



FOX CHASE CANCER CENTER

AMERICAN ONCOLOGIC HOSPITAL ■ CENTRAL & SHELMLINE AVENUES ■ PHILADELPHIA, PENNSYLVANIA 19111

DEPARTMENT OF RADIOLOGY
SECTION OF NUCLEAR MEDICINE
215/728-2589

May 6, 1987

RECEIVED

'87 JUN 10 A9:13

John E. Glenn, Ph.D.
Chief, Nuclear Materials Safety Section B
Nuclear Regulatory Commission
Division of Radiation Safety and Safeguards, Region 1
631 Park Avenue
King of Prussia, PA 19406

Dear Dr. Glenn:

I would like to amend our Cobalt teletherapy License #37-02766-02, expiration date 5/15/91 to include an additional user. Dr. Joel W. Goldwein has recently become a full staff member at the American Oncologic Hospital at the Fox Chase Cancer Center in the Department of Radiation Therapy. Enclosed you will find NRC form #313M, supplements A & B and a copy of his current CV. In addition, a check for \$230 as required by Paragraph 170.31 of 10CFR, part 170 is enclosed as payment for this amendment.

If you have any questions regarding this amendment, please call me at (215)728-3621. Thank you for your assistance with this matter.

Sincerely,

Nancy D. Hammond

Nancy D. Hammond, M.S.
Radiation Safety Officer

NDH:jd

Enc.

cc: Philip J. Moldofsky, M.D., Chairman, Radiation Safety Committee

Log	Jun 7
Remitter	
Check No.	8002
Amount	\$230
Fee Category	7A
Type of Fee	Amendment
Date Check Rec'd.	6/11/87
Date Completed	6/11/87
By:	J. Kimberley

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REG1 LIC30
37-02766-02 PDR

107304

1987 MAY 26 PM 3:43
RECEIVED-REGION 1

INSTITUTE FOR CANCER RESEARCH ■ AMERICAN ONCOLOGIC HOSPITAL

"OFFICIAL RECORD COPY" ML10

27 MAY 1987

**TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Joel W. Goldwein, M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

PA

3. CERTIFICATIONSPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
CAmerican Board
of RadiologyTherapeutic
Radiology

6/87 - Expected

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	Hospital of the Univ. of Pa.	80	200
b. RADIATION PROTECTION	"	80	50
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	80	100
d. RADIATION BIOLOGY	"	100	100
e. RADIOPHARMACEUTICAL CHEMISTRY	_____	0	0

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
^{125}I	100m Ci	Hospital Univ. of Pa.	36 months	Interstitial
^{192}Ir	75 mg. radium equiv.		"	"
^{137}Cs	100mg-r-eq		"	Intracavitary

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			PERSONAL PARTICIPATION SHOULD CONSIST OF:
<u>Joel W. Goldwein, M.D.</u>			1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
STREET ADDRESS			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.
<u>417 Meadow Lane</u>			3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.
CITY	STATE	ZIP CODE	
<u>Merion</u>	<u>PA</u>	<u>19066</u>	

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	0	
	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			

RECEPTOR STATEMENT (Continued)

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

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.)
A	B	C	D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	-- Fox Chase Cancer Center -- Wills Eye Hospital
P-32 (Colloidal)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	0	
	TREATMENT OF HYPERTHYROIDISM	0	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	30	
I-125 or Ir-192	INTERSTITIAL TREATMENT	10	
Co-60 or Cs-137	TELETHERAPY TREATMENT	600	
Sr-90	TREATMENT OF EYE DISEASE	5	
	RADIOPHARMACEUTICAL PREPARATION	0	
Mo-99/ Tc-99m	GENERATOR	0	
Sn-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	0	
Other			

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

July 84 - June 87

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

a. NAME OF SUPERVISOR

Robert L. Goodman

b. NAME OF INSTITUTION

Hospital Univ. of Pa.

c. MAILING ADDRESS

3400 Spruce Street

d. CITY

Philadelphia, PA 19104

5. MATERIALS LICENSE NUMBER(S)

5. PRECEPTOR'S SIGNATURE

G. Hanks

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

G. Hanks, M.D.

8. DATE

5/1/87

CURRICULUM VITAE

December, 1986

Joel W. Goldwein, M.D.

Home Address: 417 Meadow Lane
Merion, PA 19066

Office Address: Department of Radiation Therapy
Hospital of the University of Pennsylvania
3400 Spruce Street
Philadelphia, PA 19104

Social Security Number: 161-44-3708

Born: February 5, 1957
Philadelphia, PA

Married: June 19, 1983

Wife: Marlene Fox Goldwein, M.D.

Children: Marc Lawrence. Born December 31, 1984

<u>Education:</u>	1975-79	B.S.	University of Pennsylvania School of Engineering Bioengineering (major) Electrical Engineering (minor)
	1979-83	M.D.	University of Pennsylvania School of Medicine
	1/83-3/83		IBM Systems Research Institute New York, New York

Postgraduate Training:

1983-84	Intern in Medicine Presbyterian Medical Center Philadelphia, PA
1984-87	Resident, Therapeutic Radiology Hospital of the University of Pennsylvania
1986-87	Chief Resident, Therapeutic Radiology

Work Experience:

1979-85	Computer Consultant, Systems Analyst. - (part time) Hospital Univ. of Penna. Dept. Clinical Engineering
1978	Laboratory Technician

Harrison Dept. of Surgical Research
Hosp. Univ. of Penna.

Faculty Appointments:

1984-

Assistant Instructor in Radiation
Therapy
University of Pennsylvania
School of Medicine

Licensure: Pennsylvania

Awards and Honors:

1978

Tau Beta Pi - Engineering

Professional Associations:

American Society for Therapeutic Radiology and Oncology

Radiologic Society of North America

Association of Residents in Radiation Oncology

Committees at the University of Pennsylvania:

1984 -

Radiation Safety Committee

Principal Investigator of Grants:

Development of a Radiation Dosimetry Tutorial
System on an IBM PC-AT.
IBM Threshold Grant - University of Pennsylvania

Current Activities and Projects:

1. Cortical Sensory evoked potentials of irradiated rat spinal cords.
2. MRI of irradiated rat spinal cords.
3. Dose distribution near the surface of tangentially irradiated breasts.
4. MRI findings in patients with Lhermitte's sign.

BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

John E. Glenn, Chief
Nuclear Materials Section B
Division of Engineering and
Technical Programs

03 000 476
02300
5/91

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee:

The American Oncologic Hospital

Application Dated:

5-6-87

Control No.:

107304

License No.:

37-02766-02

2. FEE ATTACHED

Amount:

230⁰⁰

Check No.:

8002

3. COMMENTS

Signed

M. Weinberger

Date

5-30-87

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount:

7A

\$230

2. Correct Fee Paid. Application may be processed for:

Amendment

Renewal

License

Signed

S. Kimberley

Date

6/11/87