

**From:** Fuller, Scott <fullersc@slhs.org>  
**Sent:** Monday, February 11, 2019 4:02 PM  
**To:** Hill, Carol; Latisha.Hanson@nrc.gov  
**Cc:** Blacker, James; Glass, Judy  
**Subject:** [External\_Sender] Expedited Amendment Request (NRC #11-27312-01, St. Lukes Regional Medical Center)  
**Attachments:** NRC Amendment Packet Full Harris Peterson Therapheres.pdf

Good afternoon Ms. Hanson and Ms. Hill,

We received Amendment #83 to our license this week and I want to thank you for your review and issuance of the most recent update to our license. In reviewing the issued license, it is clear that we failed to provide additional documentation for a request that we should have made at the same time.

The most recent license authorized Dr. Tyler Harris and Dr. Andrew Peterson for use of Y-90 SIR Spheres, as requested. However, we should have also made a request that both of these individuals also be authorized for Y-90 Theraspheres. At this time, we would like to formally request the addition of this authorized use for both of these authorized users.

As evidence of meeting the proper training of the delivery system, safety procedures, and clinical use for Y-90 Theraspheres, the attached amendment request includes attestation from Dr. David Sonntag who has proctored both of the above-mentioned physicians and supervised 3 clinical cases.

As this is a patient care-related amendment to our license, we would like to request that the review process be expedited, if possible. Should you require additional information from our facility, please do not hesitate to contact me at your convenience.

Respectfully,

Scott Fuller



**Scott Fuller, MS, DABR**

*Radiation Safety Director*  
St. Luke's Health System

☎ 208-381-3192

✉ [fullersc@slhs.org](mailto:fullersc@slhs.org)

**PUBLIC**

☒ Immediate Release  
☒ Normal Release

**NON-PUBLIC**

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

Reviewer: MS Date: 2/12/19

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2/11/19

Carol L. Hill, Licensing Assistant  
US Nuclear Regulatory Commission Region IV  
Nuclear Materials Licensing Branch  
1600 East Lamar Boulevard

RE: Amendment of License #11-27312-01

Dear Carol Hill:

St. Luke's would like to request that 35.1000 Y-90 Theraspheres be added as an authorized use for the following physicians:

- Dr. Tyler Harris, MD
- Dr. Andrew Peterson, MD

Dr. Harris and Dr. Peterson were both recently authorized for Y-90 SIR-spheres and have demonstrated appropriate education and training for 35.1000 use of Y-90. This additional request includes attestation from Dr. David Sonntag, who has served as the proctor for 3 hands-on cases for each physician. This attestation demonstrates that the requirements under Pathway 1 (*NRC Guidance on Y-90 Brachytherapy Sources*, 2/12/16, "Training and Experience") has been met.

Your attention to this request is much appreciated. Please contact me for any additional information that will be required to complete processing of this amendment.

Respectfully,

Scott Fuller, MS DABR  
Radiation Safety Officer



2/11/18

Carol L. Hill, Licensing Assistant  
US Nuclear Regulatory Commission Region IV  
Nuclear Materials Licensing Branch  
1600 East Lamar Boulevard  
Arlington, TX 76011-4511

Dr. Andrew Peterson has successfully completed training in the operation of the delivery system, safety procedures, and clinical use for Y-90 TheraSpheres administration. I attest to having supervised three hands-on cases with Dr. Peterson and I am an authorized user on NRC License #11-27312-01, St. Luke's Regional Medical Center.

Respectfully,

Dr. David Sonntag, MD



2/11/18

Carol L. Hill, Licensing Assistant  
US Nuclear Regulatory Commission Region IV  
Nuclear Materials Licensing Branch  
1600 East Lamar Boulevard  
Arlington, TX 76011-4511

Dr. Tyler Harris has successfully completed training in the operation of the delivery system, safety procedures, and clinical use for Y-90 TheraSpheres administration. I attest to having supervised three hands-on cases with Dr. Harris and I am an authorized user on NRC License #11-27312-01, St. Luke's Regional Medical Center.

Respectfully,

Dr. David Sonntag, MD

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02230  
Status Code: Pending Amendment  
Fee Category: 3E 7C  
Exp. Date: 03/31/2025  
Fee Comments:  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: St. Luke's Regional Medical Center  
Received Date: 02/11/2019  
Docket Number: 3032196  
Mail Control Number: 611307  
License Number: 11-27312-01  
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: \_\_\_\_\_



## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

<b>Name and Address of Applicant and/or Licensee</b>  Scott Fuller, M.S., DABR Radiation Safety Officer St. Luke's Regional Medical Center 190 E Bannock St Boise, ID 83712	<b>Date</b> 02/12/2019/2019
	<b>License Number(s)</b> 11-27312-01
	<b>Mail Control Number(s)</b> 611307
	<b>Licensing and/or Technical Reviewer or Branch</b> C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 02/11/2019

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:

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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) 200-1103 or (817) 200-1140

✓ 2/12/19