MAY 30 1986

License No. 20-05696-02
Docket No. 030-01876
Control No. 105177

St. Anne's Hospital Corporation
ATTN: Alan D. Knight
President
795 Middle Street
Fall River, Massachusetts 02721-1798

Gentlemen:

Please find enclosed an amendment to your NRC Material License.

Please review the enclosed document carefully and be sure that you understand all conditions. If there are any errors or questions, please notify the Region I Material Licensing Section, (215) 337-5239, so that we can provide appropriate corrections and answers.

Please be advised that you must conduct your program involving licensed radioactive materials in accordance with the conditions of your NRC license, representations made in your license application, and NRC regulations. In particular, please note the items in the enclosed, "Requirements for Materials Licensees."

Since serious consequences to employees and the public can result from failure to comply with NRC requirements, the NRC expects licensees to pay meticulous attention to detail and to achieve the high standard of compliance which the NRC expects of its licensees.

You will be periodically inspected by NRC. A fee may be charged for inspections in accordance with 10 CFR Part 170. Failure to conduct your program safely and in accordance with NRC regulations, license conditions, and representations made in your license application and supplemental correspondence with NRC will result in prompt and vigorous enforcement action against you. This could include issuance of a notice of violation, or in case of serious violations, an imposition of a civil penalty or an order suspending, modifying or revoking your license as specified in the General Policy and Procedures for NRC Enforcement Actions, 10 CFR Part 2, Appendix C.



OFFICIAL RECORD COPY ML 20-05696-02/LTR - 0001.0.0
05/28/86

ML10

We wish you success in operating a safe and effective licensed program.

Sincerely,

Original Signed By:
Edwin A. Wurtz

Edwin A. Wurtz, Ph.D., Chief
Nuclear Materials Safety Section B
Division of Radiation Safety
and Safeguards

Enclosures:
1. Amendment No. 27
2. Requirements for Materials Licensees
3. NRC Forms 3 and 313M

EAW
DRSS:RI
Wurtz/kl

5/30/86

OFFICIAL RECORD COPY ML 20-05696-02/LTR - 0002.0.0
05/28/86

ref Lic ~~No.~~ # 20-05696-02

Re: Conv of 3/26/82

1) Dr Simon Y. Kim has documented ~~four (4)~~ active participation in four (4) cases of Thyroid Carcinoma treated with I-131 @. : Two cases under the preceptorship of Dr Merrill I. Feldman, and Two under the preceptorship of Dr ~~Hector Bal~~ Jerome Shapiro as evinced by the enclosed Copies of NRC Form 313M supl. B.

2) A copy of Dr Genaovi's preceptor statement is enclosed.

3) As Colloidal ~~P-32~~ P-32 is not employed at this institution, we would request a qualified group IV status for Dr Kim and Dr Genaovi, excluding colloidal P-32 if this is appropriate.

MS 16
P9

10577

"OFFICIAL RECORD COPY" ML10

APR 0 1 1986

NRC FORM 313M SUPPLEMENT B
(9-81)

U. S. NUCLEAR REGULATORY COMMISSION

Approved by OMB
3150-0041
Expires 9-30-86

# 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

FARES A. GENNAOUI, M.D.

STREET ADDRESS

795 Middle St.

CITY | STATE | ZIP CODE

Fall River, Ma. 02722

**KEY TO COLUMN C**

**PERSONAL PARTICIPATION SHOULD CONSIST OF:**

1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.

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.

3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

| ISOTOPE<br>A | CONDITIONS DIAGNOSED OR TREATED<br>B | NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION<br>C | COMMENTS<br>*(Additional information or comments may be submitted in duplicate on separate sheets.)*<br>D |
|---|---|---|---|
| I-131 or I-125 | DIAGNOSIS OF THYROID FUNCTION | | |
| | 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 | | |
| I-131 | THYROID IMAGING | | |
| P-32 | EYE TUMOR LOCALIZATION | | |
| Se-75 | PANCREAS IMAGING | | |
| Yb-169 | CISTERNOGRAPHY | | |
| Xe-133 | BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES | | |
| OTHER | | | |
| Tc-99m | BRAIN IMAGING | | |
| | CARDIAC IMAGING | | |
| | THYROID IMAGING | | |
| | SALIVARY GLAND IMAGING | | |
| | BLOOD POOL IMAGING | | |
| | PLACENTA LOCALIZATION | | |
| | LIVER AND SPLEEN IMAGING | | |
| | LUNG IMAGING | | |
| | BONE IMAGING | | |
| OTHER | | | |

APR 0 1 1986

## PRECEPTOR STATEMENT *(Continued)*

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

| ISOTOPE<br>A | CONDITIONS DIAGNOSED OR TREATED<br>B | NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION<br>C | COMMENTS<br>*(Additional information or comments may be submitted in duplicate on separate sheets.)*<br>D |
|---|---|---|---|
| P-32 *(Soluble)* | TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES | 6 | |
| P-32 *(Colloidal)* | INTRACAVITARY TREATMENT | | |
| I-131 | TREATMENT OF THYROID CARCINOMA | | |
| | 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 | | |
| Sn-113/ In-113m | GENERATOR | | |
| Tc-99m | REAGENT KITS | | |
| Other | | | |

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

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

a. NAME OF SUPERVISOR
MERRILL I. FELDMAN, M.D., F.A.C.R.

b. NAME OF INSTITUTION
St.Anne's Hospital

c. MAILING ADDRESS
795 Middle St.

d. CITY
Fall River, Ma. 02722

5. MATERIALS LICENSE NUMBER(S)
20-05696-02

6. PRECEPTOR'S SIGNATURE
Merrill I. Feldman

7. PRECEPTOR'S NAME *(Please type or print)*
Merrill I. Feldman. M.D. F.A.C.R.
University Hospital
Boston, Ma.

8. DATE
2/6/86

NRC FORM 313M SUPPLEMENT B
(9-81)



GPO 690-913

NRC FORM 313M SUPPLEMENT B
(9-81)

U. S. NUCLEAR REGULATORY COMMISSION

Approved by OMB
3150-0041
Expires 9-30-86

# 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

SIMON Y. KIM, M.D.

STREET ADDRESS

795 Middle St.

CITY | STATE | ZIP CODE

Fall River, Ma. 02722

**KEY TO COLUMN C**

**PERSONAL PARTICIPATION SHOULD CONSIST OF:**

1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.

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.

3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

| ISOTOPE<br>A | CONDITIONS DIAGNOSED OR TREATED<br>B | NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION<br>C | COMMENTS<br>*(Additional information or comments may be submitted in duplicate on separate sheets.)*<br>D |
|---|---|---|---|
| I-131 or I-125 | DIAGNOSIS OF THYROID FUNCTION | | |
| | 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 | | |
| I-131 | THYROID IMAGING | | |
| P-32 | EYE TUMOR LOCALIZATION | | |
| Se-75 | PANCREAS IMAGING | | |
| Yb-169 | CISTERNOGRAPHY | | |
| Xe-133 | BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES | | |
| OTHER | | | |
| Tc-99m | BRAIN IMAGING | | |
| | CARDIAC IMAGING | | |
| | THYROID IMAGING | | |
| | SALIVARY GLAND IMAGING | | |
| | BLOOD POOL IMAGING | | |
| | PLACENTA LOCALIZATION | | |
| | LIVER AND SPLEEN IMAGING | | |
| | LUNG IMAGING | | |
| | BONE IMAGING | | |
| OTHER | | | |

## PRECEPTOR STATEMENT *(Continued)*

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

| ISOTOPE<br>A | CONDITIONS DIAGNOSED OR TREATED<br>B | NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION<br>C | COMMENTS<br>*(Additional information or comments may be submitted in duplicate on separate sheets.)*<br>D |
|---|---|---|---|
| P-32 *(Soluble)* | TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES | 6 | |
| P-32 *(Colloidal)* | INTRACAVITARY TREATMENT | | |
| I-131 | TREATMENT OF THYROID CARCINOMA | 2 | |
| | 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 | | |
| Sn-113/ In-113m | GENERATOR | | |
| Tc-99m | REAGENT KITS | | |
| Other | | | |

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

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

a. NAME OF SUPERVISOR
MERRILL I. FELDMAN, M.D. F.A.C.R.

b. NAME OF INSTITUTION
St. Anne's Hospital

c. MAILING ADDRESS
795 Middle St.

d. CITY
Fall River, Ma. 02722

### 5. MATERIALS LICENSE NUMBER(S)
20-05696-02

### 6. PRECEPTOR'S SIGNATURE
Merrill I. Feldman

### 7. PRECEPTOR'S NAME *(Please type or print)*
Merrill I. Feldman M.D., F.A.C.R.
University Hospital
Boston, Ma

### 8. DATE
2/6/82

NRC FORM 313M SUPPLEMENT B
(9-81)



GPO 880-813

NRC FORM 313M SUPPLEMENT B
(9-81)

U. S. NUCLEAR REGULATORY COMMISSION

Approved by OMB
3150-0041
Expires 9-30-86

# 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

SIMON Y. KIM,M.D.

STREET ADDRESS

795 Middle St.

CITY | STATE | ZIP CODE

Fall River, Ma. 02722

**KEY TO COLUMN C**

**PERSONAL PARTICIPATION SHOULD CONSIST OF:**

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**2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN**

| ISOTOPE<br>A | CONDITIONS DIAGNOSED OR TREATED<br>B | NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION<br>C | COMMENTS<br>*(Additional information or comments may be submitted in duplicate on separate sheets.)*<br>D |
|---|---|---|---|
| I-131 or I-125 | DIAGNOSIS OF THYROID FUNCTION | | |
| | 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 | | |
| I-131 | THYROID IMAGING | | |
| P-32 | EYE TUMOR LOCALIZATION | | |
| Se-75 | PANCREAS IMAGING | | |
| Yb 169 | CISTERNOGRAPHY | | |
| Xe-133 | BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES | | |
| OTHER | | | |
| Tc 99m | BRAIN IMAGING | | |
| | CARDIAC IMAGING | | |
| | THYROID IMAGING | | |
| | SALIVARY GLAND IMAGING | | |
| | BLOOD POOL IMAGING | | |
| | PLACENTA LOCALIZATION | | |
| | LIVER AND SPLEEN IMAGING | | |
| | LUNG IMAGING | | |
| | BONE IMAGING | | |
| OTHER | | | |

## PRECEPTOR STATEMENT *(Continued)*

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

| ISOTOPE<br>A | CONDITIONS DIAGNOSED OR TREATED<br>B | NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION<br>C | COMMENTS *(Additional information or comments may be submitted in duplicate on separate sheets.)*<br>D |
|---|---|---|---|
| P-32 *(Soluble)* | TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES | | |
| P-32 *(Colloidal)* | INTRACAVITARY TREATMENT | | |
| I-131 | TREATMENT OF THYROID CARCINOMA | 2 | |
| | TREATMENT OF HYPERTHYROIDISM | | |
| 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 | | |
| Sn-113/ In-113m | GENERATOR | | |
| Tc-99m | REAGENT KITS | | |
| Other | | | |

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

Resident in Radiation Medicine, 1975-1977

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

a. NAME OF SUPERVISOR
Jerome Shapiro, M.D.

b. NAME OF INSTITUTION
Boston City Hospital

c. MAILING ADDRESS
Harrison Avenue

d. CITY
Boston, Ma.

**5. MATERIALS LICENSE NUMBER(S)**
20-0027508

**6. PRECEPTOR'S SIGNATURE**

**7. PRECEPTOR'S NAME** *(Please type or print)*
Victor Lee, M.D.
Jerome Shapiro, M.D.

**8. DATE**
February 7, 1986

NRC FORM 313M SUPPLEMENT B
(9-81)



GPO 880-813

License No. 20-05696-02
Docket No. 030-01876
Control No. 105177

(ADDRESS)
St. Anne's Hospital Corp.
Department of Nuclear Medicine
ATTN: Alan D. Knight
President
795 Middle Street
Fall River, Massachusett 02721

SUBJECT: TELEPHONE CONVERSATION ON 3/27/86

This is in reference to your (letter)(~~application~~) dated 2/24/86, (~~for a license~~)(to amend your license)(~~to renew your license~~). As discussed in the telephone conversation between J. Kelly (of your staff)(~~yourself~~) and E. Wurtz (of this office), we need the following additional information to complete our review:

1. Your submission did not include the first page of Dr. Gennaoui's preceptor statement. Please submit the complete preceptor statement.

2. ~~The experien~~ Dr. Kim's clinical experience did not include the use of colloidal $^{32}P$ nor ~~the use of $^{131}I$ for~~ the requisite 3 cases of the use of $^{131}I$ for the treatment of thyroid carcinoma to allow us to authorize him for all of Groups ~~I~~ IV at Group V. If Dr. Kim has additional training, submit it on a preceptor statement.

We will continue our review upon receipt of this information. Please reply in duplicate and refer to the Control Number listed above.

If we do not receive a reply from you within 30 calendar days from the date of this letter, we shall assume that you do not wish to pursue your application.

Sincerely,

_____

Nuclear Materials Safety Section B
Region I

Wurtz Glenn
(concurrences)