



UPMC Cancer Centers

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October 6, 2004

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03003021

Charles E. Bogosta
Vice President
Cancer Services
University of Pittsburgh
Medical Center

U.S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

UPMC Cancer Pavilion
Fifth Floor, Suite 509
5150 Centre Avenue
Pittsburgh, PA 15232
412-692-2451
Fax: 412-623-3360
bogostace@upmc.edu
www.upmccancercenters.com

RE: Amendment request to license 37-02523-01

Dear Madams/Sirs:

Please amend License No. 37-02523-01 as follows.


Items 12.b

Please add the following individuals as Authorized Users for 10 CFR 35.400 and 10 CFR 35.600, including Sr-90 Intravascular Brachytherapy using authorized Novoste BetaCath Systems.

- A. Sushil Beriwal, MD.** Dr. Beriwal's qualifications and preceptor affidavit are included.
- B. Ryan Smith, MD.** Dr. Smith's qualifications and preceptor affidavit are included

Should you have any questions regarding this application for amendment please contact Mr. Ronald Scala, MS at (412) 623-1052.

Sincerely,


 Charles Bogosta
 Vice President
 UPMC Cancer Centers
 UPMC Presbyterian Shadyside
 License No. 37-02523-01

Enclosures

cc: RSC file

136042

NMSS/RGNI MATERIALS-002



**Hahnemann
University Hospital**

Broad & Vine Streets
Philadelphia, PA 19104
Tel: 215.762.7000

To Whom It May Concern:

As an Authorized User in accordance with 10 CFR 35.400 and 10 CFR 35.600 please let this serve as verification that Dr.Sushil Beriwal has completed the following requirements in accordance with 10 CFR 35.490 and 10 CFR 35.690 while under my supervision during the time period _7/01/2000 to _6/30/2004_.

- A. Structured educational program in Radiation Oncology that included 200 hours classroom and laboratory training in Radiation Biology, Radiation Physics, Radiation Protection and Mathematics pertaining to radioactivity, and
- B. More than 500 hours of work experience under my supervision that included
 - ordering, receiving and unpacking radioactive packages
 - performing radiation surveys
 - checking survey meters for proper operation,
 - preparing, implanting and removing brachytherapy sources
 - maintaining running inventories of materials on hand
 - use of administrative controls to prevent medical events involving byproduct materials
 - use of procedures to contain spills and decontaminate areas
 - using emergency procedures to control byproduct material
- C. Has completed three years of supervised clinical experience in Radiation Oncology under my supervision.

Dr. Sushil Beriwal has participated in direct clinical management of the following cases,

Low dose manual brachytherapy-	Gynecological	10
Low dose manual brachytherapy-	Permanent Prostate	24
Low dose manual brachytherapy-	Iridium ribbon implants	3
Low dose manual brachytherapy-	Interstitial	1
Other low dose manual brachytherapy		0
High Dose Rate treatment-	Gynecological	3
High Dose Rate treatment-	Intrabronchial	0
High Dose Rate treatment-	Interstitial	1
Other High Dose Rate treatments		3
Intravascular Brachytherapy	P32 Guidant	10
Intravascular Brachytherapy	Sr90 Novoste	0
Cobalt Teletherapy treatments		0



Should you have any questions regarding this attestation, please contact me at (215) 762-4984

Sincerely,

Lydia Komarnicky

Lydia T. Komarnicky, MD (Preceptor)

Authorized User for 10CFR35.400, 10CFR35.600
License No. 37-00467-36

CC: Ross, Scala
Krishna



**UNIVERSITY OF
PENNSYLVANIA
MEDICAL CENTER**

Eleanor E.R. Harris, M.D.

University of Pennsylvania School of Medicine
Hospital of the University of Pennsylvania

Department of Radiation Oncology

July 7, 2004

Janet Bauers
5150 Centre Ave
4th Floor
Pittsburgh, PA 15232

RE: Ryan Smith, MD

Dear Sirs:

This will confirm that Dr. Ryan Smith was a resident in good standing in the Department of Radiation Oncology at the Hospital of the University of Pennsylvania. Dr. Smith has received four years of supervised clinical experience in therapeutic radiology from the Dept. of Radiation Oncology at the Hospital of the University of Pennsylvania. His training included classroom training in radiation physics and instrumentation, radiation protection, radiation biology, and mathematics pertaining to radioactivity. As a resident, he received experience in therapeutic radiology pertaining to reviewing patient cases and examining patients to determine brachytherapy treatment, selecting brachytherapy sources and calculating doses. Additionally patients were reviewed following brachytherapy administration. He also received supervised experience of 700 hours preparing, implanting and removing sealed sources, ordering and receiving radioactive materials safely, and training in using survey meters and maintaining inventories. His training included emergency procedures and administrative controls to prevent misadministration.

We have included copies of his patient logs which are on file at the American Board of Radiology. These logs contain the exact number of patients seen and treated with brachytherapy sources.

Sincerely,

Eleanor Harris, MD
Residency Program Director

EH/cmb

The completed form should be given to the Program Director by July 1, 2001.

To be completed by the Program Director:

Program #: 4354121087 Institution Name: Hospital of the University of Pennsylvania City/State: Philadelphia, PA

Program Director Signature: _____

To be completed by the Resident:

Resident Name: ~~Richard P. Smith~~ ^{Ryan P. Smith}

Signature: [Handwritten Signature]

Time period covered by log: from July 1, 2000 to Dec 30, 2000

List institutions used for outside rotations: _____ Dates: From - To

- 1. _____
- 2. _____
- 3. _____

1. Adult Irradiated: Primary Sites (Non-Metastatic Disease):

Cases

<u>2</u> Breast: Intact	_____ Gynecologic: Cervix Intact
<u>1</u> Breast: Post-Mastectomy	_____ Gynecologic: Cervix Post-Hysterectomy
<u>3</u> Bone/Soft Tissue Sarcoma	_____ Gynecologic: Uterus
<u>20</u> Central Nervous System	<u>2</u> Gynecologic: Other
<u>2</u> Head/Neck: Intact	_____ Lymphoreticular: Hodgkin's Lymphoma
<u>3</u> Head/Neck: Post-Operative	<u>1</u> Lymphoreticular: Non-Hodgkin's Lymphoma
<u>4</u> Gastrointestinal: Esophagus	_____ Lymphoreticular: Other
<u>3</u> Gastrointestinal: Colorectal	<u>1</u> Skin
<u>7</u> Gastrointestinal: Other	<u>2</u> Thorax: Small Cell Lung Cancer
<u>6</u> Genitourinary: Prostate	<u>18</u> Thorax: Non-small Cell Lung Cancer
<u>1</u> Genitourinary: Bladder	<u>4</u> Thorax: Other
<u>1</u> Genitourinary: Testes	_____ All Others (Give Examples)
_____ Genitourinary: Other	_____

- a) 21 Total Primary Site Adult Irradiated (total of both columns above)
- b) 40 Total Secondary (Metastatic) Adult Irradiated Not Covered Above Under Primary Site
- c) 111 Total Adult Irradiated Cases (Primary Plus Secondary) (c equals total cases a plus b)

	<u>#Cases: Primary Institution</u>	<u># Cases: Outside Institution</u>
Pediatric Irradiated:		
Leukemia	_____	_____
Medulloblastoma	_____	_____
CNS (Non-Medulloblastoma)	_____	_____
Hodgkin's Lymphoma	_____	_____
Non-Hodgkin's Lymphoma	_____	_____
Rhabdomyosarcoma/STB	_____	_____
Ewing's sarcoma/Bone tumor	_____	_____
Neuroblastoma	_____	_____
Retinoblastoma	_____	_____
Wilms' tumor	_____	_____

Other: Describe case(s) for

Primary or other institution	<u>Other Cases-Primary Institution</u>	<u>Other Cases-Outside Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brachytherapy	<u>Primary Institution</u>		<u>Outside Institution</u>	
	<u>#Cases Performed</u>	<u>#Cases Observed</u>	<u>#Cases Performed</u>	<u>#Cases Observed</u>
Surface Applications (moulds, plaque, Sr-90)	_____	_____	_____	_____
LDR Intracavitary	_____	_____	_____	_____
Number patients	_____	_____	_____	_____
Number insertions	_____	_____	_____	_____
LDR Interstitial (including seeds)	_____	_____	_____	_____
Number patients	2	2	_____	_____
Number insertions	_____	_____	_____	_____
HDR Intracavitary	_____	_____	_____	_____
Number patients	_____	_____	_____	_____
Number insertions	_____	_____	_____	_____
HDR Interstitial	_____	_____	_____	_____
Number patients	_____	_____	_____	_____
Number insertions	_____	_____	_____	_____
Unsealed Sources (e.g. I-131 oral, P-32 colloid, Strontium 90)	_____	_____	_____	_____

4. Specific Radiotherapy Techniques: Cases As Primary Resident in Treatment Planning

	<u>#Cases Performed</u>
Mantle	1
Craniospinal	_____

The completed form should be given to the Program Director by July 1, 2001.

To be completed by the Program Director:

Program #: 430411007 Institution Name: Hospital of the University of Pennsylvania City/State: Philadelphia, PA

Program Director Signature: _____

To be completed by the Resident:

Resident Name: Ryan P Smith Signature: R P Smith

Time period covered by log: from 1/1/01 to 6/30/01

List institutions used for outside rotations: _____ Dates: From - To

1. _____
2. _____
3. _____

1. Adult Irradiated: Primary Site (Non-Metastatic Disease):

Cases

<u>21</u> Breast: Intact	<u>0</u> Gynecologic: Cervix Intact
<u>2</u> Breast: Post-Mastectomy	<u>0</u> Gynecologic: Cervix Post-Hysterectomy
<u>2</u> Bone/Soft Tissue Sarcoma	<u>1</u> Gynecologic: Uterus
<u>1</u> Central Nervous System	<u>0</u> Gynecologic: Other
<u>0</u> Head/Neck: Intact	<u>3</u> Lymphoreticular: Hodgkin's Lymphoma
<u>1</u> Head/Neck: Post-Operative	
<u>1</u> Gastrointestinal: Esophagus	<u>0</u> Lymphoreticular: Other
<u>3</u> Gastrointestinal: Colorectal	<u>1</u> Skin
<u>2</u> Gastrointestinal: Other	<u>1</u> Thorax: Small Cell Lung Cancer
<u>34</u> Genitourinary: Prostate	<u>14</u> Thorax: Non-small Cell Lung Cancer
<u>0</u> Genitourinary: Bladder	<u>0</u> Thorax: Other
<u>0</u> Genitourinary: Testes	<u>0</u> All Others (Give Examples)
<u>0</u> Genitourinary: Other	_____

- a) 36 Total Primary Site Adult Irradiated (total of both columns above)
- b) 22 Total Secondary (Metastatic) Adult Irradiated Not Covered Above Under Primary Site
- c) 108 Total Adult Irradiated Cases (Primary Plus Secondary) (c equals total cases a plus b)

2. Pediatric Irradiated:	#Cases: Primary Institution	# Cases: Outside Institution
Leukemia	<u>0</u>	<u> </u>
Medulloblastoma	<u>0</u>	<u> </u>
CNS (Non-Medulloblastoma)	<u>0</u>	<u> </u>
Hodgkin's Lymphoma	<u>0</u>	<u> </u>
Non-Hodgkin's Lymphoma	<u>0</u>	<u> </u>
Rhabdomyosarcoma/RTB	<u>0</u>	<u> </u>
Ewing's Sarcoma/Bone Tumor	<u>0</u>	<u> </u>
Neuroblastoma	<u>0</u>	<u> </u>
Retinoblastoma	<u>0</u>	<u> </u>
Wilms' Tumor	<u>0</u>	<u> </u>

Other: Describe case(s) for

Primary or other institution Other Cases-Primary Institution

Other Cases-Outside Institution

3. Brachytherapy	Primary Institution		Outside Institution	
	#Cases Performed	#Cases Observed	#Cases Performed	#Cases Observed
Surface Applications (moulds, plaque, Sr-90)	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
LDR Intracavitary	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
Number patients	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
Number insertions	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
LDR Interstitial (including seeds)	<u>2</u>	<u> </u>	<u> </u>	<u> </u>
Number patients	<u>2</u>	<u> </u>	<u> </u>	<u> </u>
Number insertions	<u>2</u>	<u> </u>	<u> </u>	<u> </u>
HDR Intracavitary	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
Number patients	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
Number insertions	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
HDR Interstitial	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
Number patients	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
Number insertions	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
Unsealed Sources (e.g. I-131 oral, P-32 colloid, Strontium 89)	<u> </u>	<u> </u>	<u> </u>	<u> </u>

4. Specific Radiotherapy Techniques: Cases As Primary Resident in Treatment Planning

#Cases Performed

Mantle	<u>0</u>
Craniospinal	<u>0</u>

2/12/2004/relm/1000

Resident Experience Report

Program ID: 4304121087 Program Name: University of Pennsylvania Program
 at All Institutes
 Ryan P. Smith in Year 4
 For Procedures in Year 4 Only For All Resident Roles
 For All Types in All Areas and Radiation Oncology type
 Done Between 07-01-2003 And 06-30-2004

Radiation Oncology	Observed	Performed	Total
Ex Beam - non-metastatic		0	0
Benign: Heterotopic Bone		0	0
Benign: Eye		1	1
Benign: Other		1	1
Bone/STS		15	15
Breast: Intact		8	8
Breast Post-Mastectomy		8	8
CNS		0	0
Endocrine		11	11
Head & Neck: Intact		2	2
Head & Neck: Post-Operative		2	2
Gastrointestinal: Esophagus		2	2
Gastrointestinal: Stomach		5	5
Gastrointestinal: Pancreas		0	0
Gastrointestinal: Hepatobiliary		0	0
Gastrointestinal: Colon		5	5
Gastrointestinal: Rectum		2	2
Gastrointestinal: Anus		0	0
Gastrointestinal: Other		8	8
Genitourinary: Prostate		0	0
Genitourinary: Bladder		0	0
Genitourinary: Testis		1	1
Genitourinary: Other		6	6
Gynecologic: Cervix Intact		2	2
Gynecologic: Cervix Post-Hysterectomy		8	8
Gynecologic: Uterus		2	2
Gynecologic: Other		0	0
Hodgkins Lymphoma		1	1
Non-Hodgkins Lymphoma		1	1
Leukemia/Myeloma		0	0
Other Hematologic Malignancies		2	2
Lung/Med/oth: Small Cell Lung Cancer		1	1
Lung/Med/oth: Non-Small Lung Cancer		0	0
Lung/Med/oth: Other		1	1
Skin		0	0
Unknown			
Ex Beam - non-metastatic		87	87

Resident Experience Report

Program ID: 4304121087 Program Name: University of Pennsylvania Program
 at All Institutes

Ryan P. Smith In Year 4

For Procedures in Year 4 Only For All Resident Roles
 For All Types in All Areas and Radiation Oncology type

Done Between 07-01-2003 And 06-30-2004

Radiation Oncology	Observed	Performed	Total
Ex Beam - metastatic Secondary Site		30	30
<hr/>			
Ex Beam - metastatic		30	30
<hr/>			
Pediatric			
Leukemia	0	0	0
Mastocytosis	0	0	0
CNS (non-medulloblastoma)	0	0	0
Hodgkins Lymphoma	0	0	0
Non-Hodgkins Lymphoma	0	0	0
Rhabdomyosarcoma/STS	0	0	0
Ewing Sarcoma/Soft Tissue Tumor	0	0	0
Neuroblastoma	0	0	0
Neuromatosis	0	0	0
Wilms Tumor	0	0	0
Other	0	0	0
<hr/>			
Pediatric	0	0	0
<hr/>			
Stereotactic radiosurgery			
Brain	0	0	0
Other	0	0	0
<hr/>			
Stereotactic radiosurgery	0	0	0
<hr/>			
Brachytherapy - Interstitial			
Breast - Low Dose Rate	0	0	0
Breast - High Dose Rate	0	0	0
Soft Tissue Sarcoma - Low Dose Rate	0	0	0
Soft Tissue Sarcoma - High Dose Rate	0	0	0
Head & Neck - Low Dose Rate	0	0	0
Head & Neck - High Dose Rate	0	0	0
Prostate - Low Dose Rate	0	0	0
Prostate - High Dose Rate	0	0	0
GYN/Pelvic - Low Dose Rate	0	2	2
GYN/Pelvic - High Dose Rate	0	0	0
Other - Low Dose Rate	0	0	0
Other - High Dose Rate	0	0	0
<hr/>			
Brachytherapy - Interstitial	0	2	2

Resident Experience Report

Program ID: 4304121087 Program Name: University of Pennsylvania Program
 at All Institutes
 Ryan P. Smith in Year 4
 For Procedures in Year 4 Only For All Resident Roles
 For All Types in All Areas and Radiation Oncology type
 Done Between 07-01-2003 And 06-30-2004

Radiation Oncology	Observed	Performed	Total
Brachytherapy - Intracavitary	0	1	1
Cervix/Uterus - Low Dose Rate	0	16	16
Cervix/Uterus - High Dose Rate	0	0	0
Endovascular - Low Dose Rate	0	0	0
Endovascular - High Dose Rate	0	0	0
Endobronchial - Low Dose Rate	0	0	0
Endobronchial - High Dose Rate	0	7	7
Esophagus - Low Dose Rate	0	0	0
Esophagus - High Dose Rate	0	0	0
Bile Duct - Low Dose Rate	0	0	0
Bile Duct - High Dose Rate	0	5	5
Other - Low Dose Rate	0	0	0
Other - High Dose Rate	0	0	0
Brachytherapy - Intracavitary			29
Endovascular Insertions	0	0	0
Endovascular Insertions	0	0	0
Endovascular Insertions			0
Unsealed Sources	0	0	0
I-131 Oral	0	0	0
P-32 Colloid	0	0	0
SR-89	0	0	0
SM-153	0	0	0
Radiopharm Drugs	0	0	0
Other	0	0	0
Unsealed Sources			0
Radiation Oncology		148	148

RADIATION ONCOLOGY RESIDENT EXPERIENCE LOG

The completed form should be given to the Program Director by July 1, 2003.

To be completed by the Program Director:

Program #: 4306121007 Institution Name: Hospital of the University of Pennsylvania
 City/State: Philadelphia, PA

Program Director Signature: _____

To be completed by the Resident:

Resident Name: Ryan Smith Signature: [Signature]

Time period covered by log: from 7/1/02 to 6/30/03

List institutions used for outside rotations:	Dates : From - To
1. <u>Allegheny General Hospital</u>	<u>12/2-12/20/02</u>
2. _____	_____
3. _____	_____

1. Adult Irradiated: Primary Site (Non-Metastatic Disease):

# Cases	
<u>15</u> Breast: Intact	<u>3</u> Gynecologic: Cervix Intact
<u>6</u> Breast: Post-Mastectomy	<u>1</u> Gynecologic: Cervix Post-Hysterectomy
<u>1</u> Bone/Soft Tissue Sarcoma	<u>6</u> Gynecologic: Uterus
<u>2</u> Central Nervous System	<u>2</u> Gynecologic: Other
<u>2</u> Head/Neck: Intact	<u>0</u> Lymphoreticular: Hodgkin's Lymphoma
<u>1</u> Head/Neck: Post-Operative	<u>0</u> Lymphoreticular: Non-Hodgkin's Lymphoma
<u>2</u> Gastrointestinal: Esophagus	_____ Lymphoreticular: Other
<u>3</u> Gastrointestinal: Colorectal	_____ Skin
<u>4</u> Gastrointestinal: Other	_____ Thorax: Small Cell Lung Cancer
<u>21</u> Genitourinary: Prostate	<u>1</u> Thorax: Non-small Cell Lung Cancer
<u>2</u> Genitourinary: Bladder	_____ Thorax: Other
<u>1</u> Genitourinary: Testes	<u>1</u> All Others (Give Examples)
_____ Genitourinary: Other	<u>Heterotopic bone</u>

- a) 73 Total Primary Site Adult Irradiated (total of both columns above)
- b) 25 Total Secondary (Metastatic) Adult Irradiated Not Covered Above Under Primary Site
- c) 98 Total Adult Irradiated Cases (Primary Plus Secondary)

(c equals total cases a plus b)

2. Pediatric Irradiated:	#CASES: Primary Institution	# CASES: Outside Institution
Leukemia	7	
Medulloblastoma	2	
CNS (Non-Medulloblastoma)	10	
Hodgkin's Lymphoma	4	
Non-Hodgkin's Lymphoma	2	
Rhabdomyosarcoma/STS	6	
Ewings Sarcoma/Bone Tumor	1	
Neuroblastoma	5	
Retinoblastoma	0	
Wilms' Tumor	3	

Other: Describe case(s) for Spinal Astrocytoma (1)

Primary or other institution	Other CASES-Primary Institution	Other CASES-Outside Institution

3. Brachytherapy	Primary Institution		Outside Institution	
	#Cases Performed	#Cases Observed	#Cases Performed	#Cases Observed
Surface Applications (wounds, plaque, Sr-90)				
LDR Intracavitary				
Number patients	1	1	1	3
Number insertions	1	1	1	3
LDR Interstitial (including seeds)				
Number patients	2			2
Number insertions	2			2
HDR Intracavitary				
Number patients	7	1		
Number insertions	26	1		
HDR Interstitial				
Number patients				
Number insertions				
Unsealed Sources (e.g. I-131 oral, P-32 colloid, Strontium 89)				

4. Specific Radiotherapy Techniques: Cases As Primary Resident in Treatment Planning

	#Cases Performed
Mantle	3
Craniospinal	2

RESIDENCY REVIEW COMMITTEE FOR RADIATION ONCOLOGY
515 North State Street
Chicago, IL 60610

2001-2002 RADIATION ONCOLOGY RESIDENT EXPERIENCE LOG

INSTRUCTIONS

1. Complete the log and give a copy of it to the Program Director at the end of the current training year. You must keep a copy for your reference and for cumulative recording. At the end of your training, you will be required to submit a cumulative log of your experience. (Incomplete forms will delay in processing records)
2. Provide a response for each category.

 Count only irradiated cases for which you were the primary resident responsible for treatment planning. Do not count cases that are counted by another resident.

 Count cases only once. For example, for a uterine sarcoma the case should be counted only under "GYN," and not under both "sarcoma" and "GYN."
3. Enter 0 if you did not perform any procedures for a given category.
4. If you performed procedures but the data are not available, provide a brief explanation. For example, you did not collect data for that category, you combined the data for two or more categories that are listed separately on the survey, or you are not sure if the procedures you performed fit a particular category.
5. If procedures that you performed are similar to but not exactly the same as the procedures listed on the log, provide the number of similar procedures and write in the name(s) of the procedures.
6. For Pediatric patients irradiated, indicate experience obtained both at the primary institution and on rotations outside the parent hospital. You may count only irradiated pediatric patients on whom you have done the actual radiation treatment planning. For example, do not count a patient you interacted with during weekly on-treatment checks or follow-ups unless you were the primary resident in the treatment planning process for subsequent irradiation of the patient.
7. For Brachytherapy procedures, indicate procedures performed and procedures observed at the primary institution and on outside rotations. Count only cases on which you were the primary resident performing the procedure. Do not count it as a "procedure performed" if another resident also counts it as a procedure performed.
8. For Specific Radiotherapy Techniques, count only cases for which you have done the simulation and which are not also counted by another resident.

Return the completed log to the Program Director by July 1, 2002

RADIATION ONCOLOGY RESIDENT EXPERIENCE LOG

The completed form should be given to the Program Director by July 1, 2002.

To be completed by the Program Director:

Program #: 4304121087 Institution Name: Hospital of the University of Pennsylvania
City/State: Philadelphia, PA

Program Director Signature: [Signature]

To be completed by the Resident:

Resident Name: Ryan Smith Signature: [Signature]

Time period covered by log: from 7/1/01 to 6/30/02

- List institutions used for outside rotations: Dates : From - To
1. Philadelphia VA Medical Center 3/1/02 - 6/30/02
 2. _____
 3. _____

1. Adult Irradiated; Primary Site (Non-Metastatic Disease):

<u># Cases</u>	
<u>0</u> Breast: Intact	<u>0</u> Gynecologic: Cervix Intact
<u>0</u> Breast: Post-Mastectomy	<u>0</u> Gynecologic: Cervix Post-Hysterectomy
<u>3</u> Bone/Soft Tissue Sarcoma	<u>0</u> Gynecologic: Uterus
<u>1</u> Central Nervous System	<u>0</u> Gynecologic: Other
<u>37</u> Head/Neck: Intact	<u>14</u> Lymphoreticular: Hodgkin's Lymphoma
<u>29</u> Head/Neck: Post-Operative	<u>33</u> Lymphoreticular: Non-Hodgkin's Lymphoma
<u>2</u> Gastrointestinal: Esophagus	<u>10</u> Lymphoreticular: Other
<u>4</u> Gastrointestinal: Colorectal	<u>11</u> Skin
<u>0</u> Gastrointestinal: Other	<u>0</u> Thorax: Small Cell Lung Cancer
<u>26</u> Genitourinary: Prostate	<u>13</u> Thorax: Non-small Cell Lung Cancer
<u>1</u> Genitourinary: Bladder	<u>2</u> Thorax: Other - carcinoma
<u>0</u> Genitourinary: Testes	<u>0</u> All others (Give Examples)
<u>0</u> Genitourinary: Other	<u>6 - TBI</u>
	<u>4 - Heterotopic bone</u>

- a) 192 Total Primary Site Adult Irradiated (total of both columns above)
- b) 34 Total Secondary (Metastatic) Adult Irradiated Not Covered Above Under Primary Site
- c) 226 Total Adult Irradiated Cases (Primary Plus Secondary) (c equals total cases a plus b)

This is to acknowledge the receipt of your letter/application dated

10/6/2004 (RECEIVED) 11/2/2004 and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 37-02523-04 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 136042.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02230
: Status Code: 0
: Fee Category: 7C 3E 2B
: Exp. Date: 20111130
: Fee Comments: 3E EFF 9/20/93
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: UPMC PRESBYTERIAN SHADYSIDE
Received Date: 20041122
Docket No: 3003021
Control No.: 136042
License No.: 37-02523-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed M.A. Berlin
Date 12/2/04

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /___/)

1. Fee Category and Amount: _____

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

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____