

License: 49-00152-02  
Docket: 030-03495  
Control: 589932

## Cook, Jackie

**From:** Michael Fernald <mfernald@rockymountainoncology.com>  
**Sent:** Tuesday, April 19, 2016 11:26 AM  
**To:** Cook, Jackie  
**Subject:** [External\_Sender] RE: RE: RE: Wyoming Medical Center License No. 49-00152-02 Amendment Request dated December 10, 2015  
**Attachments:** ABR - Lauro.pdf; 313A (AUS).pdf; 313A (AUT).pdf

License: 49-00152-02, Docket: 030-03495, Control: 589932

Good morning Ms. Cook-

Thank you again for bringing the discrepancy regarding Dr. Lauro's amendment request to my attention and for granting an extension to me so I could get the remaining paperwork to you.

Attached to this email should be three pdf documents - a 313A (AUT), a 313A (AUS), and Dr. Lauro's ABR certificate. I went ahead and corrected the 313A (AUS) to request only 35,400 uses so that it matches the amendment request letter. I hope the updated 313A (AUS) makes things more convenient for you.

Thank you and have a great day.  
-Michael

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**From:** Cook, Jackie [mailto:Jackie.Cook@nrc.gov]  
**Sent:** Monday, April 18, 2016 9:51 AM  
**To:** Michael Fernald  
**Subject:** RE: RE: RE: Wyoming Medical Center License No. 49-00152-02 Amendment Request dated December 10, 2015

Good Morning Michael:

Yes, you can submit your response electronically by this Friday, April 22, 2016. I will be awaiting your response and will mark my calendar accordingly.

Enjoy the rest of your day.

Sincerely,

*Ms. Jacqueline "Jackie" D. Cook*  
Senior Health Physicist  
US Nuclear Regulatory Commission Region IV  
Division of Nuclear Materials Safety  
Nuclear Materials Safety Branch B  
1600 East Lamar Blvd., Arlington, TX 76011  
817-200-1132 (office)/817-200-1263 (fax)  
Email address: [Jackie.Cook@nrc.gov](mailto:Jackie.Cook@nrc.gov)

**PUBLIC**

☒ Immediate Release  
☒ Normal Release

**NON-PUBLIC**

☐ A.3 Sensitive-Security Related  
☐ A.7 Sensitive Information  
☐ Other:

Reviewer: [Signature]

Date: 4/19/16

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**From:** Michael Fernald [mailto:mfernald@rockymountainoncology.com]  
**Sent:** Wednesday, April 13, 2016 4:16 PM  
**To:** Cook, Jackie <[Jackie.Cook@nrc.gov](mailto:Jackie.Cook@nrc.gov)>  
**Subject:** [External\_Sender] RE: RE: Wyoming Medical Center License No. 49-00152-02 Amendment Request dated December 10, 2015

589932

License: 49-00152-02, Docket: 030-03495, Control: 589932

Good afternoon Ms. Cook-

I hope your day is going well. Will it be alright with you if I will submit the Form 313A(AUT) and ABR Certificate electronically by Friday, April 22, 2016?

Thank you.  
-Michael

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**From:** Cook, Jackie [<mailto:Jackie.Cook@nrc.gov>]  
**Sent:** Wednesday, April 13, 2016 7:03 AM  
**To:** Michael Fernald  
**Subject:** RE: RE: Wyoming Medical Center License No. 49-00152-02 Amendment Request dated December 10, 2015  
**Importance:** High

Resending to include link to Forms 313A (<http://www.nrc.gov/reading-rm/doc-collections/forms/>).

Please do not hesitate to contact me if I can be of further assistance.

Jackie

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**From:** Cook, Jackie  
**Sent:** Wednesday, April 13, 2016 7:48 AM  
**To:** 'Michael Fernald' <[mfernald@rockymountainoncology.com](mailto:mfernald@rockymountainoncology.com)>  
**Subject:** RE: RE: Wyoming Medical Center License No. 49-00152-02 Amendment Request dated December 10, 2015

License: 49-00152-02, Docket: 030-03495, Control: 589932

Good Morning!

Thank you Michael for your response.

Please note that there are 2 different forms to submit for Dr. Lauro for 10 CFR 35.300 (Form 313A (AUT)) and 35.400 (Form 313A(AUS)) (<http://www.nrc.gov/reading-rm/doc-collections/forms/>). Please give me an alternate date on when you think you can get your response back to me.

Yes, you may send Dr. Lauro's ABR certificate electronically and you may submit your response to my request for additional information electronically.

Please do not hesitate to contact me if I can be of further assistance.

Sincerely,

*Ms. Jacqueline "Jackie" D. Cook*  
Senior Health Physicist  
US Nuclear Regulatory Commission Region IV  
Division of Nuclear Materials Safety  
Nuclear Materials Safety Branch B  
1600 East Lamar Blvd., Arlington, TX 76011  
817-200-1132 (office)/817-200-1263 (fax)  
Email address: [Jackie.Cook@nrc.gov](mailto:Jackie.Cook@nrc.gov)

# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Radiation Oncology, the Association of University Radiologists,  
the American Association of Physicists in Medicine, and the Society of Interventional Radiology,  
the American Board of Radiology hereby certifies that*

**Christine Lauro, MD**

*Has pursued an accepted course of graduate study and clinical work; has met certain standards  
and qualifications, including passing the examinations conducted under the authority of  
the American Board of Radiology, demonstrating to the satisfaction of the Board qualification  
to practice; and is therefore awarded the Board's certification in*

## Radiation Oncology

**AB Eligible**



**Certificate No. 63459**

*Ongoing validity of this certificate is contingent upon  
meeting the requirements of Maintenance of Certification.*

*This diplomate of the American Board of Radiology  
is permitted to use the **ABR** mark to signify this certification.*

*William J. Diller, MD*  
President

*[Signature]*  
Secretary-Treasurer

*[Signature]*  
Executive Director

**ABR**



**Effective: May 14, 2015**

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.400 and 35.600)  
[10 CFR 35.490, 35.491, and 35.690]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: (05/1/2018)

Name of Proposed Authorized User

Christine Lauro, MD

State or Territory Where Licensed

Colorado

Requested

Authorization(s)

(check all that apply)



35.400 Manual brachytherapy sources



35.600 Teletherapy unit(s)



35.400 Ophthalmic use of strontium-90



35.600 Gamma stereotactic radiosurgery unit(s)



35.600 Remote afterloader unit(s)

**PART I - TRAINING AND EXPERIENCE**

(Select one of the three methods below)

Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ 1. Board Certification

a. Provide a copy of the board certification.

b. For 35.600, go to the table in 3.e. and describe training provider and dates of training for each type of use for which authorization is sought.

c. Skip to and complete Part II Preceptor Attestation.

☐ 2. Current 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above

a. Go to the table in section 3.e. to document training for new device.

b. Skip to and complete Part II Preceptor Attestation.

☒ 3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training ☒ 35.400

☐ 35.491

☐ 35.690

Description of Training	Location of Training	Class Hours	Date of Training
Radiation physics and instrumentation	University of Colorado, Dept of Radiation Oncology	200	7/2010-6/2011
Radiation protection	University of Colorado, Dept of Radiation Oncology	200	7/2010-6/2011
Mathematics pertaining to the use and measurement of radionuclides	University of Colorado, Dept of Radiation Oncology	200	7/2010-6/2011
Radiation dosimetry	University of Colorado, Dept of Radiation Oncology	200	7/2010-6/2011

Total Hours of Training:

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience <i>(Note: Include:)</i>	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014
Checking survey meters for proper operation	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014
Preparing, implanting, and safely removing brachytherapy sources	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014
Maintaining running inventories of material on hand	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014
Using administrative controls to prevent a medical event involving the use of byproduct material	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014
Using emergency procedures to remove byproduct material	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014

Clinical experience in radiation oncology as part of an approved formal training program

Approved by:

- ☒ Residency Review Committee for Radiation Oncology of the ACGME
- ☐ Royal College of Physicians and Surgeons of Canada
- ☐ Committee on Postdoctoral Training of the American Osteopathic Association

Location of Experience/License or Permit Number of Facility

University of Colorado, Dpt of Radiation Oncology

Dates of Experience\*

7/2010-6/2014

Supervising Individual

Christine M. Fisher, MD

License/Permit Number of Supervising Individual, as of

Authorized User (COLO 828-01)



**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**3. Supervised Clinical Experience for 10 CFR 35.491**

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history	N/A		
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

**4. Supervised Work and Clinical Experience for 10 CFR 35.690**

☐ Remote afterloader unit(s)

☐ Teletherapy unit(s)

☐ Gamma stereotactic radiosurgery unit(s)

**Supervised Work Experience**

**Total Hours of Experience:**

Description of Experience which includes:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic test-checks	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/30/10-6/20/14
Preparing treatment plans and calculating treatment doses and times	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/30/10-6/20/14
Using administrative controls to prevent a medical event involving the use of byproduct material	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014
Inspecting and using survey meters	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014
Calculating the proper dose and how it is to be administered	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 3. Training and Experience for Proposed Authorized User (continued)

## 4. Supervised Work and Clinical Experience for 10 CFR 35.600 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience
<b>Approved by:</b> <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACME Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	University of Colorado, Dpt of Radiation Oncology	7/2010-6/2014
Supervising Individual:		License/Permit Number (only supervising individual as an Authorized User)
Christine M. Fisher, MD		CVN/2-826-21

e For 35.600, describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Device operation	University of Colorado, Dpt of Radiation Oncology 7/2010-6/2014	University of Colorado, Dpt of Radiation Oncology 7/2010-6/2014	
Repair procedures for the device use	University of Colorado, Dpt of Radiation Oncology 7/2010-6/2014	University of Colorado, Dpt of Radiation Oncology 7/2010-6/2014	
Clinical use of the device	University of Colorado, Dpt of Radiation Oncology 7/2010-6/2014	University of Colorado, Dpt of Radiation Oncology 7/2010-6/2014	
Supervising Individual, (if training provided by Supervising Individual, (if more than one supervising individual is necessary, list each supervising individual's name and license/permit number on a separate page.)		License/Permit Number (only supervising individual as an Authorized User)	
320 hours		7/2010-6/2014	
Authorized for the following types of use:			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input checked="" type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			
(Provide continued Part 1 Preceptor Attestation)			

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**PART II – PRECEPTOR ATTESTATION**

**Note** This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**First Section**

Check one of the following for each requested authorization:

**For 35.490:**

**Board Certification**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

**OR**

**Training and Experience**

☒ I attest that Christine E. Lauro, MD has satisfactorily completed the 200 hours of  
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

**For 35.491:**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 24 hours of  
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

**Second Section**

**For 35.690:**

**Board Certification**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

35.690(a)(1).

**OR**

**Training and Experience**

☒ I attest that Christine E. Lauro, MD has satisfactorily completed 200 hours of classroom  
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

**AND**



**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Preceptor Attestation (continued)**

**Third Section**

For 35.690: (continued)

☒ I attest that Christine F. Lauro, MD has received training required in 35.690(c) for device  
Name of Proposed Authorized User  
 operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as  
 checked below.

☒ Remote afterloader unit(s) ☒ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

**AND**

**Fourth Section**

☒ I attest that Christine F. Lauro, MD has achieved a level of competency sufficient to  
Name of Proposed Authorized User  
 achieve a level of competency sufficient to function independently as an authorized user for:

☒ Remote afterloader unit(s) ☒ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

**Fifth Section**

Complete the following for preceptor attestation and signature:

☒ I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as  
 an authorized user for:

☒ 35.400 Manual brachytherapy sources ☒ 35.600 Teletherapy unit(s)

☐ 35.400 Ophthalmic use of strontium 90 ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

☒ 35.600 Remote afterloader unit(s)

Name of Preceptor	Signature	Telephone Number	Date
Christine M. Fisher, MD		(720) 848-0154	08/28/2014
License/Permit Number/Facility Name			08/29/14
COLORADO 225-01			1347303001

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.300)  
[10 CFR 35.390, 35.392, 35.394, and 35.396]APPROVED BY OME: NO. 3150-0120  
EXPIRES: 04/30/2016

Name of Proposed Authorized User

Dr. Christine Luzzo

State or Territory Where Licensed

Requested Authorization(s) (check all that apply):

- ☐ 35.300 Use of unsealed byproduct material for which a written directive is required
- OR**
- ☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ 35.390 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- ☐ 35.390 Parenteral administration of any other radionuclide for which a written directive is required

**PART I - TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

- Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☒ **1. Board Certification**

- Provide a copy of the board certification.
- For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
- Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

- Authorized User on Materials License \_\_\_\_\_ under the requirements below or equivalent Agreement State requirements (check all that apply).

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.490 ☐ 35.690

- If currently authorized for a subset of clinical uses under 35.500, provide documentation on additional required supervised case experience. The table in section 3.c. **PUBLIC** is used to document this experience. Also provide completed Part II Preceptor Attestation. ☐ Immediate Release

☒ Normal Release

- If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation. **NON-PUBLIC** ☐ A.7 Sensitive Internal

☐ Other: \_\_\_\_\_Reviewer: JPCDate: 4/19/16

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## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized Usere. Classroom and Laboratory Training ☒ 35.390 ☒ 35.392 ☒ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of Colorado, Dpt of Radiation Oncology	200	7/2010-6/2014
Radiation protection	University of Colorado, Dpt of Radiation Oncology	200	7/2010-6/2014
Mathematics pertaining to the use and measurement of radioactivity	University of Colorado, Dpt of Radiation Oncology	200	7/2010-6/2014
Chemistry of byproduct material for medical use	University of Colorado, Dpt of Radiation Oncology	200	7/2010-6/2014
Radiation biology	University of Colorado, Dpt of Radiation Oncology	200	7/2010-6/2014
Total Hours of Training:		1000	

b. Supervised Work Experience ☒ 35.390 ☒ 35.392 ☒ 35.394 ☐ 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Supervised Work Experience		Total Hours of Experience:	
		600	
Description of Experience Must include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation survey	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014
Calculating, measuring, and safely preparing patient or human research subject dosages	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Colorado, Dpt of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2010-6/2014

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**b. Supervised Work Experience (continued)**

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Brian D. Kavanagh, MD, MPH

COLO-828-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)\*\*:

- ☒ 35.390 With experience administering dosages of:
- ☒ 35.392 ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ 35.394 ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ 35.396 ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

**c. Supervised Clinical Case Experience**

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)		University of Colorado, Dept of Radiation Oncology	7/2013-5/2014
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	University of Colorado, Dept of Radiation Oncology	7/2010-6/2014
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			

(If no additional cases)

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**c. Supervised Clinical Case Experience (continued)**

Supervising individual:

License/Permit Number listing supervising individual as an authorized user:

Brian D. Kevingh, MD, MPH

COLO-826-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)\*\*:

- ☒ 35.390 With experience administering dosages of:
- ☒ 35.392 ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ 35.394 ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ 35.396 ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

**d. Provide completed Part II Preceptor Attestation.**

**PART II - PRECEPTOR ATTESTATION**

**Note:** This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**First Section**

Check one of the following for each requested authorization:

**For 35.390:**

**Board Certification**

☒ I attest that Christine Lewis, MD has satisfactorily completed the training and experience requirements in 35.390(a)(1).

OR

**Training and Experience**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 700 hours of training

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).



**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Preceptor Attestation (continued)**

**First Section (continued)**

**For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

☒ I attest that Christine Lauro, MD has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

**For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

☒ I attest that Christine Lauro, MD has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

**Second Section**

☒ I attest that Christine Lauro, MD has satisfactorily completed the required clinical case  
Name of Proposed Authorized User

experience required in 35.380(b)(1)(5) listed below:

- ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (32 millicuries)
- ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (32 millicuries)
- ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

**Third Section**

☒ I attest that Christine Lauro, MD has satisfactorily achieved a level of competency to  
Name of Proposed Authorized User

function independently as an authorized user for:

- ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (32 millicuries)
- ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (32 millicuries)
- ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## Fourth Section

## For 35.395:

Current 35.480 or 35.690 authorized user:

☐ I attest that \_\_\_\_\_ is an authorized user under 10 CFR 35.480 or 35.690

Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required☐ Parenteral administration of any other radionuclide for which a written directive is required

OR

## Board Certification:

☐ I attest that \_\_\_\_\_ has satisfactorily completed the board certification:

Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required☐ Parenteral administration of any other radionuclide for which a written directive is required

## Fifth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:☒ 35.390 ☒ 35.392 ☒ 35.394 ☐ 35.396☒ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (30 millicuries)☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (30 millicuries)☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required☐ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor

Brian D. Kavanagh, MD, MPH

Signature



Telephone Number

(720) 848-0154

Date

04/18/2016

License/Permit Number/Facility Name

COLO-828-02 University of Colorado

## Resident Experience Report by Role

Program ID: 4300713130 Program Name: University of Colorado Program

At All Institutions

All Attendings

Resident: Christine Lauro

For All Resident Roles / All Patient Types / All Rotations

For All CPTs in All Areas and All Types

Procedures in All Years

Done between 7/1/2010 and 6/30/2014

Performed Total

### Radiation Oncology

#### Brachytherapy - Interstitial

Breast - High Dose Rate	1	1
Breast - Low Dose Rate	0	0
GYN/Pelvis - High Dose Rate	4	4
GYN/Pelvis - Low Dose Rate	0	0
Head & Neck - High Dose Rate	0	0
Head & Neck - Low Dose Rate	1	1
Other - High Dose Rate	0	0
Other - Low Dose Rate	2	2
Prostate - High Dose Rate	0	0
Prostate - Low Dose Rate	11	11
Soft Tissue Sarcoma - High Dose Rate	0	0
Soft Tissue Sarcoma - Low Dose Rate	0	0
<b>Total Brachytherapy - Interstitial</b>	<b>16</b>	<b>16</b>

#### Brachytherapy - Intracavitary

Bile Duct - High Dose Rate	0	0
Bile Duct - Low Dose Rate	0	0
Cervix/Uterus - High Dose Rate	41	41
Cervix/Uterus - Low Dose Rate	0	0
Endobronchial - High Dose Rate	0	0
Endobronchial - Low Dose Rate	0	0
Endovascular - High Dose Rate	0	0
Endovascular - Low Dose Rate	0	0
Esophagus - High Dose Rate	0	0
Esophagus - Low Dose Rate	0	0
Other - Low Dose Rate	0	0
Other - High Dose Rate	0	0
<b>Total Brachytherapy - Intracavitary</b>	<b>41</b>	<b>41</b>

#### Endovascular Insertions

Endovascular Insertions	0	0
<b>Total Endovascular Insertions</b>	<b>0</b>	<b>0</b>

**Ex Beam - metastatic**

Secondary Site	148	148
<b>Total Ex Beam - metastatic</b>	<b>148</b>	<b>148</b>
<b>Ex Beam - non-metastatic</b>		
Benign: Eye	1	1
Benign: Heterotopic Bone	2	2
Benign: Other	11	11
Bone/STS	5	5
<b>Breast: Intact</b>	<b>77</b>	<b>77</b>
<b>Breast: Post-Mastectomy</b>	<b>28</b>	<b>28</b>
<b>CNS</b>	<b>15</b>	<b>15</b>
Endocrine	0	0
Gastrointestinal: Anus	4	4
Gastrointestinal: Colon	0	0
Gastrointestinal: Esophagus	1	1
Gastrointestinal: Hepatobiliary	1	1
Gastrointestinal: Other	3	3
Gastrointestinal: Pancreas	4	4
<b>Gastrointestinal: Rectum</b>	<b>14</b>	<b>14</b>
<b>Gastrointestinal: Stomach</b>	<b>0</b>	<b>0</b>
<b>Genitourinary: Bladder</b>	<b>2</b>	<b>2</b>
Genitourinary: Other	1	1
Genitourinary: Prostate	38	38
Genitourinary: Testes	0	0
Gynecologic: Cervix Intact	10	10
Gynecologic: Cervix Post-Hysterectomy	1	1
Gynecologic: Other	7	7
Gynecologic: Uterus	8	8
<b>Head &amp; Neck: Intact</b>	<b>36</b>	<b>36</b>
<b>Head &amp; Neck: Post-Operative</b>	<b>14</b>	<b>14</b>
<b>Hodgkins Lymphoma</b>	<b>7</b>	<b>7</b>
Leukemia/Myeloma	3	3
Lung/Mediastinum: Non-Small Lung Cancer	17	17
Lung/Mediastinum: Other	2	2
Lung/Mediastinum: Small Cell Lung Cancer	3	3
Non-Hodgkins Lymphoma	24	24
Other Hematologic Malignancies	4	4
Skin	17	17
Unknown	0	0
<b>Total Ex Beam - non-metastatic</b>	<b>363</b>	<b>363</b>

**Pediatric**

CNS (non medulloblastoma)	28	28
Ewing's Sarcoma/Bone Tumor	1	1
Hodgkin's Lymphoma	3	3
Leukemia	15	15
Medulloblastoma	5	5
Neuroblastoma	2	2
Non-Hodgkin's Lymphoma	4	4
Other	4	4
Retinoblastoma	0	0
Rhabdomyosarcoma/STS	7	7
Wilms Tumor	1	1

**Total Pediatric****73 73****SRS / SBRT**

Brain	44	44
Other - Extracranial	63	63

**Total SRS / SBRT****107 107****Unsealed Sources**

I-131 Oral	4	4
Other - Unsealed Source	0	0
P-32 Colloid	0	0
Radiolabeled Drugs	0	0
Sm-153	0	0
SR-89	0	0
Yttrium 90	3	3

**Total Unsealed Sources****7 7****Total Radiation Oncology****753 753****Grand Total****753 753**



# **Radiation Oncology Oral I-131 & Parenteral Administration Log**

Christine Lallier  
 Radiation Oncology  
University of Colorado  
 Radiation Oncology  
 Program

Date	Diagnosis	Radioisotope	Dose Administered	Preceptor Name/Signature
<u>Oral I-131 (100mCi)</u>				
1.	<u>Graves disease</u>	<u>18.5 mCi</u>	<u>18.5 mCi</u>	<u>Michael Seidman</u>
2.	<u>thyroid cancer</u>	<u>15 mCi</u>	<u>15 mCi</u>	<u>Dr. S. J. ...</u>
3.	<u>thyroid cancer</u>	<u>123 mCi</u>	<u>123 mCi</u>	<u>Dr. K. ...</u>
4.	<u>thyroid cancer</u>	<u>I-131 100mCi</u>	<u>100mCi</u>	<u>Philip ...</u>
1.	<u>colon ca.</u>	<u>9.90</u>	<u>24.7 mCi</u>	<u>Thomas ...</u>
2.	<u>hepatocellular ca</u>	<u>9.90</u>	<u>ca. 15 mCi</u>	<u>Dr. ...</u>
3.	<u>hepatocellular ca</u>	<u>9.90</u>	<u>57.4 mCi</u>	<u>Dr. ...</u>
4.	<u>metastatic thyroid cancer</u>	<u>9.90</u>	<u>10.32 mCi</u>	<u>Dr. ...</u>

**PUBLIC**

☐ Immediate Release  
☒ Normal Release

**NON-PUBLIC**

☐ A.3 Sensitive-Security Related  
☐ A.7 Sensitive Internal  
☐ Other:

Reviewer: APC

Date: 4/19/16

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