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JDW

Your Regional
Cancer Care
Center

Waltham/Weston Hospital
& Medical Center
Hope Avenue
Waltham, MA 02254-9116
(617) 647-6540

October 22, 1992

Nuclear Regulatory Commission
License Fee & Debt Collection Branch
P.O. Box 954514
St. Louis, MO 63195-4514

Dear Sir:

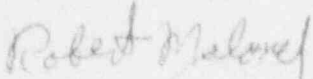
This is in response to invoice #AM00756-92 of \$14,443.13 for our Theratron 80 unit license #20-13486-02.

Please be advised that we are actively reviewing the future viability of our Theratron 80 unit. This evaluation is necessary in light of safety concerns noted in NRC Bulletin 92-02: Safety concerns relating to "end of life" of aging Theratronics Teletherapy Units, dated August 24, 1992.

A decision on the future use of the Theratron 80 unit will be reached within 4 weeks. If the decision is to deactivate our license, the license fee as noted in the invoice will not be necessary. I will write to you within 4 weeks of our decision regarding the Theratron 80 unit and corresponding invoice.

If you have any questions, please contact me.

Sincerely,



Robert M. Maloney
Director, Cancer Management Program

RM753:rkt

cc: R. Schoenthaler, M.D.; D. MacCarty, M.D.;
N. DiIeso, R.N., M.H.A.

Massachusetts General Hospital - H. Suit, M.D.;
C. C. Wang, M.D.; P. Biggs, Ph.D.

7212080115 921120
PDR ADOCK 03015295
C PDR

C A N C E R M A N A G E M E N T P R O G R A M

U. S. NUCLEAR REGULATORY COMMISSION
FY 92 Annual Materials Fee Invoice
10 CFR 171.16

Invoice Date
=====

Invoice Number
=====

08/24/1992

AM00756-92

WALTHAMWESTON HOSP. & MEDICAL CTR.
ATTENTION: RADIATION SAFETY OFFICER
HOPE AVENUE

WALTHAM

MA 02254

***** Mark PAYMENT COPY with any billing address changes *****

License/Approval/ Registration/ Certificate Number	Code	Annual Fee Category(s)	Fee Amount	Surcharge Amount
=====	=====	=====	=====	=====
20-13486-02	ANN	7A	\$ 14,200.00	\$ 150.00
			-----	-----
		TOTAL:	\$ 14,200.00	\$ 150.00
		TOTAL INVOICE:	\$ 14,350.00	

ke Checks Payable To:
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S. Nuclear Regulatory Commission
License Fee & Debt Collection Branch
Box 954514
St. Louis, MO 63195-4514

<=== This PO Box address is
<=== for receipt of payments
<=== only.

Terms and conditions are attached. Nonpayment of your annual fee
may result in the revocation of your license(s) in accordance with
the enforcement provisions of 10 CFR 171.23 of the Commission's
regulations.

* N R C F I L E C O P Y *
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