

TRANSMISSION VERIFICATION REPORT

TIME : 03/02/2011 00:02
 NAME : USNRC RIII
 FAX : 6308299782
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 SER.# : 000A7J925774

DATE, TIME
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 DURATION
 PAGE(S)
 RESULT
 MODE

03/01 23:59
 86369475392
 00:02:16
 14
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NRC FORM 386 (RIII)
 04/2004



UNITED STATES
 NUCLEAR REGULATORY COMMISSION
 REGION III
 2443 Warrenville Road, Suite 210
 Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 3/1/11 NUMBER OF PAGES: 14
 (including this page)
 SEND TO: MARK POHLMAN, PH.D. / JERRY RUMPH
 LOCATION: SSM ST. JOSEPH HEALTH CENTER
 FAX NUMBER: 636-947-5392 VERIFY BY CALLING SENDER
 FROM: COLLEEN CAROL CASEY
 (SENDER)

TELEPHONE NUMBER: 630-829-9841 FAX NUMBER: 630-515-1078

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE Please call me to arrange to discuss these issues.
 Thank you very much.

**COLLEEN CAROL CASEY
MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD STE 210
LISLE, ILLINOIS 60532-4352
OFFICE: (630)-829-9841 FAX: (630) 515-1078

CONVERSATION RECORD

|TIME

|DATE

ACTUALLY FAXED? YES.

March 1, 2011

NAME OF PERSON(S) CONTACTED	ORGANIZATION	TELEPHONE NO.
Mark Pohlman, Ph.D., and/or Jerry Rumph		Pohlman's phone no.: 314-941-1030
SSM St. Joseph Health Center		Rumph's fax no. 636-947-
5392		

SUBJECT
License Nos.: 24-15159-01 Control No.: 574057 & 24-02490-03 C/N 574093

SUMMARY

We have reviewed your letter dated November 29, 2010, requesting an amendment to your byproduct materials license and find that we need additional information as follows:

1. It is not entirely clear to me exactly what is or has happened with these two licenses that amounts to a "change of control." The information and descriptions in this letter appear to be somewhat confusing.

Please contact me to arrange a telephone call in which I can enumerate in greater detail my evolving questions and discern your potential answers in order to conclude what licensing actions are appropriate. Please also advise me as to when the changes described in your letter either took place or will take place.

2. It appears that you wish to change the RSO on the 24-15159-01 license to Dr. Bocchini, the RSO already on the 24-02490-03 license.

10 CFR 35.24(b) requires, in part, that a licensee's management shall appoint a Radiation Safety Officer who agrees, in writing, to be responsible for implementing the radiation protection program.

Please submit a letter, currently dated and signed by your management and your proposed RSO, Dr. Bocchini stating that he accepts the position as RSO for the 24-15159-01 license and that he understands the duties and responsibilities associated with this position.

In addition please submit a currently signed and dated delegation of authority for Dr. Bocchini. A sample delegation of authority may be found in NUREG 1556, Vol. 9, Rev.2, which should already have been sent to you in hard copy several years ago and which is available on our website at:

<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/>

<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/sr1556v9r2-final.pdf#app-i>

For Dr. Bocchini, please also include a description of the training and experience specified in 10 CFR 35.50(e) demonstrating that he is qualified by training in radiation safety, regulatory issues, and emergency procedures as applicable to the types of use for which you are seeking approval of him to serve as RSO.

This is necessary because the 24-02490-03 license authorizes the possession and use of materials licensed under 10 CFR 35.1000, i.e., I-125 in the Gliasite RTS system, which is not authorized on the 24-15159-01 license.

Please also provide a written attestation, signed by a preceptor RSO, that Dr. Bocchini has satisfactorily completed the required training and experience specified in 10 CFR 35.50(b), as well as the training in radiation safety, regulatory issues, and emergency procedures for the types of use for which you seek approval, and has achieved a level of radiation safety knowledge sufficient to function independently as an RSO.

3. Please provide a maximum possession limit at this time for the materials authorized in Subitem No. 8.E, materials in 10 CFR 31.11. Most licensees request a possession limit of 3 millicuries but you may request a different limit so long as it is realistic and practical for your actual use and circumstances.

4. **Very important note:** At this time please note that we did not approve Dr. Mackenzie Daly for the use of materials in 10 CFR 35.400 and 10 CFR 35.600 for HDR, teletherapy and gamma stereotactic radiosurgery because the information provided in your letter dated November 29, 2010, was insufficient to complete our review.

If you wish to pursue this request please submit the information below as a written response, addressed to my attention as "additional information to control numbers 574093 and 574057." We will then continue our review.

First, please note that we cannot approve an authorized user for modalities that are not listed on your NRC licenses. Teletherapy and gamma stereotactic radiosurgery are modalities that are not authorized on either of the two NRC licenses above.

Dr. Daly was not approved as an authorized user for the use of materials in 10 CFR 35.400 and 10 CFR 35.600 for HDR, teletherapy and gamma stereotactic radiosurgery in part because the preceptor statement did not adequately support the application for these types of use and the training and experience did not appear to completely meet the requirements in 10 CFR 35.690 and 35.490.

Specifically, please review the notes I handwrote on a copy of Dr. Daly's preceptor statement as there were several and to describe each in narrative form would require an excessively long record. If you wish to discuss my notes, please contact me at the telephone number above.

In addition, we could not verify the credentials of Dr. Daly's preceptor, Dr. Colleen Lawton, based upon the information given on the preceptor form. The referenced license for Dr. Lawton for Froedtert Memorial Lutheran Hospital/ The Medical College of Wisconsin, appears to be a broad scope license that does not include the names of specific authorized users. The Radiation Safety Committee for that license evaluates

and approves/disapproves of authorized users internally.

Please submit a letter currently signed and dated by either the RSO or the RSC Chairperson for Froedtert Memorial Lutheran Hospital/ The Medical College of Wisconsin attesting that Dr. Lawton was an authorized user for the use of materials in 10 CFR 35.400 and 10 CFR 35.600 for HDR, teletherapy and gamma stereotactic radiosurgery, including the date(s) of authorization.

Please refer to the above regulatory requirements as well as section 8.11, item 7 and Appendices B, D and E in NUREG 1556, Vol. 9, Vol. 2 for assistance in preparing your response.

Please do not submit resumes, CV's, patient records, resident case summaries, emails, RSC meeting minutes or excerpts or personal, proprietary information that we must protect, in accordance with 10 CFR 2.390, such as social security numbers, dates of birth, home addresses or phone numbers, patient records, college transcripts, etc.

Please only submit the information requested on the appropriate forms, adhering to the guidance referenced above.

Please also be reminded of the provisions in 10 CFR 30.9(a), "Completeness and accuracy of information,"...(a) Information provided to the Commission by an applicant for a license or by a licensee or information required by statute or by the Commission's regulations, orders, or license conditions to be maintained by the applicant or the licensee shall be complete and accurate in all material respects."

For the sake of clarity, please also indicate whether Dr. Daly is male or female.

5. I noted that the Authorized Medical Physicist listings for Yihong Abel Chang and William Harms do not include their academic degrees. Please respond by providing the appropriate terminal academic degrees for Yihong Abel Chang and William Harms.

We will be unable to continue processing your request until we receive this information. In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

ACTION REQUIRED

As we cannot issue an amendment to either license at this time we are voiding these requests in order to enable you to prepare a quality application without time constraints.

This is done without prejudice to the resubmission of your requests at a later date. Upon receipt of your response we will resume our review. Address your written response to my attention at the above address using the control numbers above to facilitate proper handling in our offices.

PLEASE NOTE THAT A "VOID" IS AN ADMINISTRATIVE PROCEDURE THAT PUTS YOUR AMENDMENT REQUEST "ON HOLD" (TAKES IT OUT OF OUR ACTIVE

CASEWORK DATABASE) UNTIL YOU REACTIVATE IT VIA SUBMISSION OF A WRITTEN RESPONSE. IT "BUYS" YOU TIME TO PREPARE A QUALITY RESPONSE AND IS GENERALLY REGARDED AS A "GOOD THING."

PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9841 or (800) 522-3025, ext. 9841. My fax number is 630-515-1078.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Colleen Carol Casey



March 1, 2011

IMPORTANT
NOTE

⇒ YOU CANNOT REQUEST AUTHORIZATION
FOR MODALITIES THAT ARE NOT ON THE LICENSE.

NRC FORM 313A (AUS)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

**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: 3/31/2012

Name of Proposed Authorized User

Mackenzie Daly, MD

MALE OR FEMALE?

State or Territory Where Licensed

Wisconsin

THIS LICENSE HAS
NO TELETHERAPY
AUTHORIZATION
OR GAMMA KNIFE

Requested
Authorization(s)
(check all that apply)

OK ☒ 35.400 Manual brachytherapy sources

☒ 35.600 Teletherapy unit(s)

☐ 35.400 Ophthalmic use of strontium-90

☒ 35.600 Gamma stereotactic radiosurgery unit(s)

OK ☒ 35.600 Remote afterloader unit(s)

NO

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**

- a. 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	Froedtert Memorial Lutheran Hospital and Medical College of Wisconsin	420	7/1/2006 - 6/30/2010
Radiation protection	FMLH and MCW	140	7/1/2006 - 6/30/2010
Mathematics pertaining to the use and measurement of radioactivity	FMLH and MCW	16	7/1/2006 - 6/30/2010
Radiation biology	FMLH and MCW	400	7/1/2006 - 6/30/2010
Total Hours of Training: ?			

NONE
ARE
CHECKED

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.)

(LOWER RIGHT ON PAGE 5)

SEE 0

500 HOURS NEEDED BY REGULATION

Supervised Work Experience

Total Hours of Experience: 40

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	Froedtert Memorial Lutheran Hospital and Medical College of Wisconsin CITY, STATE ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2006 - 6/30/2010
Checking survey meters for proper operation	FMLH and MCW	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2006 - 6/30/2010
Preparing, implanting, and safely removing brachytherapy sources	FMLH and MCW	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2006 - 6/30/2010
Maintaining running inventories of material on hand	FMLH and MCW	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2006 - 6/30/2010
Using administrative controls to prevent a medical event involving the use of byproduct material	FMLH and MJCW	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2006 - 6/30/2010
Using emergency procedures to control byproduct material	FMLH and MCW	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2006 - 6/30/2010

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	Froedtert Memorial Lutheran Hospital and Medical College of Wisconsin Wisconsin 079-1104-01 IF THIS IS A BROAD SCOPE LICENSE IT WILL NOT LIST DR LAWTON ON THE LICENSE. SHE WILL BE APPROVED ONLY BY RADIATION SAFETY COMMITTEE. SEND US LETTER (SIGNED, DATED) FROM RSC CHAIR, SPECIFYING DATES AND MODALITIES DR LAWTON IS AUTHORIZED.	7/1/2006 - 6/30/2010
Supervising Individual Colleen A. Lawton, MD	License/Permit Number listing supervising individual as an Authorized User Wisconsin 079-1104-01	

(2) NRC HAS NO ACCESS TO THIS LICENSE - PLEASE PROVIDE A COPY FOR US.

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)

ONLY MODALITY BEING CONSIDERED

N/A

N/A

Supervised Work Experience

Total Hours of Experience: 6,000

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	Froedtert Memorial Lutheran Hospital and Medical College of Wisconsin Wisconsin 079-1104-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2006 - 6/30/2010
Preparing treatment plans and calculating treatment doses and times	FMLH and MCW Wisconsin 079-1104-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2006 - 6/30/2010
Using administrative controls to prevent a medical event involving the use of byproduct material		<input 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	FMLH and MCW Wisconsin 079-1104-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2006 - 6/30/2010
Checking and using survey meters	FMLH and MCW Wisconsin 079-1104-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2006 - 6/30/2010
Selecting the proper dose and how it is to be administered	FMLH and MCW Wisconsin 079-1104-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2006 - 6/30/2010

REAPPLY AT A LATER DATE WHEN THIS EXPERIENCE HAS BEEN ACQUIRED.

(3)

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	Foredtter Memorial Lutheran Hospital and Medical College of Wisconsin Wisconsin 079-1104-01	7/1/2006 - 6/30/2010

Supervising Individual

License/Permit Number listing supervising individual as an Authorized User

Colleen A. Lawton, MD

Wisconsin 079-1104-01

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

INCOMPLETE - REAPPLY LATER DATE WHEN THE TRAINING HAS BEEN ACQUIRED

Description of Training	Training Provider and Dates
	<div>Remote Afterloader</div> <div>Teletherapy</div> <div>Gamma Stereotactic Radiosurgery</div>
Device operation	<div>7/1/2006 - 6/30/2010</div> <div>7/1/2006 - 6/30/2010</div>
Safety procedures for the device use	<div>7/1/2006 - 6/30/2010</div> <div>7/1/2006 - 6/30/2010</div>
Clinical use of the device	<div>7/1/2006 - 6/30/2010</div> <div>7/1/2006 - 6/30/2010</div>

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

Colleen A. Lawton, MD

Wisconsin 079-1104-01

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.

(4)

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 Mackenzie Daly, MD 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 Mackenzie Daly, MD 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). ONLY 40 HOURS COMPLETED SO 460 HOURS STILL NEEDED. SEE UPPER RIGHT OF PAGE 1

AND

(5)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

- ☒ I attest that Mackenzie Daly, MD 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 Mackenzie Daly, MD 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)

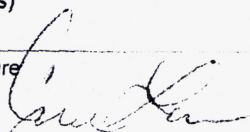
Fifth Section

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
Colleen A. Lawton, MD

Signature



Telephone Number
(414) 805-4472

Date

6/9/00

License/Permit Number/Facility Name
Wisconsin 079-1104-01

(6)

Resident Experience Report

THIS IS UNNECESSARY -
PLEASE DO NOT RESUBMIT.

Program ID: 4305621109 Program Name: Medical College of Wisconsin Affiliated Hospitals Program
Daly, Mackenzie D.

	Observed	Performed	Total
Radiation Oncology			
Ex Beam - non-metastatic			
Benign: Heterotopic Bone		3	3
Benign: Eye		3	3
Benign: Other		2	2
Bone/STS		0	0
Breast: Intact		70	70
Breast: Post-Mastectomy		15	15
CNS		40	40
Endocrine		0	0
Head & Neck: Intact		39	39
Head & Neck: Post-Operative		9	9
Gastrointestinal: Esophagus		17	17
Gastrointestinal: Stomach		4	4
Gastrointestinal: Pancreas		6	6
Gastrointestinal: Hepatobiliary		2	2
Gastrointestinal: Colon		2	2
Gastrointestinal: Rectum		10	10
Gastrointestinal: Anus		4	4
Gastrointestinal: Other		0	0
Genitourinary: Prostate		80	80
Genitourinary: Bladder		6	6
Genitourinary: Testes		3	3
Genitourinary: Other		2	2
Gynecologic: Cervix Intact		10	10
Gynecologic: Cervix Post-Hysterectomy		1	1
Gynecologic: Uterus		22	22
Gynecologic: Other		1	1
Hodgkins Lymphoma		3	3
Non-Hodgkins Lymphoma		11	11
Leukemia/Myeloma		3	3
Other Hematologic Malignancies		0	0
Lung/Mediastinum: Small Cell Lung Cancer		14	14
Lung/Mediastinum: Non-Small Lung Cancer		52	52
Lung/Mediastinum: Other		0	0
Skin		19	19
Unknown		6	6
<hr/>			
Ex Beam - non-metastatic		459	459
Ex Beam - metastatic			
Secondary Site		108	108
<hr/>			
Ex Beam - metastatic		108	108

Resident Experience Report

Program ID: 4305621109 Program Name: Medical College of Wisconsin Affiliated Hospitals Program
Daly, Mackenzie D.

	Observed	Performed	Total
Radiation Oncology			
Pediatric			
Leukemia	0	5	5
Medulloblastoma	0	1	1
CNS (non-medulloblastoma)	0	4	4
Hodgkins Lymphoma	0	3	3
Non Hodgkins Lymphoma	0	0	0
Rhabdomyosarcoma/STS	0	0	0
Ewings Sarcoma/Bone Tumor	0	4	4
Neuroblastoma	0	0	0
Retinoblastoma	0	0	0
Wilms Tumor	0	2	2
Other	0	0	0
Pediatric	0	19	19
Stereotactic radiosurgery			
Brain	0	6	6
Other - Stereotactic radiosurgery	0	7	7
Stereotactic radiosurgery	0	13	13
Brachytherapy - Interstitial			
Breast - Low Dose Rate	0	0	0
Breast - High Dose Rate	0	0	0
Soft Tissue Sarcoma - Low Dose Rate	0	0	0
Soft Tissue Sarcoma - High Dose Rate	1	1	2
Head & Neck - Low Dose Rate	0	0	0
Head & Neck - High Dose Rate	0	0	0
Prostate - Low Dose Rate	0	5	5
Prostate - High Dose Rate	0	2	2
GYN/Pelvis - Low Dose Rate	0	0	0
GYN/Pelvis - High Dose Rate	3	0	3
Other - Low Dose Rate	0	0	0
Other High Dose Rate	0	0	0
Brachytherapy - Interstitial	4	8	12

(8)

Resident Experience Report

Program ID: 4305621109 Program Name: Medical College of Wisconsin Affiliated Hospitals Program
Daly, Mackenzie D.

	Observed	Performed	Total
Radiation Oncology			
Brachytherapy - Intracavitary			
Cervix/Uterus - Low Dose Rate	0	0	0
Cervix/Uterus - High Dose Rate	3	37	40
Endovascular - Low Dose Rate	0	0	0
Endovascular - High Dose Rate	0	0	0
Endobronchial - Low Dose Rate	0	0	0
Endobronchial - High Dose Rate	0	0	0
Esophagus - Low Dose Rate	0	0	0
Esophagus - High Dose Rate	0	0	0
Bile Duct - Low Dose Rate	0	0	0
Bile Duct - High Dose Rate	0	1	1
Other - Low Dose Rate	0	0	0
Other - High Dose Rate	0	0	0
Brachytherapy - Intracavitary	3	38	41
Endovascular Insertions			
Endovascular Insertions	0	0	0
Endovascular Insertions	0	0	0
Unsealed Sources			
I-131 Oral	0	3	3
P-32 Colloid	0	0	0
SR-89	0	1	1
SM-153	0	2	2
Radiolabeled Drugs	0	0	0
Other - Unsealed Source	0	0	0
Unsealed Sources	0	6	6
Radiation Oncology	7	651	658

Signature of Resident:

Date: 6/18/10

Signature of Program Director:

Date: 6/9/10

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.