

EYE PHYSICIAN ASSOCIATES, S.C.

SAMUEL S. BLANKSTEIN, M.D.

HERBERT GILLER, M.D.

PAUL H. GOLDSTEIN, M.D.

RICHARD E. LERNOR, M.D.

KENNETH W. OLANDER, M.D., Ph.D.

2040 W. Wisconsin Ave., Suite 601
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Telephone - 933-3795

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Brown Deer, Wisconsin 53223
Telephone - 355-5600

March 28, 1985

United States Nuclear Regulatory Commission
Glen Ellyn, Illinois

Gentlemen:

I have received your request for more information concerning my training for use of the Strontium-90 eye applicator for localized ocular ptergia. I am completely well versed from resident training many years ago in how to perform this procedure. I have also kept up with all the current literature on the subject. It would certainly help decrease the number of recurrences of this particular ocular problem if someone in our hospital could perform this procedure. Currently, no one is doing it. As far as handling of the radio isotopes material, I would actually like to be under the stipulation that this procedure could only be performed under the supervision of the nuclear medicine physician in the nuclear medicine department at Good Samaritan Medical Center. Please advise the department if this is satisfactory.

Sincerely yours,

Paul H Goldstein

Paul H. Goldstein, M. D.

PHG/da

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

Per Telecon between Ted Karpitz
of CDC, Sam and P. Vachulka of
NRC. This statement is for Dr.
Vachulka.

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Bert David Collier, Jr. M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE
WISCONSIN

Dr. Collier's
name was
put on it as
P.S.O.

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
B

MONTH AND YEAR CERTIFIED

Nuclear Medicine

I - V

December, 1979

They misunderstood the
form.

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING
ALOCATION AND DATE(S) OF TRAINING
B

TYPE AND LENGTH OF TRAINING

LECTURE/
LABORATORY
COURSES
(Hours)
CSUPERVISED
LABORATORY
EXPERIENCE
(Hours)
Da. RADIATION PHYSICS AND
INSTRUMENTATION

MEDICAL COLLEGE OF
WISCONSIN - MILWAUKEE
COUNTY HOSPITAL
JULY 1981 - JUNE 1984

100

300

b. RADIATION PROTECTION

"

100

200

c. MATHEMATICS PERTAINING TO
THE USE AND MEASUREMENT
OF RADIOACTIVITY

"

50

100

d. RADIATION BIOLOGY

"

50

100

e. RADIOPHARMACEUTICAL
CHEMISTRY

"

50

100

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE

MAXIMUM AMOUNT

WHERE EXPERIENCE WAS GAINED

DURATION OF EXPERIENCE

TYPE OF USE

Tc-99m

500mCi

Medical College Wisconsin

7/81 - 6/84

Clinical Nuclear Medicine

Mo-99

500mCi

"

"

"

I-131

200mCi

"

"

"

In-111

5mCi

"

"

"

Xe-133

20mCi

"

"

"

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS			KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF: 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage. 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.
FULL NAME PURUSHOTHAM VELUVOLU			
STREET ADDRESS 336, N. 75th St.			
CITY MILWAUKEE	STATE WIS	ZIP CODE 53213	

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	4500	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	200	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	1500	
	IN VITRO STUDIES	300	
OTHER			
I-125	DETECTION OF THROMBOSIS	0	
I-131	THYROID IMAGING	90	
P-32	EYE TUMOR LOCALIZATION	2	
Sm-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY (I ₂ -III)	50	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	600	
OTHER			
Tc-99m	BRAIN IMAGING	300	
	CARDIAC IMAGING	1500	
	THYROID IMAGING	400	
	SALIVARY GLAND IMAGING	10	
	BLOOD POOL IMAGING	1000	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	600	
	LUNG IMAGING	750	
	BONE IMAGING	2500	
OTHER			

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheet.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	20	
P-32 (Colloid)	INTRACAVITARY TREATMENT	2	
I-131	TREATMENT OF THYROID CARCINOMA	20	
	TREATMENT OF HYPERTHYROIDISM	40	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
Co-60 or Cs-137	INTRACAVITARY TREATMENT	0	
	INTERSTITIAL TREATMENT	0	
Co-60 or Cs-137	TELE THERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	15,000	
Sn-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	15,000	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

July 1, 1981 to June 30, 1984.
6,000 hours of training

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Bert David Collier, Jr. M.D.

b. NAME OF INSTITUTION

Medical College of Wisconsin

c. MAILING ADDRESS

8700 W. Wisconsin Ave.

d. CITY

Milwaukee WI 53226

5. MATERIALS LICENSE NUMBER(S)

48-04193-01

6. PRECEPTOR'S SIGNATURE

B. David Collier, Jr. M.D.

7. PRECEPTOR'S NAME (Please type or print)

Bert David Collier, Jr. M.D.

8. DATE

3/20/85

6-781

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Bert David Collier, Jr. M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

Wisconsin

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
C

Nuclear Medicine

I-V

December, 1979

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING
ALOCATION AND DATE(S) OF TRAINING
B

TYPE AND LENGTH OF TRAINING

LECTURE/
LABORATORY
COURSES
(Hours)
CSUPERVISED
LABORATORY
EXPERIENCE
(Hours)
Da. RADIATION PHYSICS AND
INSTRUMENTATIONMedical College of Wisconsin
Jan. 1, 1982 - Dec 31, 1983

100

300

b. RADIATION PROTECTION

11

100

200

c. MATHEMATICS PERTAINING TO
THE USE AND MEASUREMENT
OF RADIOACTIVITY

11

50

100

d. RADIATION BIOLOGY

11

50

100

e. RADIOPHARMACEUTICAL
CHEMISTRY

11

50

100

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE

MAXIMUM AMOUNT

WHERE EXPERIENCE WAS GAINED

DURATION OF EXPERIENCE

TYPE OF USE

Tc-99m

500 mCi

Med. College Wisconsin

Jan 1, '82 - Dec 31, '83

Clinical Nuclear Medicine

Mo-99

600 mCi

11

11

11

I-131

200 mCi

11

11

11

In-111

5 mCi

11

11

11

Xe-133

20 mCi

11

11

11

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

X JOHN PATRICK WHALEN

STREET ADDRESS

X 2526 N. 124TH ST. #227

CITY

STATE

ZIP CODE

X WAUWATOSA WISCONSIN 53226

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

- 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
- 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
- 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	3,000	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	140	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	1,000	
	IN VITRO STUDIES	200	
OTHER			
I-125	DETECTION OF THROMBOSIS	0	
I-131	THYROID IMAGING	60	
P-32	EYE TUMOR LOCALIZATION	1	
Sr-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY (I ₁₃₁ -III)	38	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	400	
OTHER			
Tc-99m	BRAIN IMAGING	200	
	CARDIAC IMAGING	1000	
	THYROID IMAGING	300	
	SALIVARY GLAND IMAGING	6	
	BLOOD POOL IMAGING	700	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	400	
	LUNG IMAGING	500	
	BONE IMAGING	1700	
OTHER			

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	20	
P-32 (Colloid)	INTRACAVITARY TREATMENT	2	
I-131	TREATMENT OF THYROID CARCINOMA	20	
	TREATMENT OF HYPERTHYROIDISM	40	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
Co-60 or Cs-137	TELE THERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIO PHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	10,000	
Sn-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	10,000	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

Jan. 1, 1982 to Dec. 31, 1983

4,000 hours of training

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Bert David Collier, Jr. MD

b. NAME OF INSTITUTION

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B. David Collier, Jr. MD

7. PRECEPTOR'S NAME (Please type or print)

Bert David Collier, Jr. MD

8. DATE

3/20/85