

From: [Gryglak, Magdalena](#)
To: [Bell, Erin](#)
Subject: Request to authorize Dr. Ramaswamy and Dr. LoCascio for use of Y-90, NRC license no. 13-06009-01, Community Health Network, Inc.
Date: Thursday, January 7, 2021 2:26:00 PM

Good afternoon,

I am working on the authorization of Drs. Ramaswamy and LoCascio for use of Y-90 Theraspheres and SIR-Spheres. Unfortunately, the manufacturer provided documentation of training for both physicians using Revision 9 of the NRC guidance for use of the microspheres. Currently, Revision 10 is in effect which requires additional information:

A. Regarding Dr. Ramaswamy's authorization for use of Y-90 SIR-Spheres:

- 1) Please provide a signed and dated letter from an authorized user for Y-90 SIR-Sphere use (include the license number) attesting that Dr. Ramaswamy received training under supervision of an Authorized User for Y-90 SIR-Sphere use (Name and license number), on (date) at (facility name) in the following elements:
 - a) preparing and administering patient dosages
 - b) using administrative controls to prevent a medical event involving the use of byproduct material;
 - c) Evaluation of patient's treatments to determine whether the administered dosage was in accordance with the written directive or if a medical event has occurred.

B. Regarding Dr. Ramaswamy's authorization for use of Y-90 TheraSpheres:

- 1) Please provide a signed and dated letter from an authorized user for Y-90 TheraSpheres use (include the license number) attesting that Dr. Ramaswamy received training under supervision of an Authorized User for Y-90 TheraSpheres (Name and license number), on (date) at (facility name) in the following elements:
 - a) preparing and administering patient dosages
 - b) using administrative controls to prevent a medical event involving the use of byproduct material;
 - c) Evaluation of patient's treatments to determine whether the administered dosage was in accordance with the written directive or if a medical event has occurred.

c. Regarding Dr. LoCascio's authorization for use of Y-90 TheraSpheres:

- 1) Please provide a signed and dated letter from an authorized user for Y-90 TheraSpheres use (include the license number) attesting that Dr. LoCascio received training under supervision of an Authorized User for Y-90 TheraSpheres (Name and license number), on (date) at (facility name) in the following elements:
 - a) preparing and administering patient dosages
 - b) using administrative controls to prevent a medical event involving the use

of byproduct material;

- c) Evaluation of patient's treatments to determine whether the administered dosage was in accordance with the written directive or if a medical event has occurred.

Please acknowledge receipt of this email and let me know if you have any questions.

You may submit the information directly to me via email.

Thank you

Magdalena R. Gryglak
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