

Main Line Health

Lankenau Hospital

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Main Line Health

Bryn Mawr Hospital

Lankenau Hospital

Paoli Hospital

Bryn Mawr Rehab Hospital

The Home Care Network

Lankenau Institute for
Medical Research

Main Line HealthCare

Main Line Health Centers

Exton

Lawrence Park

Shannondell

Upper Providence

Main Line Health

Adult Day Services

Main Line

Clinical Laboratories

Wayne Center

March 5, 2007

Radiation Oncology Department

Sandra Gabriel
Senior Health Physicist, Medical Branch
Division of Nuclear Materials Safety
US NRC, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

03003098

SUBJECT: License Amendment for Lankenau Hospital and Lankenau
Institute for Medical Research, License #37-07905-04

Dear Ms. Gabriel:

I am writing to request an amendment to our NRC license to add an additional Authorized Medical Physicist (AMP) for HDR Ir-192, Antoinette Thompson. This physicist has been certified by the American Board of Radiology since 1997, has over 15 years of work experience in external beam radiotherapy and brachytherapy, including recent training in High-Dose Rate (HDR) Brachytherapy, satisfying the requirements of 10CFR 35.51. Please find enclosed Form 313A with the details of her training and experience.

If you have any further questions regarding this amendment, please feel free to contact our Radiation Oncology physicist, Andy Anderson, at 610-645-2553.

Sincerely,



Scott McKinnon
Vice President of Operations
Lankenau Hospital
100 Lancaster Ave
Wynnewood, PA 19096

140251

NMSS/RGN1 MATERIALS-002

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

PART I -- TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

ANTOINETTE V. THOMPSON, AUTHORIZED MEDICAL PHYSICIST, 10 CFR 35.51(b) for HDR and LDR Brachytherapy

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

3. CERTIFICATION

- a. Provide a copy of the board certification. *(Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)*
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

**4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO),
AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR
AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
FULL-TIME CLINICAL PHYSICIST, University of Michigan Medical Ctr-----External beam radiotherapy, Stereotactic radiosurgery, Cobalt-60 irradiation, LDR manual brachytherapy, radiation safety responsibilities.	Randall TenHaken	University of Michigan Medical Ctr	1993-1997
		NRC license # _____	
FULL-TIME MEDICAL PHYSICIST, University of Pittsburgh Medical Ctr-----External beam radiotherapy, LDR manual brachytherapy, radiation safety responsibilities.	Kurt Blodgett	University of Pittsburgh Medical Ctr	1997-1998
		NRC license # _____	
FULL-TIME MEDICAL PHYSICIST, Hospital of the University of Pennsylvania & associated satellite departments-----External beam radiotherapy, LDR manual brachytherapy, permanent prostate seed implants, radiation safety responsibilities.	Primary supervisor: Bengt Bjarngard 1998-2000 Richard Maughan 2001-2006	Hospital of the University of Pennsylvania	1998-2006
	Brachytherapy experience supervised by Bijan Arjomandy 1998-2000	NRC license # _____	
FULL-TIME SENIOR MEDICAL PHYSICIST, Millennium Oncology Management, working at Lankenau Hospital-----External beam radiotherapy, LDR manual brachytherapy, permanent prostate implants, HDR brachytherapy, radiation safety responsibilities.	Benjamin Anderson	Lankenau Hospital	2006-Present
		NRC license #37-07905-04	

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Cesium-137	intercavitary brachy	approx 25	Bijan Arjomandy	University of Penn	1998-2000
Iridium-192	interstitial brachy	approx 25	Bijan Arjomandy	University of Penn	1998-2000
	interstitial brachy	approx 50	Kurt Blodgett	University of Pittsburgh	1997-1998
Iodine-125	interstitial brain implants	approx 5	Randall TenHaken	University of Michigan	1993-1997
	radioactive eye plaques	approx 100	Randall TenHaken	University of Michigan	1993-1997
	prostate implants	approx 50	Bijan Arjomandy	University of Penn	1998-2000
HDR Ir-192	Interstitial, Mammosite	approx 10	Benjamin Anderson	Lankenau Hospital	2006-Present
	intercavitary brachy	approx 10	Benjamin Anderson	Lankenau Hospital	2006-Present

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates
HDR Calibrations, QA, and clinical cases; participated in simulation, planning, qa, and calibrations	Supervised by Benjamin Anderson, AMP	Lankenau Hospital, 2006-Present

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
M.S., PHYSICS	CLEMSON UNIVERSITY, CLEMSON, S.C.	1991 - 1993	

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

- ☐ YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
- ☒ N/A of _____ the RSO for License No. _____.

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☒ YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of Bijan Arjomandy
- ☐ N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

- ☒ YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) HDR
- ☐ N/A under the supervision of Benjamin Anderson who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) HDR.

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each) :

A. Name of Supervisor

Benjamin Anderson

B. Supervisor is:

☐

Authorized User

☒

Authorized Medical Physicist

☐

Radiation Safety Officer

☐

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.51

for medical uses in Part 35, Section(s) 600

D. Address

Lankenau Hospital
Radiation Oncology, Ground Floor
100 Lancaster Ave
Wynnewood, PA 19096

E. Materials License Number

#37-07905-04

PART II -- PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

☒

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 35.51(b),
as documented in section(s) 6a, 6b, 6c of this form.

11b. Select one

☒

meets the requirements in ☐ 35.50(e) ☒ 35.51(c) ☐ 35.390(b)(1)(ii)(G) ☐ 35.690(c) for HDR
types of use, as documented in section(s) 6b, 6c of this form.

☐ N/A

11c.

☐

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**

☒

has achieved a level of competency sufficient to function independently as an authorized
Medical Physicist for HDR uses (or units); **or**

☐

has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety
Officer for a medical use licensee ; **or**

☐ N/A

11d.

☐

I am an Authorized Nuclear Pharmacist; **or** ☐ I am a Radiation Safety Officer; **or**

☒

I meet the requirements of 10 CFR 35.51 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor ☐ AU or ☒ AMP

for the following byproduct material uses (or units): HDR

A. Address

Lankenau Hospital
Radiation Oncology, Ground Floor
100 Lancaster Ave
Wynnewood, PA 19096

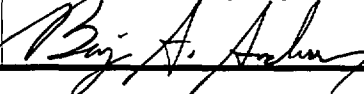
B. Materials License Number

#37-07905-04

C. NAME OF PRECEPTOR (print clearly)

Benjamin Anderson

D. SIGNATURE -- PRECEPTOR



E. DATE

3/1/07

NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

Bijan Arjomandy, Ph.D

B. Supervisor is:



Authorized User



Authorized Medical Physicist



Radiation Safety Officer



Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.51

for medical uses in Part 35, Section(s) 400, ~~500~~

D. Address

Hospital of University of Pennsylvania
3400 Spruce Street
Philadelphia, PA 19104
(between 1994-2000)

E. Materials License Number

PART II -- PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.



has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 35.51 (b)
as documented in section(s) 6a, 6b, 6c of this form.

11b. Select one

meets the requirements in ☐ 35.50(e) ☐ 35.51(c) ☐ 35.390(b)(1)(ii)(G) ☐ 35.690(c) for

N/A

types of use, as documented in section(s) of this form.

11c.

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**has achieved a level of competency sufficient to function independently as an authorized
for uses (or units); **or**has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; **or**

N/A

11d.

I am an Authorized Nuclear Pharmacist; **or** ☐ I am a Radiation Safety Officer; **or**

I meet the requirements of 10CFR 35.51 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor ☐ AU or ☐ AMPfor the following byproduct material uses (or units): Part 35.51 sections 400-~~500~~

A. Address

Hospital of University of Pennsylvania
3400 Spruce Street
Philadelphia, PA 19104
(between 1994-2000)

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

Bijan Arjomandy, Ph.D

D. SIGNATURE -- PRECEPTOR

Bijan Arjomandy

E. DATE

2/28/07

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*
Hereby certifies that

Antoinette Vaccaro Thompson, M.S.

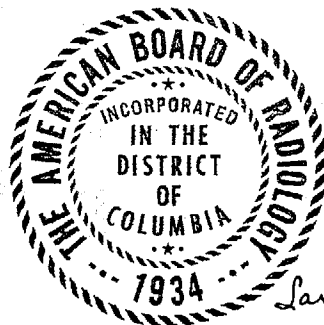
*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this eleventh day of June, 1997

*Thereby demonstrating to the satisfaction of the Board
that she is qualified to practice the specialty of*

Therapeutic Radiologic Physics



Lars S. Jonasson, MD Robert R. Hartley, MD M. Paul Capp, M.D.
President Secretary-Treasurer Executive Director

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

3/5/2007, and to inform you that the initial processing which includes an administrative review has been performed.

☒ ADMIN. 37-07905-04 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 140251.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.