

# WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

AT WASHINGTON UNIVERSITY MEDICAL CENTER

DIVISION OF  
RADIATION SAFETY

March 12, 1985

Mr. Michael McCann  
US Nuclear Regulatory Commission  
Region III  
Material Licensing Section  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Re: Control Numbers **77805** (USNRC license 24-0063-10) and  
**77806** (USNRC license 24-0063-08)

Dear Mr. McCann:

Enclosed are the items specified by you to complete the request of Washington University (St. Louis, Missouri) to amend Condition 12 of two teletherapy licenses to include Robert R. Kuske, M.D. and Robert J. Myerson, M.D. as authorized users. The enclosed information is as follows:

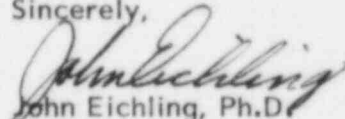
- (1) copies of the State of Missouri licenses for each,
- (2) copies of supplements A and B of NRC Form 313T for each,
- (3) copies of letters of recommendation for each from the physicians under whom they trained.

Duplicate copies are enclosed for each of the two USNRC licenses. If there are any further questions please call me at 314-362-2988. Thank you for your assistance in this matter.

JE:fiw

enclosures

Sincerely,

  
John Eichling, Ph.D.

RSO  
Washington University  
and Affiliated Institutions

8509120122 850828  
REG3 LIC30  
24-00063-10 PDR

Box 8131  
510 S. Kingshighway  
St. Louis, Missouri 63110  
(314) 362-2988

RECEIVED

MAR 15 1985

REGION III

MAR 15 1985

DISPLAY THIS CERTIFICATE PROMINENTLY

COMMONWEALTH of PENNSYLVANIA  
DEPARTMENT of STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CLASSIFICATION  
MEDICAL PHYSICIAN & SURGEON

CERTIFICATE NUMBER  
MD-D26595-E

ISSUED  
JAN 03 1985

EXPIRES  
DEC 31 1986

ISSUED TO:

ROBERT JAMES HYERSON  
301 ARBOR LANE  
WEBSTER GROVES MO 63119

*Robert J. Hyerson*  
SIGNATURE

*Edward Anderson*  
EDWARD ANDERSON  
ACTING  
COMMISSIONER OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

519357

STATE OF MISSOURI  
Department of Consumer Affairs, Regulation and Licensing  
Division of Professional Registration



BOARD OF REGISTRATION FOR THE HEALING ARTS

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE MISSOURI  
STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY AS INDICATED BELOW.

PHYSICIAN AND SURGEON

LICENSE NO.

EXPIRES

R8094

1/31/87

HYERSON  
301 ARBOR LANE  
WEBSTER GROVES

ROBERT

J

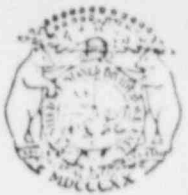
M.D.

ISSUED: 6/01/85

THE LAW REQUIRES THIS CERTIFICATE TO BE CONSPICUOUSLY DISPLAYED

505899

STATE OF MISSOURI  
Department of Consumer Affairs, Regulation and Licensing  
Division of Professional Registration



**BOARD OF REGISTRATION FOR THE HEALING ARTS**

THE PERSON, FIRM OR CORPORATION WHOSE NAME APPEARS ON THIS CERTIFICATE HAS COMPLIED WITH THE PROVISIONS OF THE MISSOURI  
STATUTES AND/OR RULES AND REGULATIONS AND IS HEREBY AUTHORIZED TO ENGAGE IN THE ACTIVITY AS INDICATED BELOW.

**PHYSICIAN AND SURGEON**

**LICENSE NO.**

**EXPIRES**

**R9D83**

**1/31/86**

**KUSKE ROBERT**  
**4511 FOREST PARK BLVD**  
**ST LOUIS MO 63108**

**R M.D. ISSUED: 6/25/84**

**THE LAW REQUIRES THIS CERTIFICATE TO BE CONSPICUOUSLY DISPLAYED**

# TRAINING AND EXPERIENCE PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER <b>Robert J. Myerson, M.D.</b>	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE (If physician) <b>Missouri</b>
---	--

3. CERTIFICATION		
SPECIALTY BOARD	CATEGORY	MONTH AND YEAR CERTIFIED
Board Eligible Radiation Therapy		

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES (To be completed by institution providing training)			
FIELD OF TRAINING	LOCATION AND DATE(S) OF TRAINING	TYPE AND LENGTH OF TRAINING	
		LECTURE/LABORATORY COURSE (hours)	FORMAL SUPERVISED OUT/LABORATORY EXPERIENCE (hours)
RADIATION PHYSICS AND INSTRUMENTATION	Department of Radiation Therapy, Hospital of the Univ. of PA 7/81-6/84	40	80
RADIATION PROTECTION	" "	40	
MATHEMATICS PERTAINING TO THE USE, MEASUREMENT, AND SHIELDING OF RADIOACTIVE SOURCES	" "	25	
RADIATION BIOLOGY	" "	25	

5. EXPERIENCE WITH RADIOACTIVE MATERIALS* (Actual use of radioisotopes or equivalent experience)				
ISOTOPE	MAXIMUM AMOUNT FOR ANY SINGLE APPLICATION	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Ir <sup>192</sup>	75 mg Radium Equivalents	Hospital of the Univ. of Pennsylvania and American Oncologic Hospital	7/81-6/84	Implants for breast, head & neck, and anaplastic carcinoma
I <sup>125</sup>	35 mCi	" "	" "	Prostate Implant
C <sup>137</sup> <sub>s</sub>	80 mg Radium Equivalents	" "	" "	Gynecologic Intracavitary Implants

- \*Experience with sealed radioactive sources under the supervision of qualified instructors should include:
- Review of initial source calibration and periodic spot-check measurements of teletherapy units
  - Initial source calibration of sealed sources other than teletherapy sources that are used for treatment purposes
  - Calibration of ion chambers and survey meters
  - Preparation of treatment plans and treatment times for teletherapy and brachytherapy
  - Knowledge of appropriate radiation safety, quality control, and emergency procedures for handling and using sealed sources.

6. I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF (Signature of program supervisor)			
TYPED OR PRINTED NAME <b>ROBERT L. GOODMAN</b>			DATE <b>2-11-85</b>
NAME OF INSTITUTION <b>HOSP OF THE UNIV OF PA</b>			
MAILING ADDRESS <b>3400 Spruce ST</b>			
CITY <b>Philadelphia</b>	STATE <b>PA</b>	ZIP CODE <b>19104</b>	RADIOACTIVE MATERIALS LICENSE NUMBER

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED/ DURATION	TYPE OF USE
Au <sup>198</sup>	10m Ci	Hospital of the Univ. of Pennsylvania & American Oncologic Hospital 7/81-6/84	Intracavitary treatment(radiocolloid) & one head & neck implant (Au <sup>198</sup> seeds)
Co <sup>60</sup>	Teletherapy treatment	" "	

# 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

Robert J. Myerson, M.D.

STREET ADDRESS

Washington Univ. School of Medicine  
4511 Forest Park Blvd., Suite 311,

CITY

St. Louis, MO 63108

STATE

ZIP CODE

## KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. Supervised examination of patients to determine the suitability for radio-isotope therapy and recommendations on dosage to be prescribed.
2. Collaboration in calculation of radiation dose, related measurement, and modification of the originally prescribed dose as warranted by patient reaction to the radiation.
3. Followup of patients when required.
4. Study and discussion with preceptor of case histories to establish the most appropriate therapy procedures, limitations, contraindications, etc.

## 2. CLINICAL TRAINING AND EXPERIENCE OF PHYSICIAN CITED ABOVE IN USING SOURCES OR DEVICES FOR THERAPY

ISOTOPE A	TYPES OF TREATMENT B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Append additional information, if necessary) D
Co-60	COURSES OF TELETHERAPY TREATMENT	50	
OR	INTERSTITIAL		
Cs-137	INTRACAVITARY	10	
I-125 Ir-192 OR Au-198 SEEDS	INTERSTITIAL	18	
Ra-226	INTRACAVITARY		
X RAY AND ACCELERATOR THERAPY	COURSES OF THERAPY TREATMENT	450	
Sr-90	SUPERFICIAL EYE CONDITIONS		
OTHER			

## DATES AND TOTAL NUMBER OF HOURS IN CLINICAL TRAINING USING SEALED SOURCES FOR THERAPY

7/81-6/84- 600 hours in clinical training using sealed sources for therapy.

## 3. PRECEPTOR'S CERTIFICATION

NAME OF SUPERVISOR ROBERT L GOODMAN	NAME OF INSTITUTION UNIV OF PA	RADIOACTIVE MATERIALS LICENSE NUMBER
MAILING ADDRESS 3400 Spruce St	CITY Phil	STATE Pa
I CERTIFY THAT (a) THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND (b) I WAS AUTHORIZED BY THE REFERENCED RADIOACTIVE MATERIALS LICENSE(S) TO PERFORM THE PROCEDURES SPECIFIED ABOVE. I FURTHER BELIEVE THAT THE APPLICANT PHYSICIAN IS COMPETENT TO PERFORM THESE PROCEDURES INDEPENDENTLY. (Signature)		DATE 2/11/85

WARNING: 18 U.S.C. Section 1001, Act of June 25, 1938, 62 Stat. 749, makes it a criminal offense to make a willfully false statement of representation to any department or agency of the United States as to any matter within its jurisdiction.

TRAINING AND EXPERIENCE  
PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

Robert Raymond Kuske, Jr., M.D.

2. STATE OR TERRITORY IN WHICH LICENSED TO  
PRACTICE MEDICINE (If physician)

Missouri &amp; Ohio

## 3. CERTIFICATION

SPECIALTY BOARD

CATEGORY

MONTH AND YEAR CERTIFIED

ABR

Radiation Oncology

Board Eligible 7/84

## 4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES (To be completed by institution providing training)

FIELD OF TRAINING

LOCATION AND DATE(S) OF TRAINING

TYPE AND LENGTH OF TRAINING

LECTURE/LABORATORY  
COURSE (Hours)FORMAL SUPERVISED  
DUTY/LABORATORY  
EXPERIENCE (Hours)RADIATION PHYSICS AND  
INSTRUMENTATIONUniversity of Cincinnati  
Medical Center

1000

2000

RADIATION PROTECTION

"

1000

2000

MATHEMATICS PERTAINING TO THE  
USE, MEASUREMENT, AND SHIELDING  
OF RADIOACTIVE SOURCES

"

500

500

RADIATION BIOLOGY

"

1000

2000

## 5. EXPERIENCE WITH RADIOACTIVE MATERIALS\* (Actual use of radioisotopes or equivalent experience)

ISOTOPE

MAXIMUM AMOUNT FOR  
ANY SINGLE APPLICATION

WHERE EXPERIENCE WAS GAINED

DURATION OF EXPERIENCE

TYPE OF USE

60Co\*

800 rads

University of Cincinnati

7/81 - 6-84

Pt. Care

192Ir

50 mCi

"

"

"

125I

25 mCi

"

"

"

137Cs

150 mg Ra Eq

"

"

"

226Ra

50 mg

"

"

"

128Au

25 mCi

"

"

"

\* teletherapy

\*Experience with sealed radioactive sources under the supervision of qualified instructors should include:

1. Review of initial source calibration and periodic spot check measurements of  
teletherapy units.4. Preparation of treatment plans and treatment times for teletherapy and  
brachytherapy.2. Initial source calibration of sealed sources other than teletherapy sources that are  
used for treatment purposes.5. Knowledge of appropriate radiation safety, quality control, and emergency procedures  
for handling and using sealed sources.

3. Calibration of ion chambers and survey meters.

6. I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF (Signature of program supervisor)

refer to attached letter and previously submitted supplement B of USNRC Form 313M

TYPED OR PRINTED NAME

DATE

Bernard S. Aron, M.D., FACR

NAME OF INSTITUTION

University of Cincinnati Medical School

MAILING ADDRESS

234 Goodman Street

CITY

Cincinnati

STATE

Ohio

ZIP CODE

45267-0757

RADIOACTIVE MATERIALS LICENSE NUMBER



## 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

Robert Raymond Kuske, Jr., M.D.

STREET ADDRESS

Washington Univ. School of Medicine  
4511 Forest Park Blvd., Suite 311

CITY STATE ZIP CODE

St. Louis, MO. 63108

KEY TO COLUMN C  
PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. Supervised examination of patients to determine the suitability for radioisotope therapy and recommendations on dosage to be prescribed.
2. Collaboration in calculation of radiation dose, related measurement, and modification of the originally prescribed dose as warranted by patient reaction to the radiation.
3. Followup of patients when required.
4. Study and discussion with preceptor of case histories to establish the most appropriate therapy procedures, limitations, contraindications, etc.

## 2. CLINICAL TRAINING AND EXPERIENCE OF PHYSICIAN CITED ABOVE IN USING SOURCES OR DEVICES FOR THERAPY

ISOTOPE A	TYPES OF TREATMENT B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Append additional information, if necessary) D
Co-60	COURSES OF TELETHERAPY TREATMENT	240	
OR	INTERSTITIAL		
Cs-137	INTRACAVITARY	39	
I-125 Ir-192 OR Au-198 SEEDS	INTERSTITIAL	17	
Ra-226	INTRACAVITARY		
X-RAY AND ACCELERATOR THERAPY	COURSES OF THERAPY TREATMENT	120	
Sr-90	SUPERFICIAL EYE CONDITIONS	3	
OTHER			

## DATES AND TOTAL NUMBER OF HOURS IN CLINICAL TRAINING USING SEALED SOURCES FOR THERAPY

July 1, 1981 - June 30, 1984, inclusive

approximately 1560 hours (refer to attached letter)

## 3. PRECEPTOR'S CERTIFICATION

NAME OF SUPERVISOR Bernard S. Aron, M.D., FACR	NAME OF INSTITUTION Univ. of Cincinnati Medical School	RADIOACTIVE MATERIALS LICENSE NUMBER
MAILING ADDRESS 234 Goodman Street	CITY Cincinnati	STATE Ohio
	ZIP CODE 45267-0757	DATE

I CERTIFY THAT (a) THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND (b) I WAS AUTHORIZED BY THE REFERENCED RADIOACTIVE MATERIALS LICENSE(S) TO PERFORM THE PROCEDURES SPECIFIED ABOVE. I FURTHER BELIEVE THAT THE APPLICANT PHYSICIAN IS COMPETENT TO PERFORM THESE PROCEDURES INDEPENDENTLY. (Signature)

refer to attached letter and previously submitted supplement B of USNRC Form 313M

WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement of representation to any department or agency of the United States as to any matter within its jurisdiction.





February 21, 1985

John Eichling, Ph.D.  
Division of Radiation Safety  
Washington University School of Medicine  
Box 8131  
510 S. Kingshighway  
St. Louis, MO 63110

RE: Robert R. Kuske, M.D.

Dear Dr. Eichling:

Dr. Robert Kuske was a resident, full time, in the Division of Radiation Oncology at the University of Cincinnati, College of Medicine from July 1, 1981 through June 30, 1984. During this time, he participated actively in all aspects of our training program. At that time, we had three treatment machines - two Cobalt 60 teletherapy units and one linear accelerator. Approximately two-thirds of our patient load, which included about 750 new patients per year, were treated on the Cobalt 60 units and one-third on the linear accelerator.

The 135 hours specified in item 3 includes lecture and conference time related to radioisotope training but does not include "hands on" clinical training and supervision under the care of full time radiation oncologists. Dr. Kuske, as one of approximately four or five full time residents during this time period, treated approximately 120 patients per year with teletherapy treatment. His total hourly time was approximately 520 hours per year, for a total over a three year period of approximately 1560 hours.

We hope that this further information will clear up any misunderstandings on the previous application.

Sincerely yours,

Bernard S. Aron, M.D., F.A.C.R.  
Director  
Division of Radiation Oncology

BSA/pas

Enclosures (5)

## 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

Robert R. Kuske, M.D.

## STREET ADDRESS

4554 Laclede Ave., #304

## CITY

St. Louis

## STATE

MO

## ZIP CODE

63108

## 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		
	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			

## 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	2	BONE METASTASES FROM PROSTATE CANCER  OVARY CANCER    CANCER CERVIX AND ENDOMETRIUM PROSTATE CANCER BREAST CANCER VARIOUS TUMORS PTERYGIUM
P-32 (Colloidal)	INTRACAVITARY TREATMENT	3	
I-131	TREATMENT OF THYROID CARCINOMA	1	
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT	39	
I-125 or Ir-192	INTERSTITIAL TREATMENT	3 14	
	TELETHERAPY TREATMENT	360	
Sr-90	TREATMENT OF EYE DISEASE	3	
	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

JULY 1 1981 - JUNE 30 1984

135 HRS.

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

a. NAME OF SUPERVISOR

Bernard S. Aron, M.D., FACR

b. NAME OF INSTITUTION

Division of Radiation Oncology  
University Hospital

c. MAILING ADDRESS

234 Goodman Street

d. CITY

Cincinnati, Ohio 45267-0757

5. MATERIALS LICENSE NUMBER(S)

## 5. PRECEPTOR'S SIGNATURE

*Bernard S. Aron, M.D., FACR*

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

Bernard S. Aron, M.D., FACR

## 8. DATE

9/12/84

University of Cincinnati  
Medical Center



College of Medicine

Division of Radiation Oncology  
University of Cincinnati Hospital

Mail Location 757  
234 Goodman Street  
Cincinnati, Ohio 45267  
Phone (513) 872-4775

September 17, 1984

John Eichling, M.D.  
Radiation Safety  
X-Ray  
Mallinckrodt Inst. of Radiology  
510 S. Kingshighway  
St. Louis, MO 63110

RE: Robert R. Kuske, M.D.

Dear Dr. Eichling:

Dr. Kuske completed a three-year residency program in Radiation Oncology in June, 1984. This is to advise that Dr. Kuske is qualified in the use of radioisotopes.

Sincerely,

Bernard S. Aron, M.D., FACR  
Director, Division of Radiation Oncology

BSA/jr

encl.



# UNIVERSITY of PENNSYLVANIA

SCHOOL OF MEDICINE

## DEPARTMENTS OF RADIATION THERAPY

University of Pennsylvania  
and  
The Fox Chase Cancer Center

## Mailing Address:

Hospital of the University of Pennsylvania  
3400 Spruce Street  
Philadelphia, Pennsylvania 19104  
(215) 662-3147

Robert L. Goodman, M.D.  
Professor and Chairman

February 12, 1985

John Eichling, Ph.D.  
Division of Radiation Safety  
Washington University School of Medicine  
Box 8131  
510 S. Kingshighway  
St. Louis, MO 63110

Dear Doctor Eichling:

Dr. Robert J. Myerson recently completed 3 years of training in Radiation Therapy at the University of Pennsylvania. Prior to graduating from Medical School Dr. Myerson held a Ph.D. in physics.

I consider Dr. Myerson to be an outstanding physicist and physician and feel that he is competent in the use of radioactive materials from beam teletherapy and radiation safety.

Sincerely,

Robert L. Goodman, M.D.

RLG/hzm

**MALLINCKRODT  
INSTITUTE OF  
RADIOLOGY**  
AT WASHINGTON UNIVERSITY MEDICAL CENTER

DIVISION OF  
RADIATION ONCOLOGY

February 1, 1985

John Eichling, Ph.D.  
Radiation Safety Officer  
Radiology & Radiation Sciences  
9th Floor X-Ray  
Washington University School of Medicine

Dear Dr. Eichling:

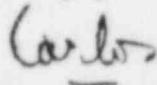
This letter is written to support the application of Dr. Robert Myerson for the use of radioactive materials at the Washington University Medical Center (including Jewish Hospital).

Dr. Myerson trained in radiation oncology under the direction of Dr. Robert Goodman. He has had experience in handling radioactive materials for three years (from July 1981 through June 1984) and the operation of a cobalt 60 unit for the treatment of patients with malignant tumors.

Dr. Myerson will work under my direction at the Mallinckrodt Institute of Radiology and under the direction of Dr. Todd Wasserman, Chief of Radiation Oncology at Jewish Hospital, when he treats patients at that institution. Dr. Myerson is a very competent physician, who is qualified to treat patients.

If you have any questions, please do not hesitate to contact me.

Sincerely yours,



Carlos A. Perez, M.D.  
Director  
Division of Radiation Oncology

CAP:cl

cc: Ms. Beverly Kobeissi  
Dr. Robert Myerson

University of Cincinnati  
Medical Center



College of Medicine

Division of Radiation Oncology  
University of Cincinnati Hospital

Mail Location 757  
234 Goodman Street  
Cincinnati, Ohio 45267  
Phone (513) 872-4775

September 17, 1984

John Eichling, M.D.  
Radiation Safety  
X-Ray  
Mallinckrodt Inst. of Radiology  
510 S. Kingshighway  
St. Louis, MO 63110

RE: Robert R. Kuske, M.D.

Dear Dr. Eichling:

Dr. Kuske completed a three-year residency program in Radiation Oncology in June, 1984. This is to advise that Dr. Kuske is qualified in the use of radioisotopes.

Sincerely,

Bernard S. Aron, M.D., FACR  
Director, Division of Radiation Oncology

BSA/jr

encl.



# MALLINCKRODT INSTITUTE OF RADIOLOGY

AT WASHINGTON UNIVERSITY MEDICAL CENTER

DIVISION OF  
RADIATION ONCOLOGY

February 1, 1985

John Eichling, Ph.D.  
Radiation Safety Officer  
Radiology & Radiation Sciences  
9th Floor X-Ray  
Washington University School of Medicine

Dear Dr. Eichling:

This letter is written to support the application of Dr. Robert Kuske for the use of radioactive materials at the Washington University Medical Center (including Jewish Hospital).

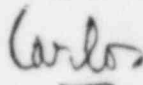
Dr. Kuske trained in radiation oncology under the director of Dr. Bernard Aron for three years (from July 1981 through June 1984). He has been on the attending staff of the Division of Radiation Oncology since July 1, 1984. He recently passed the written examination of the American Board of Radiology with high scores. He is scheduled to take the oral examination by the same qualifying board in June 1985.

Dr. Kuske had excellent training in Cincinnati, with ample experience in the handling of radioactive materials. At Washington University Medical Center, he has been working under my direction in the Division of Radiation Oncology.

Dr. Kuske is quite competent in the clinical application of handling radioactive materials.

If you have any questions, please do not hesitate to contact me.

Sincerely yours,



Carlos A. Perez, M.D.  
Director  
Division of Radiation Oncology

CAP:cl

cc: Dr. Robert Kuske  
Ms. Beverly Kobeissi

## CONVERSATION RECORD

TIME

1008

DATE

07 January 1985

TYPE

☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Dr Eichling, Ph.D.

ORGANIZATION (Office, dept., bureau, etc.)  
Washington Univ. Med Ctr  
St. Louis, Mo

TELEPHONE NO.

(314) 362  
2938

ROUTING

NAME/SYMBOL

INT

SUBJECT

C/Nos. 77805 &amp; 77806.

SUMMARY

Called and discussed licensees amendment requests to add Drs Meyerson and Kuske, MDs. Advised Dr Eichling that we need following information:

- 1) submit evidence of physician license status
- 2) preceptor of letters etc for Dr Meyerson must be signed by a physician preceptor.  
need number of hours, dates of clinical training etc.
- 3) Dr Kuske clarify 3 year residency program and statement of 135 hrs of clinical experience.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

Mike Mc Carr

SIGNATURE

Mike Mc Carr

DATE

07 January 85

ACTION TAKEN

SIGNATURE

TITLE

DATE