

■ **SAINT BARNABAS**
■ **HEALTH CARE SYSTEM**
Clara Maass Medical Center

RONALD J. DEL MAURO
President and Chief Executive Officer
Saint Barnabas Health Care System

THOMAS A. BIGA
Executive Director
(973) 450-2002
Fax (973) 450-0181

NAJAS

9/22/05

United States Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

29-03163-03
030 02467

205-09-27 AM 11:39

RECEIVED
SEP 27 2005

RE: License # 29-03163 – Notification of Change


To Whom It May Concern:

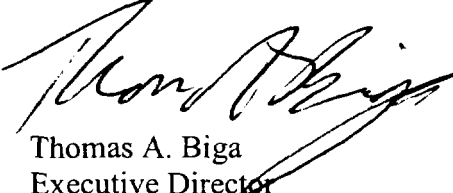
Please be advised that Clara Maass Medical Center would like to add Karen E. Borofsky, MD to our radioactive materials license as an authorized user for materials listed in 35.400; and Iridium 192 for uses in a High Dose Rate Remote Afterloading Brachytherapy Device.

Dr. Borofsky's credentials are attached for your review.

If you require additional information, please contact us at your earliest convenience.

Sincerely,


Vincent M. Immerso, MS, DABR
Radiation Safety Officer


Thomas A. Biga
Executive Director

VI/cp

137755

NMCG/RGNI MATERIALS-002

ONE CLARA MAASS DRIVE ■ BELLEVILLE, NEW JERSEY 07109 ■ (973) 450-2000

Saint Barnabas Health Care System — New Jersey's health care leader.



Karen Loeb Borofsky, M.D.

Clara Maass Medical Center
Department of Radiation Oncology

1 Clara Maass Drive

Belleville, NJ 07109

Cell [REDACTED]

E-mail: [REDACTED]

EDUCATION

- | | |
|-----------------------|--|
| July 2001-June 2005 | Resident Physician in Radiation Oncology
Department of Radiation Oncology
Mount Sinai School of Medicine, New York, New York <ul style="list-style-type: none">• Chief Resident (January 2004-present) |
| July 2000-June 2001 | Internship in Internal Medicine
Department of Medicine
Columbia University New York Presbyterian Hospital |
| July 1996-May 2000 | Doctor of Medicine, M.D.
State University of New York at Stony Brook <ul style="list-style-type: none">• Chapter President of the American Medical Association |
| August 1993-May 1996 | Bachelor of Science, Biology
Binghamton University <ul style="list-style-type: none">• <i>Cum Laude</i> |
| August 1992- May 1993 | Washington University in Saint Louis |

WORK EXPERIENCE

- | | |
|----------------------|--|
| August 2005- present | Clara Maass Medical Center
Department of Radiation Oncology |
|----------------------|--|

PAPERS

J.A. Cesaretti, M.D., R.G. Stock, M.D., S. Lehrer, M.D., D.A. Atencio, PH.D., J. L. Bernstein, PH.D., N. N. Stone, M.D., S. Wallenstein, PH.D., S. Green, M.D., **K. Loeb, M.D.**, M. Kollmeier, M.D., M. Smith, M.D., B. S. Rosenstein, PH.D. "ATM Sequence Variants are predictive of Adverse Radiotherapy Response Among Patients treated for Prostate Cancer." *Int. J. Radiation Oncology Biol. Phys.*, Vol. 61, No. 1, pp. 196-202, 2005

**PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.**

Consortium on Graduate Medical Education

- Elected to review all aspects of graduate medical education for all members of the consortium including content of curriculums, size of residency programs and all internal reviews. The committee utilizes a number of subcommittees to carry out its duties.

House Staff Affairs

- Elected to serve on this committee serves as the adjudication body for appeals on adverse actions involving the House Staff.

MEDICAL SOCIETIES

American Society for Therapeutic Radiation and Oncology
American Society of Clinical Oncology
American Cancer Society
New York Roentgen Society
American Medical Association
American Brachytherapy Society

LICENSE

New York State 221693
New Jersey 25MA07850700

2002-2003 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:

TO BE COMPLETED BY THE PROGRAM DIRECTOR AT PRIMARY INSTITUTION.

Program Number / Program Name	4303521119/Mount Sinai	City/State	New York/NY
Program Director Name	Dr. Richard Stock	Signature	<i>[Signature]</i>

TO BE COMPLETED BY THE RESIDENT (RESIDENTS ARE ALSO ENCOURAGED TO MAINTAIN A LIST OF SPECIFIC CASES).

Resident Name	Karen Loeb-Borofsky	Signature	<i>[Signature]</i>
Time Period to be Covered by Log	From: 7/1/01	To: 6/30/02	

List institutions used for outside rotations:

Dates: From - To

- | | |
|-------------|----------------|
| 1. Elmhurst | 4/1/02-6/30/02 |
| 2. _____ | _____ |
| 3. _____ | _____ |

1. Adult External Beam Simulated: Primary Site (Non-Metastatic Disease):

Cases

33	Breast: Intact	9	Gynecologic: Cervix Intact
8	Breast: Post-Mastectomy	3	Gynecologic: Cervix Post-Hysterectomy
	Bone/Soft Tissue		Gynecologic: Uterus
1	Sarcoma	10	
2	Central Nervous System	2	Gynecologic: Other
3	Head/Neck: Intact	1	Hodgkin's Lymphoma
	Head/Neck: Post-Operative	7	Non-Hodgkin's Lymphoma
	Gastrointestinal:		Leukemia / Myeloma
0	Esophagus	0	
	Gastrointestinal:		Other Hematologic Malignancies
2	Stomach	0	
	Gastrointestinal:		Skin
4	Pancreas	0	
	Gastrointestinal:		Thorax: Small Cell Lung Cancer
0	Hepatobiliary	2	
0	Gastrointestinal: Colon	6	Thorax: Non-small Cell Lung Cancer
6	Gastrointestinal: Rectum	1	Thorax: Other
2	Gastrointestinal: Anus	1	Benign: Heterotopic Bone
0	Gastrointestinal: Other	0	Benign: Eye
33	Genitourinary: Prostate	3	Benign: Other (does not fit in other categories)
1	Genitourinary: Bladder	0	All Others (Give Examples)
0	Genitourinary: Testes		
0	Genitourinary: Other		

a) 147 Total Primary Site Adult External Beam Simulated (total of both columns above)

b) 45 Total Secondary (Metastatic) Adult External Beam Simulated (Not Covered Above Under Primary Site)

c) 192 Total Adult External Beam Simulated Cases (Primary Plus Secondary [c equals total cases a plus b])

2. Pediatric External Beam Simulated:

120

Pediatric Cases:	Primary Institution # Simulated	Outside Institution(s) # Simulated
Leukemia		
Medulloblastoma		
CNS (Non-Medulloblastoma)		
Hodgkins's Lymphoma		
Non-Hodgkins's Lymphoma		
Rhabdomyosarcoma / STS		
Ewing's Sarcoma / Bone Tumor		
Neuroblastoma		
Retinoblastoma		
Wilms' Tumor	1	
Other: Describe case(s) for Primary or other institution		

3. Brachytherapy

	Primary Institution			Outside Institution		
	# Cases Performed	# Cases Observed	# LDR/HDR	# Cases Performed	# Cases Observed	# LDR/ HDR
INTRACAVITARY						
Number of Patients	17		5/12			
Number of Insertions	57		10/47			
Cervix / Uterus	10/47		10/47			
Endobronchial						
Esophagus / Bile Duct						
Other						
INTERSTITIAL (including seeds)						
Number of Patients	5	52	57/0			
Number of Implants	5	52	57/0			
Breast						
Soft Tissue Sarcoma						
Head & Neck						
Prostate	5	52	57/0			
GYN / Pelvis						
Other						
Surface Applications (moulds, plaque, Sr-90)						
Unsealed Sources (e.g. I-131 oral, P-32 colloid, Sr- 89, Sm-153, other)						
Endovascular Insertions						

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

121

	<u># Simulated</u>
Mantle	<u> </u>
Craniospinal	<u> </u>
Total Body Irradiation	<u>3</u>
Total Skin Irradiation	<u> </u>
Stereotactic Radiosurgery: Brain	<u>1</u>
Stereotactic Radiosurgery: Other	<u> </u>

2002-2003 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:

TO BE COMPLETED BY THE PROGRAM DIRECTOR AT PRIMARY INSTITUTION.

Program Number / Program Name	4303521119/Mount Sinai	City/State	New York/NY
Program Director Name	Dr. Richard Stock	Signature	<i>[Signature]</i>

TO BE COMPLETED BY THE RESIDENT (RESIDENTS ARE ALSO ENCOURAGED TO MAINTAIN A LIST OF SPECIFIC CASES).

Resident Name	Karen Loeb-Borofsky	Signature	<i>[Signature]</i>
Time Period to be Covered by Log	From: 7/1/02	To: 6/30/03	

List institutions used for outside rotations:

Dates: From - To

1. _____
2. _____
3. _____

1. Adult External Beam Simulated: Primary Site (Non-Metastatic Disease):

Cases

35	Breast: Intact	0	Gynecologic: Cervix Intact
9	Breast: Post-Mastectomy	2	Gynecologic: Cervix Post-Hysterectomy
	Bone/Soft Tissue		Gynecologic: Uterus
2	Sarcoma	13	
3	Central Nervous System	2	Gynecologic: Other
1	Head/Neck: Intact	0	Hodgkin's Lymphoma
	Head/Neck: Post-		Non-Hodgkin's Lymphoma
8	Operative	6	
	Gastrointestinal:		Leukemia / Myeloma
3	Esophagus	0/2	
	Gastrointestinal:		Other Hematologic Malignancies
3	Stomach	0	
	Gastrointestinal:		Skin
4	Pancreas	0	
	Gastrointestinal:		Thorax: Small Cell Lung Cancer
1	Hepatobiliary	0	
1	Gastrointestinal: Colon	3	Thorax: Non-small Cell Lung Cancer
3	Gastrointestinal: Rectum	1	Thorax: Other
2	Gastrointestinal: Anus	0	Benign: Heterotopic Bone
0	Gastrointestinal: Other	0	Benign: Eye
43	Genitourinary: Prostate	1	Benign: Other (does not fit in other categories)
1	Genitourinary: Bladder	0	All Others (Give Examples)
0	Genitourinary: Testes		
0	Genitourinary: Other		

a) 149 Total Primary Site Adult External Beam Simulated (total of both columns above)

b) 29 Total Secondary (Metastatic) Adult External Beam Simulated (Not Covered Above Under Primary Site)

c) 178 Total Adult External Beam Simulated Cases (Primary Plus Secondary [c equals total cases a plus b])

2. Pediatric External Beam Simulated:

123

Pediatric Cases:	Primary Institution # Simulated	Outside Institution(s) # Simulated
Leukemia		
Medulloblastoma		
CNS (Non-Medulloblastoma)		
Hodgkins's Lymphoma		
Non-Hodgkins's Lymphoma		
Rhabdomyosarcoma / STS		
Ewing's Sarcoma / Bone Tumor		
Neuroblastoma		
Retinoblastoma		
Wilms' Tumor	1	
Other: Describe case(s) for Primary or other institution		

3. Brachytherapy

	Primary Institution			Outside Institution		
	# Cases Performed	# Cases Observed	# LDR/HDR	# Cases Performed	# Cases Observed	# LDR/ HDR
INTRACAVITARY						
Number of Patients	9		0/9			
Number of Insertions	45		0/45			
Cervix / Uterus	2/7		0/9			
Endobronchial	0		0			
Esophagus / Bile Duct	0		0			
Other BREAST	10 on 1pt		10			
INTERSTITIAL (including seeds)						
Number of Patients	44	20	64/0			
Number of Implants	44	20	64/0			
Breast						
Soft Tissue Sarcoma						
Head & Neck						
Prostate	44	20	64/0			
GYN / Pelvis	1	0	1/0			
Other						
Surface Applications (moulds, plaque, Sr-90)						
Unsealed Sources (e.g. I-131 oral, P-32 colloid, Sr- 89, Sm-153, other)						
Endovascular Insertions						

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

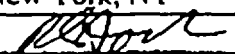
124

	<u># Simulated</u>
Mantle	_____
Craniospinal	_____
Total Body Irradiation	<u>2</u>
Total Skin Irradiation	_____
Stereotactic Radiosurgery: Brain	<u>1</u>
Stereotactic Radiosurgery: Other	_____


2003-2004 RADIATION ONCOLOGY RESIDENT EXPERIENCE LOG

The completed form should be given to the Program Director by July 1, 2004. To be completed by the Program Director:

TO BE COMPLETED BY THE PROGRAM DIRECTOR AT PRIMARY INSTITUTION.

Program Number / Program Name	4303521119/Mount Sinai	City/State	New York, NY
Program Director Name	Dr. Richard Stock	Signature	

TO BE COMPLETED BY THE RESIDENT (RESIDENTS ARE ALSO ENCOURAGED TO MAINTAIN A LIST OF SPECIFIC CASES).

Resident Name	Karen Loeb-Borofsky	Signature	
Time Period to be Covered by Log	From: 7/1/03	To: 6/30/04	

List institutions used for outside rotations:

Dates: From - To

1. Memorial Sloan Kettering Cancer Center

1/3/04-3/31/04

2. _____

3. _____

1. Adult External Beam Simulated: Primary Site (Non-Metastatic Disease):

Cases

<u>13</u>	Breast: Intact	<u>3</u>	Gynecologic: Cervix Intact
<u>0</u>	Breast: Post-Mastectomy	<u>1</u>	Gynecologic: Cervix Post-Hysterectomy
	Bone/Soft Tissue		Gynecologic: Uterus
<u>3</u>	Sarcoma	<u>1</u>	
<u>3</u>	Central Nervous System	<u>1</u>	Gynecologic: Other
<u>2</u>	Head/Neck: Intact	<u>3</u>	Hodgkin's Lymphoma
	Head/Neck: Post-		Non-Hodgkin's Lymphoma
<u>2</u>	Operative	<u>5</u>	
	Gastrointestinal:		Leukemia / Myeloma
<u>3</u>	Esophagus	<u>4</u>	
	Gastrointestinal:		Other Hematologic Malignancies
<u>0</u>	Stomach	<u>0</u>	
	Gastrointestinal:		Skin
<u>1</u>	Pancreas	<u>0</u>	
	Gastrointestinal:		Thorax: Small Cell Lung Cancer
<u>2</u>	Hepatobiliary	<u>3</u>	
<u>0</u>	Gastrointestinal: Colon	<u>3</u>	Thorax: Non-small Cell Lung Cancer
<u>3</u>	Gastrointestinal: Rectum	<u>0</u>	Thorax: Other
<u>0</u>	Gastrointestinal: Anus	<u>0</u>	Benign: Heterotopic Bone
<u>0</u>	Gastrointestinal: Other	<u>0</u>	Benign: Eye
<u>49</u>	Genitourinary: Prostate	<u>1</u>	Benign: Other (does not fit in other categories)
<u>0</u>	Genitourinary: Bladder		All Others (Give Examples)
<u>2</u>	Genitourinary: Testes		
<u>0</u>	Genitourinary: Other		

a) 108 Total Primary Site Adult External Beam Simulated (total of both columns above)

b) 18 Total Secondary (Metastatic) Adult External Beam Simulated (Not Covered Above Under Primary Site)

c) 126 Total Adult External Beam Simulated Cases (Primary Plus Secondary (c equals total cases a plus b))

2. Pediatric External Beam Simulated:

126

Pediatric Cases:	Primary Institution # Simulated	Outside Institution(s) # Simulated
Leukemia		7
Medulloblastoma		2
CNS (Non-Medulloblastoma)		10
Hodgkins's Lymphoma		6
Non-Hodgkins's Lymphoma		2
Rhabdomyosarcoma / STS		5
Ewing's Sarcoma / Bone Tumor		6
Neuroblastoma		15
Retinoblastoma		0
Wilms' Tumor		0
Other: Describe case(s) for Primary or other institution		

3. Brachytherapy

	Primary Institution			Outside Institution		
	# Cases Performed	# Cases Observed	# LDR/HDR	# Cases Performed	# Cases Observed	# LDR/ HDR
INTRACAVITARY						
Number of Patients	14		9/5			
Number of Insertions	19		13/6			
Cervix / Uterus	14		9/5			
Endobronchial						
Esophagus / Bile Duct						
Other						
INTERSTITIAL (including seeds)						
Number of Patients	61		59/2			
Number of Implants	61		59/2			
Breast						
Soft Tissue Sarcoma						
Head & Neck						
Prostate	58		58/0			
GYN / Pelvis	3		1/2			
Other						
Surface Applications (moulds, plaque, Sr-90)						
Unsealed Sources (e.g. I-131 oral, P-32 colloid, Sr- 89, Sm-153, other)						
Endovascular Insertions						

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

127

	<u># Simulated</u>
Mantle	
Craniospinal	<u>1</u>
Total Body Irradiation	<u>5</u>
Total Skin Irradiation	
Stereotactic Radiosurgery: Brain	<u>2</u>
Stereotactic Radiosurgery: Other	

Resident Experience Report

Program ID: 4303521119 Program Name: Mount Sinai School of Medicine Program
at All Institutes
karen e. loeb

For Procedures in All Years For All Resident Roles
For All Types in All Areas and All Groups
Done Between 7/1/2004 And 6/21/2005

Signature of Resident:

[Signature]

Date:

6/29/05

Associate
Signature of Program Director:

[Signature]

Date:

6/29/05

NOTE: The Program Director is responsible for validating the accuracy of the data in this record.
Records signed by both the resident and Program Director must be kept on file in the Program Office.
Records sent to the Residency Review Committee Office MUST be signed by the Program Director.



RESIDENT AND FELLOW PRIVILEGES GRANTED

Consortium for Graduate Medical Education

[Back to Searches](#) | [Back to list of Residents](#)

Name	Hospital	Specialty
Karen Loeb	Mount Sinai Medical Center	Radiation Oncology
Privileges Granted:		
RT-04-		
Application of Radiopaque Clips		
RT-05A-		
Catheterization and Injection of Intravesical Contrast for Simulation		
RT-12-		
Clinical Determination of Treatment Fields		
RT-10-		
Defining Target Volume and Outlining Blocks on Simulation Films		
RT-14-		
Determine the Appropriateness and Carry Out the Planning of A Brachytherapy Procedure		
RT-11-		
Evaluation of Physics Treatment Plan		
RT-09-		
Evaluation of Simulation and Portal Films		
RT-06-		
Injection of Intravenous Contrast for Simulation		
RT-03-		
Insertion of Vaginal Tube/Rectal Tubes		
RT-06A-		
Instillation of Intraluminal Contrast for Simulation		
RT-21-		
Loading and Unloading Radioactive Material		
RT-07-		
Outlining Tumor Volume and Critical Organs on Ct\Mri		
RT-23-		
Performing Survey for Radioactive Material		
RT-16-		
Placement and Removal of Intracavitary Applicators		
RT-22-		

Treatment with A Remote Afterloader

RT-05-

Venipuncture

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[search mssm](#) | [mssm home](#)

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This site is maintained by the [Web Development Office](#).

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

9/22/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 29-03163-03
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 137755.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.