

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License number

24-00063-08

Docket or Reference number

030-10094

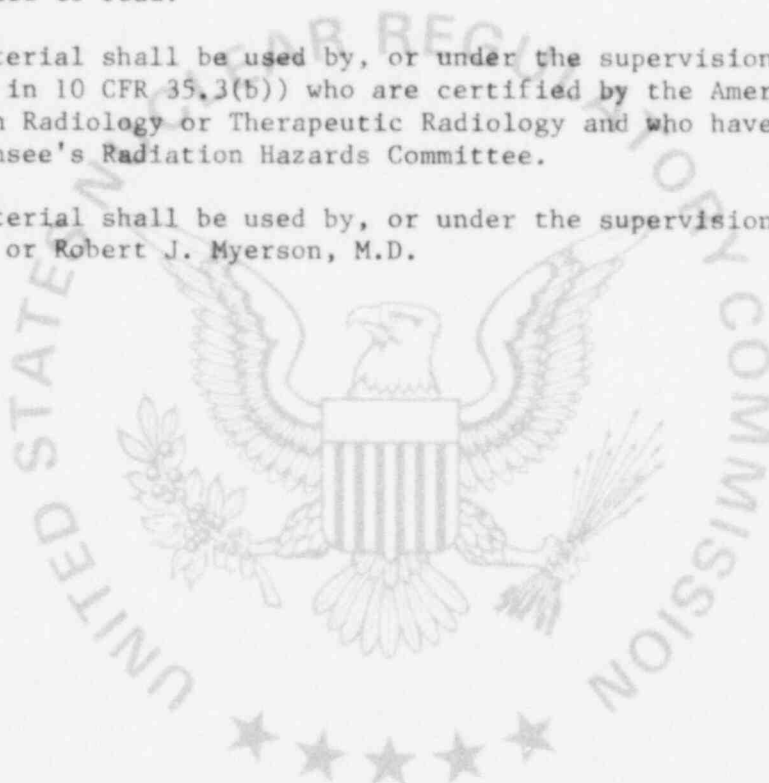
Amendment No. 03

Washington University School
of Medicine
Radiology Department (Box 8131)
660 South Euclid
St. Louis, MO 63110

In accordance with letter dated November 9, 1984, License Number 24-00063-08 is amended as follows:

Condition 12. is amended to read:

12. A. Licensed material shall be used by, or under the supervision of, physicians (as defined in 10 CFR 35.3(b)) who are certified by the American Board of Radiology in Radiology or Therapeutic Radiology and who have been approved by the licensee's Radiation Hazards Committee.
- B. Licensed material shall be used by, or under the supervision of, Robert R. Kuske, M.D. or Robert J. Myerson, M.D.



For the U.S. Nuclear Regulatory Commission


Date August 28, 1985

Original Signed
By George M. McCann
Materials Licensing Section, Region III

8510040030 850828
REG3 LIC30
24-00063-08 PDR

11 COPY 2 nu 30

85 8/24/85


File

MAY 15 1985

Edward W. Webster, Ph.D.
Director, Department of
Radiation Physics
Massachusetts General Hospital
Grey 2, Fruit Street
Boston, MA 02114

Dear Dr. Webster:

Please review the credentials of Robert R. Kuske, M.D. and Robert J. Myerson, M.D. for use of teletherapy equipment as listed in 10 CFR 35.

Documentation of Drs. Myerson's and Kuske's training and experience are enclosed along with letters of recommendation. Also enclosed are standard appraisal forms for your convenience. Your comments should be forwarded to the following address:

U.S. Nuclear Regulatory Commission
Region III Materials Licensing Section
799 Roosevelt Road
Glen Ellyn, Illinois 60137
ATTN: George M. McCann

Thank you.

Sincerely,

Original Signed By
George M. McCann
Materials Licensing Section

Enclosures: As stated

RIII

McCann/jl
4/3/85

APM
04/09/85

~~Date~~
8509/20097

File

MAY 15 1985

Melvin L. Griem, M.D.
Box 453
Ogden Dunes, IN 46368

Dear Dr. Griem:

Please review the credentials of Robert R. Kuske, M.D. and Robert J. Myerson, M.D. for use of teletherapy equipment as listed in 10 CFR 35.

Documentation of Drs. Myerson's and Kuske's training and experience are enclosed along with letters of recommendation. Also enclosed are standard appraisal forms for your convenience. Your comments should be forwarded to the following address:

U.S. Nuclear Regulatory Commission
Region III Materials Licensing Section
799 Roosevelt Road
Glen Ellyn, Illinois 60137
ATTN: George M. McCann

Thank you.

Sincerely,

Original Signed By
George M. McCann
Materials Licensing Section

Enclosures: As stated

DUE 8509/20/03

RIII

MM 04/09/85
McCann/jl
4/3/85

File

MAY 15 1985

Peter R. Almond, Ph.D.
Deputy Head,
Department of Physics
Anderson Hospital and
Tumor Institute
6732 Bertner Avenue
Houston, TX 77030

Dear Dr. Almond:

Please review the credentials of Robert R. Kuske, M.D. and Robert J. Myerson, M.D. for use of teletherapy equipment as listed in 10 CFR 35.

Documentation of Drs. Myerson's and Kuske's training and experience are enclosed along with letters of recommendation. Also enclosed are standard appraisal forms for your convenience. Your comments should be forwarded to the following address:

U.S. Nuclear Regulatory Commission
Region III Materials Licensing Section
799 Roosevelt Road
Glen Ellyn, Illinois 60137
ATTN: George M. McCann

Thank you.

Sincerely,

Original Signed By
George M. McCann
Materials Licensing Section

Enclosures: As stated

RIII

AMM 04/01/85

McCann/jl
4/3/85

DRE 8509120106

File

MAY 15 1985

Vincent P. Collins, M.D.
9200 Westheimer
Houston, TX 77042

Dear Dr. Collins:

Please review the credentials of Robert R. Kuske, M.D. and Robert J. Myerson, M.D. for use of teletherapy equipment as listed in 10 CFR 35.

Documentation of Drs. Myerson's and Kuske's training and experience are enclosed along with letters of recommendation. Also enclosed are standard appraisal forms for your convenience. Your comments should be forwarded to the following address:

U.S. Nuclear Regulatory Commission
Region III Materials Licensing Section
799 Roosevelt Road
Glen Ellyn, Illinois 60137
ATTN: George M. McCann

Thank you.

Sincerely,

Original Signed By
George M. McCann
Materials Licensing Section

Enclosures: As stated

RIII

McCann/jl
4/3/85

8509120110
D. Pe



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
799 ROOSEVELT ROAD
GLEN ELLYN, ILLINOIS 60137

MEDICAL ADVISORY COMMITTEE
APPRAISAL

1. Applicant: Washington University School of Medicine Address: 660 South Euclid City: St. Louis State: MO	2. Control No. 77806 3. Department 4. Name and title of trained individual Robert R. Kuske, M.D. 5. Type Program: <input type="checkbox"/> Private practice <input type="checkbox"/> Private practice in hospital <input type="checkbox"/> Institutional
6. Review: <input type="checkbox"/> First <input type="checkbox"/> Second	7. Previous application control No.(s)
8. Remark on checked item: <input type="checkbox"/> A. All radioisotopes and uses stated in application <input type="checkbox"/> B. <u>Use of Cobalt-60</u> for teletherapy <input type="checkbox"/> C. Training and experience of user <input type="checkbox"/> D. Dosage(s) indicated <input type="checkbox"/> E. Clinical techniques and procedures outlined <input type="checkbox"/> F. Type patient used (i.e., terminal, infants, normal) <input type="checkbox"/> G. Other	

9. Action of Subcommittee on Human Applications:

☒ Approve

☐ Disapprove

Copies Also Sent To:

Remarks: Documented experience and preceptors
letter support approval.

Dr. Vincent Collins
Dr. Melvin Griem
Dr. Peter Almond
Dr. Edward Webster

5.25.85

(Date of appraisal)

Signature

(Member of subcommittee)

RECEIVED
JUN 07 1985
REGION III

JUN 7 1985



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
799 ROOSEVELT ROAD
GLEN ELLYN, ILLINOIS 60137

MEDICAL ADVISORY COMMITTEE
APPRAISAL

1. Applicant: Washington University School of Medicine Address: 660 South Euclid City: St. Louis State: MO	2. Control No. 77806 3. Department
4. Name and title of trained individual Robert R. Kuske, M.D.	5. Type Program: <input type="checkbox"/> Private practice <input type="checkbox"/> Private practice in hospital <input type="checkbox"/> Institutional
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9. Action of Subcommittee on Human Applications: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	

Remarks: I have approved this application even though the documentation is not good. The hours of training on Suppl. A are obviously wrong. The dates are given and it is not signed.

Copies Also Sent To:

Dr. Vincent Collins
Dr. Melvin Griem
Dr. Peter Almond
Dr. Edward Webster

RECEIVED

Signature

JUN 03 1985

(Member of subcommittee)

REGION III

5/23/85
(Date of appraisal)

JUN - 3 1985



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
799 ROOSEVELT ROAD
GLEN ELLYN, ILLINOIS 60137

MEDICAL ADVISORY COMMITTEE
APPRAISAL

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9. Action of Subcommittee on Human Applications:

☒ Approve

☐ Disapprove

Remarks:

Excellent Training
6/6/85
Brachytherapy
6060

Signature

Copies Also Sent To:

Dr. Vincent Collins

Dr. Melvin Griem

Dr. Peter E. Bond

Edward Webster

JUN 10 1985

REGION III

(Date of appraisal)

(Member of subcommittee)

JUN 11 1985



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
799 ROOSEVELT ROAD
GLEN ELLYN, ILLINOIS 60137

MEDICAL ADVISORY COMMITTEE
APPRAISAL

1. Applicant: Washington University School of Medicine Address: 660 South Euclid City: St. Louis State: MO	2. Control No. 77806 3. Department Radiology Department
4. Name and title of trained individual Robert J. Meyerson, M.D.	5. Type Program: <input type="checkbox"/> Private practice <input type="checkbox"/> Private practice in hospital <input checked="" type="checkbox"/> Institutional
6. Review: <input checked="" type="checkbox"/> First <input type="checkbox"/> Second	7. Previous application control No.(s) None
8. Remark on checked item: <input type="checkbox"/> A. All radioisotopes and uses stated in application <input checked="" type="checkbox"/> B. Use of <u>Cobalt 60</u> for teletherapy <input checked="" type="checkbox"/> C. Training and experience of user <input type="checkbox"/> D. Dosage(s) indicated <input type="checkbox"/> E. Clinical techniques and procedures outlined <input type="checkbox"/> F. Type patient used (i.e., terminal, infants, normal) <input type="checkbox"/> G. Other	

9. Action of Subcommittee on Human Applications:

☒ Approve

☐ Disapprove

Remarks:

Copies Also Sent To:

Dr. Vincent Collins
Dr. Melvin Griem
Dr. Peter Almond
Dr. Edward H. Hesse

5/23/85
(Date of appraisal)

Signature

(Member of subcommittee)

RECEIVED

JUN 03 1985

REGION III



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
799 ROOSEVELT ROAD
GLEN ELLYN, ILLINOIS 60137

MEDICAL ADVISORY COMMITTEE
APPRAISAL

1. Applicant: Washington University School of Medicine Address: 660 South Euclid City: St. Louis State: MO	2. Control No. 77806 3. Department Radiology Department
4. Name and title of trained individual Robert J. Meyerson, M.D.	5. Type Program: <input type="checkbox"/> Private practice <input type="checkbox"/> Private practice in hospital <input checked="" type="checkbox"/> Institutional
6. Review: <input checked="" type="checkbox"/> First <input type="checkbox"/> Second	7. Previous application control No.(s) None
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9. Action of Subcommittee on Human Applications: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove	

Remarks: Background in physics, documented
experience and preceptors statement
by Dr. Goodman support approval.

Copies Also Sent To:

Dr. Vincent Collins
Dr. Melvin Griem
Dr. Peter Almond
Dr. Edward Webster

5/25/85
(Date of appraisal)

Signature

V. Collins
(Member of subcommittee)



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
799 ROOSEVELT ROAD
GLEN ELLYN, ILLINOIS 60137

MEDICAL ADVISORY COMMITTEE
APPRAISAL

1. Applicant: Washington University School of Medicine Address: 660 South Euclid City: St. Louis State: MO	2. Control No. 77806 3. Department Radiology Department
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9. Action of Subcommittee on Human Applications: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove Remarks: <i>Excellent training Brachytherapy</i> <i>6/6/85</i> (Date of appraisal) Copies Also Sent To: Dr. Vincent Collins Dr. Melvin Griem Dr. Peter Almond Dr. Edward Webster <i>46060</i> Signature <i>Mo L. Griem</i> (Member of subcommittee)	

**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
John Eichling, Ph.D.
RSO

Washington University
and Affiliated Institutions

*Done
8509/20122*

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

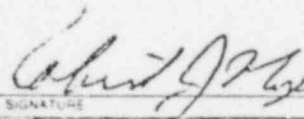
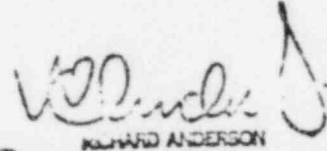
COMMONWEALTH of PENNSYLVANIA
DEPARTMENT of STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CLASSIFICATION
MEDICAL PHYSICIAN & SURGEON

CERTIFICATE NUMBER ISSUED EXPIRES
MD-026595-E JAN 03 1985 DEC 31 1986

ISSUED TO

**ROBERT JAMES MYERSON
301 ARBOR LANE
WEBSTER GROVES MO 63119**

SIGNATURE COMMISSIONER OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
FOR THE STATE OF PENNSYLVANIA FOR THE STATE OF PENNSYLVANIA

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

1/31/86

MYERSON

ROBERT

J

M.D.

ISSUED: 6/31/85

301 ARBOR LANE

WEBSTER GROVES

MO 63119

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 Robert J. Myerson, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE (if physician) Missouri
---	--

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 SUPERVISION OF/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 ¹⁹²	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 ¹²⁵	35 mCi	" "	" "	Prostate Implant
Cs ¹³⁷	80 mg Radium Equivalents	" "	" "	Gynecologic Intracavitary Implants

*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.
2. Initial source calibration of sealed sources other than teletherapy sources that are used for treatment purposes.
3. Calibration of ion chambers and survey meters.
4. Preparation of treatment plans and treatment times for teletherapy and brachytherapy.
5. 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)

✓	Robert Goodman TYPED OR PRINTED NAME	DATE 2-11-85
✓	NAME OF INSTITUTION HOSP OF THE UNIV OF PA	
✓	MAILING ADDRESS 3400 Spruce ST	
✓	CITY Philadelphia	STATE PA ZIP CODE 19104
✓	RADIOACTIVE MATERIALS LICENSE NUMBER	

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED/ DURATION	TYPE OF USE
Au^{198}	10m Ci	Hospital of the Univ. of Pennsylvania & American Oncologic Hospital 7/81-6/84	Intracavitary treatment(radiocolloid) & one head & neck implant (Au^{198} seeds)
Co^{60}	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 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	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 ALL THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT 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, 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.



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,

A handwritten signature in cursive script, appearing to read "R. Goodman".

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:

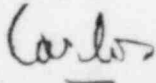
This letter is written to support the application of Dr. Robert Myerson for the use of radioactive materials at the Washington University Medical Center (including Jewish Hospital).

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

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

R

M.D.

ISSUED: 6/25/84

4511 FOREST PARK BLVD

ST LOUIS

MO 63108

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 Robert Raymond Kuske, Jr., M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE (If physician) Missouri & 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 QJT/LABORATORY EXPERIENCE (Hours)
RADIATION PHYSICS AND INSTRUMENTATION	University 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:

- 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)

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

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

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		
Sr-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		
Sr-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

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 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).

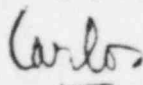
Dr. Kuske trained in radiation oncology under the director of Dr. Bernard Aron for three years (from July 1981 through June 1984). He has been on the attending staff of the Division of Radiation Oncology since July 1, 1984. He recently passed the written examination of the American Board of Radiology 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

4511 Forest Park Blvd.

St. Louis, Missouri 63108

(314) 362-3490 or 3496

510 South Kingshighway Blvd.

St. Louis, Missouri 63110

(314) 362-7014

CONVERSATION RECORD

TIME

11:36pm

DATE

12 March 1985

TYPE

☐ VISIT

☐ CONFERENCE

☐ TELEPHONE

☐ INCOMING

☐ OUTGOING

Location of Visit/Conference:

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

John Eichling Ph.D.

ORGANIZATION (Office, dept., bureau, etc.)

Washington Univ. Sch. of Med. (344) 362 2988

TELEPHONE NO.

SUBJECT

C/N 77805 & 77806

ROUTING

NAME/SYMBOL

INT

SUMMARY

We be sending in information for Myerson only, and rest of information for other doctor later.

ACTION REQUIRED

Information to be received by this office within 2 weeks

NAME OF PERSON DOCUMENTING CONVERSATION

Mike Mc Carr

SIGNATURE

[Signature]

DATE

03/12/85

ACTION TAKEN

SIGNATURE

TITLE

DATE

CONVERSATION RECORD

TIME

1008

DATE

07 January 1985

TYPE

☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

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) 862

2988

SUBJECT

C/Nos. 77805 & 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 Up Car

SIGNATURE

Mike Up Car

DATE

07 January 85

ACTION TAKEN

SIGNATURE

TITLE

DATE