



ORACLE

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

PRESIDENT'S CORNER



Nora Burgess, MD - WTS President

It is my honor, in my new role as President, to help shepherd Women in Thoracic Surgery into its 23rd year. Due to the hard work of its previous leadership, WTS is in a great position for new developments in the future. I would like to especially thank the previous Presidents and Boards for all their hard work, from which we now benefit.

Before I report on the past general meeting, I would like to remind and encourage those women currently not up-to-date on their membership dues to please renew. A mailing to request

**WTS General Meeting, May 11, 2008, 6:00 - 8:00 pm
Room 26B, San Diego Convention Center**

2008 membership dues was sent out in February and a reminder mailing to those who have not yet paid was sent in April.

It is through your membership commitment that we can continue to meet our core mission of advancing the roles and successes of women in the fields of cardiac, thoracic, and cardiothoracic surgery. Your dues help to underwrite the WTS scholarship program, mentoring efforts, and informal as well as formal support of career advancement for all present and future women engaged in this fascinating profession. Dues also allow WTS to hold its two annual general meetings.

WTS January Meeting

The January 2008 general meeting of WTS was marked by what was, in all probability, the best participation ever. It was, literally, standing room only. Many WTS current members were present, as were several WTS supporters. The highlight was Dr. Camacho presenting the 2008 WTS Scholarships.

Enthusiastic congratulations were offered to the following women who each received an educational grant of \$1,500 to fund their attendance at the

STS 44th Annual Meeting, January 28-30, in Fort Lauderdale, Florida.

Siobain Horan, MD
Creighton University

Jasmine Huang, MD
University of Iowa

Yishay Orr, MD
Royal Australasian College of Surgeons

Patricia Rodriguez, MD
Children's Hospital of Nicaragua

Elizabeth Thomas, MD
University of Texas-San Antonio

Lina Vargas, MD
Cleveland Clinic

There were many applications for the scholarship, reflecting the very rich range of experience so many residents bring to their professional training. Their personal stories and commitment speak eloquently to their dedication to medicine and cardiothoracic surgery, and are included in this issue or can be read at www.wtsnet.org.

The WTS scholarship program has now awarded more than \$23,000 through 18 scholarships since 2005. In awarding these annual WTS scholarships, Women in Thoracic Surgery is fulfilling one of its stated missions "to

Cont. on page 2

Cont. from page 1

enhance the education of women thoracic surgeons.” The scholarship is open to women residents in accredited thoracic surgery or general surgery programs. International applicants in approved surgical training programs are also welcome.

We were also pleased that Dr. Dirk Van Raemdonck, Secretary of the European Society of Thoracic Surgeons (ESTS), presented work done by Dr. Adelheid End entitled “Prognostic Factors for Professional Satisfaction,” reflecting ongoing changes in the implementation of different practice models in Austria.

Upcoming WTS Meeting

Please join us for the general meeting of WTS, planned for Sunday May 11, 2008, in San Diego, just prior to the meeting of the American Association

for Thoracic Surgery. ***This is an especially important meeting and it will be critical to have as many members present as possible to participate.***

The WTS Board and leadership group have been working hard to update the WTS Bylaws and have developed several proposals that will be very effective in using all opportunities to support WTS in the future.

We anticipate having new membership categories for discussion, descriptions of which will be sent to all WTS members prior to the meeting for review. It is hoped that these new membership categories will allow a much wider range of WTS supporters to become members. These categories will include opportunities for individuals, as well as institutions and industry.

In addition, WTS has been invited to join a consortium being formed of several professional societies and groups of women in medicine to advance the roles of women physicians in the general fields of cardiovascular surgery, cardiovascular medicine, and vascular surgery.

Areas of potential collaboration include advancement of women’s health care, professional and career development, and mentoring across all phases of women’s careers. I also plan to provide an update on that initiative in May.

Please join us for the meeting in San Diego. We need your participation to further advance Women in Thoracic Surgery as we plan our support of the rising generation of upcoming women in the specialty.

It is a great opportunity to make a real difference!

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

UPDATE FROM NICARAGUA



Dr. Kathleen Fenton, WTS Member and Oracle Editor, provided this update on the progress of the International Children's Heart Foundation program for pediatric cardiac surgery in Nicaragua.

It's hard to believe that I have been in Nicaragua for almost a year and a half! Of course, my Spanish is a lot better now, but I still miss some things, and often have to ask people to slow down.

Slowing down is something that I have also been learning on my end. Life runs, in general, at a different pace here, from the traffic (which is slowed by school buses older than I am and the occasional but not rare horse cart) to the fact that everything seems to start according to its own time schedule. The cardiac surgery program itself continues to move forward at its own steady pace. Sometimes it seems that we are not making progress, but when I look back I can really see how

far we have come. In the time since I arrived, we have operated on over 70 children, and we have started the open heart surgery program! This, despite the fact that I was here for almost three months before being permitted to operate, and that we had to switch hospitals in mid-stream due to organizational issues that impeded our progress in the first hospital. My presence here has not only helped with strictly "medical" aspects, such as clinical work and mentoring. Rather, I have also become a nucleus around which the program is slowly coming together on a larger scale. I have met a lot of people, Nicaraguans and others, who want to help with fund raising and organization, and have also been able to network with other foreigners living in Nicaragua who are sources for the referral of children, including missionaries, embassy people and humanitarian aid people. We have additionally been able to join forces with other groups that are working in Nicaragua to help children with heart problems. I have learned a lot about how the medical systems work in developing countries, and have many ideas and hopes regarding how perhaps we can unite forces both to make progress more rapidly and to circumvent the corruption that comes with the territory, so to speak. We are well behind schedule, but because we are making such good progress, I am hoping to be able to stay a little bit longer.

Websites for more information:
www.babyheart.org
www.corazon-abierto.com

GETTING TO KNOW WTS MEMBER KARLA CHRISTIAN, M.D.



Karla is an Associate Professor of Cardiac Surgery and Associate Chief of Pediatric Cardiac Surgery at Vanderbilt University

in Nashville. Her background includes undergraduate and medical school at the University of Washington. She began her general surgery training, also at the University of Washington, and originally planned to be an ENT surgeon. She went to Vanderbilt in 1988 to finish general surgery, and stayed for her cardiothoracic surgery residency. The Oracle recently conducted an electronic interview with Karla.

Oracle: *Karla, thanks so much for allowing our readers to get to know you. It really helps all of us, but especially helps young women to get a feel for what our lives are really like as CT surgeons. What do you like to do with your vacation time? Did you take a vacation last year? Do you have a favorite vacation spot??*

Karla: I really enjoy skiing. Usually we go skiing twice a year in Utah. This year, we did go to Utah but we also made a trip to Italy and England. I would have to say that trip was my “all time favorite” – at least so far!

Oracle: *OK, so you love to ski! Are there any other sports that you enjoy?*

Karla: I really prefer to play sports rather than to watch. While snow

skiing is my favorite, I plan to learn golf this year. I also occasionally enjoy horseback riding with my family.

Oracle: *That sounds like a wide variety of different types of sports. And you like animals – at least horses?*

Karla: Yes, I do like animals, dogs more than cats.

Oracle: *So do you have any pets?*

Karla: Yes, I have Rosie, a Yorkie, as well as a salt-water aquarium with lots of fish, including a stingray, which we hand feed. (She’s small.)

Oracle: *And you enjoy recreational activities with your family?*

Karla: Very much. My husband Ron takes great care of me, and keeps me balanced. I have three children. Gavin is almost 25 and getting an MBA. Dylan is 23 and has one year left and then will decide between medical school and petroleum engineering. Caroline is finishing first grade and loves soccer and gymnastics. I also have four stepchildren who are great. I have a younger brother and older sister, and great parents as well. I’m the “middle child” – which says a lot!

Oracle: *So, when you are not working, skiing, horseback riding or learning golf, what else do you like to do?*

Karla: I learned to knit in the past year and have made some scarves in my spare time... for gifts. I have also painted a few pictures, just for fun, for friends as well... and I play the piano, rather poorly. I try to stay busy. Life is short.

Oracle: *I imagine that you like your*

work as well. Why did you choose pediatric cardiac surgery? What is your favorite part of the job?

Karla: I chose pediatric cardiac surgery partially because I like the attention to detail and the technical demands it requires. Val Rusch was my attending at the U of W, when I was there as a young resident and I admire her greatly. Margaret Allen was there as well. I truly admire the early women cardiac/thoracic surgeons, as they really had it much more difficult than we do today. My favorite parts of my job are the daily challenges, and the great team that I work with. I never have a boring day. I have worked with many team members for 17 years. It’s a very rewarding career. I recently got to meet President Bush and speak with him briefly, which was a great honor for me.

Oracle: *What advice would you give to a young woman who loves cardiothoracic surgery and is considering it as a career, but who is concerned about how to maintain a balance between a demanding profession and her personal life?*

Karla: In terms of balancing personal and professional commitments, I try to give all of myself to work when at work and all of myself to home when at home. There have been some compromises made by my family, and some by me, as not every career aspiration has been fulfilled. You can’t have it all but you can try, and you can come close.

Oracle: *If you were not a cardiothoracic surgeon, what would you do?*

Karla: It’s hard to imagine another career for me. Originally I considered engineering or architecture. When I retire, I would like to spend more time in the garden, and ski/golf.

CAREER DEVELOPMENT AWARD RECIPIENT



Dr. Kimberly Gandy, newly appointed Associate Professor of Surgery at the Medical College of Wisconsin, is the recipient of the Nina Starr Braunwald Career Development Award from the Thoracic Surgery Foundation for Research and Education (TSFRE).

This award supports the research career development for women cardiac surgeons. Dr. Gandy also recently co-chaired a session at the Annual Meeting of the International Society for Heart and Lung Transplantation.

WTS General Meeting at the AATS 88th Annual Meeting

May 11, 2008
6:00 pm - 8:00 pm
Room 26B
San Diego Convention Center

NATIONAL LUNG CANCER PARTNERSHIP

Annual Meeting

The National Lung Cancer Partnership's Annual Meeting, *Lung Cancer 2008: Progress and Promise*, will take place on Friday, May 30, 2008 from 8:00 AM to 12:30 PM at the Chicago Marriott Downtown Magnificent Mile in Chicago, IL. Dr. John Neiderhuber, head of the National Cancer Institute (NCI), will be presenting an update on the NCI's Lung Cancer Program. For more information about the Annual Meeting or to register, please visit http://www.thebcce.com/upcomingActivities_detail.aspx?act_id=233

National Lung Cancer Partnership Career Development Award

The purpose of this award is to provide funding for clinical and basic science

junior faculty to advance their careers in lung cancer etiology, prevention, early detection, treatment, and symptom management. Applicants will be judged on the merits of their research proposal, career development plan, and research environment.

For complete application eligibility and instructions, please visit the National Lung Cancer Partnership's website at www.NationalLungCancerPartnership.org. The application must be postmarked on or before **September 2, 2008**. Awards will be made on or before January 1, 2009.

National Lung Cancer Partnership/LUNGeity Foundation Research Grants

The purpose of this grant program is to drive forward research that will increase understanding of lung cancer risk, biology, and response to treatment. Two grants are available. One grant is available specifically for research in the area of sex differences in lung cancer. The other grant is available for research pertaining to any facet of lung cancer.

For complete application eligibility and instructions, please visit the National Lung Cancer Partnership's website at www.NationalLungCancerPartnership.org. The application must be postmarked on or before **September 2, 2008**. Awards will be made on or before January 1, 2009.

SCHOLARSHIP WINNERS' ESSAYS



In back, from left to right: Elizabeth Thomas, MD, Jasmine Huang, MD, Siobain Horan, MD and Lina Vargas, MD, Front row: Patricia Rodriguez, MD, Margarita Camacho, MD

Reprinted here are the essays from the WTS Scholarship Winners, written according to the following instructions: 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.

Dr. Elizabeth Thomas, University of Texas, San Antonio:

I had my first exposure to cardiothoracic surgery as a general surgery intern. I was surprised to discover how much I enjoyed the rotation. As a second year resident on service, I have spent more time in the operating room and have found that my enthusiasm for the practice has grown. The operations are intriguing, the patient pathology is interesting and the surgeons are exceptional. In particular, I am impressed with the attention to detail, the precise technical expertise, the broad medical knowledge, the surgical insight,

and the devotion to improved quality of life that characterizes the cardiac surgeon.

My husband very much supports my interest in cardiothoracic surgery. After many long discussions about what the career entails and the type of physician that is typically drawn to this career, he believes that cardiothoracic surgery suits me. He recognizes that my ambition, perfectionism and interests fit well with a future in cardiothoracic surgery. I am very fortunate to have his encouragement. He is my greatest supporter and his backing will do much to promote my continued success. I would very much like to meet more women in cardiothoracic surgery by attending the STS.

Dr. Lina Vargas, Cleveland Clinic:

Making a decision to become a doctor in a country like Colombia was not easy. Facing the constant disappointments and frustrations of a

broken health system and the endless discussions with my loved ones who tried to talk me out of a career in medicine, I proved to myself and those close to me that I was meant to be, not only a doctor, but a cardiothoracic surgeon as well. A career in CTS is a lifetime decision and a permanent commitment, but above all, the greatest satisfaction one can get. My mother could only take pride in my accomplishments, not only for what it means to be a woman in CTS, but for what it means to me: 100% happiness, satisfaction and pride. Waking up to a day in CTS is waking up to the best job: finding pleasure in making people recover their lives and not just palliating their diseases, giving back hope to families who otherwise would be dealing with the loss of a loved one, giving the best of you every day. My dreams took me here but only excellence, commitment, discipline and dedication will guarantee that my dream becomes a lifetime of satisfaction in a field where only perfection counts.

Dr. Yishay Orr, Royal Australasian College of Surgeons, Australia:

The unique ability to alter physiology, cure symptoms and improve survival with cardiothoracic surgery has stimulated my desire to pursue this enticing career choice.

Although a demanding vocation, cardiothoracic surgery is highly challenging technically, intellectually and emotionally yet immensely rewarding. It is also a surgical subspecialty with a strong research

SCHOLARSHIP WINNERS' ESSAYS

ethic and is in continual technical evolution. Many exciting prospects lie ahead with robotic surgery, minimally invasive and percutaneous techniques and evolving concepts and devices for mechanical circulatory support, some of which I hope to be involved with.

My husband is from a non-medical background and brings refreshing insight and perspective to my decision to pursue a career in cardiothoracic surgery. He considers my training as a lengthy apprenticeship and will go out of his way to ensure all my needs are met. In this way he also helps all those patients whom I treat by enabling me to perform at my best. My husband thereby achieves great satisfaction in his role as a supportive surgeon's "wife," understands and accepts the often immense sacrifices required to pursue a career in cardiothoracic surgery.

Dr. Patricia Rodriguez, Children's Hospital of Nicaragua:

My name is Patricia and I am 28 years old. I live in Managua and I have become a doctor because there is nothing else that I can picture myself doing since I was a child. I love doing medicine, and I love practicing pediatric surgery above it. There are so many reasons I want to become a cardiothoracic surgeon and one of them is that the Children's Hospital of Nicaragua only had one cardiothoracic surgeon until a few months ago and the open heart surgeries are performed only when international brigades come to our hospital, so the demand is over our actual resources. Just from January to September we have 16 new cases of

Fallot's tetralogy and 40 of patent ductus arteriosus.

My mom never like the idea of me studying medicine; nonetheless she has always pushed me to go beyond the expectations and supported my decision, thinking that I will meet my goal in cardiothoracic surgery, just like I did when I was chosen for the residency in pediatric surgery. Besides, being a woman in surgery has filled me in such great ways and made me realize that this could be an opportunity to receive and then be able to give.

Dr. Siobain Margaret Horan, Creighton University:

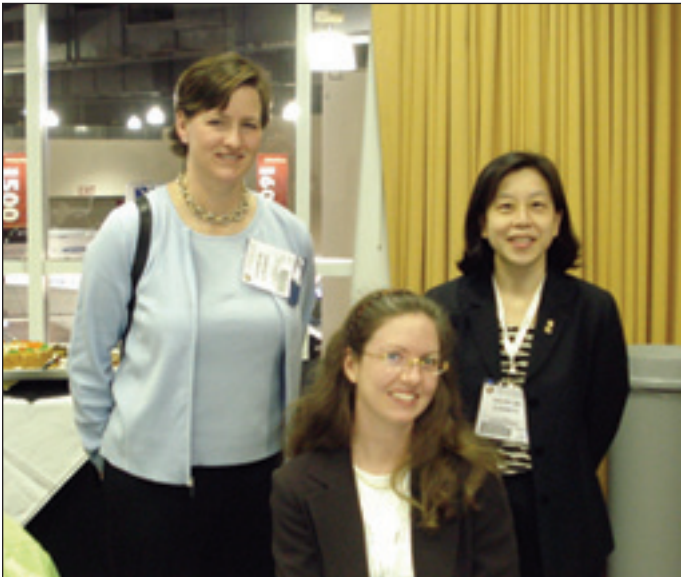
My introduction to cardiothoracic surgery was at California Pacific Medical Center in 1996. A job with the circulatory support team afforded me the enviable opportunity to work with the incredibly skilled Dr. Donald Hill. Watching him operate, a pioneer in the world of ventricular assist devices, left a lasting impression. Being closely involved with bridging to transplant many of his patient's failing hearts, and observing countless bypasses and valve replacements, was truly a fantastic and awe-inspiring time. It was through many nights of taking care of patients in the ICU and many days spent watching seriously ill patients undergo such graceful but technically demanding surgeries, that I first came to appreciate the incredibly rewarding aspects associated with this field of medicine. It was this exposure that convinced me to become a surgeon. It has also contributed to my career decision years later. My

residency experience inspired me, and has solidified my resolve to become a cardiothoracic surgeon. Now, finally approaching the end of my general surgery training, I have chosen to pursue a career in a specialty about which I am truly passionate. My mother, never having had the opportunity to further her education, is my biggest fan.

Dr. Jasmine Huang, University of Iowa:

Throughout my general surgery training, I was content but never had a true passion for a particular area until my general thoracic rotation. I knew after my first pulmonary resection that I needed to become a thoracic surgeon. My interest was piqued by the patients, the disease processes, and the surgical procedures that were performed in our field. When applying for a fellowship, my then boyfriend (now husband), who is in the U.S. Army, did not know where he would be assigned; but, we agreed that my career was important and we would make it work. I landed in Iowa, while he was shipped overseas to Korea. We spent the first year of my training with an ocean between us. He is now in Texas, which is at least on the same continent, but we are still apart. We have put our lives together on hold so that I could pursue a career in thoracic surgery. I am fortunate to have a husband who is supportive of me, but it has been a difficult time for us and I know he is counting down the days until June 30, 2008 when two of my dreams will be achieved – I will be a thoracic surgeon and my husband and I can truly begin our lives together as a couple.

HIGHLIGHTS OF WTS MEETING IN FORT LAUDERDALE, FL



2008 ACTIVE MEMBERS AS OF MAY 1, 2008

Margaret Allen, Seattle, WA	Erica Giblin, Charleston, SC	Roxanne Newman, Fargo, ND
Elizabeth Ashworth, Columbus, IN	Darlene Goldstein, Lynn, MA	Jemi Olak, Bakersfield, CA
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Tammy Baxter, Nashville, TN	Cynthia Herrington, St. Louis Park, MN	Alice Pierce, Pittsburgh, PA
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Yvonne Carter, Washington, DC	Jennifer Lawton, St. Louis, MO	Valerie Rusch, New York, NY
Cynthia Chin, New York, NY	Gunda Leschber, Berlin,	Lynn Seto, Cleveland Heights, OH
Karla Christian, Nashville, TN	Jaime Lewis, Cincinnati, OH	Mary Cristina Smith, Tucson, AZ
Paola Ciriaco, Milano	Leslie LiDonnici, Brooklyn, NY	Sandra L. Starnes, Cincinnati, OH
Julie Clayman, Chagrin Falls, OH	Virginia Litle, New York, NY	Joanne Starr, Newark, NJ
Yolonda Colson, Dover, MA	Kathy E. Magliato, Pacific Plsds, CA	Michaela Straznicka, Walnut Creek, CA
Kimberly E. Costas, Edmonds, WA	Vicki Mahan, Boston, MA	Vita Sullivan, Ypsilanti, MI
Joy Dalesandro, Suffolk, VA	Mary Maish, Los Angeles, CA	Julie Swain, Fallbrook, CA
Elisabeth Dexter, Syracuse, NY	Haruka Makinae, Tokyo	Leah Ann Teekell-Taylor, Tampa, FL
Rebecca Dignan, Taren Point, NSW	M. Blair Marshall, Washington, DC	Patricia Thistlethwaite, San Diego, CA
De Bock Dina, Antwerp	Patricia McCormack, East Quogue, NY	Karen Thompson, Atlanta, GA
Jessica Donington, New York, NY	Monica McDonald, Milwaukee, WI	Betty Tong, Durham, NC
Carolyn Dresler, Little Rock, AR	Alicia McKelvey, New Haven, CT	Pei Hsuan Tsau, Tucson, AZ
Mercedes K.C. Dullum, Weston, FL	Kelly McLean, Cincinnati, OH	Elaine Tseng, San Francisco, CA
Ina Ennker, Lahr	Kathleen McNicholas, Rockland, DE	Carin van Doorn, London
Emily Farkas, St. Louis, MO	Shari Meyerson, Tucson, AZ	Jennifer Walker, Boston, MA
Kathleen Fenton, Silver Spring, MD	Camilla Ann Mican, Sun City, AZ	Tracey Weigel, Madison, WI
Monda Flores, San Diego, CA	Rita Milewski, Philadelphia, PA	Rebecca Wolfer, Barboursville, WV
Paula M Flummerfelt-Guinnip, Herrin, IL	Susan Moffatt-Bruce, Columbus, OH	
Kim Gandy, Milwaukee, WI	Pia Myken, Goteborg	
Karen Gersch, Pittsburgh, PA	Meena Nathan, Newark, NJ	

PROGNOSTIC FACTORS FOR PROFESSIONAL SATISFACTION

Presented at the 44th Annual STS-Meeting, Jan 27, 2008, Fort Lauderdale



Adelheid End, MD

Women in Surgery - Prognostic Factors for Professional Satisfaction

The question “What are the prognostic factors of satisfaction?” can easily be answered by common sense. A healthy working environment – with a clear structure and a good department leader - are the best prerequisites to ensure satisfaction. Although this sounds like a very simple recipe, the working conditions for women surgeons in Europe today often do not meet modern management theories.

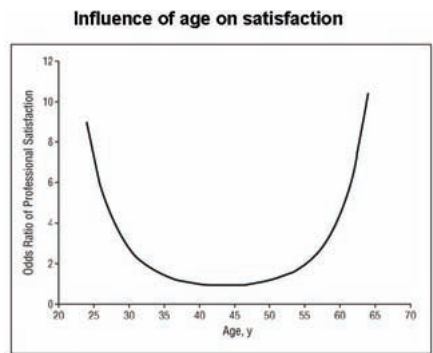
The total number of women surgeons in Europe is not known. Just to give a figure: about 55 women surgeons are members of the European Society of Thoracic Surgeons (ESTS), that is about 9 % of all members. I am from Austria, which is a small democratic republic in Central Europe with about eight million inhabitants but with only a small number of cardiothoracic

women surgeons. The historical development of women surgeons has been very slow.

Reviewing the literature on women in surgery in 2001 I realized that there was no study on working conditions of ALL women in surgery in the core specialties of one nation. Therefore we did an intense research to find all women surgeons in Austria – in training, fully trained, retired, on maternity leave etc. (n=351) – and sent a survey to find factors influencing satisfaction.

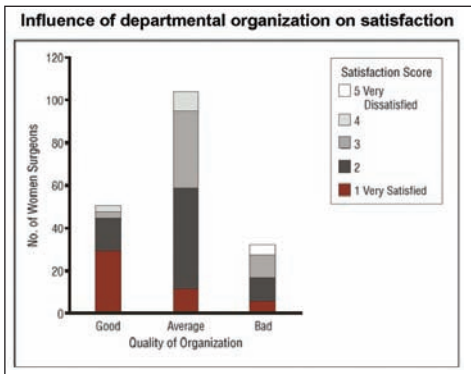
The distribution of specialties was: general surgery (53 %), trauma (22 %), plastic (9 %), pediatric (8 %), cardiothoracic/vascular (6 %), with 53 % working in community -, 17 % in university -, and 13 % in private hospitals. 57 % of women surgeons were certified, and 41 % in training. 85 % were active, 5 % had a leadership function, and 30 % worked in the capital of Vienna.

The majority (56 %) were between 35 and 45 yrs old, 66 % were in a relationship, and 47 % had children. Putative prognostic factors investigated are shown in Table 1.



The response rate was high (58.7 % = 206/351). Overall, 57 % of respondents were satisfied or very satisfied, 28 % moderately satisfied,

and 13 % unsatisfied or very dissatisfied (score 1, very satisfied; score 5, very dissatisfied). These results are similar to other studies. By testing the objective variables (regression modeling) higher satisfaction was found in active surgeons working in subspecialties, in certified surgeons, in younger and older surgeons, in surgeons working outside the capital, and in surgeons with a physician as a private partner. Testing all variables including the subjectively assessed variables, the quality of departmental organization, the operative volume and the status of activity turned out to be highly significant (Table 2; Fig. 1, 2).



In this setting it was one of the largest series published worldwide with a high response rate. Our entrance statement was statistically confirmed: departmental organization (adequate leadership) and surgical activity (high operative volume) are key factors for satisfaction in women surgeons.

In the US, institutionalized programs to improve the training and working conditions of women surgeons have been implemented. However, in Europe, there is still a need for successful programs as well as a change of attitude towards women surgeons in general.

PLEASE PASS TO A COLLEAGUE

Women in Thoracic Surgery Membership Application

Name: _____

Title: _____

Institution: _____

Group Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____ E-mail: _____

▶ Please provide the following information:

- Type of practice (*circle one*): Academic Private Practice Other
- Type of surgery (*circle all that apply*):
Adult Cardiac Pediatric Thoracic Other
- Your areas of interest (*circle all that apply*):
Membership Education Scholarship
Newsletter Mentoring Other (*please specify*): _____

Signature: _____

DUES PAYMENT INFORMATION

▶ U.S. Active - \$150 International - \$75 Residents/Students - No charge

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 Nancy Puckett at 312.202.5819 or wts@wtsnet.org.*

▶ Submit this form one of the following ways:

Mail: 633 N. Saint Clair St., Suite 2320, Chicago, IL 60611 USA

Fax: 312-202-5829

E-mail: wts@wtsnet.org

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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