Smith Clinic

December 18, 1987

Bruce S. Mallett, Ph.D.
Chief, Materials Licensing Section
U. S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

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RE: By-product material License No. 34-00179-02
F. C. Smith Clinic, Marion, OH.

Dear Dr. Mallett:

Please amend our by-product material license to include Ashwinkumar N. Patel, M. D. as an approved user for intracavitary, interstitial, and mold radiotherapy using Co-60, Cesium-137, Iodine-125, and Iridium-192.

We are enclosing form 313-A which details Dr. Patel's training and experience with these agents.

We are also enclosing a check for $120 to cover the cost of this amendment.

If you have any questions do not hesitate to contact either me or Dr. George W. Callendine, Jr., our physics consultant. Dr. Callendine's telephone number is 614/885-6187.

Yours very truly,

Donald M. Miller, M. D.
Chairman, Department of Radiology

Jan 6th
44191
$120
TC
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1/9/88

DMM:mt
Enclosure

cc: A. Patel, M. D.
Thomas Bishop
G. W. Callendine, Jr.

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CONTROL NO. 84678

The Frederick C. Smith Clinic · 1040 Delaware Ave · Marion, Ohio 43302 614/387-0850

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SUPPLEMENT A
TRAINING AND EXPERIENCE
PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE (If physician)
Ashwinkumar N. Patel, M.D.	Michigan, Ohio, Georgia

3. CERTIFICATION

SPECIALTY BOARD	CATEGORY	MONTH AND YEAR CERTIFIED
American Board of Radiology	Radiation Oncology	Eligible - 1987

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES *(To be completed by institution providing training)*

FIELD OF TRAINING	LOCATION AND DATE(S) OF TRAINING	TYPE AND LENGTH OF TRAINING: LECTURE/LABORATORY COURSE (Hours)	TYPE AND LENGTH OF TRAINING: FORMAL SUPERVISED OJT/LABORATORY EXPERIENCE (Hours)
RADIATION PHYSICS AND INSTRUMENTATION	Henry Ford Hospital January, 1984 - Present	180	10
RADIATION PROTECTION	Henry Ford Hospital January, 1984 - Present	15	-
MATHEMATICS PERTAINING TO THE USE, MEASUREMENT, AND SHIELDING OF RADIOACTIVE SOURCES	Integrated with Physics course as above	30	-
RADIATION BIOLOGY	Henry Ford Hospital January, 1984 - Present	40	-

5. EXPERIENCE WITH RADIOACTIVE MATERIALS* *(Actual use of radioisotopes or equivalent experience)*

ISOTOPE	MAXIMUM AMOUNT FOR ANY SINGLE APPLICATION	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Co-60	412	Henry Ford Hospital Detroit, Michigan	3½ years	Teletherapy
Cs-137	36			Intracavitary
Ir-192	28			Intracavitary
I-125	33			Interstitial

*Experience with sealed radioactive sources under the supervision of qualified instructors should include:

1. Review of initial source calibration and periodic spot check measurements of teletherapy units
2. Initial source calibration of sealed sources other than teletherapy sources that are used for treatment purposes
3. Calibration of ion chambers and survey meters
4. Preparation of treatment plans and treatment times for teletherapy and brachytherapy
5. Knowledge of and ability in radiation safety, quality control and emergency procedures for handling and using sealed sources

6. I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF *(Signature of program supervisor)*

Young C. Bae (signature) DATE 5/22/8[illegible]

TYPED OR PRINTED NAME: Young C. Bae, M.D., Acting Chairman

NAME OF INSTITUTION: Therapeutic Radiology, Henry Ford Hospital

MAILING ADDRESS: 2799 W. Grand Blvd.,

CITY	STATE	ZIP CODE	RADIOACTIVE MATERIALS LICENSE NUMBER
Detroit	MI	48202	21-04 109-08

WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

CONTROL NO 8 4 6 7 8

SUPPLEMENT B

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

FULL NAME: Ashwinkumar N. Patel, M.D.

STREET ADDRESS: Therapeutic Radiology
Henry Ford Hospital
2799 W. Grand Blvd.

CITY: Detroit, STATE: MI ZIP CODE: 48202

KEY TO COLUMN C
PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. Examination of patients to determine the suitability for radioisotope therapy and recommendations on dosage to be prescribed.
2. Collaboration in calculation of radiation dose, related measurement, and modification of the originally prescribed dose as warranted by patient reaction to the radiation.
3. Followup of patients when required.
4. Study and discussion with preceptor of case histories to establish the most appropriate therapy procedures, limitations, contraindications, etc.

2. CLINICAL TRAINING AND EXPERIENCE OF PHYSICIAN CITED ABOVE IN USING SOURCES OR DEVICES FOR THERAPY

ISOTOPE A	TYPES OF TREATMENT B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Append additional information if necessary) D
Co-60	COURSES OF TELETHERAPY TREATMENT	412	
OR	INTERSTITIAL	0	
Cs-137	INTRACAVITARY	36	
I-125, Ir-192 OR Au-198 SEEDS	INTERSTITIAL	61	I-125 = 33, Ir-192 = 28
Ra-226	INTRACAVITARY	0	
X-RAY AND ACCELERATOR THERAPY	COURSES OF THERAPY TREATMENT	610	
Sr-90	SUPERFICIAL EYE CONDITIONS	0	
OTHER			

DATES AND TOTAL NUMBER OF HOURS IN CLINICAL TRAINING USING SEALED SOURCES FOR THERAPY

My tranining at Henry Ford Hospital consisted of 1 year of internship followed by 3 years of residency in Therapeutic Radiology (Radiation Oncology) from July 1, 1983 to present. Training included extensive utilization of brachytherapy using Cs-137 for Gyn intracavitary applications, I-125 for prostate, lung and brain tumors. Ir-192 for breast, lung, head and neck, as well as vaginal tumors. Recent experience in the use of high intensity Ir-192 for lesions in the bronchus, esophagus, vag'na, etc.. Also use of interstitial brachytherapy combined with hyperthermia. Teletherapy included two cobalt machines and three linear accelerators.

3. PRECEPTOR'S CERTIFICATION

NAME OF SUPERVISOR: Young C. Bae, M.D.
Acting Chairman

NAME OF INSTITUTION: Therapeutic Radiology
Henry Ford Hospital

RADIOACTIVE MATERIALS LICENSE NUMBER: 21-04 109-08

MAILING ADDRESS: Henry Ford Hospital
2799 W. Grand Blvd

CITY: Detroit STATE: MI ZIP CODE: 48202

I CERTIFY THAT (a) THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND (b) I WAS AUTHORIZED BY THE REFERENCED RADIOACTIVE MATERIALS LICENSE(S) TO PERFORM THE PROCEDURES SPECIFIED ABOVE. I FURTHER BELIEVE THAT THE APPLICANT PHYSICIAN IS COMPETENT TO PERFORM THESE PROCEDURES INDEPENDENTLY. (Signature)

Young C. Bae, M.D.

DATE: 5/22/87

WARNING: 18 U.S.C. Section 1001; Act of June 25, 1948, 62 Stat. 749 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.