



Carol L. Hill, Licensing Assistant
United States Nuclear Regulatory Commission
Region IV
Medical Licensing Section
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

July 21, 2016

DNMS

PUBLIC

Immediate Release

Mormal Release

NON-PUBLIC

☐ A.3 Sensitive-Security Related

C A.7 Sensitive Internal

Other:

SUBJECT: Addition of AU for NRC License 25-10994-04

Reviewer: Mt Date: 1/29/11

Dear Ms. Hill,

This letter is to request a license amendment for the addition of a new Authorized User:

Dr. Ryan C Kirwan MD for 10 CFR 35 parts 100, 200 and 300 including I-131

This physician is a Board Certified by the American Board of Radiology in Diagnostic Radiology (AU Eligible) in June 2009 (Attached). We have also included documentation of his recent continuing education.

Also please add:

Dr. Sean D Kalagher MD as an Authorized User for 10 CFR part 35.1000 for Y90 SirSpheres®.

Dr Kalagher is currently on our license for other materials. Dr. Kalagher has experience with this technique and has been trained in our procedures by Dr. Reginald Taylor Handley who is an Authorized User for this material on our license. His training by a member of our primary team included assisting with 3 clinical cases and during these procedures a manufacturer representative was also present. A document attesting to this training is attached.

The above addition to the License was reviewed and approved by the Bozeman Deaconess Radiation Safety Committee during our April 21, 2016 meeting.

Thank you for your attention to this matter. Please contact Kari Cann, MS our Radiation Safety Officer at Kcann@bozemanhealth.com or 406-788-7887 if you have any questions.

Sincerely,

Liz Lewis

Chief Operating Officer

Bozeman Health

Organized through the cooperation of the

Organized through the cooperation of the

American College of Radiology, the American Roentgen Ray Society,
the American Rudium Society, the Radiological Society of North America,
the Section on Rudiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicists in Medicine

Hereby certifies that

Kyan Conor Kirwan, MD

Has pursued an accepted course of graduate study and clinical work, hus met vertoin standards and qualifications and has passed the examinations conducted under the authority of The American Board of Radiology On this third day of June, 2009

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

Diagnostic Radiology

M. Reed Demindo, MI

All Fligible

Certificate No. 56832

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MULTI-SOCIETY CREDIT REPORT FOR Ryan Kirwan

DATE RANGE: 07/30/2007 TO: 05/31/2016 CREDIT TYPE: ALL REPORT DATE: 05/23/2016

SPONSOR	PROGRAM	SESSION ID	DESCRIPTION	DATE	TYPE	EARNED
ARRS	Journal Based	and Coccyx in ED	Radiography of Sacrum and Coccys in ED	03/30/2016	CAT1	1.00
ARRS	Journal Based		National Mammography Database	03/30/2016	CAT1	1.00
ARRS	ARRS Web Lecture	714233: Breast Great Debate: Screening Mammography Controversies	Breast Great Debate: Screening Mammography Controversies	02/17/2016	CAT1	2.00
ARRS	Journal Based	714233: Screening Mammography Practices of Breast Imagers	Screening Mammography Practices of Breast Imagers	02/01/2016	CAT1	1.00
ARRS	Journal Based	714233: MRI of Breast Carcinoma in Augmented Breasts	MRI of Breast Carcinoma in Augmented Breasts	02/01/2016	CAT1	1.00
ARRS	Journal Based	714233: Localization for Lumpectomy	Localization for Lumpectomy	02/01/2016	CAT1	1.00
ARRS	Journal Based	714233: BI-RADS and Management Recommendations for Breast MRI	BI-RADS and Management Recommendations for Breast MRI	01/30/2016	CAT1	1,00
ARRS	Journal Based	714233: Baseline Screening FFDM Versus Digital Breast Tomosynthesis	Baseline Screening FFDM Versus Digital Breast Tomosynthesis	01/30/2016	CAT1	1.00
ARRS	Journal Based	714233: Imaging the Acromioclavicular Joint	Imaging the Acromioclavicular Joint	01/30/2016	CAT1	1,00
ARRS		714233: T2 Relaxation Values of Talar Trochlear Articular Cartilage	: T2 Relaxation Values of Talar Trochlear Articular Cartilage	01/29/2016	CAT1	1.00
ARRS	Journal Based	714233: Direct-Conversion Molecular Breast Imaging	Direct-Conversion Molecular Breast Imaging	01/29/2016	CAT1	1.00
ARRS	Journal Based	714233: Complications of Knee Replacement	Complications of Knee Replacement	01/29/2016	CAT1	1.00
ARRS	Journal Based	714233: Clinicoradiologic Mismatch in Closed SCIs in Children and Ad	Clinicoradiologic Mismatch in Closed SCIs in Children and Ad	01/29/2016	CAT1	1.00
ARRS	Journal Based	714233: Characteristics of Probably Benign Lesions at Breast MRI	Characteristics of Probably Benign Lesions at Breast MRI	01/29/2016	CAT1	1.00
ARRS		714233: Skull Vault Lesions	Skull Vault Lesions	01/15/2016	CAT1	1.00
ARRS	Journal Based	714233: Distinguishing Osteomyelitis From Ewing Sarcoma	Distinguishing Osteomyelitis From Ewing Sarcoma	01/15/2016	CAT1	1.00
ARRS	Journal Based	714233: MRI for Lobar Classification of Benign Prostatic Hyperplasia	MRI for Lobar Classification of Benign Prostatic Hyperplasia	01/14/2016	CAT1	1.00
ARRS	Journal Based	After Image-Gillided	Major Hemorrhage After Image- Guided Percutaneous Biopsy	01/14/2016	CAT1	1.00
ARRS	Journal Based	Internal Mammary Adenopathy	Mammary Adenopathy	01/12/2016	CAT1	1.00
ARRS	Journal Based		MRI of Labral and Chondral Lesions of the Hip	01/12/2016	CAT1	1.00

			CME	RYAN	KIRWAN	2
ARRS	Journal Based	d Replacement for Radiologists: Complications	Total Ankle Replacement for Radiologists: Complications	01/11/201	16 CAT1	1.00
ARRS	Journal Based	d 714233: Total Ankle Replacement	Total Ankle Replacement	01/11/201	l6 CAT1	1.00
ARRS	Journal Based	d 714233. Architectural Distortion on Mammography	Architectural Distortion on Mammography	01/08/201	L6 CAT1	1.00
ARRS	Journal Based	a in Patients With Breast Cancer	s Ultrasound of IM Nodes in Patients With Breast Cancer	01/08/201	l6 CAT1	1.00
ARRS	Journal Based	714233: Shear-Wave d Elastography for the Diagnosis of Breast Masses	Shear-Wave Elastography for the Diagnosis of Breast Masses	01/04/201	l6 CAT1	1.00
ARRS	Journal Based	Digital Breast Tomosynthesis	Off Label Use and Digital Breast Tomosynthesis	01/04/201		1.00
ARRS	Journal Based	714233: Half-Moon Sign on MRI d Examination of the Femoral Neck	Half-Moon Sign on MRI Examination of the Femoral Neck	¹ 08/14/201	5 CAT1	1.00
ARRS	Journal Based	714233: Imaging of Breast d Cancer-Related Changes After Surgical Therapy	Imaging of Breast Cancer–Related Changes After Surgical Therapy	09/23/2014	4 CAT1	1.00
ARRS	Journal Based	714233: Nonpuerperal Mastitis d and Subareolar Abscess of the Breast	Nonpuerperal Mastitis and Subareolar Abscess of the Breast	09/23/2014	4 CAT1	1.00
ARRS	Journal Based	d Types, Imaging Features, and	Breast Emergencies: Types, Imaging Features, and Management	09/23/2014	4 CAT1	1.00
ARRS	Journal Based	Can Diagnostic Workup Be Reduced by Use of the Society of Radiologists in Ultrasound Recommendations and the	Incidental Thyroid Nodules Detected at Imaging: Can Diagnostic Workup Be Reduced by Use of the Society of Radiologists in Ultrasound Recommendations and the Three-Tiered System?	,09/23/201 ⁴	4 CAT1	1.00
ARRS	Journal Based	for Evaluating Surgically Proven Lesions of the Labrum and Articular Cartilage?	Intraarticular Contrast Material for Evaluating Surgically Proven Lesions of the Labrum and Articular Cartilage?	09/23/2014 ·	4 CAT1	1.00
ARRS	Journal Based	Musculoskeletal Soft-Tissue	Sonography of Musculoskeletal Soft-Tissue Masses: Techniques, Pearls, and Pitfalls	09/23/2014	4 CAT1	1.00
ARRS	Journal Based	714233: The Pediatric Appendix:	The Pediatric Appendix: Defining Normal	09/23/2014	4 CAT1	1.00
ARRS	lournal Based	714233: FDG PET/CT of Primary Bone Tumors	FDG PET/CT of Primary Bone Tumors	09/23/2014	4 CAT1	1.00
ARRS	2008; 191:1631- 1639	Pathologic Findings in 57	Primary Breast Cancer in Men: Clinical, Imaging, and Pathologic Findings in 57 Patients	09/23/2014	4 CAT1	1.00
ARRS			Adenoid Cystic Carcinoma of the Breast	09/23/2014	4 CAT1	1.00
ARRS		714233: Challenges in	Challenges in Mammography; Part I and II: Self-Assessment Module	09/23/2014	4 CAT1	2.00



RADIOLOGY DEPARTMENT -- NUCLEAR MEDICINE DOCUMENTATION OF Y90 EXPERIENCE

The Y90 training policy at Bozeman Deaconess requires: Future primary personnel must receive device-specific, manufacturer-equivalent training from primary personnel already approved by the Radiation Safety Committee, assist in three (3) documented procedures, and be approved by the Radiation Safety Committee before serving as primary personnel during these procedures

This document is intended to document the training and experience for:

Sean D Kalagher, MD for Authorized User of 10 CFR 35.1000 uses for Sir Spheres Y90 microspheres

Reginald Taylor Handley, MD is the AU preceptor for these procedures and will oversee training

Date of Procedure	Signature of AU Preceptor	Signature of Trainee
7/1/2015	HANEVER MAD	/ Kalagher
8/13/2015	1. Hardy And	
3/8/2016	1. Hounk are	M
Date of Approval by the Radi	ation Safety Committee:	Pecl 21 2016

KARlam

Kari L. Cann, MS DABR Radiation Safety Officer



Proctored Physicians and Institution Information

Interventional Radiologist (IR): SEAN KALAGHER MD

Document ID:	
(Allocated by Sirtex)	

SIR-Spheres® Microspheres Treatment: Proctoring Evaluation Form(1)

Authorized They (ATI): Post of the CARLES AND		/ C
Authorized User (AU): BOENT HERREL MD Institution: CT. ALEXIUS HOSAITAL, BISMA Date Proctored: 9-5-12 Proctor: RANGALL SMITH MD	rck ND	Exp
1. Pre-Treatment Evaluation		
Evaluation Item	Pass	Deficient ⁽²⁾
 IR has received and is conversant with the "SIR-Spheres Microspheres Manual" 	Users	
2. Hospital resources	~	
a. Hospital has equipment to perform satisfactory visceral angiograp		
b. Quality of hepatic angiograms	V	
i. Power injected	~	
ii. Anatomy identified, including variant & aberrant vessels		
3. Hospital has appropriate personnel assigned to the treatment team	1	
a. Medicai physicist	·	
b. Radiation safety officer (RSO)	L	
c. Radiation oncologist/nuclear medicine or Interventional radiologi	st (AU)	
d. Nursing staff/patient coordinator		
4. Patient selection & pre-treatment work-up	V	
a. History & physical examination findings reviewed	V	
 b. Relevant laboratory results reviewed (LFTs/bilirubin, blood exam 		
 Triple phase contrast enhanced CT scan of chest/abdo/pelvis reviewed. 		
 d. Hepatic angiograms & variant or aberrant vessels correctly identified. 	fied	
c. MAA-Tc99 lung shunt study performed & correctly interpreted	i de la companya de	
f. Patient selected for treatment is an appropriate candidate	_ V	
g. Pre-treatment work up is satisfactory	Lun	

ntcrospheres treatment and forwarded to Strice
(2) Please add reason and/or comments below to Section 5

Notes: (1) The Proctoring Evaluation Form must be completed by the Proctor following the proctoring of a SIR-Spheres

SIR-Spheres is a Registered Trademark of Sixtex SIR-Spheres Pty Ltd

SIRTeX	

Document ID:	
Allocated by Sirtex)	

Dose Preparation: Sign-Off by Sirtex Field personnel

Evaluation Item	Pass	Deficient	Street Sig
1. Nuclear medicine hot lab personnel have the policies and procedures in			
place to accept and prepare the SIR-Spheres microspheres dose			
2. Nuclear medicine hot lab personnel can verify and document quantity of			
SIR-Spheres microspheres activity delivered to the patient			
3. Nuclear medicine hot lab personnel understand radiation safety and			
decontamination procedures		<u>{</u>	

3. Treatment Plan

Evaluation Item	Pass	Deficient
SIR-Spheres microspheres dose determination is satisfactory		-
2. Treatment plan is satisfactory (whole liver vs. lobar vs. segmental)	10°	
3. Hepatic arterial implantation site(s) of SIR-Spheres microspheres is satisfactory	lu-	
4. Physician(s) involved understand:	-	
n. Disease process	مس	
b. Their role in the delivery of SIR-Spheres microspheres		+
c. Possible complications and treatment	مي	
d. Treatment planning (whole liver vs. lobar vs. segmental)	100	
e. Dosimetry calculations		-
f. Optimal catheter placement, including	سما	
i. Need for embolization of GDA, RG, other variants and aberrants	-	
ii. Correct positioning of oatheter		
iii. Adequate radiation shielding in place	- lan	
g. Satisfactory nursing care available during and after procedure	2	

4. Peri-Procedural Care & Fost-Treatment Follow-up

Evaluation Item	Pass	Deficient
Peri-procedural care & supportive therapy/medications understood	1	
2. Post-treatment care & follow-up understood	4	
3. Post-treatment response assessment and imaging (CT/PET) schedule understood	-	

5. Comments (attach additional sheets if necessary)

Item#						Com	ments					_
3.1 3.4e	De	KAL	ACH	5/2	TRA	NED	AT	UVA	WH:	125	Doss	
,	WAS	CAC	CVL	47CD	37	RAD	0.4	sc.	WHO	AL5	O DEKINEL	250
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Form 102 — Proctoring Evaluation Reference: QSOP08 Revision #: 4 (CR1432) Issued: 30 May 2012

Page 2 of 3



	Docament ID: (Allocated by Sirtes)	
	(manufacture by true each)	
6a. Approval for Proctored Case	NG	
First Proctored Case	If Pre-trained please complete section 6b	
Second Proctored Case		
Third Proctored Case	Please complete section 6b	
65. Approval for Future Use of S	IR-Spheres Microspheres	
In my opinion, the hospital has the in Spheres microspheres: YES	frastructure in place to receive and to safely treat patients with SIR- NO []	
	liologist proctored is qualified to implant SIR-Spheres microspheres ser and does not require additional proctoring:	
In my opinion, the Interventional Rad YES NOT NECESSARY	liologist proctured requires at least one additional proctoring session:	
	roctored is qualified to implant SIR-Spheres microspheres in adiologist and does not require additional proctoring:	
In my opinion, the Authorized User parties NOT NECESSARY	roctored requires at least one additional proctoring session:	
7. Signatures	S. m. F. 440	
Proctor name (print): RAMA	CC JMITH MO	
Proctor Signature:	Date: 9-11-12	
following numbers:	ring Evaluation Form to Sirtex Regional Administrator at the	
US: +1 (978) 229 9585 EU: +49 228 1840 735 AP: +61 2 9964 8410	EXPENSES !	(DRO VE



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1600 East Lamar Boulevard Medical Licensing Section United States Nuclear Regulatory Commission - Region IV Carol L. Hill, Licensing Assistant

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Bozeman, MT 59715 931 Highland Boulevard, Suite 3350





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NRC FORM 532 (05-2016)



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee	Date
Ms. Kari L. Cann, Radiation Safety Officer Bozeman Health Deaconess Hospital 915 Highland Boulevard Bozeman, MT 59715	07/28/2016
	License Number(s)
	25-10994-04
	Mail Control Number(s)
	591542
,	Licensing and/or Technical Reviewer or Branch
	CHill
This is to acknowledge receipt of your: ✓ Letter and	l/or Application Dated: 07/21/2016
The initial processing, which included an administrative review, has been performed. ✓ Amendment	
There were no administrative omissions identified during our initial review.	
This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.	
Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf Follow the instructions on the form for submission.	
The following administrative omissions have been i	
Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please	

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1209 or (817) 200-1140

NRC FORM 532 (05-2016)

V7/28/16

BETWEEN: [FOR ARPB USE] INFORMATION FROM WBL Accounts Receivable/Payable Program Code: 02230 Status Code: Pending Amendment Regional Licensing Branches Fee Category:7C Exp. Date: Fee Comments: Decom Fin Assur Regd: N License Fee Worksheet - License Fee Transmittal A. REGION 1. APPLICATION ATTACHED Applicant/Licensee: Bozeman Health Deaconess Hospital 07/27/2016 Received Date: 3033305 Docket Number: Mail Control Number: 591542 25-10994-04 License Number: Amendment Action Type: 2. FEE ATTACHED Amount: Check No.: 3. COMMENTS Signed: Date: 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:

OTHER____

Signed:

Date: