

# Marshalltown Area Community Hospital

3 South 4th Avenue  
Marshalltown, Iowa 50158

Office of the  
Undersigned

Telephone:  
515/754-5151

January 21, 1985

Ms. Evelyn Matson  
Materials Licensing Section  
U.S. Nuclear Regulatory Commission  
Region III  
799 Roosevelt Road  
Glen Ellyn, IL 60137

Re: Additional information request for License Renewal NRC No. 14-17927-01

Dear Ms. Matson:

Attached are copies of the additional information you requested in your letter which we received November 20, 1984.

Specifically the attached are NRC form 313M supplement A for Dr. E. Cassidy and NRC form 313M supplement B for Dr. W. Beisser.

Hopefully, Drs. Beisser and Cassidy can be added to our Materials License following your review of these documents.

If you need more information or have any questions at all, please call me. My phone number is (515) 754-5086.

Thank you for your assistance with our license renewal. If it will help, the control number for this renewal was #76483.

Thanks again.

Sincerely,

*Roy S. Struve*  
Roy Struve  
Administrative Director Radiology

RECEIVED BY LFMB	
Date	2/4/85
Log	[initials]
By	[initials]
Orig To	[initials]
Action Compl.	[initials]

RECEIVED

JAN 24 1985

REGION III

CONTROL NO. 78170

JAN 24 1985

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14-17927-01 PDR

FEE EXEMPT

(9-81)

# TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <i>Eugene P. Cassidy</i>		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <i>NC, CA, IA</i>		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
<i>American Board of Pathology</i>	<i>Anatomy Pathology Clinical Pathology Medical Microbiology</i>	<i>11/71 11/76 5/76</i>		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D	
a. RADIATION PHYSICS AND INSTRUMENTATION	<i>Yale - New Haven Hospital Yale University July 1966 - June 1970</i>	<i>Integrated Residency Anatomic + Clinical Pathology</i>		
b. RADIATION PROTECTION	<i>"</i>	<i>No hour breakdown available</i>		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	<i>"</i>			
d. RADIATION BIOLOGY	<i>"</i>			
e. RADIOPHARMACEUTICAL CHEMISTRY	<i>"</i>			
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
<i>Ir-192</i>	<i>50 mcuries</i>	<i>Clarkson Hospital Omaha NE</i>	<i>1972 - 1978</i>	<i>In vitro, in vivo</i>
<i>Ir-192</i>		<i>Scripps Hospital Encinitas CA</i>	<i>1978 - 1984</i>	<i>In vitro, in vivo</i>

*California does a "delay before" state and the institutional license covers the pathology laboratory of Miami*

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS	KEY TO COLUMN C
<p>FULL NAME <u>William Thomas BEISSER, M.D.</u></p> <p>STREET ADDRESS <u>M.A.C.H 3 South 4<sup>th</sup> Ave</u></p> <p>CITY <u>MARSHALLTOWN</u> STATE <u>IOWA</u> ZIP CODE <u>50158</u></p>	<p><b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b></p> <p>1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.</p> <p>2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.</p> <p>3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.</p>

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	40	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS	8	
I-131	THYROID IMAGING	40	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	28	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING	8	
	CARDIAC IMAGING	MUGA = 6 TL = 33	
	THYROID IMAGING	1	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	8	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	147	
	LUNG IMAGING	133	
	BONE IMAGING	326	
OTHER		8	

CONTROL NO. 78170

# RECEPTOR STATEMENT (Continued)

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.)
A	B	C	D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	2	
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	6	
	TREATMENT OF HYPERTHYROIDISM	10	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	6	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	6	
Other			

## 3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

Sept. Oct 1982  
May, June 1981  
TOTAL 4 months (768 hours)

## 4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Richard N. Boas, M.D.

b. NAME OF INSTITUTION

ST. Josephs Hospital & med. center

c. MAILING ADDRESS

350 W. Thomas Rd

d. CITY

Phoenix Arizona 85013

5. MATERIALS LICENSE NUMBER(S)

7-24

6. PRECEPTOR'S SIGNATURE

X Richard N. Boas, M.D.

7. PRECEPTOR'S NAME (Please type or print)

Richard N. Boas, M.D.

8. DATE

X Jan. 11, 1985

Division of  
Nuclear Medicine