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August 10, 2005

U.S. Nuclear Regulatory Commission
ATTN: Mr. Thomas Essig, Chief
Materials Safety and Inspection Branch (MS T8F3)
11545 Rockville Pike
Rockville, MD 20852

Re: Request for Recognized Status for the American Board of Radiology (ABR) in Radiation Oncology

Dear Mr. Essig:

The ABR is officially requesting recognized status for its certification in Radiation Oncology in accordance with 10 CFR §§ 35.390 (including 35.394 and 35.396), 35.490 and 35.690 as referenced in the U.S. Nuclear Regulatory Commission's (NRC) letter dated April 4, 2005. The ABR was formed in 1935. ABR diplomats have an excellent safety record over the years in the administration and control of radionuclides used for medical purposes. The ABR instructions to Program Directors can be found under the Radiation Oncology heading on the ABR website (www.theabr.org).

The ABR examines approximately 140 candidates each year in Radiation Oncology. Radiation Oncology candidates have completed four years of residency training in Radiation Oncology in a program approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education (ACGME). Their training program includes the 700 hours of training and experience (T&E) as specified by the NRC. This includes didactic and laboratory training dedicated to the topics cited in the applicable portions of §§ 35.390, 35.394 (authorized user (AU) for the oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 Gigabecquerels (33 millicuries)) and 35.396 (classroom and laboratory training, applicable to parenteral administrations, for which a written directive is required, of any beta emitter or any photon-emitting radionuclide with a photon energy less than 150 keV).

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In addition, candidates for Board Certification in Radiation Oncology have completed through classroom and laboratory instruction as well as clinical patient experience, training in the use of manual brachytherapy sources (§ 35.490) and the use of remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units (§ 35.690) under the supervision of an AU who meets the experience requirements of the rule. Candidates are currently required by the Radiation Oncology Residency Review Committee to complete electronic procedure logs maintained by the ACGME, verified by their Program Director, related to their participation in these treatment modalities. The compliance of their overall training with the NRC requirements will be attested to by training Program Directors (if an AU on an NRC or Agreement state license for the applicable sections of Part 35) or by an AU before their admission to the ABR examination.

The candidate's mastery of the relevant areas of training is assessed first by a nationally standardized written examination developed annually and administered regionally by the ABR. The examination is given in three parts. One part of the written examination consists of 225 multiple choice questions on radiation physics including basic physics related to radionuclides, instrumentation, the measurement of radioactivity, radiation safety and protection, radionuclide handling, quality assurance, and treatment planning. The second part contains 225 multiple choice questions on radiation and cancer biology. The third portion, containing 225 multiple choice questions, is clinical in nature and addresses the use of unsealed by-product material, the use of manual brachytherapy, remote afterloading brachytherapy, stereotactic radiosurgery and external beam radiotherapy. Candidates are allowed 4 hours to complete each section. Questions relevant to unsealed radionuclides, manual brachytherapy sources (both low and high dose rate), remote afterloading brachytherapy, external beam radiotherapy and stereotactic radiosurgery typically constitute approximately 75% percent of the physics, radiation and cancer biology and clinical written examinations. If the candidates pass all three parts of the written examination, they are then eligible to take an oral examination that must be passed to achieve ABR certification.

The eight section tumor site-specific oral examination is taken one year after the completion of the four-year training period and the three written exams. Questions concerning the clinical application of oral and parenteral unsealed by-product material, manual and remote afterloading brachytherapy (both low and high dose rate), external beam irradiation, and gamma stereotactic radiosurgery are included in the examinations of specific disease sites where they are used. The oral examination emphasizes the safe and effective application of various radionuclide therapies and tests the candidates' knowledge by presenting unknown cases and situations that the candidates must discuss. Like the written examination cited in the previous paragraph, this examination is developed annually. It is administered by the ABR in a single midwestern locale, and is standardized and psychometrically validated annually. All sections of the oral examination must be passed for the candidate to become a diplomate of the ABR.

There is no cross-over between this Radiation Oncology examination and the examinations that are given by the ABR for diagnostic radiologists or medical physicists. The NRC approval for these other examinations will be addressed in separate letters from the ABR. We hope that the NRC will consider and approve each of these ABR areas independently for inclusion on the NRC website.

The ABR looks forward to your favorable response to this letter. The ABR is prepared to meet with you to discuss any questions you may have regarding the granting of recognized status for persons holding Certification in Radiation Oncology.

Sincerely,

Steven A. Leibel, M.D.

Steven A. Leibel, MD
President

R R Hattery

Robert R. Hattery, MD
Executive Director