

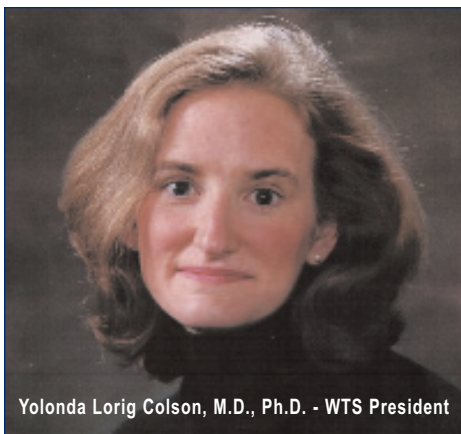


*Women in  
Thoracic  
Surgery*

# ORACLE

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

## PRESIDENT'S CORNER



Yolonda Lorig Colson, M.D., Ph.D. - WTS President

Many of us just returned from the American Association for Thoracic Surgery meeting in Toronto where there was an unprecedented number of women involved in the meeting. Women are increasingly visible on committees, and served as invited lecturers, discussants, moderators and AATS Academy faculty, to name just a few. Of course, we met old friends and made new ones at the WTS General Meeting and Reception. With 40 women attending, discussion was lively, to say the least. WTS has grown in its responsibilities to now require several committees to keep our activities organized and provide the best service to our members, and I will highlight some of these new and continuing initiatives. (See diagram, page 2)

After years of dedication by Cynthia Herrington at Children's Hospital of Los Angeles, our Mentorship Committee is now headed by Rose Kelly from University of Minnesota, who is looking at issues in both early and later career development and support, as well as ways to better form a network of mentors helping women navigate cardiothoracic surgery as a career choice. Together with Virginia Little at University of Rochester, our new Vice-President and

Chair of the Membership Committee and the WTS website, we are working to make searching for a mentor on the website easier and more specific to your needs. She is eager to hear about ways to improve the website and would love to recruit people with a specific interest in website development.

AJ Carpenter at University of Texas is gearing up for another great year of WTS scholarships for women interested in CT surgery to attend the STS meeting in January with mentoring by women CT surgeons who love what they do! We always enjoy reading the applicants' answers to our questions (how can they be so smart and so young?) and always want to award scholarships to all! WTS has awarded over 30 scholarships to date, so this is truly an important part of who we are.

We are also moving to a more national focus with input into issues of national policy and education. Headed by Shanda Blackmon at The Methodist Hospital in Houston, the Committee on National Policy Issues and Education is going to work with our members and women in training to better understand how to make this field open to women, easier to navigate with the challenges we all face in life (illness, elder care, children, etc.), and how to retain those great women who do choose to be CT surgeons throughout their career.

We are all hard at work planning for the 50/200 event to celebrate the achievements of the 200 women who have been ABTS-certified over the last 50 years. This celebration will take place at the 2011 STS meeting and I am confident that it will be fantastic and fun! Betty Tong from Duke University is heading the charge for this not so small task! If anyone has ideas for making this a super celebration, please feel free to contact her and join the team! Clearly, none of our endeavors would be possible without the hard work of Shari Meyerson, Chair of the Development Committee. Together with Jessica Donington at New York University Medical Center, our beloved treasurer, and Emily Farkas from Saint Louis University, Shari

has done an amazing job and we all owe them a round of applause! They are hard at work creating connections and sponsorships that let WTS take the lead in promoting women's careers in CT surgery.

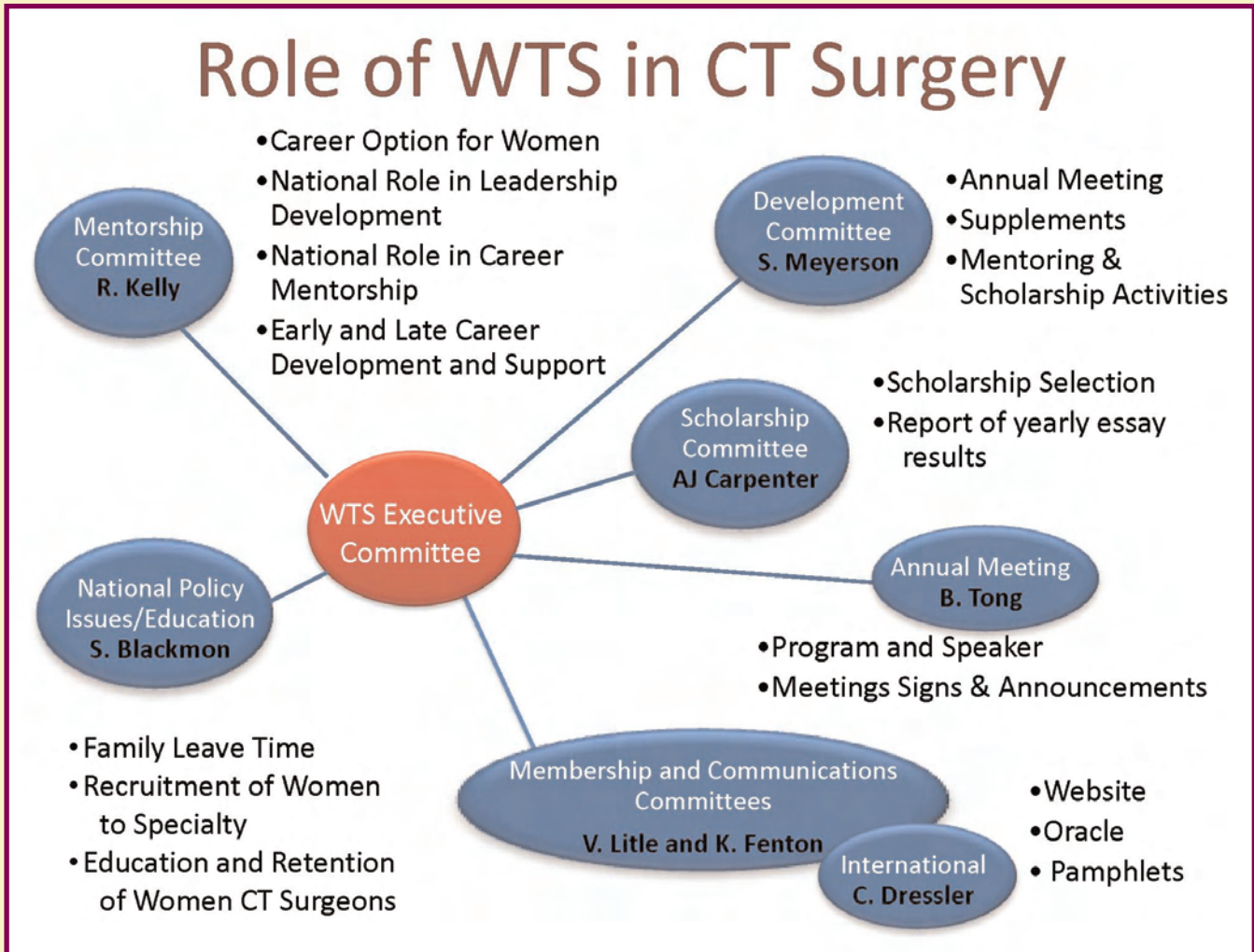
Of course, communication is key, and Kathleen Fenton, working for the International Children's Heart Foundation, has been a cornerstone of WTS for many years, building the Oracle into a great newsletter! Together with Kathleen and her now international address, Carolyn Dressler has helped open our eyes to the many wonderful women in other countries who are facing the same challenges and successes that we see "at home". Thank you, Kathleen and Carolyn for broadening our horizons.

This is a very exciting time to be a member of WTS, and never have we had the potential to provide so much for our members. Due to the limits of space and ink, I have not been able to list all of the great women who make WTS so alive, but all of you deserve a heartfelt thanks, along with a special thank you to Nancy Puckett, Katie Bochenek, and Sharon Porta who have kept us organized, financially alive, and increased our growth. Without your help, we would still be trying to run WTS from inside a shoe box! Thank you.

Our success has been built on the progress of many and the leadership of past presidents like Nora Burgess, Margarita Camacho, AJ Carpenter, Jemi Olak, Mercedes Dullum, and Leslie Kohman, many of whom are still very active in WTS and provide unparalleled advice and guidance. Now is the time to spread the word about the benefits of being a WTS member – we are here to help throughout your journey as a CT surgeon and journeys are much more fun with lots of enthusiastic companions! I look forward to seeing everyone at the WTS annual meeting at the STS in San Diego, January 31 – Feb 2, 2011! You won't want to miss this once in a lifetime 50/200 celebration, our kickoff to the next 50 years and the amazing advances in CT surgery which women will bring!

# WTS STRUCTURE AND GOALS

## Role of WTS in CT Surgery



# SAVE THE DATE!!

Monday, January 31, 2011

Please plan to join us for a big dual celebration next year at the STS! WTS will be celebrating the 50th anniversary of the board certification of the first 3 women, as well as the fact that we now have 200 women certified by the ABTS!!

## CARDIAC SURGERY IN NICARAGUA: THROUGH THE EYES OF STUDENTS

**KARA HERMAN**

### Where a Doctor Makes a Difference

*Kara is a pre-medical student entering her senior year at Villanova University.*

I never thought of myself as a humanitarian. I always quickly walked by the people standing outside my lecture halls asking for donations to various developing countries, knowing that I didn't have the time or the money to help. I would even say that I was a busy enough individual that I didn't care either. That is until I experienced it for myself.

I am a pre-med student who is going into my senior year at a prestigious eastern-American University and have not only done my fair share of service projects, but also plenty of work in American hospitals and clinics. However, none of this was adequate preparation for what awaited me in Nicaragua during my spring break. I was offered the opportunity to shadow a female pediatric cardiothoracic surgeon who was working there and I gladly accepted, naturally thinking this would be perfect for my resume.

Having never been to a developing country before, I noticed the first difference from the plane as it flew into the Managua airport; the "houses" all had tin roofs and looked more like backyard forts than a place to live. When the doctor picked me up, she told me that we had to run a few errands before we went home. I was perfectly happy to have a little tour of middle class Managua during this time but was even more surprised at the state of the "middle class". One house that I sat in briefly had a tin roof with various holes in it. However, there were electricity and windows and

doors which could be locked. But, most striking of all, the woman who lived there had a smile on her face the entire time and kept asking if I wanted anything. I had no idea what someone who had so little could give to me. As a college student, I am aware of what it feels like to wonder if you will make next month's rent but this brought that feeling to a whole new level; these people were trying to survive. No matter where we went for the next few days the people continued to surprise me. They were friendly and happy, relaxed and cheerful; not how you might picture someone who didn't know where their next meal was going to come from.

My time in the hospital was even more eye opening. We were at one of the private hospitals in Managua which served those who had some insurance. Even so, it was not up to the standards I was used to in the United States. Slowly, I forced myself to stop noticing the negative and start noticing the positive. The waiting room was packed and people were often waiting for hours. But no one complained and by the time they got to see a doctor, they were so grateful to be there and they always maintained that cheerful disposition I had come to expect from them. I could see in the doctors' faces how rewarding their job was. In the US I had encountered angry mothers who screamed at receptionists that their appointment was 15 minutes ago and people who would take their business elsewhere if they didn't like the doctor's diagnosis. But in Nicaragua doctors were able to fulfill the purpose for which they had originally become doctors: they could help people. It was so simple that it

boggled my mind at first but I realized, eventually, that the simplicity of life in Nicaragua had made it possible for these doctors to receive not the scorn from an angry and busy public, but the gratitude from people who needed their help and knew it.

In that trip I realized the benefits of working abroad and what the woman in the house with the tin roof had actually given me: a new experience. So many of us get weighed down by the pace of life in the US that is required of doctors or those trying to become a doctor; having enough money to make rent, getting an A on a chemistry exam, getting the perfect internship, and so much more. In reality we often forget the purpose of being a doctor and the difference it makes in the lives of others.



Kara Herman holding a tiny patient

## CARDIAC SURGERY IN NICARAGUA: THROUGH THE EYES OF STUDENTS

### MADONNA LEE Seeds of Sustainability

*Madonna is entering her fourth year of medical school at Michigan State University. She originally published this article in the Saginaw E-Newsletter.*

I have a friend who is doing development work in Africa. His current project is to distribute seeds for sustainable agriculture. One of the most important considerations when creating the project was how to proceed without destroying the local economy. Thus, rather than bringing in seeds from outside the country, the project now registers local farmers and organizes local fairs so they can sell their seeds to this particular NGO. Thus, the NGO is not only able to distribute seeds, but in the process support the local economy and farmers as well.

During our international rotation last month, I found similar challenges being faced by NGOs, volunteers, and those who are striving to “help.” It seemed difficult (if attempted at all) to strike a balance between trying to provide medical care to the community while additionally benefiting the local economy. After receiving many generous donations, we were able to provide much needed medicines for clinics. But, in several weeks, they seemed to disappear so rapidly. Our “plentiful” supply of toothbrushes, toothpaste, and bath soaps were prioritized for people in rural communities. Yet, the limits to our supply became obvious by the time we arrived at the second community and our supplies were already running low. And, questions began to surface. What happens when the supplies run out? Is it sustainable to continue to rely on donations (of both labor

and supplies) for international health aid? Does visiting another country with the intent of sharing medical knowledge and services always do more good than harm for the intended beneficiaries? And, what are they supposed to do when we leave?

In Nicaragua, I encountered an organization where a solution has evolved to these questions. The International Children’s Heart Foundation (ICHF) sends surgeons all over the world to perform pediatric cardiac surgery, an area that is greatly underserved. Usually, these are short-term two week trips, enhanced by partnerships with local NGOs. In 1994, collaborating with a local program called “Corazón Abierto” (“Open Heart”), ICHF started sending groups to Nicaragua. In 10 years, ICHF made 18 trips to Nicaragua and operated on 359 children. However, this was only a small fraction of the estimated 750 children/year who need surgery. Thus, a teaching component was added so that ICHF and local doctors could work together during these trips. The goal was to allow the Nicaraguans to eventually assume care of its many children who need surgery. Currently, there is still no established center in the country for care of children with heart defects. There were many reasons that the program did not develop as planned, especially in a country as destitute as Nicaragua. In 2006, ICHF came upon a unique solution to their problem. They sent a full-time cardiac surgeon to live in Managua, and to hopefully advance their work with Corazón Abierto. For the past 3 years, Dr. Kathleen Fenton, an American pediatric cardiothoracic surgeon, has lived in

Managua. Dr. Fenton works daily with local Nicaraguan physicians and nurses. She operates with Dr. Sergio Hernandez, a Nicaraguan pediatric cardiovascular surgeon. She lives there full-time, instead of just coming in for 2-week intervals. But, instead of just teaching surgical techniques, Dr. Fenton has a larger goal. She is trying to help them develop a fully independent pediatric cardiac service. Ideally, her vision is to see the program become established such that she is no longer needed in Nicaragua. Once this happens, she desires to travel to the next country, so that she can help them start their own program.

I was inspired by Dr. Fenton’s story because it made me consider other options for international medical aid. A different model. A different system. After being exposed to many ways of helping on this trip, hopefully, I can ask more questions before embarking on my next trip. What type of long-term relationship does this organization have with the local community? With the knowledge and services that we are providing, does this actually address the needs of the community? Are these sustainable? What “seeds” are we planting? And, are there local “seeds” that we can use, so that in the future, the benefits can be reaped by the community over and over again?

For more information about Corazon Abierto, please visit:  
[www.corazon-abierto.org](http://www.corazon-abierto.org)

## CARDIAC SURGERY IN NICARAGUA: THROUGH THE EYES OF STUDENTS

**CANDICE LEE, MD**

### **It's Not Just the (Lack of) Money**

*Candice recently graduated from Drexel University School of Medicine and will soon begin her residency in General Surgery at the University of Rochester. She is a former WTS scholarship winner.*

My first exposure to the International Children's Heart Foundation (ICHF) was at the afternoon clinic in Managua, Nicaragua. The pediatric clinic resembled a busy emergency department: patients lining up at reception, families anxiously waiting, and nurses rushing in and out ushering patients into rooms and taking vitals. Pediatric cardiac surgery was given one room to conduct clinic visits. Dr. Fenton, Dr. Hernandez and the pediatrician took turns examining the children and speaking with their parents. I quickly began to see how little separated these patients from those I had seen and cared for in the US. Aside

from speaking a different language, these families were the same as any other family elsewhere in the world, all linked by the shared reality of facing a child with devastating congenital heart defects.

After spending a week in Nicaragua, I began to appreciate some of the difficulties that this program faces. The ICHF aims to assist Nicaragua in advancing the level of care and number of children treated. However, there are certain obstacles that the program faces in striving to attain these goals. Disregarding financial and political hurdles set by the insurance companies and hospital management, there are still the most basic limitations imposed by staffing and facilities. The local team includes one pediatric cardiac surgeon, two anesthesiologists, one pediatric perfusionist, one cardiologist and three

pediatricians. And each of these professionals also works another job (common practice in Nicaragua), making it a difficult task just to coordinate schedules in arranging a surgery. In addition to this, the hospital imposes limitations due to its size: three running OR's, three recovery room beds, and a small ICU. These physical constraints limit the number and level of care that can be provided.

Nicaragua has the potential to expand, but until ICHF can solve the limitations on staffing and physical space, growth will be slow. One possible solution they are currently exploring is acquiring a separate facility where ICHF would be able to establish designated clinic and OR space. This could be a step towards building a group of staff solely dedicated to the program and enable a jump-start in the growth of the program.

My short stint in Nicaragua revealed how complicated creating a new medical program can be, with many unforeseen hurdles. Many issues arise that are so fundamental that they are initially often overlooked. When I originally thought of limited resources I imagined scarcities of surgical equipment, medical supplies and medicine. And while these still apply, of more import is having the manpower to sustain and advance a program. Although I witnessed the frustrations of starting a new program, I also realized how rewarding it can be in the end, when you remember the patient. What I saw and learned from Nicaragua I will carry with me as I embark on new, impending endeavors in my surgical career.



Dr. Candice Lee and Dr. Sergio Hernandez examining a young patient

## GETTING TO KNOW YOU: THE ORACLE INTERVIEWS JESSICA DONINGTON



*Dr. Jessica Donington is an Assistant Professor of Cardiothoracic Surgery at NYU School of Medicine, where she has been on staff since 2007. Her background includes undergraduate education at the University of Michigan, medical training at Rush University, and general surgery residency at Georgetown University. Jessica completed a surgical oncology fellowship at the NIH/NCI and her cardiothoracic surgery residency at the Mayo Clinic. Jessica was an Assistant Professor of Cardiothoracic Surgery at Stanford University for five years before relocating to New York.*

*Jessica has special research interests in the discovery of biomarkers in non-small cell lung cancer and into the role of osteopontin thoracic malignancies. She has authored numerous publications in general thoracic surgery. In addition, Jessica is the recipient of the 2009 ATS Research Grant, as well as the first Lung Cancer Foundation of America Lung Cancer Research Grant. The Oracle recently conducted an electronic interview with Jessica.*

**Oracle: Where are you from originally?**

**Jessica:** I am originally from New York. I was born about three blocks from where I currently live and grew up in New Jersey. I spent so many years away from New York for school and my training (Michigan, Chicago, Washington, D.C., Rochester, Minnesota, and Palo Alto) that I really do not feel like a native New Yorker anymore.

**Oracle: Tell me a little about yourself and your family.**

**Jessica:** I live with my long-time boyfriend who is a radiation oncologist. We do not have any children. We have a dog we spoil worse than a child. I am afraid that we have become one of those totally affected dog people we used to talk about.

I am from a large family. I have six sisters and a brother. My mom and all of my siblings live in the New York area. All of my sisters have kids, and we see them frequently since we moved back to New York three years ago. One of my nieces is an undergraduate at NYU and has been doing work-study in my lab. It has really been fun being close to my family again.

**Oracle: When you're not working, what is your favorite thing to do in New York City?**

**Jessica:** It is definitely the restaurants. My boyfriend and I are total "foodies". We love good food and good wine. The diversity and quality of restaurants in New York cannot be matched. We eat out at least two or three nights a week, and are always trying new places.

**Oracle: What are your hobbies?**

**Jessica:** I am an avid cook and gardener. We have a weekend home in Westchester County, just outside of Manhattan. I have a huge cutting garden for flowers, abundant vegetable beds, a berry bramble, and grape arbor. It is now the time of year that I spend every waking weekend hour in the garden and my waking hours during the week trying to decide what to cook with the bounty of our harvest. I hope my boss doesn't read this... to date he has not picked up on the increased level of distraction from May to October.

I am also a huge sports fanatic. I love almost all spectator sports. I am a total ESPN junkie. I am not sure how I ever survived without it.

## GETTING TO KNOW YOU: THE ORACLE INTERVIEWS JESSICA DONINGTON

**Oracle:** Of all the places you've lived, which is your favorite?

**Jessica:** This is a difficult question for me, because I have really liked almost all of the places I have lived. Palo Alto, California is the easy answer. I lived there while on faculty at Stanford. It is in the center of Silicon Valley. The population was very sophisticated and, at the same time, laid-back with a great appreciation of a balanced lifestyle. Palo Alto was gorgeous and the weather was incredible. We loved being near San Francisco and Napa Valley. I also had tons of family and friends come to visit while I lived there.

I have equally as many fond memories of my time in Minnesota and Washington, D.C. Rochester, Minnesota was where I really fell in love with gardening and honed those skills. I also learned to can vegetables and quilt, hobbies I would never have learned if I had not lived there. My extensive traveling has taught me that I can live almost anywhere and be happy. Any city with a medical center big enough for a thoracic surgeon will have enough people like me that I can fit in and be happy. Besides, you can get ESPN anywhere.

**Oracle:** When did you first become interested in research, and how has it influenced your practice?

**Jessica:** My research interests really grew through a series of great mentors. In undergrad, my mentor was a bat researcher who I thought was the coolest guy in the universe. In medical school, I did projects with a breast surgeon, who did a lot of the early breast ultrasound work. And in general surgery residency, I

met and began working with my current mentor. Each of them really enjoyed their work, made it fun and exciting to work with them, and convinced me that I had something to contribute.

I think my work in the lab really brings some balance to my professional life. During my first couple of years in practice, I was all about doing as many cases as possible. With the lab, I now look at lung cancer differently. I think there is a continuous back and forth between the lab and the clinic that really makes me much more inquisitive.

**Oracle:** What is the single best piece of advice you would give to women interested in training in cardiothoracic surgery?

**Jessica:** I think cardiothoracic surgery is a great field for women, especially general thoracic surgery. General thoracic surgery has great operative cases, interesting pathophysiology, and a relatively small number of emergencies, especially if you do not do transplant. I think it has a nice balance of big and small cases. I think the opportunities for women in cardiothoracic surgery are great right now. This is partially because there are not a lot of women in the field, and I think there are many groups who see the advantage of adding women. We add balance and diversity to a field that was very homogeneous. I think there is a large portion of the population who prefer female physicians and surgeons. The training for cardiothoracic surgery is rigorous, but not unachievable. It is clearly worth all of the late nights and long hours.

## CONGRATULATIONS

### WTS CONGRATULATES THE FOLLOWING MEMBERS AND NONMEMBERS FOR THEIR RECENT ACCOMPLISHMENTS:

-Gail Darling and Blair Marshall are new members of the AATS.

-Blair Marshall, WTS President Yolonda Colson, Shari Meyerson, Leora Balsam and Joanna Chikwe have been awarded Simulation in Thoracic Surgery Education Grants.

-Jennifer Hirsch received the Braunwald award.

-WTS Secretary/Treasurer Jessica Donington received the initial IASLC/Lung Cancer Foundation of America Young Investigators Award.

-Kathy Magliato has published a book describing her life as a CT surgeon, entitled "Healing Hearts."

-Blair Marshall, Jessica Donington, Virginia Litle and Yolonda Colson all were selected as discussants for the AATS meeting. Yolonda also was a session moderator and served as Course Director of the Thoracic Surgery Skills Course.

-Past President Nora Burgess was Faculty for the 2010 AATS Academy.

## EDITORIAL: HOW DO YOU DEFINE SUCCESS?

A few days ago, I received a forwarded email containing an updated version of the old joke about the fisherman with one small boat who is very happy to only work a few hours a day because he earns enough to meet his needs and he has a great lifestyle – I'm sure you have heard it. What struck me, though, was the added punch line at the end: "Know where you're going in life: you may already be there!"

A quick review of the WTS webpage or the Oracle is enough to give anyone an idea of what is possible for women cardiac and thoracic surgeons. We have made many different careers out of what may look to an outsider like a single specialty. Among us are academicians and private practitioners, researchers, teachers and clinicians, surgeons who care predominantly or only for adults and others for children, women who exclusively operate on the heart and others who focus on general thoracic surgery. Some are active in humanitarian work, and many are very committed to serving our specialty through participation in cardiothoracic surgical societies. We also have administrators, public policy advocates, and writers. A handful are "famous" to a greater or lesser degree in the public eye and quite a number are prominent within the medical field, while virtually all of us are unsung heroines for countless patients and their families. Added to these largely professional differences, of course we have married and single women, mothers, pet owners, sportswomen – the list is almost endless. We are an enviable group!! But like most women, I think we often have the tendency to easily forget what we have because we are too busy comparing ourselves to each other!! Of course, there will always be someone out there who has more grants, more

publications, a higher patient volume, more successful students - or apparently, from the outside, a more appealing personal life. And now that there are more and more women in our field, the temptation to compare ourselves with our colleagues may be greater – because more of our colleagues are women. This comparison goes in both directions - and hurts us all both ways. On the one hand, although we may often have people tell us how special or wonderful or admirable we are, it may not seem so to us because we are forever comparing ourselves to someone who has accomplished something we did not do. This makes us feel dissatisfied with our own careers. On the other hand, sometimes we look at choices made by other women, and we find ourselves being critical of them. And is it not true that we are more often critical of the choices made by other women than of those made by our male colleagues?

We live in a society that places great value on freedom, but sometimes we confuse exactly what freedom is. To a large extent, freedom is the ability to choose - but it can be easy to forget that freedom is precisely exercised in making the choice, rather than in preserving the maximum number of possible options. The choices we make in our careers and in our personal lives work together to weave the beautiful tapestry of our lives. We have to be careful to make choices that will get us where we want to go, or more accurately perhaps, will help us become the women that we want to be. Each choice is made taking into consideration two things: what are my talents, and what do I want? But perhaps equally important, when we reflect on our own lives and our own careers, we need to recognize that we are where we are

because of the path we have taken, because of the choices we made. This realization will lead us to one of two healthy conclusions: either, I am happy where I am and glad I made this choice, or (always a woman's prerogative, right?) I am not happy with something in particular and I wish to change my mind! It is not a bad idea to periodically review our choices, and realign them with our short and long-term goals. Similarly, application of this logic to the assessment of a colleague's career will immediately lead us to realize that she has made choices which were in line with her own priorities, which are likely to be different from ours! Success, then, must not and cannot be defined by publications, grants, mortality rates, or academic appointments, any more than it can be defined by a large family or a penthouse apartment on Times Square! Success must be defined by fidelity: fidelity to my own goals, my own ideals, my own values. To be successful is to use my talents to make myself the surgeon that I want to be, and to use them in the service of my patients, my family and my friends. If I do this, then I am successful. The corollary: only I can determine whether or not I am successful! The multinational fishing corporation owner may be a successful businessman, but the guy with the one boat and the great family life is a success, too - because he has achieved what he wanted to achieve. So, to paraphrase - know where you want to go in life – you may already be there, and if not, it's not too late for a course correction!

*Kathleen Fenton, MD*



**WTS GENERAL MEETING AT AATS IN TORONTO – MAY 2010**



*Photos courtesy of Brigid Scanlan Eiynek.*



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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](http://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

Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### PLEASE PROVIDE THE FOLLOWING INFORMATION

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

WTS Membership Outreach      WTS Education      WTS Scholarships  
WTS Newsletter      WTS Mentoring      Other (please specify): \_\_\_\_\_

### DUES PAYMENT INFORMATION

U.S. Active - \$150      International - \$75      Residents/Students - No charge  
Associate - \$150      \*Institution Benefactor - \$500      \*Corporate Benefactor - \$1500

\*1 or additional information regarding Benefactor membership benefits please contact WTS Headquarters at 312.202.5835

Make check payable to: Women in Thoracic Surgery (Tax ID#: 30-0003353)

To pay by credit card:      \_\_\_ Visa      \_\_\_ MasterCard      \_\_\_ American Express

Card number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Card billing address: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

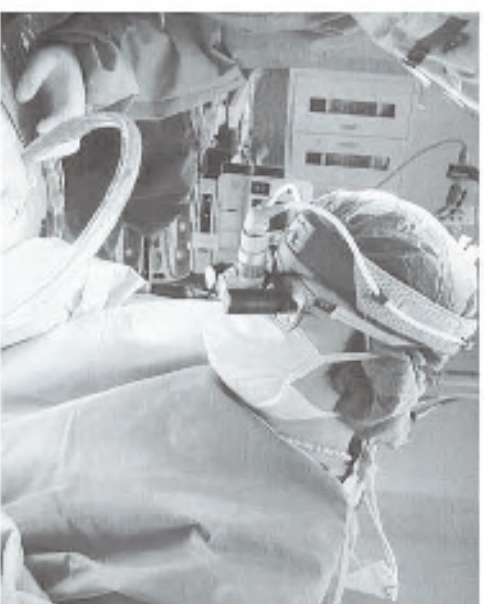
Signature: \_\_\_\_\_

Please note the credit card charge will show the Society of Thoracic Surgeons.  
If you have questions, contact WTS Headquarters at 312.202.5835 or [WTS@WTSnet.org](mailto:WTS@WTSnet.org).

Become a Member



Women in  
Thoracic  
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Membership  
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