

**WASHINGTON  
UNIVERSITY  
SCHOOL OF  
MEDICINE**

AT WASHINGTON UNIVERSITY MEDICAL CENTER

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Date 11/26/84  
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By [Signature]  
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Action Compl. [Signature]

DIVISION OF  
RADIATION SAFETY

November 9, 1984

Bruce Mallett, Ph.D., Chief  
Regional Licensing Section  
Division of Fuel Cycle & Material Safety  
U.S. Nuclear Regulatory Commission  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Reference: USNRC License Numbers  
24-00063-08 & 24-00063-10

Dear Dr. Mallett:

The purpose of this correspondence is to request the U.S. Nuclear Regulatory Commission to amend Condition 12 of the **two** Washington University Medical Center (St. Louis, Missouri) **teletherapy** licenses (24-00063-08 & 24-00063-10) to authorize Robert J. Myerson, M.D., and Robert R. Kuske, M.D., to use the licensed material **in addition** to the physicians who are certified by the American Board of Radiology in Radiology or Therapeutic Radiology and who have been approved by the licensee's Radiation Safety Committee. (The name of the institutional radiation committee has been recently changed to Radiation Safety Committee; previously, the name was the Radiation Hazards Committee).

Information regarding the training and experience of Drs. Kuske & Myerson as well as letters of recommendation from the institutions where they received their radiation oncology training are enclosed in duplicate.

A check in the amount of \$240 for the 2 amendments is also enclosed.

Applicant 458716 (\$240)  
Check No. 1230 applied  
Amount/Fee Category 7H (\$1000)  
Type of Fee Annual  
Date Check Rec'd 11/26/84  
Received By [Signature]

Sincerely,

John Eichling, Ph.D.  
Radiation Safety Officer  
Washington University &  
Affiliated Institutions

JE:fiw

enclosures

CONTROL NO. 77805

8509120127 850828  
REG3 LIC30  
24-00063-10 PDR

Box 8131

510 S. Kingshighway

St. Louis, Missouri 63110

(314) 362-2988

RECEIVED

NOV 15 1984

REGION III

NOV 15 1984

## 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

4511 Forest Park Blvd., Suite 311

## 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			

# 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		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT	1	
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT	10	
I-125 or Ir-192	INTERSTITIAL TREATMENT	17	
Co-60 or Cs-137	TELETHERAPY TREATMENT	50	
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:

a. NAME OF SUPERVISOR

b. NAME OF INSTITUTION *Dept. of Radiation*

*Therapy, Hosp. Univ. of Pennsylvania*

c. MAILING ADDRESS

*3400 Spruce ST*

d. CITY

*Philadelphia, PA 19104*

### 5. MATERIALS LICENSE NUMBER(S)

*37-118-07 Exp. Date Aug '88*

### 6. PRECEPTOR'S SIGNATURE

*James M. Galvin*

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

*James M. Galvin*

### 8. DATE

*Sept 27, 1984*

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  Robert J. Myerson		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Pennsylvania; Missouri		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
Board Eligible Radiation Therapy				
4. 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 (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D	
a. RADIATION PHYSICS AND INSTRUMENTATION	Department of Radiation Therapy, Hospital of the Univ. of PA 7/81-6/84	40	40	
b. RADIATION PROTECTION	" "	20		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	" "	20		
d. RADIATION BIOLOGY	" "	20		
e. RADIOPHARMACEUTICAL CHEMISTRY	" "	10		
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Ir <sup>192</sup>	75 mg Radium Equivalents	Hospital of the Univ. of Pennsylvania & American Oncologic Hospital	7/81 - 6/84	Implants for breast, head & neck, and anal carcinoma
I <sup>125</sup>	35 m Ci	" "	" "	Prostate Implant
Cs <sup>137</sup>	80 mg Radium Equivalents	" "	" "	Gynecologic Intracavitary Treatment



# 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) 662-6204/3084

Physics Section

Peter Bloch, Ph. D. - Director  
James M. Galvin, D.Sc.  
Ronald D. Larsen, Ph.D.  
James C.H. Chu, Ph.D.  
Marc R. Sontag, Ph.D.  
Martin D. Altschuler, Ph.D.  
V.K. Prasanna Kumar, Ph.D.

22nd October 1984

John Eichling, Ph.D.  
Radiation Safety Officer  
Mallinckrodt Institute of Radiology  
St. Louis, Missouri

Dear Dr. Eichling:

I am writing at this time to recommend Dr. Robert Myerson as a user of radioactive materials at your institution. It is my opinion that Bob's training in the use of sealed sources for therapeutic purposes is sufficient to allow him to carry out these duties independently. I would rate Bob's understanding of the clinical aspects of brachytherapy as superior. Also, evidently due to his strong background in physics, his grasp of radiation safety is excellent. I would recommend him without hesitation.

Please let me know if any additional information is needed.

Sincerely,

James M. Galvin, D.Sc.

JMG/amr  
cc:

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			<b>KEY TO COLUMN C</b>  <b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b>  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			
Robert R. Kuske, M.D.			
STREET ADDRESS			
4554 Laclede Ave., #304			
CITY	STATE	ZIP CODE	
St. Louis	MO	63108	

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

## 6. 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

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <b>ROBERT ROYMOND KUSEK, JR. M.D.</b>		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <b>OHIO &amp; MISSOURI</b>		
3. CERTIFICATION				
SPECIALTY BOARD <b>A</b>	CATEGORY <b>B</b>	MONTH AND YEAR CERTIFIED <b>C</b>		
<b>Therapeutic Radiology</b>		<b>Board Eligible (EXAMINATION SPRING '85)</b>		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING <b>A</b>	LOCATION AND DATE(S) OF TRAINING <b>B</b>	TYPE AND LENGTH OF TRAINING		
		LECTURE/ LABORATORY COURSES (Hours) <b>C</b>	SUPERVISED LABORATORY EXPERIENCE (Hours) <b>D</b>	
a. RADIATION PHYSICS AND INSTRUMENTATION	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE - Radiation Dept.	100	100	
b. RADIATION PROTECTION	UNIV. OF CINCINNATI	40	10	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	UNIV. OF CINCINNATI	100	100	
d. RADIATION BIOLOGY	UNIV. OF CINCINNATI	100	100	
e. RADIOPHARMACEUTICAL CHEMISTRY	UNIV. OF CINCINNATI	10	10	
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
$Co^{60}$ $As^{140}$ $Co^{57}$ $Ra^{226}$ $Fr^{192}$ $Ir^{192}$ $P^{32}$	$\approx 6000 Ci^*$ 50 mCi 200 $\gamma$ half  50 mCi half 25 mCi 15 mCi	UNIV. OF CINCINNATI	6/81 - 6/84	Pt. treatment



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.

CONTROL NO. 77805