

## Forster, Sara

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**From:** Forster, Sara  
**Sent:** Wednesday, November 16, 2016 7:23 AM  
**To:** 'Narayana, Vrinda'  
**Subject:** RE: RE: Additional Information request re Providence Hospital - Providence Cancer Center, NRC License No. 21-26632-01, CN591919

Thank you for the email.

**From:** Narayana, Vrinda [mailto:Vrinda.Narayana@ascension.org]  
**Sent:** Wednesday, November 16, 2016 5:25 AM  
**To:** Forster, Sara <Sara.Forster@nrc.gov>  
**Subject:** [External\_Sender] RE: Additional Information request re Providence Hospital - Providence Cancer Center, NRC License No. 21-26632-01, CN591919

Hi Sara,

Thank you so much for the phone message and email. I will reach out to the concerned people and see if I can send you the requested information in a couple of days.

Regards,  
Vrinda

**From:** Forster, Sara [mailto:Sara.Forster@nrc.gov]  
**Sent:** Tuesday, November 15, 2016 12:43 PM  
**To:** Narayana, Vrinda  
**Subject:** Additional Information request re Providence Hospital - Providence Cancer Center, NRC License No. 21-26632-01, CN591919

Dear Dr. Narayana:

Our office has received and reviewed your September 8, 2016 application (ML16253A241), requesting to (1) list Laura K. McNew, M.D. as an Authorized User (AU) for the use of iridium-192 in a high dose rate (HDR) remote afterloader, under Title 10 of the Code of Federal Regulations (CFR) Section 35.600, on the above-referenced license and (2) to remove one other AU (Brooke Trotter, M.D.) from the referenced license. No additional information is needed to remove Dr. Trotter. However, as noted in my voicemail to you this morning, additional information is needed to complete our review of Dr. McNew's training and experience – pursuant to requirements outlined in 10 CFR 35.690 - as noted below:

For additional information, please refer to the guidance volume at the website:

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

Additional information should – at a minimum – include the following details:

- a. Concerning Table 3.d. on page 3 of the NRC Form 313A (AUS) attached to your application, please provide Dr. McNew's total number of hours of supervised work experience – under an AU as described in 10 CFR 35.690(b)(ii).
- b. Also concerning the last line of the referenced Table 3.d., please provide a description of Dr. McNew's supervised work experience in selecting the proper HDR dose rate as stipulated by 10 CFR

35.690(b)(ii)(F), including (i) name of supervising AU, (ii) institution including location and license number where work experience was completed, (iii) total number of hours of 10 CFR 35.690(b)(ii)(F) work experience, and (iv) dates on which such work experience was completed.

- c. Concerning Table 3.e. on page 4 of the NRC Form 313A (AUS) attached to your application, please provide (i) the dates on which Dr. McNew completed HDR-specific training in device operation, safety procedures, and clinical use and (ii) the name of the individual providing such training (i.e. vendor, AU, or Authorized Medical Physicist (AMP)) as described in 10 CFR 35.690(c). Note that the clinical use training should include specific dates on which Dr. McNew participated in administrations to patients. Also, please note that – where clinical use and other training was completed using another HDR model, documentation of GammaMed Plus IX device-specific safety training should be included with the response. Finally, for consideration of the HDR Annual Operations training sheet attached to the request, please provide an outline of topics covered in the May 2013 training, including the location of the training, names and qualifications of training provider, and a description of any hands-on training included in that session.
- d. Concerning the Part II – Preceptor Attestation section on pages 5-6 of the NRC Form 313A (AUS) attached to your application, please resubmit the updated preceptor attestation, together with the training and experience requested above and pages 1, 3, and 4 of the NRC Form 313A (AUS).

Please submit additional requested information within 14 days of this message (on or before November 29, 2016). You may send the requested information under a signed and dated cover letter via facsimile, or as a pdf file attached to an email message. Do not hesitate to call me if you have additional questions, or if you will need additional time to prepare your response. Please respond to this message via email or phone to confirm receipt.

Sara A. Forster, Health Physicist Licensing Reviewer  
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Division of Nuclear Materials Safety  
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Lisle, IL 60532-4352  
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