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DNMS



March 8, 2018

Jacqueline D. Cook, Senior Health Physicist  
Nuclear Materials Safety Branch B  
United States Nuclear Regulatory Commission Region IV  
1600 East Lamar Boulevard  
Arlington, Texas 76011-4511

Re: Kaiser Foundation Hospitals, NRC License No. 53-05379-01  
("NRC License") Kaiser Foundation Hospitals, State of Hawaii Radiation  
Facility License H0026 ("DOH License")

Subjects:  
Addition of Therasphere Program  
Updating Authorized User list

Dear Ms. Cook,

PUBLIC

☐ Immediate Release  
☒ Normal Release

NON-PUBLIC

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

Reviewer: MLT Date: 3-21-18

This letter is to request the amendment of the above license as to the following:

1. Add Dr. Samuel Wu as an Authorized User under 10CFR 35.1000 (for Administration of Theraspheres)  
He is currently authorized under this license under 10CFR 35.100, 10CFR 35.200, and 10CFR 35.300.

He has completed training in the operation of the delivery system, safety procedures, and clinical use for each type of Y-90 for which authorization is sought, having completed such training provided by BTG on 5/11/17 (documentation enclosed).

Three supervised, hands-on in-vitro simulated case as spelled out in the Training and Experience section B.2 of Yttrium-90 Licensing Guidance dated February 12, 2016, Revision 9, will follow after this amendment has been approved.

The licensee commits to submitting documentation from BTG to the NRC Regional Office within 30 days of when the three hands-on patient cases supervised in the physical presence of a manufacturer's representative have been satisfactorily completed.

No 602680

2. Allow possession of Yttrium-90 Radionuclide (Authorization 6) as follows:

Chemical/Physical form (Authorization 7): Glass Microsphere  
(Manufacturer as listed in Sealed Source and Device Registry  
NR-0220-D-131-S, Therasphere)

Maximum possession limit (Authorization 8):  
540mCi/vial, 3Ci total

Authorized Use (Authorization 9): Therasphere for permanent  
Brachytherapy using delivery system as listed in Sealed Source and Device  
Registry NR-0220-D-131-S

3. Please remove the following from the license as they are no longer in  
practice at this facility:

Rickie A. Broadfoot, M.D.

Katrena U. Wade Kennedy, M.D.

Stein Rafto, M.D.

Alison M. Shibuya, M.D.

If there are any questions, please contact Harry Palmer, M.C.E., R.S.O.  
At [saddhu808@hawaii.rr.com](mailto:saddhu808@hawaii.rr.com)

Thank you.

Very truly yours,

 3/12/18

Robert Diaz  
Director of Diagnostic Imaging

602680

Kaiser Foundation Health Plan, Inc.  
3288 Moanalua Road  
Honolulu, Hawaii 96819

Address Service Requested



Jacqueline D. Cook, Senior Health Physicist

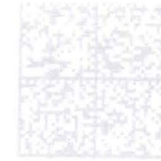
Nuclear Materials Safety Branch B

United States Nuclear Regulatory Commission Region IV

1600 East Lamar Blvd.

Arlington, TX 76011-4511

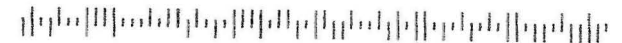
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BACTEMP 76011



6602680





## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

## Name and Address of Applicant and/or Licensee

Harry F. Palmer, M.C.E.  
Radiation Safety Officer  
Kaiser Foundation Hospital  
Diagnostic Imaging Department  
3288 Moanalua Road  
Honolulu, HI 96819

## Date

03/20/2018

## License Number(s)

53-05379-01

## Mail Control Number(s)

602680

## Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 03/08/2018

The initial processing, which included an administrative review, has been performed.

☒ Amendment ☐ Termination ☐ New License ☐ Renewal

☐ There were no administrative omissions identified during our initial review.

☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

☐ Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>  
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV  
U. S. Nuclear Regulatory Commission  
DNMS/NMSB - B  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511  
(817) 200-1209 or (817) 200-1140

✓ 3/20/18

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02120  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 03/31/2025  
Fee Comments: CODE 23  
Decom Fin Assur Req'd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Kaiser Foundation Hospital  
Received Date: 03/20/2018  
Docket Number: 3003546  
Mail Control Number: 602680  
License Number: 53-05379-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / / )

1. Fee Category and Amount: \_\_\_\_\_

#### 2. Correct Fee Paid. Application may be processed for:

Amendment: \_\_\_\_\_

Renewal: \_\_\_\_\_

License: \_\_\_\_\_

#### 3. OTHER \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_