



ORACLE

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

Mental Health Awareness Edition



TRIGGER WARNING

Please note that this edition of the WTS contains articles featuring content on mental health, depression and suicide. We offer this warning to allow those who may experience stress as a result of the content to proceed past these articles directly to page 6 where we resume our normal content.



Lauren Kane, MD
President,
Women in Thoracic Surgery

June 21, 2022



WTS PRESIDENTIAL CORNER:

The past two years have been interesting and challenging. There have been some amazing wins and we have much to celebrate. As I write this, we have a record number of women holding or in line for the top leadership roles across major cardiothoracic surgical societies. While not an exhausted list, I want to highlight current Presidents: Dr. Yolonda Colson - the AATS, Dr. Jessica Donington - the WTSA, Dr. Ourania Preventza - the

ISEVS, Dr. Isabelle Opitz - the ESTS, and Dr. Sharon Ben-Or - the ECSS. Surgeons in line for the top leadership roles across major cardiothoracic surgical societies: Dr. Jenna Romano - Second Vice President of the STS, Dr. Melanie Edwards - Second Vice President of the STSA, Dr. Rosemary Kelly - Secretary of the AATS, Dr. Shanda Blackmon - Secretary/Treasurer of the STSA, and Dr. Africa Wallace - Treasurer of the ECSS. Drs. Ajay Carpenter

and Patricia Thistlethwaite are past presidents of the STSA and WTSA, respectively. Four of these surgeons are past presidents of the WTS. I would be remiss not to mention Dr. Carolyn Reed for being Elected posthumously on January 28, 2013, to the STS Presidency.

Take a moment to reflect on this accomplishment and honor each surgeon who persisted and achieved recognition of their successes as a cardiothoracic surgeon. While I don't have the most up-to-date numbers, as of 2020, 353 women had achieved board certification through the ABTS, and 8,483 men achieved the same certification in that timeframe. I anticipate the number of board-certified women cardiothoracic surgeons to increase exponentially in the coming decade. There are over 150 candidate current members of the WTS who are interested in a career in our field. Are we looking at a tipping point or is this just an unusually bright time for women in cardiothoracic surgery?

One of the missions of the WTS is "to focus on the development of women thoracic

surgeons through a mentoring program." I personally have benefited from being a mentor to women interested in cardiothoracic surgery at every conference I have attended over the past decade. I have had the privilege of getting to know amazing, promising young women who will very likely be our colleagues in the near future. Dr. Kiah Williams worked with me and Dr. Leah Backhus to evaluate if the mentoring scholarships have the impact, we intend for it to, and indeed it does.

With all this great and encouraging progress, women cardiothoracic surgeons across the world still face the similar and significant discriminations, biases, and inequality. While attending the AATS annual meeting in Boston in 2022, I was able to connect with women cardiothoracic surgeons from around the world, including Europe, South America, and Asia. What struck me was the shared discouraging experiences no matter where we practiced adult cardiac, thoracic or congenital heart surgery. This reality has me

thinking more about another mission of the WTS: "To create a supportive community to optimize the advancement of women in CT surgery." The WTS has a spotlight on international relations and collaborations, with the aim to help support and provide more opportunities for our colleagues around the world. I am excited to see what we can accomplish and stay tuned to learn more about what we have in the works.

Great strides have been made. We ought to recognize and celebrate these achievements. But it is not time to rest. We globally still face daily, pervasive microaggressions, gender biases, and toxic work environments. We often hold more non-promotable service positions than ones that lead directly to advancement in our careers. #HeForShe remains relevant, and as more women ascend to leadership positions, #SheForShe is critical to reaching parity in opportunities, sponsorship, and changing cultures to intolerance of discrimination of all forms for all. Our shared experiences across the globe

are not all that different and I encourage us to join together, support each other, and put our collective intelligence to work to improve not only the lives of our patients but also the lives of the surgeons dedicated to cardiothoracic surgery.

AATS – American Association for Thoracic Surgeon

ABTS – American Board of Thoracic Surgeons

ECSS - Eastern Cardiothoracic Surgical Society

ESTS – European Society of Thoracic Surgeons

ISEVS – International Society of Endovascular Specialist

STSA – Southern Thoracic Surgical Association

STS – Society of Thoracic Surgeons

WTSA – Western Thoracic Surgical Association

WTS – Women in Thoracic Surgery



Erin Gillaspie, MD, MPH

Editor's Editorial:

Mental Health Awareness

I have often thought back on that day. I have reviewed and re-reviewed all the details – had there been something in an offhand comment, the movement of a hand, a different manner of dress? Had I missed something? But it was just a day that began like every other. The morning flurry of arriving to work, running in from the cold and changing in a crisp pair of scrubs. Zipping over to the computers to gather dozens of vitals and labs before running off to wake patients and make rounds. A quick breakfast and off we were again to teaching conference.

We sat next to each other that morning. We laughed and made plans to meet later that day to review our respective notes on the Belsey Mark IV fundoplication to make sure that he and I had it down just right.

Operative cases wedged with consults accounted for the next eight hours and it wasn't until the afternoon that I trudged back up to our unit to make rounds and pack my bags to head home – I was glad for an early day.

As I was leaving the unit one of nurses grabbed my arm to ask for help managing a

patient with atrial fibrillation and hemodynamic instability. He was on call and she couldn't reach him.

With the patient soon stabilized, a few additional orders placed, I wandered down to the operating room to update him on his service.

The OR's were empty, the last case long since finished. I wandered to the call room and this too was empty with the bed still made. I called him...no answer...I paged...no answer. Convinced I had misread the call schedule – was I actually the one on call? - I spoke with our nurse practitioner. She confirmed that he was on call and had planned to go home, shower and to pack for a trip the next day. Satisfied that he was surely just in the shower and would be calling me any moment, I sat down at the computer to await his return and catch up on emails.

An hour later I became worried. Had he fallen asleep? I called and paged again. I checked our usual call room and a few others. I felt a growing heaviness in my chest and worry mounted. I called co-residents, campus security checked the garages and calls were made to the program

director and coordinator. I asked for and received his home address.

The evening nurse practitioner went by and checked for lights, knocked on the door and reported back that no one was home. An hour later, still not having found him, we went back. The neighbors sensing a problem called the landlord to perform a welfare check.

Life as a physician is simultaneously fulfilling and demanding. We are so fortunate to have the opportunity to impact the lives of our patients in indelible ways. As cardiothoracic surgery fellows it seemed we were especially privileged to be helping to save lives in the operating room, often against seemingly impossible odds. But this time we failed; we were too late. Our dear friend and colleague could not be saved.

The next few hours remain a blur. The flashing lights from the police cars. The warmth from the blankets wrapped around me and the muffle of comforting words from strangers.

I quietly forwarded pages to myself and decided to take calls from home. I was exhausted, and felt an overwhelming need to wash off the reminders of the day. I tried to rest but couldn't sleep; the darkness was filled with nightmares.

Our small program was wracked with feelings of guilt and devastation. Nothing like this had ever happened, and no one was quite sure what to do. We received incredible support from the faculty and we were fortunate to have free counseling services available. It helped, but honestly, there were many days that the only comfort was quiet.

Long days turned to weeks and months. Routines resumed. It has been seven years but like clockwork in December, my chest feels heavy, and I worry just a bit extra about everyone around me. I make the time to check in with friends and family, to share a smile or kind words with strangers.

Previous research has established that stress, mental illness and burnout are prevalent in medicine due to

the high-stakes nature of the profession. Stress can impact physicians in a myriad of ways with resulting repercussions of attrition, addiction, failed personal relationships and depression or suicidality. The COVID-19 pandemic has presented particular challenges, and for the last few years has had a cumulative impact on all aspects of life and wellbeing—physical, social, occupational and mental. While stories of suicide remain few, they highlight the magnitude of emotional hardship.

There is no doubt that urgent, concerted efforts at institutional and societal levels must be made to provide greater mental health resources to support healthcare workers, with programs to help identify and treat anxiety, depression, post-traumatic stress and suicidal ideation.

To anyone struggling with depression, anxiety or experiencing suicidal thoughts, please know that you are not alone and there are resources (including all of us) who will help.

Resources:

National Suicide Prevention Lifeline: 1-800-273-8255

Text: 741741 to be connected to a crisis counselor

Emergency line: 988 has been designated as a new three digit dialing code that will route you to the National Suicide Prevention Lifeline. This will be available across the US as of July 16th, 2022.

Coping with Stress: <https://www.cdc.gov/suicide/resources/coping-with-stress-resources.html>

National Alliance on Mental Health: Mental Health Month | NAMI: National Alliance on Mental Illness

have struggled with whether to write this story for some time. I have written on and off, deleted and restarted. After reading another tragic announcement about the loss of a bright, rising star in the field of medicine, I thought it important to continue to bring mental health to the forefront of conversations and continue to make it a priority for our programs and societies. This story pertains to suicide and may be triggering for some, so please continue reading with caution.



Ask WTS:



How do you Stay Grounded?



I think one important thing for me is having and treasuring people in my life who are champions for me. They encourage me in difficult times and celebrate the small victories. Also, it's really important to not lose track of who you are and what you love. I continue to carve out time for the things that motivate me and bring me satisfaction as a form of relaxation and reset. This is really critical to sanity.

Stephanie Fuller



TAKING TIME TO DIARY AND REFLECT. I HAVE KEPT A DIARY SINCE I WAS A GIRL, AND IT PROVIDES SOME GREAT PERSPECTIVE ON CHALLENGES, RESILIENCE, AND HOW WHAT MAY SEEM LIKE A VERY BIG DEAL, IN HINDSIGHT IS ACTUALLY NOT SUCH A BIG DEAL.

Tara Karamlou



Remember Your Why

Mara Antonoff



CREATING SAFE SPACES FOR DISCUSSION AND CAMARADERIE. HERE AT STANFORD WE CREATED A DEPARTMENT AFFINITY GROUP AFFECTIONATELY CALLED CTX WHICH CONSISTS OF OUR ELEVEN FEMALE FACULTY WHO MEET FOR DINNER QUARTERLY TO DISCUSS ALL VARIETY OF WORK-RELATED TOPICS AND FELLOWSHIP. TWICE A YEAR WE INVITE OUR FEMALE TRAINEES (ALL EIGHT OF THEM!) TO JOIN US. THE DINNERS ARE WELL ATTENDED AND VALUED BY ALL. IT IS VERY CATHARTIC!

Leah Backhus



Something that has helped me a tremendous amount is staying in touch longitudinally with many of my patients. Seeing them progress through their life and what happens to them has made me both a better surgeon and kept me connected to the impact of what I do. Directly staying connected to them also reminds me about why I do what I do.

I also keep a letter box (Carolyn Reed Patient letter Box) on my desk, and then when it gets full, I place those letters into a large Tupperware container. On the Tupperware is a label, "Give to my kids when I die" and I have told my secretary and husband that if

anything ever happens to me, they can throw away all of the degrees, honors, awards, and papers/book, but I want my kids to have that box. This is what I want my kids to know about me. How I spent my time away from them is important and meaningful and worthwhile.

Finally, I do not do a lot of menial tasks that just about anyone can do- I do very little laundry, BUT- I do go out and feed the chickens with Grace and I do arrange to take my boys on college tours- I want to make time and be there for the important things, but not sweat the small unimportant stuff. If I can pay someone else to do the things that do not really need me to do them, then so be it.

Shanda Blackmon



Mari Kondo! Simplify. Simplify. Simplify. Do only what will bring joy into your life.

Mimi Ceppa



Belonging to this community and knowing that I am not alone in times of difficulty and I can reach out to you for advice, support, just venting or being listened to! It is so important to look up to each one of you because it inspires me and motivates me but also makes me feel validated and accepted.

And then hobbies...if I didn't have hobbies I think I would just continuously work. Hobbies have also been a great way to dedicate full attention to my family because I have a hard time otherwise compartmentalizing work and family. I love to sail, hike, tennis and swim!

Daniela Molena





1. Exercise regularly - I can't think of anything but the workout for that hour/time and is so good for my mental health, brain and body.
2. Stay connected to friends and your support system - I find this critical for helping me have perspective and support during times I am needing it.
3. Integrate an activity that rejuvenates you, fills your soul back up, and brings joy into your life on a regular basis. No matter what that is and how little or much time it takes, I have found that critical to staying happy and grounded, no matter what is going on in life and my career.
4. To the best of your ability, align your work with your loves. Doing congenital heart surgery and the relationships with the families/patients was one of those things that brought me joy and filled my soul on a daily basis.



The toxic politics that come with the job are what drained me, so having a job doing what I loved so much and was so passionate about, is critical. I am in touch with many of my patients through the years and continues to bring me joy.



Lauren Kane



1. *What kept me going is family, and reflecting on the small wins. Do not worry about the "downs," the most important is "getting up"*
2. *Melanie Edwards: practicing gratitude, even for the small things to help shift perspective and celebrating small wins.*

Ouriana Preventza



There are really two things that have kept me grounded over 18 years in cardiac surgery.

1. *Dedicated family time*
2. *My Corkboards and bookshelves covered with little cards and gifts from my patients. As family time is a large category, I think that my favorite family time involves camping off the grid with kids, friends, my mountain bike, and dogs in the Colorado and Utah mountains. We currently have a little Sprinter RV (after a couple of camping trailers) which provides an instant stocked home on wheels, and we get outside for a weekend or a summer week as often as possible. This allows me to unplug from my phone and work e-mail and have dedicated family and friend time with some great mountain biking expeditions over the years. As the majority of my good friends are also physicians and nurses, this also provides instant therapy and wellness sessions over the campfire. I have also found that displaying and hoarding all of the cards, home-made gifts, and photos sent by my patients brings me many smiles on the hard days.*



Sara Pereira



CONGRATULATIONS ABTS 2020 & 2021!

COVID changed our lives in a tremendous number of ways, including delaying boards in 2020. These incredible candidates passed in 2021 and we are so pleased to congratulate them on their success!

Corinne Marie Aberle
Stephanie H. Chang
Cynthia W. Choate
Elizabeth M. Colwell
Amber Melvin Edwards
Sabrina Alison Evans
Amy G. Fiedler
Ashley Fratello
Pauline Hannah Go
Christina Leigh Greene
Meghana Ram Kunkala Helder
Candice Y. Lee
Madonna Edina Lee
Gal Levy
Shuyin Liang

Ashley Ann Mann
Katy A. Marino
Rachel Laura Medbery
Heidi Beth Nafday
Shakirat Omolara Oyetunji
Samine Ravanbakhsh
Heidi Jean Reich
Monisha Sudarshan
Huan Huan Sun
Gillian Christine Alex
Jennifer Margaret Burg
Melissa Helena Coleman
Nassrene Yousef Elmadhun
Jamie Eridon
Kirsten Ann Freeman

Tracy Renee Geoffrion
Kellianne Christmas Kleeman
Melissa Lynn Korb
Maria Lucia Lagade Madariaga
Sara Najmeh
Hanna S. Park
Alexandra Susan Renzi
Uma Menon Sachdeva
Lindsey Leigh Saint
Molly Schultheis
Mansi Manjul Shah-Jadeja
Ruchi Mrugesh Thanawala
Karen Walker
Alison F. Ward

WTS SCHOLARSHIP OPPORTUNITIES

The WTS Carpenter Scholarship

This award named for Dr. AJ Carpenter, the 63rd president of the Southern Thoracic Surgical Association (STSA), a national leader in education and a tremendous mentor to a growing cohort of young surgeons nationwide. The award allows young women in medical school or surgical training interested in cardiothoracic surgery the opportunity to attend the STSA Annual Meeting and be mentored throughout. [Click here](#) for additional information.



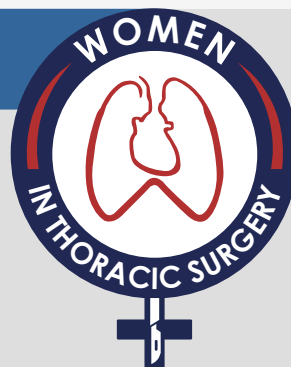
The Carolyn E. Reed Traveling Fellowship

The Carolyn E Reed Traveling Fellowship was established to honor Dr. Reed's innumerable contributions to our field, the lives of patients and the lives of all who knew her. The annual award allows a clinically established woman thoracic surgeon to travel to another institution for the purpose of learning a new skill or technology. [Click here](#) for additional information.



WTS-Intuitive Robotic Fellowship

The Women in Thoracic Surgery (WTS) and Intuitive Surgical Inc. have partnered to create a unique opportunity in advanced robotic training for a female thoracic surgeon by a female thoracic surgeon. The overarching goals are to establish a mentoring relationship for a new female robotic surgeon and assist her in successfully launching her robotic surgical practice. WTS encourages both recent graduates and established surgeons to consider this exceptional opportunity to enrich their surgical skill set. [Click here](#) for additional information about this scholarship.



WTS Brigid Scanlan Traveling Mentorship Award



The WTS Brigid Scanlan Traveling Mentorship Award is made possible by Scanlan International, Inc. and provides support for medical students and general surgery residents to gain exposure to women cardiothoracic surgeon mentors by visiting a WTS member for an elective period. Awards include \$2,500 towards travel-related expenses including room and board for the designated travel elective.

[Click here](#) for additional information about this scholarship.

Good luck to all applicants and congratulations to all our past recipients!

WTS Thistlethwaite Scholarship

This award named for Dr. Patricia Thistlethwaite, 43rd President of the Western Thoracic Surgical Association (WTSA) and former leader with Women in Thoracic Surgery (WTS). Dr. Thistlethwaite is a nationally-recognized cardiothoracic surgeon who conducts clinical research and has led major national trials to treat lung cancer. In addition, Dr. Thistlethwaite plays a significant role in training future cardiothoracic surgeons. This award was conceived to allow young women in medical school, surgical training and women postdoctoral candidates in a research or other gap year who have graduated medical school who are committed to cardiothoracic surgery the opportunity to attend the WTSA Annual Meeting, and to be mentored throughout the meeting by a WTS/WTSA member. [Click here](#) for additional information about this scholarship. The 2020 WTS Annual Meeting was canceled due to the COVID-19 pandemic and this year's award will not be offered.



Brigham and Women's Hospital
Massachusetts General Hospital
Mayo Clinic
Northwestern University
Oncocyte

Scanlan International, Inc.
The University of Texas Health Science Center
University of Cincinnati
University of Colorado, Division of Cardiothoracic Surgery
University of Michigan
University of Rochester
University of Texas MD Anderson Cancer Center
University of Utah
University of Virginia
UT Southwestern Medical Center
Vanderbilt University Medical Center
Washington University School of Medicine

Is your institution a member of the WTS? If not, [click here](#) for more information.

WHERE do we go from HERE?



DuyKhanh P. Ceppa, MD

The Women in Thoracic Surgery recently reported an update on the status of women in Cardiothoracic Surgery in the United States (US).¹ As of 2019, 354 women had certified via the American Board of Thoracic Surgery (Figure 1). Each received a unique survey link, and the response rate to the survey was 57%. We learned that the majority (61%) of female CT surgeons were 50 years old or younger and that 50% graduated from medical school in the year 2000 or after. Our diversity was on par with the diversity of

US surgical faculty based on AAMC data (67% Caucasian, 19% Asian, 6% Black, 4% Hispanic).² Over 90% of us were actively practicing CT surgery full time with 36% in general thoracic, 23% in adult cardiac, 10% in congenital and 23% in a mixed practice. Of those in academia, 38% were at the instructor or assistant professor level, 40% were associate professors, and 22% were full professors (which was a significant increase in associate professors compared to the 2010 WTS update).³

In comparison to male CT surgeons—using the responses from men to the STS workforce survey—women and men trained the same number of years post medical school

graduation and had a similar proportion with additional graduate degrees (with the exception that women were slightly more likely to also have an MPH than men). Women CT surgeons were more likely than men to practice general thoracic surgery. Ultimately, however only 14% of general thoracic surgeons, 11% of congenital, and 8% of adult cardiac surgeons are female (Table 1).⁴ Notably, in a multivariable analysis women surgeons were more likely to earn less in annual income than male surgeons (accounting for age, number of years since medical school graduation, subspecialty, practice location and practice setting (academic versus private)). While most women surgeons would choose medicine and CT surgery again as a career, 41% did not feel that CT surgery was a healthy and positive environment for women and 32% were neutral about that statement.

It is without doubt that women have made a tremendous amount of progress since 1961, when the first women in CT surgery were certified.⁵ More and more women are interested in joining our discipline and while only 7% of board certified CT surgeons in the US are female, 26% of CT surgery trainees currently are women. Additionally, women are ascending the ranks of leadership and representation on editorial boards and at annual societal meeting as senior authors, invited speakers and moderators is increasing.^{6,7} However, we still have more work to do. Our data suggested that women are remaining

Table 1. Practice Mix: Percent of Men or Women in Each Subspecialty

Specialty	Specialty by Gender		Women by Specialty
	Men (n = 937)	Women (n = 83)	
Adult cardiac	28.3	27.7	8.0
Congenital	7.8	10.8	11.0
General thoracic	20.7	37.4	13.8
Mixed practice	31.7	15.7	4.2
Other	11.5	8.4	6.1

stagnant at the associate professor level. Current STS and AATS executive leadership consist only of 12-18% female. Beyond gender diversity, 3% and 5% of academic CT surgeons are Black and Hispanic while the US census is 13%

and 18% Black and Hispanic, respectively. And let us not ignore the intersectionality of race and gender. As of 2017 there were only six female African American cardiothoracic surgeons practicing in the US.⁸ Collectively, we need to

create a more inclusive work environment free of sexual harassment, gender or racial bias.⁹⁻¹² We need to recruit the most talented students with deliberate efforts toward increasing diversity. We need to support, mentor and sponsor trainees and junior surgeons to assure their success and retention. And, most importantly, we need to dedicate efforts into eradicating the health disparities experienced by patients whom we treat. While we may have come a long way, we still have a long way to go before we come close to achieving equality or equity.

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American Board of Thoracic Surgery Women Diplomats

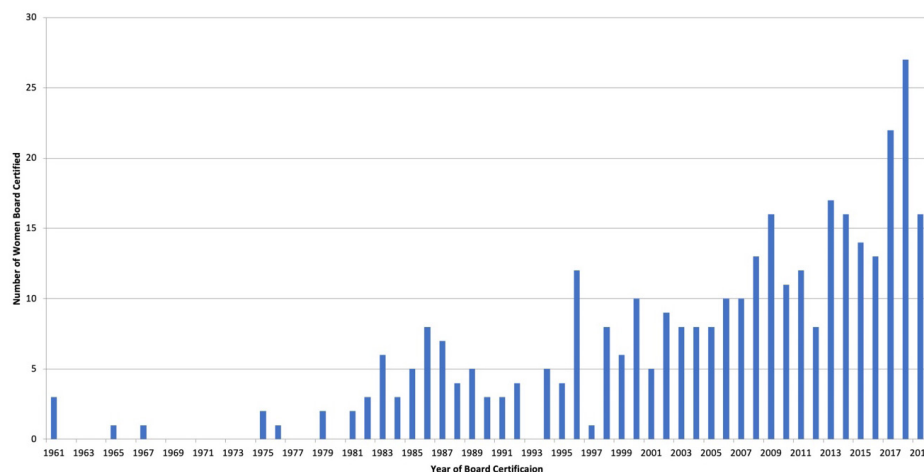


Figure 1.

Number of women who certified in thoracic surgery via ABTS.



Why *I Love* My Practice

We are so excited to launch a new series in the Oracle called “*Why I Love My Practice*” introducing incredible women cardiothoracic surgeons and highlighting the unique practice variability we have in our field!! In this edition we highlight transplant surgery and private practice cardiothoracic surgery.

Why Transplant



Sahar A. Saddoughi, MD, PhD

It is hard to describe the magic of heart and lung transplant. You really have to see it, or feel it for yourself to understand. The recipients are often very sick, finding it difficult to have any quality of life. Their only way out is the generosity of another family. In their moment of immense grief, to make the decision to donate their loved one’s heart or lungs, seems incredibly overwhelming.

As part of the transplant process, prior to organ procurement we get a little glimpse into the life of the donor and learn about the

people that love them. What strikes me, is that over and over again, there is a consistent theme-in this tragedy, the thought of organ donation brings the family some comfort knowing that their loved one is leaving this earth giving back in the most profound way.

As a cardiothoracic transplant surgeon, it is a privilege and honor to be an integral part of this process, for the donor family and for the recipient.

My practice is structured so that my primary appointment is in thoracic surgery with a joint appointment to cardiovascular surgery. While I do general thoracic surgical cases, my special focus is lung transplant and complex thoracic tumors requiring



ECMO and cardiopulmonary bypass support for resection. I have protected time as well for my lab research focusing on advancements in lung transplant.



The Possibilities Are Endless: *Private Practice Cardiothoracic Surgery*



Amanda L. Eilers, DO
Wausau Heart & Lung Surgeons
Aspirus Wausau Hospital
Wausau WI

My initial exposure to cardiothoracic surgery was as a college student with a surgeon who worked in private practice, performing both cardiac and thoracic surgery. During medical school I rotated with three cardiothoracic surgeons who had a cardiac/thoracic community practice, affiliated with a general surgery residency program, and they became pivotal mentors. Given these experiences, when I entered my integrated six-year cardiothoracic surgery residency my career goal was a mixed practice of cardiac and thoracic surgery with teaching opportunities. During my residency years I toyed with the ideas of academic adult cardiac and congenital careers. However, I was not ready to give up the thoracic component of cardiothoracic surgery.

Location of my future practice was also extremely important to me. I grew up in a rural community in Wisconsin and providing cardiothoracic surgical

care to a rural population has been a core passion of mine. I ultimately returned to my home state of Wisconsin to practice. I currently practice cardiac and thoracic surgery in a private practice group, which provides cardiothoracic surgery services at Aspirus Wausau Hospital in Wausau. Wausau is located in North Central Wisconsin and has a metropolitan population of 134,000. My case mix is wide, encompassing coronary artery revascularization (both on-pump and off-pump), valvular heart disease (including transcatheter aortic/mitral valve interventions), aortic aneurysms/dissections, lung cancer, and mediastinal diseases. I had a unique opportunity to start the robotic thoracic surgery program at our institution and have two senior partners who have supported me whole-heartedly. This also included the recent acquisition of the Ion (robotic navigational bronchoscopy platform). We are also working on starting an esophageal program as well. Currently, we do not perform advanced



mechanical circulatory support or transplantation. On average, we perform 525 operations per year. I truly enjoy the variety a mixed cardiac/thoracic practice provides. Whether you are interested in valvular heart disease, congenital disease, transplant, lung cancer, or you want to have a mixed cardiac/thoracic practice our field of cardiothoracic surgery offers numerous possibilities. The sky is the limit!



WTS Reception

AATS 2022 - Boston, MA

[Click Here to view all photos!](#)





Resident Scholarship Recipients



Julia Brickey
November 19, 2021

WTS Carpenter Scholarship

I am incredibly grateful to have been chosen to receive the Women in Thoracic Surgery Carpenter Scholarship to attend the STSA meeting in Atlanta this year. Overall, I had a wonderful experience at the meeting. Dr. Worrell, my mentor, was kind enough to introduce me to several faculty from various institutions, which is very helpful as I am

currently interviewing for residency positions. I also had the opportunity to meet Dr. Carpenter in person, and we had the chance to talk about her journey to cardiac surgery. The dinner gala was also very special, and I enjoyed sitting with my mentor and some of her colleagues.

In the coming years, I think that it would be great to put all the scholarship recipients in touch with one another prior to the meeting. This could be something as simple as connecting them via email or organizing a dinner or gathering prior to the start of the meeting. I was eventually able to meet them at the happy hour for trainees on Thursday evening, but I would have loved to meet them prior to that since I

did not know anyone at that meeting apart from my mentor.

Again, I am grateful and honored to have received this scholarship. This was such a special experience for me, and I cherish the connections that I made. I hope to continue the tradition of mentoring women on thoracic surgery throughout my career. Thank you all so much!



Jennie Kwon
Medical University of South Carolina

The A.J. Carpenter Scholarship

To Women in Thoracic Surgery, I owe a tremendous “thank you.” The A.J. Carpenter Scholarship delivers not only the distinction of an award named in honor of a trailblazer and role model, but also a practical forum for the professional development of women in cardiothoracic surgery.

I am an integrated resident at the Medical University of South Carolina, which has a history that boasts the legacy of Dr. Carolyn E. Reed. While her time at our institution preceded mine, her memory persists in photos and anecdotes sprinkled through the day-to-day life at our hospital. Sadly, she was the last female faculty member in our Division of Cardiothoracic Surgery to date. This is surely not by design, and I feel entirely embraced as a female trainee in my program. However, this is a snapshot of reality. A recent survey of the demographic landscape of our field found that 10% of cardiothoracic surgery faculty are female.¹

This makes the probability that none of our 13 faculty are female, not so improbable. For trainees like me, it is critical to have access to organizations like WTS and its mentorship opportunities. At the STSA 2021 Annual Meeting, the Residents’ Reception represented a barrage of introductions, exchanges of contact information, and enthusiastic conversations with surgeon mentors. The surgeons I met included past, present, and incoming presidents of all major societies and organizations in our field and a large contingent of accomplished women. The next day, I found myself—quite refreshingly—at lunch as one in a party of six woman cardiothoracic surgeons.

It is reminders like that lunch that inspire and solidify the optimism that my educational conferences, research meetings, and operative experiences can look more like that table did. While female representation in cardiothoracic surgery is growing, it takes deliberate initiatives like the Carpenter Scholarship to show female students and trainees that the movers and shakers in our field can look like us. It is still the reality that the probability of meeting a female faculty member in our field is one in ten. I am grateful for the opportunities that WTS provides to ensure that we overcome these probabilities.

1. Olive JK, Mansoor S, Simpson K, et al. Demographic Landscape of Cardiothoracic Surgeons and Residents at United States Training Programs. *Ann Thorac Surg.* 2021.



Brigid Scanlan Traveling Mentorship Award

My name is Lise Tchouta and I am one of the 4th year General Surgery residents at Columbia University Medical Center. It was a great honor to receive the Women in Thoracic Surgery (WTS) - Brigid Scanlan Traveling Mentorship Award, which allowed me to spend four weeks at Duke University under the mentorship of two cardiothoracic surgeons: Dr. Betty Tong (Thoracic surgery) and Dr. Brittany Zwischenberger (Cardiac surgery). This award is intended to support female trainees interested in a career in CT surgery by exposing them to the experience of female CT surgeons. The challenges of being a woman in medicine, in surgery, or in CT surgery are well described, so I did not go to Durham to be convinced that this career choice was compatible with family life or motherhood or that gender discrimination was behind us. I purposefully did not ask them about the

challenges they face within their professional fields. It must be tiring as a woman, I thought, to answer those questions repeatedly. No one is asking their male counterparts about balancing family life and a busy surgical practice.

I went to Duke to understand how two surgeons show up every day to one of the most challenging specialties in medicine against the odds (only 5% of board-certified CT surgeons are women), the answer could not be clearer: *they just do it*. The mental fortitude it takes to stand in an operating room full of people as the only female cardiac or thoracic surgeon at a world-class institution like Duke is unmatched.

Dr. Zwischenberger is an Assistant Professor of surgery who finished training in 2018. She is also a mother to three children and a spouse. I met her on my first day at Duke; she was scheduled to perform a minimally invasive direct coronary artery bypass (MIDCAB) procedure. Throughout the two weeks spent on her service, I observed an attending who is always re-inventing herself, incorporating new technologies into her repertoire. Besides MIDCAB, she is one of the few surgeons offering the Convergent procedure, a relatively recent (about a decade old) minimally invasive hybrid approach to atrial fibrillation ablation. In parallel she is building her practice in robotic surgery having gone outside her institution to pursue those skills and more recently, expanding her practice into aortic surgery. She did not stop at becoming the first female cardiac surgeon faculty at Duke, she is a jack of all trades, mastering and fueling innovation.

The lesson for me is that women are no longer just breaking the glass ceiling of becoming cardiac surgeons, but they are fostering changes in this field and carving a well-deserved place among its up-and-coming leaders. Dr. Zwischenberger thankfully understood the importance of transfer of human capital and shared her experience and her process with me. I am grateful for her candid reflection on shaping her career, her warm invitation into the privacy of her home with her family to see her transform from surgeon to mother, nursing her baby, comforting a daughter about a torn princess dress, or listening to her son's day at school.



Dr. Tong is a thoracic surgeon and Associate Professor of surgery. Her path to thoracic surgery started with engineering before medical school and then an otorhinolaryngology internship before staying in general surgery residency and finally a fellowship in thoracic surgery. She trained at a time when there were not duty hours restrictions and work-life balance was not even discussed. She is a mother of two and is married to another surgeon. I had met Dr. Tong on multiple occasions (during residency interviews and at STS as her resident mentee) and she has always been a champion of women in CT surgery. From speaking to several women trainees at Duke, it is clear to me that she has remained an advocate for them, and it is her dedication that has made it possible for generations of women to train and thrive at Duke.

Representation matters and for many generations of female CT surgeons around the country, the name Betty Tong is not new. She herself credits mentors of both genders for guiding her career progression. She is present in many arenas including professional societies, research, and institutional leadership, which are time-honored ways of impacting visibility and effecting change. I have been impressed by her research throughput looking at her grants, Pubmed publications, and her constant representation at STS, STSA, or AATS national meetings. For a model of an academic surgeon, I could not have had a better one than Dr. Tong. For her, it is a constant juggling act, setting

priorities for what should matter each day, but also accepting when life takes you on a different path. Her career trajectory in engineering and ENT is proof that pivoting or redirecting oneself can lead to success. We just have to keep up with Dr. Tong because she moves fast (metaphorically and literally). That's how she does it, in the OR, performing a 14-hour cordoma resection with neurosurgery, a partnership that is transforming Duke as a reference center for the surgical management of cordoma.

My account of my Duke experience would not be complete without mentioning the female trainees that I met (Drs. Jessica Hudson, Carly Lodewyks, Julie Doberne, Abby Benkert, Ramak Khosravi). The success of these women almost make one forget that there are still too few women making inroads in this field, but I am grateful that surgeons like Dr. Tong and Dr. Zwischenberger came along to guide us.

I am indebted to the WTS for this terrific opportunity provided through the Brigid Scanlan Traveling Mentorship Award. I am exceptionally grateful for the warm welcome I received at Duke Health by the CT surgical attendings and residents, the ICU team, and the OR staff, for their teaching and mentorship, and the friends I made.





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