



ORACLE

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

President's Corner

By Mercedes Dullum, MD



This has been another very exciting and productive year for WTS. The momentum continues to build, thanks to the energy and dedication of our members. Our membership meetings were well attended at STS and AATS, with standing room only at our May meeting when Mehmet Oz, MD, discussed, "Why the future of cardiac surgery is bright."

WTS also has a bright future. Our membership continues to grow both domestically and internationally, thanks to the inexhaustible efforts of Lorraine Rubis, our Secretary / Treasurer.

Our web site, www.WTSNET.org, was launched earlier this year, due to the hard work and diligence of Shauna Roberts, Web Editor. We are looking for content for the WTSnet.org website and our *Oracle* newsletter. Submit any items you have to Shauna (robertssh@genesishhealth.com) or Mary Boylan, *Oracle* Editor (mjboylan@charter.net).

Our main focus this year will be to solidify and expand our Mentoring Program. This will be spearheaded by Cyndi Herrington, who will incorporate many of the initiatives that the University of Minnesota group, "Chicks With Knives" already have in place. We have continued our efforts to partner with industry on many educational projects. We appreciate the support and input from our industry colleagues.

This fall, we will have a strategic planning meeting for WTS. Submit any thoughts or suggestions for consideration through our web site or any one of the officers.

WTS continues to grow and be a leader in our cardiothoracic community and I am very proud to have the opportunity to be a member of this organization.

EACTS / ESTS Meeting

This October, the EACTS/ESTS meeting will be held in Vienna, Austria. We are trying to organize a luncheon meeting if we have enough members attending. This is the home city of Adelheid End, one of our international WTS members. Kathleen Fenton (see article on Pediatric Cardiac Surgery on page 3) is presenting a paper at the meeting, so we have two members attending already! Please contact Lorraine Rubis (lorrainejrubismd@att.net) if you even think you might be going. If anyone wants to contact Adelheid, her e-mail is adelheid.end@univie.ac.at

CONGRATULATIONS!

A round of congratulations are in order for Jessica Donington, Betty Shin Wun Kim, Manisha Patel, Barbara Robinson, Michaela Straznicka, Leah Ann Teekell-Taylor, Elaine Tseng and Jennifer Walker. This is the current class of 2003 board-certified women thoracic surgeons. With these eight fine additions, we now total 129 board-certified women thoracic surgeons in the entire history of the boards. Congratulations and best wishes for successful careers!

WTS Institutional Members

WTS grows stronger by involving residents and training programs. We are glad to recognize our current nine institutional members and sponsors:

Johns Hopkins,
William A. Baumgartner, MD
University of Pennsylvania,
Timothy J. Gardner, MD
University of Kentucky,
Vicotr A. Ferraris, MD
University of Virginia,
Irving L. Kron, MD
SUNY Upstate Medical University,
Leslie Kohman, MD
Massachusetts General Hospital,
Douglas J. Mathisen, MD
University of Arizona Health Sciences
Center, Jack G. Copeland, MD
Vanderbilt University Medical Center,
Davis C. Drinkwater, MD
Stanford University School of Medicine
Bruce A. Reitz, MD

Let these institutions and individuals know that we appreciate their support in training women thoracic surgeons.

Changing Addresses

Below is a list of board-certified women for whom we do not have a current mailing address. If you know the whereabouts of any of these fine surgeons, please contact Lorraine Rubis at lorrainejrubismd@att.net

Baldyga, Andrea 1988
Cheyney, Kathleen J 1983
Gerken, Maxine 1986
Horn, Sophia 1999
McCullum, Deborah Burge 1996
Payne, Maryann 2001
Reed, Laura 1999
Schwartz, Judy 1991
Shorr, Lucy 1991
Skaryak, Lynne 2001
Temeck, Barbara 1987

AATS -WTS General Membership Meeting

By Lorraine J. Rubis, M.D, Secretary/Treasurer, Women in Thoracic Surgery



Women surgeons connecting at the AATS-WTS meeting in Boston. From left to right, Dr. Elda Roco, Caracas, Venezuela, Dr. Marguerita Comacho, Manhasset, New York, and Dr. A.J. Carpenter, Lackland AFB, Texas, past WTS President.

The general membership meeting of Women in Thoracic Surgery was called to order by President Mercedes Dullum at 12:15 PM in the Hynes Convention Center in Boston, MA, on Monday, May 5, 2003. Attendees numbered 58, including five international physicians (two from Germany, and one each from Italy, Brazil, and Venezuela), 25 guests (including residents), and 15 representatives from industry.

President Mercedes Dullum welcomed all members and guests. She thanked our sponsors: Edwards Lifesciences for providing lunch (Christine Roath, Anita Bessler); Guidant (Deborah DeFilippo, Amy Davalle) for sponsoring the speaker; and Scanlan International for sending the *Oracle* with the enclosed luncheon flyer.

Our speaker, Mehmet C. Oz, MD, Professor of Surgery, New York Presbyterian Hospital of Columbia University, gave a very dynamic talk titled, "Why Heart Surgery has a Bright Future." A provocative question-and-answer session followed.



Dr. Mercedes Dullum, WTS President, introduces Dr. Mehmet Oz, Professor of Surgery, New York Presbyterian Hospital of Columbia University, the featured speaker at the AATS WTS luncheon in Boston.

Dr. Dullum then summarized WTS goals for the coming year:

- 1) WTSnet.org. - Enhancing the website to include changing biographical stories of our members and links to educational information.
- 2) Mentoring Program - Specific plan for our initiative to mentor medical students, residents, and junior staff.
- 3) Training Sessions for Powerful Speaking - Those interested are invited to participate.
- 4) Strategic Planning - Plan for further growth of WTS.

The meeting adjourned at 1:30 PM.

Update on Prospects for Prenatal Cardiac Intervention

By Kathleen Fenton, MD

Primary cardiac morphogenesis is completed by eight weeks gestation. In a subset of patients, the heart is initially formed with four valves and four chambers but some event *in utero* causes a flow abnormality, resulting in poor growth of a portion of the heart. Fetal echocardiography can now visualize the heart by 11 weeks gestation, and progression of heart defects has been documented in multiple studies from different centers. At a recent symposium hosted by the Children's Hospital Boston, the prospects for favorably influencing development of the heart in the fetus were reviewed.

Much progress has been made in the field of fetal surgery. In order to offer fetal intervention, we must study and document the prenatal natural history of the defect of interest, and then demonstrate that fetal intervention will favorably alter this course. Fetal intervention can be offered if there is danger of fetal death, or if the abnormality will progress during prenatal life to one that cannot be satisfactorily addressed after birth. Fetal surgical intervention for several congenital defects, such as hydrocephalus and diaphragmatic hernia, has not resulted in the anticipated benefits of improved outcome. The biggest obstacle to fetal surgical intervention is the development of preterm labor.

Cardiac indications for prenatal intervention primarily include those that cause ventricular hypoplasia. Some fetuses with critical aortic stenosis diagnosed in mid-gestation progress to hypoplastic left heart syndrome by the time of birth. Balloon

valvotomy has been attempted in the fetus with mostly unsatisfactory results. The largest reported series lists 12 cases at six centers worldwide. Of these, seven were technically successful and five unsuccessful, with a 40 percent fetal mortality and only one long-term survivor in each group. Recent unpublished experience from Boston has a lower fetal mortality but the vast majority of survivors are not candidates for two-ventricle repair. Improved results with staged ("Norwood") palliation make it harder to offer prenatal intervention until data from animal studies can provide better selection and timing criteria. Fetal cath lab intervention has also been attempted for hypoplastic left heart syndrome with intact atrial septum, which carries an almost prohibitive postnatal mortality. Two of four patients remain alive, one of which has had second stage palliation, and the other is not yet born.

Cardiac surgical intervention in the fetus has been attempted only anecdotally. Several pacemakers have been placed, with varying techniques, for fetal heart block with hydrops and there have been, to my knowledge, no longterm survivors. One fetal open cardiac surgical case has been performed: a fetus with Ebstein's anomaly, severe tricuspid regurgitation and hydrops underwent tricuspid valve repair. The operation was technically successful but the fetus died.

In summary, prenatal cardiac intervention is promising in theory, but further work needs to be done to develop selection criteria and to clarify the optimal timing of fetal intervention.

Nina Starr Braunwald Research Fellowship and Award

The Thoracic Surgery Foundation for Research and Education has a number of fellowship grants and awards, two which are of unique interest to women thoracic surgeons:

The Nina Starr Braunwald Research Fellowship provides up to \$35,000 a year for up to two years of support for young women in academic cardiothoracic surgery who have not yet completed surgical training.

The Nina Starr Braunwald Career Development Award provides up to \$35,000 a year for up to two years of support for women in academic cardiothoracic surgery in the early stages of their faculty careers (within five years of completion of training).

These awards are designed to provide salary and/or direct experimental support for female surgeons and surgical trainees who wish to acquire investigational skills. Fellowships supported by The Nina Starr Braunwald Memorial Fund are available only to women applicants. Deadline for application is November 1, 2003. See WTSnet.org for further information.

**Women in Thoracic Surgery would like to thank our partners in industry for the support they have given over the years:
Scanlan International,
Edwards LifeSciences,
Medtronic, and
Guidant.**



Women in Thoracic Surgery

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

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2003 WTS OFFICERS
President: Mercedes K.C. Dullum
mkcd@earthlink.net
Vice President: Carolyn Dresler, M.D.
Carolyn_Dresler@ksg03.harvard.edu
Secretary/Treasurer: Lorraine J. Rubis, M.D.
lorrainejrubismd@att.net
Oracle Editor: Mary J. Boylan, M.D.,
mjboylan@charter.net
WTS Website: www.wtsnet.org



Women in
Thoracic
Surgery

Lorraine J. Rubis, M.D.
106 - 4th Street East
St. Petersburg, FL 33715-2241 U.S.A.