

Veterans  
Administration

In Reply Refer To:

September 9, 1987

Dr. John Glenn  
United States Nuclear Regulatory Commission  
Material Licensing Section Region 1  
631 Park Avenue  
King of Prussia, Pennsylvania 19406

Subject: NRC License No. 06-00092-05  
New Chairperson Radiation Safety Committee

Dear Dr. Glenn:

Enclosed is the curriculum vitae and experience of Dr. Lucille Soldano, Assistant Chief, Nuclear Medicine Service, Veterans Administration Medical Center, West Haven, Connecticut. Dr. Soldano has recently been appointed to replace Dr. Fred Wright as Chairperson of the Radiation Safety Committee.

Please contact me if there are any questions.

Very truly yours,

Dr. Fred Wright  
Asst. Chief of Staff for Research

FW:df  
Enclosures  
cc: Dr. James Fletcher

10/15/87

Concur with this

ACB

FEE EXEMPT

8802030050 871231  
REG1 LIC30  
06-00092-05 PER

Curriculum Vitae

LUCILLE SOLDANO M.D.

Home Address and Phone: 1 Minerva Place  
Norwalk, Ct. 06851  
1-203-8475965

Business Address and Phone: Department of Nuclear Medicine  
West Haven VA Medical Center  
West Spring St.  
West Haven, Ct. 06516  
1-203-932-5711 Ext. 684/685

Date of Birth: 2/6/54

Place of Birth: Trenton, New Jersey

Marital Status: Married (Steven Schavlan)

Education:

9/72-5/76: Cook College/Rutgers University  
New Brunswick, N.J.  
Date of Graduation: 5/76 (with highest honors), B.S.  
Honors: Alpha Zeta honorary fraternity

9/76-5/80: UMDNJ: New Jersey Medical School  
Newark, N.J.  
Date of Graduation: 5/80, M.D.

7/1/80-6/30/81: Internal Medicine (PGY-1)  
UMDNJ: New Jersey Medical School affiliated hospitals  
Newark, N.J.

7/1/81-6/30/84: Diagnostic Radiology residency (PGY-2-4)  
St. Barnabas Medical Center  
Livingston, N.J.  
1983-84: Chief Resident

7/1/84-6/30/85: Nuclear Radiology fellowship (PGY-5)  
Yale-New Haven Hospital  
New Haven, Ct.

Employment:

7/1/85-6/30/86: Instructor, Department of Radiology  
UMDNJ: University Hospital  
Newark, N.J.

LUCILLE SOLDANO M.D.

Current Position: Assistant Director of Nuclear Medicine  
West Haven VA Medical Center  
West Haven, Ct.

Assistant Professor, Diagnostic Radiology  
Yale University  
Yale-New Haven Hospital  
20 York St.  
New Haven, Ct. 06510

Diplomate of National Board of Medical Examiners: 5/81

Diplomate of American Board of Radiology: 6/84

Diagnostic Radiology with Special Competency in Nuclear Medicine: 6/85

Licensure: New Jersey  
Connecticut

Memberships: Radiological Society of North America  
American College of Nuclear Physicians

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

Lucille Soldano

STREET ADDRESS

1 Minerva Place

CITY

Norwalk

STATE

CT

ZIP CODE

06851

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 sheet.) D
I-123	DIAGNOSIS OF THYROID FUNCTION	100	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	300	
	IN VITRO STUDIES		
OTHER			
I-111	DETECTION OF THROMBOSIS	10	
I-131	THYROID IMAGING (Total Body)	15	
P-32	EYE TUMOR LOCALIZATION	3	
Se-75	PANCREAS IMAGING	0	
I-111	OSTERNOGRAPHY	8	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	450	
OTHER			
Tc-99m	BRAIN IMAGING	23	
	CARDIAC IMAGING	2,500	
	THYROID IMAGING	150	
	SALIVARY GLAND IMAGING	10	
	BLOOD POOL IMAGING	700	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	800	
	LUNG IMAGING	450	
	BONE IMAGING	1,000	
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 (Samarium)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	6	
P-32 (Cobalt-60)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	15	
	TREATMENT OF HYPERTHYROIDISM	20	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
I-125 or Ir-192	INTRACAVITARY TREATMENT		
	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	> 3	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	> 3	
Other:			

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

July 1, 1984 - June 30, 1985

2,000 NRS

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

A. NAME OF SUPERVISOR

Paul B. Hoffer, M.D.

B. NAME OF INSTITUTION

Yale University School of Medicine

C. MAILING ADDRESS

Dept. of Diag. Rad. 333 Cedar Street

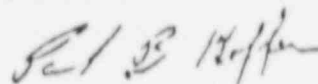
D. CITY

New Haven, CT 06510

## 5 MATERIALS LICENSE NUMBER(S):

06-00819-03

## 6 PRECEPTOR'S SIGNATURE



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

Paul B. Hoffer, M.D.

## 8. DATE

10/31/85

# CONVERSATION RECORD

TIME

2:30 PM

DATE

9/25/87

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. Wright

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

J.A. Hosp

TELEPHONE NO.

(203) 932-5711

SUBJECT

amendment request dated 9/9/87

SUMMARY

Informed Dr. Wright that we need Dr. Fletcher's concurrence in order to process the amendment.

ACTION REQUIRED

Dr. Wright will send letter to Dr. Fletcher and for him to concur.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

*[Signature]*

9/25/87

ACTION TAKEN

"OFFICIAL RECORD COPY"

ML1B

SIGNATURE

TITLE

DATE

Veterans  
Administration

030-01237

in Reply Refer To:

September 9, 1987

Dr. John Glenn  
United States Nuclear Regulatory Commission  
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Asst. Chief of Staff for Research

FW:df  
Enclosures  
cc: Dr. James Fletcher

107795

"OFFICIAL RECORD COPY"

ML18

10 SEP 1987

Curriculum Vitae

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## FULL NAME

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<del>I-123</del> <del>or</del> <del>I-125</del>	DIAGNOSIS OF THYROID FUNCTION	100	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	300	
	IN VITRO STUDIES		
OTHER			
I-111	<del>I-125</del> DETECTION OF THROMBOSIS	10	
	I-131 THYROID IMAGING (Total Body)	15	
	P-32 EYE TUMOR LOCALIZATION	3	
	<del>Se-75</del> PANCREAS IMAGING	0	
I-111	<del>Xe-133</del> CISTERNOGRAPHY	8	
	Xe-133 BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	450	
OTHER			
Tc-99m	BRAIN IMAGING	23	
	CARDIAC IMAGING	2,500	
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## PRECEPTOR STATEMENT (Continued)

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

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P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	6	
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	15	
	TREATMENT OF HYPERTHYROIDISM	20	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
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Sr-90	TREATMENT OF EYE DISEASE		
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Mo-99/ Tc-99m	GENERATOR	7 3	
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b. NAME OF INSTITUTION

Yale University School of Medicine

c. MAILING ADDRESS

Dept. of Diag. Rad. 333 Cedar Street

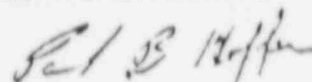
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