

Browder, Rachel

From: Ronald Frick [rfrick@gammacorp.com]
Sent: Monday, July 20, 2009 2:09 PM
To: Browder, Rachel
Subject: Re: NRC License Amendment No. 02 for The Cancer Center of Hawaii

Rachel,

We have never received any I-125 Iotrex, since this procedure was never performed. We do not have any I-125 Iotrex on hand.

Let me know if you need anything else.

Ron Frick

>>> "Browder, Rachel" <Rachel.Browder@nrc.gov> 7/20/2009 3:31 AM >>>

Mr. Frick,

Please see the attached .pdf of the license amendment # 02 for The Cancer Center of Hawaii. Please note the additional information requested in order to remove the Gliasite from the license. You can respond to this email and we'll process the request when additional information is received in our office. If you have any questions, please let me know.

Sincerely,

Rachel

Rachel S. Browder, CHP
NRC, Region IV
Nuclear Materials Safety Branch B
612 E. Lamar Blvd., Suite 400
Arlington, TX 76011-4125
(817) 276-6552 (office) / (817) 860-8188 (fax) email address:
rachel.browder@nrc.gov<<mailto:rachel.browder@nrc.gov>>

April 13, 2009

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
612 E. Lamar Blvd. Suite 400
Arlington, TX 76011-4125

Subject: License Amendment
NRC License No. 53-27797-01
Docket No. 030-036775

Dear License Reviewer:

We are requesting a modification to our procedures for periodic spot checks of the remote afterloading unit. The procedure submitted with our original license application indicated that the source positioning accuracy test would be performed for all eighteen channels. The enclosed revised procedure indicates that this test will be performed for the channels used clinically.

In addition, please remove the following individuals from our license:

Mark Kanemori, M.D.
Charles Yamashiro, M.D.
Winlove Suasin, M.D.
Ibrahim Abdulhay, Ph.D.
Hong Guo

We are also requesting that the authorization for use of I-125 liquid (Iotrex) be removed from our license.

Please add the following brands of prostate seeds to our list of brachytherapy sources:

Nycomed/Amersham Models 6711 and 6702
North American Scientific Models MED 3631 A/M, MED 3631 A/S, and MED3633
Isoaid Advantage I-125 and Advantage Pd-103
Imagyn isoStar, Model 12501
Draximage Model LS-1

If you require any additional information, please contact our Radiation Safety Officer, Ronald Frick at 808-373-7009.

Sincerely,



Les Uyeda
Operations Manager

Enclosures

472340

Official Use Only - Security-Related Information

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: The Cancer Center of Hawaii **License No.:** 53-27797-01
Docket No.: 030-36775 **Mail Control No.:** 472340
Type of Action: Amendment (4) **Date of Requested Action:** July 20, 2009
Reviewer Assigned: R. Browder **ARM reviewer(s):** R. Browder

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Submit copies of latest leak test results. <input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license. <input type="checkbox"/> Confirm with licensee if they have NARM material.

Reviewer's Initials: _____ **Date:** _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	TAR needed to complete action.

Branch Chief's and/or HP's Initials: _____ **Date:** _____

SUNSI Screening according to RIS 2005-31

Yes No **Sensitive and Non-Publicly Available** if any item below is checked

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM [suite #, bldg. #, location different from mailing address] (whether = or > than Category 3 or not)
- _____ Design of structure and/or equipment (site specific)
- _____ Information on nearby facilities
- _____ Detailed design drawings and/or performance information
- _____ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- _____ RAM quantities and inventory
- _____ Manufacturer's name and model number of sealed sources & devices
- _____ Site drawings with exact location of RAM, description of facility
- _____ RAM security program information (locks, alarms, etc.)
- _____ Emergency Plan specifics (routes to/from RAM, response to security events)
- _____ Vulnerability/security assessment/accident-safety analysis/risk assess
- _____ Mailing lists related to security response

Branch Chief's and/or HP's Initials: RB **Date:** 7/27/09

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02230
Status Code: 0
Fee Category: 7C EX 2B
Exp. Date: 20150131
Fee Comments:
Decom Fin Assur Req'd: N

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CANCER CENTER OF HAWAII LLC, THE
Received Date: 20090720
Docket No: 3036775
Control No.: 472340
License No.: 53-27797-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: _____

Signed *Calvin M. ...*
Date 7-23-09

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 _____