



# THE QUEEN'S MEDICAL CENTER

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 538-9011 • FAX: (808) 547-4646 • [www.queens.org](http://www.queens.org)

December 14, 2009

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

**Docket: 030-14522**  
**License: 53-16533-02**

RE: Amendment to add Stuart Tsuji, M.D. as Authorized User

Greetings:

Please amend our license to add Stuart Tsuji, M.D. as Authorized User for the medical use of radioactive materials in the following categories:

35.400 Manual brachytherapy sources  
35.600 Remote afterloader unit

Dr. Tsuji completed his medical residency at The University of California at San Francisco from 7/1/05 to 6/30/09. He completed the written exam of the American Board of Radiology certification and will complete the verbal exam next. Please find enclosed the documentation for Dr. Tsuji's training and experience and the preceptor's attestation.

We request expedited processing of this license amendment as the addition of Dr. Tsuji to our staff of Authorized Users addresses the need for increased professional services attending to our patients undergoing radiation treatment for cancer.

Please contact our Radiation Safety Officer, Brian Oyadomari, at 808-547-4884 for any additional information to facilitate this amendment. Thank you very much.

Sincerely,

Darlena Chadwick  
Vice President, Patient Care

Attached:

1. Form 313A for Stuart Tsuji, MD

Founded in 1859 by Queen Emma and King Kamehameha IV

Ha 4 7 2 5 1 8

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.400 and 35.600)  
[10 CFR 35.490, 35.491, and 35.690]APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 3/31/2012Name of Proposed Authorized User  
Stuart Tsuji, M.D.State or Territory Where Licensed  
Hawaii**Requested**☒ 35.400 Manual brachytherapy sources☐ 35.600 Teletherapy unit(s)**Authorization(s)**☐ 35.400 Ophthalmic use of strontium-90☐ 35.600 Gamma stereotactic radiosurgery unit(s)

(check all that apply)

☒ 35.600 Remote afterloader unit(s)**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

- \* Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

- Provide a copy of the board certification.
- For 35.600, go to the table in 3.e. and describe training provider and dates of training for each type of use for which authorization is sought.
- Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**

- Go to the table in section 3.e. to document training for new device.
- Skip to and complete Part II Preceptor Attestation.

☒ **3. Training and Experience for Proposed Authorized User**

- Classroom and Laboratory Training ☒ 35.490 ☐ 35.491 ☒ 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of California at San Francisco (UCSF) Department of Radiation Oncology 1600 Divisadero Street, Suite H1031 San Francisco, CA 94115		7/1/05 - 6/30/09
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Total Hours of Training:		200	

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience		Total Hours of Experience: 500	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	UCSF Department of Radiation Oncology 1600 Divisadero Street, Suite H1031 San Francisco, CA 94115	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05 - 6/30/09
Checking survey meters for proper operation		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing, implanting, and safely removing brachytherapy sources		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Maintaining running inventories of material on hand		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using emergency procedures to control byproduct material		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*	
Approved by:	UCSF Department of Radiation Oncology 1600 Divisadero Street, Suite H1031 San Francisco, CA 94115	7/1/05 - 6/30/09	
<input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME			
<input type="checkbox"/> Royal College of Physicians and Surgeons of Canada			
<input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association			
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User		
I - Chow Hsien, MD	7056-RQ-01-RCU		

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**c. Supervised Clinical Experience for 10 CFR 35.491**

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

**d. Supervised Work and Clinical Experience for 10 CFR 35.690**

☒ Remote afterloader unit(s)      ☐ Teletherapy unit(s)      ☐ Gamma stereotactic radiosurgery unit(s)

**Supervised Work Experience**

Total Hours of Experience: 500

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	UCSF Department of Radiation Oncology 1600 Divisadero Street, Suite H1031 S.F., CA 94115	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05 - 6/30/09
Preparing treatment plans and calculating treatment doses and times		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Checking and using survey meters		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Selecting the proper dose and how it is to be administered		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 3. Training and Experience for Proposed Authorized User (continued)

## d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	UCSF Department of Radiation Oncology 1600 Divisadero Street, Suite H1031 San Francisco, CA 94115	7/1/05 - 6/30/09
Supervising Individual I - Chow Hsu, MD		License/Permit Number listing supervising individual as an Authorized User

## e. For 35.600, describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Device operation	UCSF Department of Radiation Oncology 1600 Divisadero Street, Suite H1031 San Francisco, CA 94115 Date: 7/1/05 - 6/30/09		
Safety procedures for the device use			
Clinical use of the device			

Supervising Individual: If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

License/Permit Number listing supervising individual as an Authorized User

I - Chow Hsu, MD

7056-RU-01-RCU

Authorized for the following types of use:

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

## f. Provide completed Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**PART II – PRECEPTOR ATTESTATION**

**Note:** This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**First Section**

Check one of the following for each requested authorization:

**For 35.490:**

**Board Certification**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

**OR**

**Training and Experience**

☒ I attest that Stuart Tsuji, M.D. has satisfactorily completed the 200 hours of  
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

**For 35.491:**

I attest that \_\_\_\_\_ has satisfactorily completed the 24 hours of  
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

**Second Section**

**For 35.690:**

**Board Certification**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

35.690(a)(1).

**OR**

**Training and Experience**

☒ I attest that Stuart Tsuji, M.D. has satisfactorily completed 200 hours of classroom  
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

**AND**

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

☒ I attest that Stuart Tsuji, M.D. has received training required in 35.690(c) for device  
Name of Proposed Authorized User  
operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as  
checked below.

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

☒ I attest that Stuart Tsuji, M.D. has achieved a level of competency sufficient to  
Name of Proposed Authorized User  
achieve a level of competency sufficient to function independently as an authorized user for:

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as  
an authorized user for:

☐ 35.400 Manual brachytherapy sources ☐ 35.600 Teletherapy unit(s)

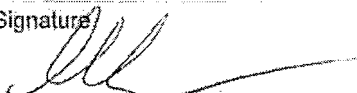
☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

☐ 35.600 Remote afterloader unit(s)

Name of Preceptor

I - Chuan Hsu

Signature



Telephone Number

415-353-7106

Date

12/8/09

License/Permit Number/Facility Name

7056-RU-01-RCU, University of California San Francisco

Ship Date: 15DEC09  
ActWgt: 0.2 LB  
System#: 0751243 / CAFE2361  
Account: S 123318846

TO NUCLEAR MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION  
REGION IV  
612 E. LAMAR BLVD. SUITE 400  
ARLINGTON, TX 76011

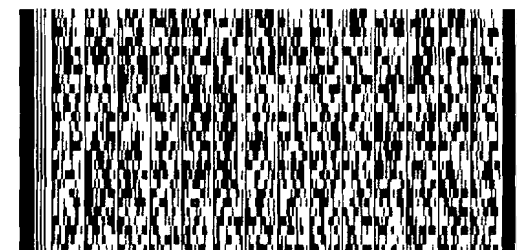
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Dept: RADIATION THERAPY

**THE UNIVERSITY OF CHICAGO**



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Barcode

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STANDARD OVERNIGHT

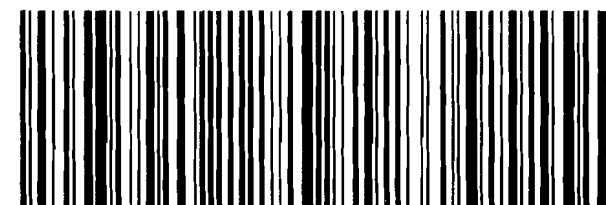
TRK# **9104 2461 7484** Form 0201

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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 3M  
: Exp. Date: 20141231  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: QUEEN'S MEDICAL CENTER, THE  
Received Date: 20091217  
Docket No: 3014522  
Control No.: 472518  
License No.: 53-16533-02  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:       /      

3. COMMENTS

Signed Colleen Murnahan  
Date 12-18-09

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 \_\_\_\_\_

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Queen's Medical Center

**License:** 53-16533-02

**Docket:** 030-14522

**Mail Control:** 472518

**Type of Action:** Amend

**Date of Requested Action:** 12-14-09

**Reviewer  
Assigned:**

**ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none"><li>[ ] Open ended possession limits. Submit inventory. Limit possession.</li><li>[ ] Submit copies of latest leak test results.</li><li>[ ] Add IC L.C./Fingerprint LC, add SUNSI markings to license.</li><li>[ ] Confirm with licensee if they have NARM material.</li><li>[ ] Change of contact information (RSO), send request to update IC database.</li></ul>

**Reviewer's Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- ☐ Yes ☐ No Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
- ☐ Yes ☐ 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:** RITC

**Date:** 12-27-09