

st. ^{sh} joseph's hospital

915 EAST FIFTH STREET • ALTON, ILLINOIS 62002

618/463-5151

RECEIVED

'85 JUL 25 11:53

June 26, 1985 U.S. N.R.C.
LIC. FEE MGMT. BRANCH

Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, IL 60137

Dear Sirs;

Please amend Item #7C of license #12-08459-01 to include Edward P. Feutz, M.D. as an authorized user of I 131 for treatment of hyperthyroidism and/or cardiac conditions. Dr. Feutz was previously on license #24-16616-01 in Farmington Missouri and on license #24-18968-01 in St. Peters Missouri. (see enclosed papers).

Thank you.

Sincerely,

Sister Barbara Jean Donovan / BJD

Sister Barbara Jean Donovan, O.S.F.
Administrator

Aav

| | |
|------------------|---------------------|
| Applicant | <i>July 13</i> |
| Check No. | <i>073108 \$120</i> |
| Amount | <i>7C and</i> |
| Type of Fee | <i>2/25/85</i> |
| Date Check Rec'd | <i>ag</i> |
| Received By | |

RECEIVED
JUL 05 1985
REGION III

8508130584 850717
REG3 LIC30
12-08459-01 PDR

Caring for the community since 1865

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CONTROL NO. 7 929 6

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 |
|---|--------------|-------------------|---|
| FULL NAME Edward P. Feutz, M.D. | | | 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. |
| STREET ADDRESS 915 E. 5th St. | | | |
| CITY Alton, | STATE Ill | ZIP CODE 62002 | |

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

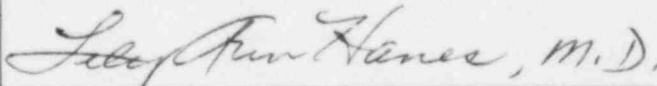
| ISOTOPE A | CONDITIONS DIAGNOSED OR TREATED B | NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C | COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D |
|----------------------|---|--|--|
| I-131 or I-125 | DIAGNOSIS OF THYROID FUNCTION | | |
| | DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME | | |
| | LIVER FUNCTION STUDIES | | |
| | FAT ABSORPTION STUDIES | | |
| | KIDNEY FUNCTION STUDIES | | |
| | IN VITRO STUDIES | | |
| OTHER | | | |
| I-125 | DETECTION OF THROMBOSIS | | |
| I-131 | THYROID IMAGING | | |
| P-32 | EYE TUMOR LOCALIZATION | | |
| Se-75 | PANCREAS IMAGING | | |
| Yb-169 | CISTERNOGRAPHY | | |
| Xe-133 | BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES | | |
| OTHER | | | |
| Tc-99m | BRAIN IMAGING | | |
| | CARDIAC IMAGING | | |
| | THYROID IMAGING | | |
| | SALIVARY GLAND IMAGING | | |
| | BLOOD POOL IMAGING | | |
| | PLACENTA LOCALIZATION | | |
| | LIVER AND SPLEEN IMAGING | | |
| | LUNG IMAGING | | |
| | BONE IMAGING | | |
| 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 | COMMENT'S (Additional information or comments may be submitted in duplicate on separate sheets.) D |
|-----------------------|--|--|---|
| P-32 (Soluble) | TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES | | |
| P-32 (Colloidal) | INTRACAVITARY TREATMENT | | |
| I-131 | TREATMENT OF THYROID CARCINOMA | | |
| | TREATMENT OF HYPERTHYROIDISM | 10 | |
| Au-198 | INTRACAVITARY TREATMENT | | |
| Co-60 or Cs-137 | INTERSTITIAL TREATMENT | | |
| | INTRACAVITARY TREATMENT | | |
| I-125 or Ir-192 | INTERSTITIAL TREATMENT | | |
| Co-60 or Cs-137 | TELETHERAPY TREATMENT | | |
| Sr-90 | TREATMENT OF EYE DISEASE | | |
| | RADIOPHARMACEUTICAL PREPARATION | | |
| Mo-99/ Tc-99m | GENERATOR | | |
| Sn-113/ In-113m | GENERATOR | | |
| Tc-99m | REAGENT KITS | | |
| Other | | | |

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

| | | | |
|--|--|--|--|
| 4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF: | | 6. PRECEPTOR'S SIGNATURE | |
| a. NAME OF SUPERVISOR Lily Ann Hanes, M.D. | |  7. PRECEPTOR'S NAME (Please type or print) Lily Ann Hanes, M.D. | |
| b. NAME OF INSTITUTION St. Josephs Hospital | | | |
| c. MAILING ADDRESS 915 East 5th St. | | 8. DATE 6-26-85 | |
| d. CITY Alton, Illinois 62002 | | | |
| 5. MATERIALS LICENSE NUMBER(S) 12-08459-01 | | | |

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

EDWARD P. FEUTZ, M.D.

2. ILLINOIS MEDICAL LICENSE NO.

36-054662

3. RESIDENCY COMPLETED

A. INSTITUTION: INDIANA UNIVERSITY MEDICAL CENTER

ADDRESS: 1100 W. MICHIGAN

INDIANAPOLIS, INDIANA

B. TYPE OF RESIDENCY: DIAGNOSTIC

RADIOLOGY

C. DURATION OF RESIDENCY: 7/71 - 7/74

D. YEAR COMPLETED: 1974

4. CERTIFICATION

SPECIALTY BOARD
A

CATEGORY
B

MONTH AND YEAR CERTIFIED
C

AMERICAN BOARD
OF RADIOLOGY

DIAGNOSTIC RADIOLOGY
including NUCLEAR MEDICINE

JUNE, 1974

5. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING
A

LOCATION AND DATE(S) OF TRAINING
B

TYPE AND LENGTH OF TRAINING

LECTURE/
LABORATORY
COURSES
C (Hours)

SUPERVISED
LABORATORY
EXPERIENCE
D (Hours)

a. RADIATION PHYSICS AND
INSTRUMENTATION

INDIANA UNIV. MEDICAL CENTER
INDIANAPOLIS, IND.
7/71 - 7/74

100

10

b. RADIATION PROTECTION

"

30

2

c. MATHEMATICS PERTAINING TO
THE USE AND MEASUREMENT
OF RADIOACTIVITY

"

20

2

d. RADIATION BIOLOGY

"

20

2

e. RADIOPHARMACEUTICAL
CHEMISTRY

"

30

2

6. EXPERIENCE WITH RADIATION (Actual Use of Radioisotopes or Equivalent Experience)

| ISOTOPE | MAXIMUM AMOUNT | WHERE EXPERIENCE WAS GAINED | DURATION OF EXPERIENCE | TYPE OF USE |
|-----------------------------------|----------------|---|--|---|
| I-131 | | Indiana Univ. Medical Center Farmington Mo. Community Hosp. Owensboro - Daviess Co. Hosp., Owensboro, Ky. | 4 months NUCLEAR MEDICINE during residency 7/11-7/74 4/76 - 6/80 6/80 - 12/82 | Thyroid; Bone Scans |
| Tc-99m | | SAME AS ABOVE 3 LOCATIONS PLUS ST. PETERS MO. COMM. HOSPITAL | SAME AS ABOVE 5-12/83 | Breast, Lung, Liver, Spleen Renal, Pelvic, Thyroid G.I. Bleeding, Liver, Prostate |
| W-187 | | I.H. MED. CENTER & OWENSBORO, KY. HOSP. | SAME AS ABOVE | CISTENOGRAPHY |
| SE-75 | | I.H. " " | " " " " → | PLACENTAS FOR COF LEAKAGE |
| FORM IONS.FLM-001M - SUPPLEMENT A | | ST. PETERS COMM. HOSP. - ST. PETERS, MO. | 5-12/83 | MYOCARDIAL ISCHEMIA & POST-STRESS IMAGING - VENTILATION SCANS |

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.a. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

EDWARD PHILIP FEUTZ, M.D.

STREET ADDRESS

915 E. FIFTH ST.

CITY

ALTON

STATE ZIP CODE

ILL 62002

1.b. ILLINOIS MEDICAL LICENSE NUMBER 36-054662

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 radio-active 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.) | |
|----------------------|--|--|---|----|
| | | | I | II |
| I-123 | DIAGNOSIS OF THYROID FUNCTION | 40 | (100) | 0 |
| I-131 or I-125 | DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME | 0 | (0) | 0 |
| | LIVER FUNCTION STUDIES | 0 | (0) | 0 |
| | FAT ABSORPTION STUDIES | 0 | | |
| | KIDNEY FUNCTION STUDIES | 0 | | |
| | IN VITRO STUDIES | 0 | | |
| CO-57 | INTESTINAL ABSORPTION STUDIES | 0 | | |
| I-125 | DETECTION OF THROMBOSIS | 0 | | |
| I-123 I-131 | THYROID IMAGING | 40 | (100) | 0 |
| P-32 | EYE TUMOR LOCALIZATION | 0 | | |
| Se-75 | PANCREAS IMAGING | 0 | | |
| IN-111 Yb-169 | CISTERNOGRAPHY | 0 | (5) | 0 |
| Xe-127 Xe-133 | BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES | 0 | 50 | 50 |
| OTHER | Tc ^{99m} PYP (myocardial) | | | 15 |
| TL-201 | CARDIAC IMAGING | 100 0 | 0 | 15 |
| Tc-99m | BRAIN IMAGING | 100 | (250) | 7 |
| | THYROID IMAGING | 5 | (10) | 20 |
| | SALIVARY GLAND IMAGING | 0 | | |
| | BLOOD POOL IMAGING | 0 | | |
| | PLACENTA LOCALIZATION | 0 | | |
| | LIVER AND SPLEEN IMAGING | 100 | (150) | 25 |
| | LUNG IMAGING | 50 | (75) | 50 |
| | BONE IMAGING | 50 | (100) | 50 |
| GA-67 IN-111 | TUMOR IMAGING | 0 | (3) | 1 |

Numbers in column C refer to experience at Farmington Mo. Comm Hospital from 12/77 - 6/80.

Numbers in 1st column of column D refer to experience at Owensboro - Davison Co. Hosp. (Owensboro, Ky.) from 6/80-12/82.

Numbers in 2nd column of column D refer to experience at St. Peter's Mo. Community Hosp from 5-12/82.

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

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

DATE: FARMINGTON, MO: 4/76 - 6/80; ST. PETERS, MO: 5-12/83 TOTAL NUMBER HOURS: TOTAL: 1310 hrs

DATES: 7/10-7/10, 7/10 - 6/30, 311 PETERS RD. 31193 TOTAL NUMBER HOURS: _____
 ~350 km ← ON SUSSEX Rv: 6/10 = 12/82 : INDIAN UNIV MEDICAL CLINIC 7/71-7/79 ~ 650 km away

SHUCKER JAMES SPRINGGARTEN, N.D.

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

6. PRECEPTOR'S SIGNATURE
SEE ATTACHED COPY

HENRY WELLMAN H.D.

4. NAME OF SUPERVISOR

HENRY WELLMAN M.P.

D. NAME OF INSTITUTION

NAME OF INSTITUTION
INMMA UNIV. MEDICAL CENTER

c. MAILING ADDRESS 1100 W. MICHIGAN
INDIANAPOLIS INDIANA

d. CITY

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

HENRY WELLMAN, M.D.

8. DATE

12/30/83

5. MATERIALS LICENSE NUMBER(S) 13-02752 -03

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE—MEDICAL PRECEPTOR STATEMENT

This page is to be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each. Supplemental sheet may be used for comments.

1. NAME AND ADDRESS OF APPLICANT PHYSICIAN EDWARD PHILIP FEUTZ, M.D.
4132 Fox Run OWENSBORO KENTUCKY 42301
2. CLINICAL TRAINING AND EXPERIENCE OF PHYSICIAN NAMED IN ITEM 1 ABOVE

| (A) ISOTOPE | (B) CONDITIONS DIAGNOSED OR TREATED | (C) NO. CASES INVOLVING PERSONAL PARTICIPATION |
|-------------------------------|---|---|
| I-123, I-125 or I-131 | Diagnosis of thyroid function | greater than 200 |
| | Liver function and imaging | greater than 200 10 |
| | Kidney function and imaging | greater than 200 0 |
| | Thyroid imaging | greater than 300 |
| | Brain tumor localization and cardiac imaging | 0 |
| | Placenta localization | 10 |
| | Lung imaging | 0 |
| | Obstetric studies | 0 |
| | Excretion studies | 0 |
| | Treatment of thyroid carcinoma | 10 (at I.H. MED. CENTER) |
| | Treatment of hyperthyroidism and cardiac condition | 25 (" " ") |
| | In vitro studies | 0 |
| K-42 | Potassium space determinations | 0 |
| Fe-59 | Iron turn over studies | 0 |
| Hb-197 | Brain imaging | 0 |
| | Kidney imaging | 0 |
| Hb-203 | Brain imaging | 0 |
| Sr-85 | Bone imaging | 0 |
| Au-198 | Intracavitary treatment | 0 |
| | Interstitial treatment | 0 |
| | Scanning studies | 0 |
| Cr-51 | Blood determinations | 10 |
| | Scanning studies | 0 |
| Co-57 or Co-58 or Co-60 | Diagnosis of pernicious anemia | 10 |
| P-32 | Treatment of polycythemia, leukemia and bone metastases | 5 |
| | Intracavitary treatment | 0 |
| Co-67 | Scanning studies | 20 |
| Ia-111 or Yb-169 | Cisternography | 5 |
| In-113M | Liver and spleen imaging | 0 |
| | Lung imaging | 0 |
| | Brain imaging | 0 |
| Xe-133 | Blood flow studies and pulmonary function studies | 50 |
| Se-75 | Pancreas imaging | 25 |
| | Brain imaging | greater than 1000 |
| Tc-99m | Thyroid imaging | 100 |
| | Salivary gland imaging | 0 |
| | Blood pool imaging | 20 |
| | Placenta localization | 10 |
| | Liver and spleen imaging | greater than 500 |
| | Lung imaging | greater than 100 |
| | Bone imaging | greater than 100 |
| | | |

CONTROL NO. 79296