



ORACLE

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

President's Corner



What a Celebration!!!

There are times during one's life when great milestones are passed – some are personal like graduations, weddings, births, passing your boards, getting your first job as an attending surgeon, and some are bigger than ourselves – like the development of cardiopulmonary bypass, the first successful open heart operation or the first heart or lung transplant. These milestones signify fundamental changes in our field, define who we are and focus our perspective on the promise of the future – the world as we know it is never quite the same

again, these moments give us hope to stay true to the journey. At the recent STS meeting, WTS held a fabulous gala celebrating another important milestone in Cardiothoracic surgery – one that occurred quietly through dedication and perseverance by many true pioneers, one that has required hard work and belief in the future - even when the future was a little more challenging or a little further away than we initially thought, and one that was possible only through tremendous mentorship and support of those leaders before us. We celebrated 50 years of women in cardiothoracic surgery and the board certification of the 200th female cardiothoracic surgeon!

This celebration connected the past with the future, celebrated great acts of courage, compassion and mentorship, and reminded us who we are as surgeons and as a profession. It was an important reminder of the promising future that lies ahead for all of us. Women are now entering the field of cardiothoracic surgery and achieving board-certification at an exponential rate, with nearly 100 women achieving board certification in just the last decade, and it will be even faster to the next 100. Things have changed significantly over the years: women CT surgeons hold leadership positions within the ABTS and our major societies, they are heads of divisions/departments,

they are academically productive with publications and grant funding, and they are clinically busy and respected by their partners. Women now see cardiothoracic surgery as a rewarding and challenging career, with over 90% of female CT surgeons in the recent WTS survey stating that they are happy with their career choice. This is in no small part due to great role models and acceptance by their male colleagues. Therefore, this celebration was also to thank our many colleagues and the ABTS, who graciously volunteered their sponsorship of the celebration, along with our corporate sponsors for this event and our scholarship program: Covidien, Ethicon, Medtronic, and St. Jude Medical. Over 100 surgeons attended the celebration including senior leadership of STS, ABTS and AATS, along with Residency Program Directors, and both male and female cardiothoracic attendings and residents! The presence of so many surgeons made an enormous statement of encouragement and acceptance to the many recent graduates and young women with an interest in the field of cardiothoracic surgery who were in attendance. Thank you!

continued...

PRESIDENT'S CORNER continued...

This celebration also recognizes the increasing participation of women in important aspects of cardiothoracic surgery with WTS leading the way with committees focused on mentorship and career advancement, scholarships, national policy, and professional communications.

WTS has taken a leadership role in the education and mentorship of female cardiothoracic surgeons through mentorship and scholarship programs that have been in existence for many years, and we were the proud co-sponsors of the STS Mentoring Breakfast Session titled Mentoring Outside of the Realm. We are clearly indebted to those pioneering women who founded WTS, the early supporters of women CT surgeons, and the many unsung heroes. The highlight of the evening was the guest lecture by Diana Farmer MD, one of the most successful female surgeons in the United States, and only the second US female surgeon to be inducted as a fellow into the Royal College of Surgeons of England for her work in fetal surgery. She is a powerhouse, embodying our energy and perseverance in her lecture entitled "Four P's to Success – Passion, Persistence and Pushy Parents". It has been an amazing journey for all of us- but as they say in showbiz- you ain't seen nothing yet. We do hope that you can all join us at the WTS reception at the AATS meeting in Philadelphia this May and attend the plenary session entitled "Sex and Gender: The Impact on Disease and Patient Outcomes in Cardiothoracic Surgery". This celebration was a great way to remember that you all are pioneers and inspirational role models. Keep up the great work!

Dr. Camacho Highlighted in the Star Ledger

WTS Past President Dr. Margarita Camacho was recently featured in the Sunday Edition of the New Jersey Star Ledger. The article praised her surgical skills and her commitment and connection to patients.

"[Dr. Camacho] is unflappable in the operating room, and inspires confidence and loyalty in those around her. 'She's always in control... and she's a normal, caring woman.'"

Seth Augenstein, Sunday Star-Ledger, New Jersey,
January 30, 2011

Reprinted with permission.

WTS congratulates Dr. Camacho on her well deserved recognition!

Save the Date

WTS Networking Reception to be held:

Sunday, May 8 at 6:00 p.m. in Philadelphia during AATS.

Additional details to be posted on the www.wtsnet.org website in the coming weeks. We hope to see you there!

WTS is pleased to announce that the Association of Women Surgeons (AWS) will celebrate its 30th Anniversary in October 2011 in San Francisco in conjunction with the ACS Clinical Congress.

Activities will include:

- **Sunday, October 23:** AWS Annual Conference
- **Monday, October 24:** AWS 30th Anniversary Awards Reception and Dinner
- **Tuesday, October 25:** AWS Complimentary Networking Breakfast

You are invited to attend all AWS events. For more information about the program contact AWS at (630) 655-0392 or visit the AWS website at www.womensurgeons.org.

Check the AWS website for updates! We hope to see you there!

Find Us On Facebook!



WTS is pleased to announce that we are now on facebook!

Our link is:

www.facebook.com/home.php#!/pages/Women-in-Thoracic-Surgery-WTS/164495920267558.

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Acknowledgements

WTS gratefully acknowledges the generous support of the following companies and institutions:

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WTS Mentoring Breakfast Session at the STS By Virginia R. Litle

Women in Thoracic Surgery held their first ticketed breakfast session on February 1, 2011, at the STS 47th Annual Meeting in San Diego, California. The one-hour presentation and question session included invited speakers Drs. Michael Mack, Nora Burgess and Rishindra Reddy.

Dr. Michael J. Mack is President of The Society of Thoracic Surgeons. His talk entitled, "How to Make Partners Behave and Work Together" provided entertaining but experienced advice for the mentor and mentee alike. Dr. Mack has practiced cardiac surgery and mentored young surgeons and physicians for nearly 30 years. He is a founding member of Cardiothoracic Surgery Associates of North Texas (CSANT), which includes 60 physicians. In addition, he is an active researcher and the Director of Cardiovascular Research and Cardiovascular Medicine of the Heart Hospital Baylor Plano.

Dr. Nora L. Burgess is Past-President and a founding member of Women in Thoracic Surgery. She completed her cardiothoracic training in 1984, and joined the adult cardiac surgical service at Kaiser Permanente in San Francisco. In 1993, she became Chief of the Department of Cardiovascular Surgery at the San Francisco Kaiser. Dr. Burgess then graduated to Assistant Physician-in-Chief for The Permanente Medical Group in San Francisco, which includes over 400 physicians. Dr. Burgess' talk entitled, "Mentoring in the Mid-Career Years Across Institutions & Time Zones" offered useful insight on issues unique to surgeons with some experience.

Dr. Rishindra (Rishi) M. Reddy is an Assistant Professor of Thoracic Surgery at the University of Michigan. He completed his general surgery training at Washington University-St. Louis, and his cardiothoracic training at the University of Washington. His interests are focused on oncology, particularly cancer stem cells in thoracic malignancies, and on increasing recruitment in the field of Thoracic Surgery. He is currently a member of the "Best and the Brightest" taskforce and the AATS website committee. Dr. Reddy is the creator and manager of the Facebook Cardiothoracic Surgery "Fan" Page. His talk entitled, "Technology and Mentoring: How to Transition from Microsoft to a Google/Facebook World," summarized current social networking opportunities and concluded that mentoring utility through social networks is personal, dynamic, and in evolution.

Please see our website for links to these thoughtful and insightful talks at: www.wtsnet.org.

EDITORIAL: Changes and Challenges Facing Cardiothoracic Surgery

There has been much speculation regarding the future of cardiothoracic surgery. On one end of the spectrum, cardiac surgery is a dying field doomed to be pushed to the brink of obscurity, made obsolete by the rapidly advancing technologies of interventional cardiology. On the other end of the spectrum, the field is at the dawn of a new frontier whose expanse is limited only by our imaginations. So what is the fate of cardiothoracic surgery? The truth is probably somewhere in between.

For sure, there will always be a need for cardiothoracic surgery in some capacity. At the very least, traditional cardiothoracic surgery must be available for cases that are not amenable to or fail endovascular and minimally invasive approaches. And what of this rose colored future of endless possibilities? Cardiothoracic surgery does have a bright future... conditionally. Robotic surgery, minimally invasive valve surgery, MRI-guided percutaneous transcatheter valve replacement, stem cell therapy, gene therapy, mechanical assist devices, artificial heart, artificial lung, bioengineered heart, and a myriad of arterial stents are all potential components in the armamentarium of the cardiothoracic surgeon of the future. However, to believe that simply because these possibilities exist, the specialty will somehow magically morph into this future vision is tragically erroneous. As the field of medicine continues to evolve, so must the field of cardiothoracic surgery evolve, adapt, and reinvent itself to continue to

meet the needs of patients. Although there is a palpable awareness within the field of cardiothoracic surgery of the essentialness of embracing, mastering and developing these new technologies in order to remain relevant in the future, little has been done to actually address how to effectively do this... Or at least addressed sufficiently enough or on a large enough scale to make a real difference.

When CT surgery was in its infancy, few other than giants like C. Walton Lillehei and John Gibbons Jr. dared to tread into this surgical domain. It was a time when research was less inhibited by stifling regulations, funding was more readily available, there was a monopoly on an untapped population of patients, and there were no competing interests from other specialties so that surgeons were free to invent and advance technologies and procedures that they exclusively controlled. In short, it was the very antithesis of today's climate.

A multidisciplinary approach to medicine is essential. The domain of cardiothoracic surgery naturally segues into other specialties, namely cardiology, radiology, pulmonary medicine, oncology, gastroenterology, and vascular surgery. Because there is such overlap, it is logical that there would be an appropriate multidisciplinary approach to any given patient. However, there is a disturbing trend of these newer treatment modalities that are within the scope of cardiothoracic surgical practice being taken over by interventional

cardiologists, interventional radiologists, pulmonologists, interventional oncologists, vascular surgeons, and even neurosurgeons! And once these specialties have developed a stronghold in these treatment modalities, what incentive will they have to relinquish such strongholds? And what is to prevent cardiothoracic surgeons from having the role of "technician in waiting" being even further forced upon them? And what is to prevent cardiothoracic surgeons from having to bear the indignity of having others dictate to them who to operate on and what procedure to perform (not absolutely, but to some degree), lest the gatekeeper find some other technician to refer this comparatively scarce commodity of cases to? Thus, there is indeed great need for early implementation of a truly multidisciplinary team which extends beyond just having different specialties being physically housed in the same building, a shared clinic space, and a weekly joint conference that is variably attended by its members and with a dubiously orchestrated selection of patients to be presented.

The approach to cardiothoracic surgery training must also evolve to meet the needs of the future. Important steps have been made in this regard, including devising a plan for an integrated, multidisciplinary curriculum which would allow trainees to concentrate their time on learning and mastering the growing expanse of tools that they will require in the future. Despite these steps taken by the leadership of cardiothoracic

surgery, many training programs are only slowly, if at all, adjusting to the needs of its trainees, with changes in resident education lagging behind the evolution of medical technology, endovascular and minimally invasive solutions, and progress within the discipline as a whole. Getting adequate number of cases in traditional cardiac procedures, unless you are training at a busy heart center, is often problematic. While the case requirements have increased, the number of available cases has decreased and the complexity of these cases, on average, has increased, which consequently has diminished the experience of the surgical trainee. With the presence of super fellows at large, junior attendings who require assistance from senior surgeons, general surgery residents and interns who need regular participation in the OR (especially with the constant threat of general surgery program directors pulling them off service if this and other requirements aren't met), and physician assistants and/or nurse practitioners who need to bill for cases, the already compromised experience of the trainee is being further diluted.

Training in newer procedures poses even greater challenges. Often times, the people responsible for teaching are working to become credentialed themselves. If they are credentialed, they are often training other attending staff. Finally, in some of the more novel diagnostic and treatment procedures, endovascular techniques and noncardiac, catheter-based interventional procedures for

example, there are few programs available to train cardiothoracic surgeons, and frequently no way of being credentialed once completing these programs, as the non-surgical credentialing body has artificially increased the number cases required for credentialing. Thus, more resources need to be placed into simulator laboratories, training avatars, and other training tools and these need to be made available uniformly to trainees, as they must play an increasingly important role in cardiothoracic surgical training.

Likewise, surgeons need to play a pivotal role in clinical, basic science, and translational research with the ultimate goal of creating new therapies, treatment protocols, and healthcare policies used to treat disease, restore health, prolong quality life, and decrease potentially preventable deaths. An extensive STS cardiothoracic surgery database already exists. This must be expanded and maximally utilized. In addition, because of the shrinking availability of research dollars and fewer studies being funded out of a greater number of NIH grant applicants, cardiothoracic surgeons must become more creative in order to successfully compete for these scarce research dollars. This creativity may include sponsoring combined MD/PhD, MD/MSc programs, stronger partnerships with basic scientist, industry, and political affiliations.

In order to build for the future, the foundations must be strong. Vision coupled with decisive, unified action will allow us to be the masters of our own fate.

David A. Robinson, MD

GETTING TO KNOW YOU: THE ORACLE INTERVIEWS DR. SHANDA H. BLACKMON



Dr. Shanda H. Blackmon with her sons, Jake and Sam

Shanda H. Blackmon, MD, MPH attended college at The University of Texas, Austin and medical school at Morehouse School of Medicine after earning her Master's degree in public health at Emory University. Dr. Blackmon completed her general surgery training at Atlanta Medical Center and her cardiothoracic surgery training at Baylor College of Medicine. She started her career at The University of Texas MD Anderson Cancer Center. She currently is an Assistant Professor at The Methodist Hospital in Houston, Texas and has academic appointments from Weill Cornell Medical College in New York, MD Anderson Cancer Center, and The Methodist Hospital Research Institute.

Dr. Blackmon has varied clinical interests in thoracic surgery, as well as research interests in esophageal and gastric stenting for leaks or perforation, novel treatments for lung cancer, including developing a lung cancer vaccine, and metastatic tumors of the lung. Dr. Blackmon is a member of the board of directors for WTS as well as the historian. She serves on several STS committees including Health Reform and Advocacy Committee and TSFRE. She teaches medical students from the Houston area, Methodist Hospital General Surgery Residents, and Thoracic residents from the combined program between Methodist and MD Anderson. The Oracle recently conducted a phone interview with Dr. Blackmon.

Oracle:

Where are you from originally?

Dr. Blackmon:

I was born and raised in Atlanta, GA.

Oracle:

And how did you come to get from Atlanta to Texas where you are now?

Dr. Blackmon:

Well, I moved to Texas when I was in high school and decided to go to the University of Texas – Austin for college. The rest of my family still lived in Atlanta. After I finished college, I went back to Atlanta and completed a master's degree in public health, medical school, and general surgery residency. After I completed the first part of my medical training, I decided to come back to Houston and do cardiothoracic surgery training. I then had my children, and we decided to settle down in Houston...

Oracle:

Can you tell me about your family?

Dr. Blackmon:

I have a large extended family. My husband and I delayed having children and then tried for many years to have children and were unsuccessful until we came to Houston. We tried several rounds of In Vitro without success. We now have twin 6-year old boys, named Jake and Sam. I am sure Dr. Coselli was quite surprised when I told him as a cardiothoracic surgery resident I was expecting twins. As my Program Director, he was extremely supportive. I have tremendous support from my husband and both sides of our family. It really takes a village...

Oracle:

I'm sure they keep you very busy.

Dr. Blackmon:

They do! It's a lot of work! My husband is a stay at home father... he worked when I was in medical school and put me through medical school, and we've been married for seventeen years. We have what I describe as a fairly traditional family, only reversed... and it seems to work!

Oracle:

What is your favorite past time?

Dr. Blackmon:

I love painting and running. I was actually an art major in college, and I worked in a gallery for a year after college and painted actively. Actually, I just finished a painting yesterday. I do a lot of oil painting during my free time. My other favorite thing is playing with my kids.

GETTING TO KNOW YOU: THE ORACLE INTERVIEWS DR. SHANDA H. BLACKMON**Oracle:**

And do you find that that is a relaxing hobby apart from surgery?

Dr. Blackmon:

Yes. I find painting is a very rewarding and relaxing outlet. Running helps me think. We manage to pack quite a lot of activity into our days when I am not working.

Oracle:

What are the top three movies in your DVD collection?

Dr. Blackmon:

I am in that part of my life right now where I only get to watch the occasional cartoon with my children. I cannot remember the last time I saw a movie of my own choice.

Oracle:

If you could meet any person, dead or alive, who would it be?

Dr. Blackmon:

I think it would probably be Abraham Lincoln.

Oracle:

And why is that?

Dr. Blackmon:

I'm just fascinated with his life. He seems to have followed a dream and worked hard for it. To me, he symbolizes perseverance. He is self-educated and really did not have anything handed to him. He stood for something that I think is very important, and I would have loved to have met him.

Oracle:

Where is the most interesting place you've traveled?

Dr. Blackmon:

I guess I would have to say it was the Middle East. When I was a chief general surgery resident, I worked as a subcontractor for the Department of State and traveled to the Middle East, because of my public health background. I functioned as the physician team leader for the Department of State team that was deployed months before the war broke out to vaccinate the embassy employees, foreign service nationals, and ambassadors. I thoroughly enjoyed getting to know the teams in Damascus, Syria; Beirut, Lebanon; and Manama, Bahrain ... I thought that was the most fascinating part of the world I had ever been in. Everyone I've interacted with there was very hospitable, and I think I've learned more about a culture when I was over there than I have during any other previous travel. It made me realize how important it will be to develop connected systems of medical care to be able to help each other.

Oracle:

What is the single most important piece of advice you would give to young residents and surgeons today?

Dr. Blackmon:

Probably, it would be to never give up! I can remember going through the process of applying for surgery and not really knowing what that process was until I was in the middle of it. Things in my life have not come easy, professionally and personally, and I've had to work hard for it... so I would say never give up. Enjoy working hard at something you love and follow your bliss. It is an honor to have such personal relationships with my patients and their families and to be able to intervene against disease. This is a great career and may be one of the best kept secrets...

2011 WTS SCHOLARSHIP RECIPIENTS

There was a very competitive field of fifty-nine applicants for the 2011 WTS scholarship competition. Thanks to all who participated and congratulations to our six finalists. Below are the reprints of the winning essays responding to the topic: *“Thoracic surgery has gone through many changes in the past decade. Undoubtedly, the future will bring more changes and challenges to our specialty. Describe what you expect thoracic surgery practice to be during your career and how you intend to make a positive impact in the field.”*

Amanda Eilers
*Medical Student,
 Des Moines University*

When asked as a medical student “What do you want to be when you grow up?” I respond without skipping a beat, “a cardiothoracic surgeon.” I have heard a wide variety of comments to my response, including those regarding CT surgery as a dying and shrinking field. Without argument, interventional cardiology has decreased the surgical case load. However, with heart disease being the number one killer in the United States, and lung cancer being the number one cancer killer, there will always be a need for CT surgeons. Further, it has been projected that over the next decade half of currently practicing surgeons will retire, leaving a huge gap to fill. Advances in technology, including minimally invasive surgery, have not bypassed the field of cardiothoracic surgery. By the time I start practicing, there will be a great need for surgeons, and I intend to inspire others to enter this field by way of education. One of my long-term goals as a practicing cardiothoracic surgeon is to serve as mentor for interested medical and college students. An experience I had during college sparked my interest in this field – I want that same opportunity to be available for others.



Sara Hennessy
*General Surgery Resident,
 University of Virginia*

In the future my thoracic surgery practice will be shaped by a constantly evolving field in surgical technology and advances in molecular science and genomics. Health care in the future will be driven by health care personalized to the patient based on their genetic makeup, the molecular makeup of their disease processes and how these two entities interact. Currently there are huge strides in molecular testing and tailored therapy for various cancers, heart failure and diabetes. Personalized health care will overtime change how we view and practice medicine. This in combination with advances in surgical technology will transform thoracic surgery. These advances will present new challenges and require innovation and constant adjustments to provide superior patient care. To be a pioneer in thoracic surgery the medical and surgical care of patients must occur under one cohesive umbrella to provide truly multidisciplinary care. As an academic thoracic surgeon I hope to be a part of this transformation into personalized health care through a combination of basic/translational and clinical outcomes research. These efforts and along with the ultimate complement of being one's teacher and mentor are how I hope to make a positive impact in the field of thoracic surgery.

Zarrish Khan
*General Surgery Resident,
 UT Southwestern Medical Center*

It is a challenging and exciting time for thoracic surgery; a time for reflection and innovation. During my career, thoracic surgeons will build and lead across disciplines. I foresee more hybrid operating rooms. I expect a ‘disease oriented paradigm’ where patients go to a ‘thoracic malignancy’ clinic instead of oncology or surgery clinics. With expansion in knowledge, options presented to the patients will be ‘custom designed’ for each patient as is already the case with targeted therapy for cancer. Thoracic surgeons will continue to develop new ways to deal with conventional problems; minimally invasive, endoscopic and robotic surgeries will find wider application. At the same time medical care and devices will allow a new cohort to be eligible for surgical care. As a surgery resident, I am constantly reminded of limits of human capacity and our responsibility to challenge those limits. I believe with exponential development of knowledge it would be difficult to be good at everything. I personally wish to find a ‘niche’ for myself-focused research and skill development in one realm and then teaching it to others. I hope it would be in valvular surgery with proficiency in the whole gamut of open, minimally invasive, and transcatheter surgery.

2011 WTS SCHOLARSHIP RECIPIENTS

Puja Kachroo

General Surgery Resident,
University of Medicine and Dentistry
of New Jersey

The evolution of Thoracic Surgery practice faces several challenges and we must support projects that advance the specialty. Designing simulations, to educate trainees and practicing surgeons about new technologies and to test trainees in clinical competencies, provides methods for credentialing practitioners, emphasizing the importance of the Maintenance of Certification process. Developing an infrastructure for surgeons to create databases, evaluating clinical outcomes and costs, will prove beneficial when collaborating with colleagues and revising practice guidelines. Variable patient characteristics and treatment decisions, especially at tertiary care centers, produce disparities in outcomes data and must be accounted for in publicly accessible databases. Allotting basic science research funding allows for innovations such as artificial organ transplantation, genomics and proteomics advances, minimally invasive interventions, and nanotechnology to alter practice by earlier-stage disease detection and targeted therapies. These possibilities come to fruition by establishing synergistic relationships between research centers, government agencies, industries, and healthcare institutions. Applied biomechanics has vast potential to model cardiothoracic disease processes and to provide performance analysis of assist devices. As a clinical investigator with an advanced degree and research in Bioengineering, I strive to be at the forefront of such surgical innovation.

Africa Wallace

Surgery Resident,
University of Pittsburgh Medical School

Surgical residents training today must master competencies that include relationship building, shared responsibility, and effective communication. These skills foster coordination across disciplines and, ultimately, contribute to improved clinical outcomes. Importantly, this training has positioned me to optimally meet future challenges, such as the shift toward a multidisciplinary healthcare model. Increasingly applied to the management of complex diseases, thoracic surgeons, through partnerships with pulmonary medicine, gastroenterology, medical oncology and others, have the opportunity to lead the way toward comprehensive and responsible healthcare. My vision of the future of thoracic surgery includes a thorough revamping of the current delivery system; a system that is fraught with duplication of services, lack of awareness regarding therapeutic options, and miscommunication across specialties. As a woman in thoracic surgery, I plan to develop interdisciplinary audit mechanisms that can be used to analyze and influence management decisions pertaining to treatment pathways and appropriate referral networks. Using collaborative models, I will be poised to educate other specialties in medicine about the individualized and expanding indications for select thoracic conditions. In this way, I will positively affect, at both the individual patient level and globally, the appropriate and timely delivery of surgical therapy for patients with thoracic disease processes.

Hanghang Wang

Medical Student,
Dartmouth University

When I first became interested in thoracic surgery, I read about the birth of a rat heart in the laboratory, created by growing fresh cells on a nonliving matrix. I imagined years into the future when thoracic surgeons would transplant hearts made from the donor matrix and recipient cells, thus resolving rejection. During my career as a thoracic surgeon, I expect the field to further embrace scientific research, benefiting from the breakthroughs in understanding of diseases, application of genome-based diagnostics, new technologies and targeted therapies. I also anticipate increasing collaboration between thoracic surgery and other fields, such as oncology, cardiology, pulmonology and vascular surgery, providing cooperative and individualized care for patients. I expect thoracic surgeons to assume a leadership role in the interdisciplinary arenas, such as tumor board and hybrid OR. With a keen interest in science and a strong research background, I intend to contribute to the field of thoracic surgery through conducting basic and translational research. I also plan to broaden my training with new technologies such as minimally-invasive surgery, percutaneous and endovascular techniques. I hope to turn the changes and challenges in the specialty into opportunities to become a future leader in thoracic surgery.

WTS: CELEBRATING 50 YEARS OF WOMEN IN CARDIOTHORACIC SURGERY



WTS: CELEBRATING 50 YEARS OF WOMEN IN CARDIOTHORACIC SURGERY



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Membership Update

Please watch for your recently mailed WTS membership dues invoice. It is through your support that we are able to continue our outreach efforts to women throughout the world who have chosen this specialty, along with influencing young women interested in cardiothoracic surgery through our scholarship program.

Please also encourage your non-member colleagues to learn more about WTS and consider applying for membership. A listing of WTS membership categories and a sample membership application is included in this edition of the Oracle. Applications are also available at www.wtsnet.org in the "Become a Member" section.

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



WTS Membership Application

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Your areas of interest in working with WTS (circle all that apply):

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*For additional information regarding Benefactor membership benefits please contact WTS Headquarters at 312-202-5835

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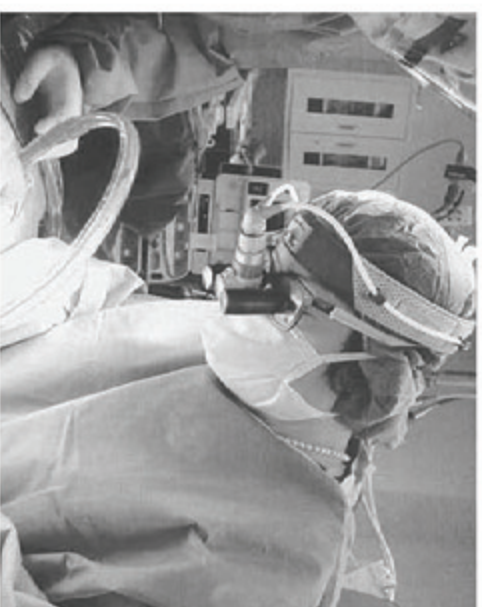
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