as optimistic, compassionate, and exceptionally devoted. The importance of his research and surgical innovation is universally undisputed nearly 40 years later. But what made Rastelli truly special is that his life was simply and strongly rooted in love of God. In some people, the virtues appear to flow seamlessly from inside out, from private spirituality to public service, and the testimonies about Rastelli demonstrate this to be true of him. That is not to suggest that this apparent seamlessness didn't cost him something. It is reported that it was very difficult for him when he could do nothing more to help a child, but he did not allow his own discomfort to keep him from drawing near the suffering one. He practiced true compassion; his advice was "Even if you only have a few minutes to visit a patient, enter, sit next to him, smile, take him by the hand, meet him as a brother with a common destiny."

Rastelli was concerned about being an

authentic person, and not puffed up with pride over his remarkable achievements. When his colleagues could not understand his technical concepts, he considered it his own fault, not theirs. Humility, for him, was simply honesty, a rigorous accountability. According to his sister, his life could be distilled into one maxim: "Interrogate yourself every day and every hour and see how you match up against your degree, profession, essence, humanity, Christianity. Never live off past profits."

After an extended long-distance courtship, Rastelli married Anna Anghileri and they had one daughter who would herself become a physician. Sadly, his years as a married man and father were few. Shortly after their honeymoon, he diagnosed himself with Hodgkin's disease. Dr Igor Konstantinov marvels at Rastelli's disposition during this period of time: "Rastelli was certainly aware of this poor prognosis, yet he chose to get the most from the years left to him."

More importantly, he chose to give the most from the years left to him. They were his most productive and his most sacrificial. His colleagues had long been familiar with his extravagant devotion to his patients, some of whom he had housed, fed, and even helped to fund their surgeries and hospitalizations. As though co-conspirators in some wonderful pledge, he asked each of these children to sign their names on a poster kept hanging in his office, which read, "L'Amore Vince", or, "Love Always Wins".

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**Story continued from page 4:
Working for a Higher Calling:
Cardiothoracic Surgeon and Saint?**

In his final year, chronically sick and weak from Hodgkin's, Rastelli took under his care a "hopeless" case. Twelve-year-old Vincenzo Ferrante and his parents had traveled from Italy to Texas for an operation that was expected to finally repair his complicated heart defects. Instead they were dealt the terrible blow that surgery could no longer help their son. The desperate parents turned to Rastelli. The boy required two surgeries at Mayo, including the Rastelli procedure, within a period of weeks. Ferrante recovered slowly, while Rastelli's health rapidly declined. Yet there he was, at least on one occasion spending the night at the boy's bedside, and showing up for daily visits to cheer him during his long hospitalization. Ferrante went on to university, eventually married and took on the profession of civil engineer. Rastelli died only weeks after Ferrante was discharged.

Anyone can recognize Giancarlo Rastelli as a surgeon of immense talent. Time will tell if he will be recognized as a Catholic saint. There is no question that what his life shows is that Christian holiness enhances talent; it doesn't weaken it. I hope that his possible canonization by the Catholic Church will inspire other doctors to follow in his footsteps.

Monica Rafie is a Chicago-area mother of four children, one born with complex heart defects, and the founder of Be Not Afraid (www.benotafraid.net), an outreach to parents who have received a poor or difficult prenatal diagnosis.

STS to Provide Management Services to WTS

The Society of Thoracic Surgeons and Women in Thoracic Surgery have entered into an agreement that engages the Society to provide management services for WTS effective June 1, 2007.

The agreement was signed in Washington DC during STS and WTS activities held in conjunction with the AATS Annual Meeting. Leadership from both organizations celebrated the collaboration at a WTS reception Sunday evening, May 6.

"I am honored to be a part of this special evening," Dr. John E. Mayer, Jr., STS President, said to the group that evening. "We recognize that women have been important contributors to cardiothoracic surgery and are a growing part of our specialty. It is a privilege for the STS to collaborate with WTS in advancing the ability of women to continue their contributions to our profession."

WTS was founded in 1986 with a mission to enhance the quality of medical care given to patients of members; to focus on the development of women thoracic surgeons through a mentoring program; to enhance the education of patients concerning heart and lung disease, particularly but not exclusively among women; and to provide education opportunities for women thoracic surgeons.

Current WTS Board of Directors members include Margarita Camacho, MD, President; Nora Burgess, MD, Vice-President; Joanne Starr, MD, Secretary; and Directors Cindy Herrington, MD, Yolonda Colson, MD, and Patricia Thistlewaithe, MD.

"We are excited about this collaboration," said Dr. Camacho, "it provides a great opportunity for WTS to expand its reach nationally and internationally."

STS headquarters office in Chicago will now serve as headquarters for Women in Thoracic surgery. Nancy Puckett, STS Director of Marketing & Communications, will serve as WTS Executive Director.

If you have questions about WTS membership, including how to apply or the recent agreement, please contact Nancy Puckett at npuckett@sts.org or at 312-202-5819.



WTS wants magazines aimed at women to decline future tobacco advertising dollars and rather, emphasize important health issues

It is important for the Women in Thoracic Surgery to take a strong stand about one of the major health risks facing women and their risk for diseases of the chest. Recent attention was focused on the subject of women and smoking because of the new Camel No. 9 cigarettes marketed to young women by RJ Reynolds. It is advertised as 'light and luscious' – clearly aimed for the younger generation. Most girls (and boys too) start smoking at ages 12-13 years in the US. And, they like to smoke the brands that are reputedly cool, glamorous and thus, popular. The advertisements for Camel No. 9 have been placed in *Vogue*, *Glamour*, *Cosmopolitan*, *Marie Claire* and *InStyle*. Where else does one need to

go to learn what is cool, glamorous and style-setting?

Because of tobacco industry influence, these same magazines do not print articles discussing the health risks from smoking this 'light and luscious' cigarettes. One will rarely find articles about a woman's risk for lung cancer or heart disease as a result of smoking. Nor will they discuss the other health risks that women who smoke face, such as low birth weight babies or increased incidence of Sudden Infant Death Syndrome. No, these magazines have been addicted too long to tobacco industry advertising dollars and influence.

These magazines aimed at women –

and particularly young women - should be emphasizing healthy choices and education about health risks. They should be discussing how more than 1.5 times more women die from lung cancer than breast cancer – something that the majority of American women do not know. Or that one in five deaths in women is from heart disease. Currently, about 23% of teenage girls and 18% of adult women smoke. As leaders in healthcare, Women in Thoracic Surgery has sent a powerful letter to these magazines requesting them to decline future tobacco advertising dollars and, rather, emphasize important health issues, such as women's risk for heart and lung disease.

WEBSITE UPDATE

Log-on to the new and improved WTS website (www.wtsnet.org). With the wonderful assistance of Sharon Porta, Betsy Perveiler and Nancy Puckett at the STS, our website is cleaner and we believe more reader friendly. This is only a start however!

Our goals are to increase the substance and utility of the website with current information. Please contribute to the website by sharing your recent presentations at national and local meetings and all your recent publications.

If you are interested in being a mentor (to a medical student, resident or even junior faculty), please let us know so we can add your interests and contact information to the site.

This is a work-in-progress and we would like feedback on the website. Please email contributions and suggestions to Virginia.little@mountsinai.org

WTS asks *Glamour* to STOP all tobacco advertising

Ms. Cynthia Leive, Editor-in-Chief
Glamour
4 Times Square
New York, NY 10036-6593
Fax: 212-286-6922

Dear Ms. Leive:

The members of Women in Thoracic Surgery (WTS) see first-hand, every day the damage caused by cigarette smoking. On behalf of the membership of WTS, a national organization comprised of women heart and lung surgeons, I am writing to add our support to the Members of Congress who are encouraging publications such as *Glamour* to voluntarily stop accepting tobacco advertising.

As you must be aware, tobacco contributes significantly to the leading causes of death in this country – cardiovascular disease and lung cancer. Tobacco is also implicated in multiple negative effects on the pregnant woman and fetus and in the etiology of several other types of cancer. The direct and indirect results of smoking are devastating.

Just consider the statistics. Cardiovascular disease, including heart disease, hypertension and stroke, is the number one killer of women, claiming the lives of half a million American women each year. Lung cancer is the leading cancer killer of US women, responsible for one in four of all cancer deaths. It causes more deaths among women than breast, uterine, and ovarian cancers combined, and there is now evidence that women may be more susceptible to the disease than men. Yet many women do not know that heart disease and lung cancer are major health threats — these are often seen as male diseases. By publishing tobacco advertising, *Glamour* perpetuates the problem, enhancing the allure of smoking, and, it could be argued, increasing health risks for today's women.

Glamour has had a very positive reputation as a primary purveyor of women's health information, and *Glamour* is to be commended for its role in the Red Dress Campaign for women's heart health. With these efforts to educate young women about good health, it is counterproductive for *Glamour* to convey the opposite message by including cigarette advertisements within its pages. Of particular concern are ads for Camel No. 9, the newest tobacco product of R.J. Reynolds, targeted specifically at young women.

WTS will be happy to help you and your staff launch a nationwide effort to educate young women about the dangers of tobacco. Such a campaign would allow *Glamour* to use its influence and reach to implement profound and long-lasting behavioral changes – to change lives.

On behalf of the members of Women in Thoracic Surgery who care for women every day with lung and cardiovascular diseases, please consider taking a leadership role on this issue. Please STOP all tobacco advertising in *Glamour*. If we can help in any way, please call our headquarters office at 312/002-5819.

Thank you.

Sincerely,

Margarita Camacho, MD
President
Women in Thoracic Surgery

Photos from the WTS Reception at the 2007 AATS



WTS MEETING

Women in Thoracic Surgery will hold their meeting on January 27 during the STS 44th Annual Meeting in Fort Lauderdale. Make plans now to attend the STS 44th Annual Meeting, to be held January 28-30, 2008. STS/AATS Tech-Con will be held January 26 and 27, with the exhibition running from January 27 to 29.

Highlights of this year's annual STS meeting include:

- The International Relationships Symposium: Perspectives on Cardiac Applications of Stem Cell Research
- Beginning Clinical Research in Your Institution: The Basics, an introduction for surgical groups and hospitals to successful participate in clinical trials:
- No Heroic Measures—How Soon is Too Soon to Stop, this year's ethics debate
- Rotating sessions at STS University which will allow attendees to participate in more than one of these highly in-demand hands-on courses.

On-line registration is now open at www.sts.org, and more details about the WTS meeting will be available in the next issue of *The Oracle*.

MESSAGE FROM THE STSA PRESIDENT

Carolyn Reed Invites us to the STSA Meeting, November 7-10

54th Annual STSA Meeting is at the Hyatt Regency Coconut Point Resort in Bonita Springs, Florida

This promises to be an exciting and enjoyable meeting, complete with a debate on the ethics of smoking in public, by our very own Carolyn Dressler.

As summer ends and we get caught back up in our practices and other busy fall activities, I want to remind you that the 54th Annual STSA Meeting is just around the corner. I am excited about the variety and depth of the program.

The meeting will start Wednesday evening with the popular movie night. The Postgrad Course begins with breakout sessions in adult cardiac, congenital and thoracic. Watch out for the congenital section where Thomas Spray, Edward Bove, James Tweddell and Ross Ungerleider relate what each thinks is most important in Norwood Stage I. Sparks could fly! The pro-con debates are back by popular request. The Postgrad program ends with a talk which affects all of us: Reshaping/Retooling your Practice/Self.

The scientific sessions offer a wide variety of subject matter and represent important reviews, reports of clinical trials/experiences, and innovative basic science research. Although discussants have been selected to head off the discussion, their time and number of questions has been limited to increase audience participation.

My mentor and friend, Dr. William Gay, will be sharing his wisdom regarding thoracic education as my guest lecturer. Since Bill was the person who gave me a position in cardiothoracic residency, this is a

special occasion for me.

On Friday afternoon we will try something new – breakout sessions in Cardiac and Thoracic. The afternoon will conclude with our business meeting. I would like to remind all new members to participate in order to recognize you with your membership certificates.

Friday evening the President's Mixer will feature food stations from past STSA meeting locales. For the early Saturday AM risers, the ethics session will vie with the coding workshop. The STSA will end with our black tie dinner dance. I have departed a bit from past custom and engaged a jazz band for our entertainment. The evening will feature the inaugural presentation of the STSA Inspiration Award.

I am particularly excited about our activities for spouses. The shelling eco-tour and Old Naples shopping will take advantage of the Florida locale. I would like to especially thank Betsy Urschel for arranging a 2-hour seminar by Judi Potts, PhD entitled "How to Communicate with Left and Right Brain People". Judi joined us in Tucson, and her return invitation is based on her rave reviews and her timely subject matter.

I urge everybody to register early for the STSA Annual Meeting. The resort offers incredible on-site and nearby amenities. Once you have experienced the collegiality, fun, and scientific value of a STSA meeting, you will understand why members return year after year.

Margarita Camacho, M.D.
President

E-mail: MCamacho@SBHCS.com

Cynthia Herrington, M.D.
Vice President

E-mail: herri011@umn.edu

Rebecca Wolfer, M.D.
Secretary/Treasurer

E-mail: wolfer@marshall.edu

Carolyn M. Dresler, M.D.
Board of Directors

E-mail: dresler@iarc.fr

Mary J. Boylan, M.D.
Board of Directors

E-mail: mjboylan@charter.net

Nora Burgess, M.D.
Historian and Board of Directors

E-mail: nora.burgess@kp.org

Shauna R. Roberts, M.D.
Website Editor and Board of Directors

E-mail: robertssh@genesishhealth.com

Yolonda Colson, M.D.
Member at Large

E-mail: ycolson@partners.org

Joanne Starr, M.D.
Member at Large

E-mail: jstarr@sbhcs.com

Kathleen Fenton, M.D.
Newsletter Editor

E-mail: KathleennF@msn.com

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Women in Thoracic Surgery (WTS) is an international organization of thoracic surgeons whose purpose is to:

- Provide quality care to our patients
- Mentor young women interested in pursuing careers in thoracic/cardiac surgery
- Provide educational opportunities for our members
- Educate the public, especially women, regarding cardiac and pulmonary health and disease



**Application for Scholarship
to attend
The Society of Thoracic Surgeons 44th Annual Meeting
January 27 – 30, 2008
Fort Lauderdale, FL
\$1500 stipend**

Eligibility requirements:

- 1) The applicant must be a resident physician in training in an accredited Thoracic Surgery Program OR a resident in an accredited General Surgery Residency who is planning on continuing training in a thoracic surgery program. International residents are welcome to apply
- 2) The stipend is to be used to attend the STS meeting in January 2008
- 3) Recipients are expected to attend the WTS Membership Meeting and Dinner on Sunday, January 27, 2008.

Name: _____

Thoracic Residency Program: _____

Year in program _____

Email Address: _____

Snail-mail Address: _____

Please write a paragraph (less than 200 words) explaining why you are interested in a career in cardiothoracic surgery and what the person closest to you (spouse, family member, friend) thinks of your decision.

Submit Application by email to: ljrmd@tampabay.rr.com (include this form)

Submit Application by Snail Mail to: Lorraine J. Rubis, M.D.

106-4th Street East

St. Petersburg, FL 33715-2241

Deadline for application is November 1, 2007

Recipients will be notified by November 19, 2007
