

Received
02/18/2022

Eastern Idaho Regional Medical Center
3100 Channing Way
Idaho Falls, Idaho 83404

October 20th, 2021

Mail Control Number: 630179
Docket Number : 3032290
License Number : 11-27346-01
Licensee Name : Eastern Idaho Health Services, Inc.

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
1600 E. Lamar Boulevard
Arlington, TX 76011-4511

RE: Amendment NRC License 11-27346-01

Eastern Idaho Regional Medical Center

Dear Sir or Madam:

Please consider the following as our amendment request to remove James P Edlin, MD as the RSO of radioactive material license No. 11-27346-01 at Eastern Idaho Regional Medical Center. Dr Edlin is retiring.

1. Please add the following as RSO:

Stephen R Preece, M.D.

IOCFR35.100, IOCFR35.200, and IOCFR35.1000: Y-90 Microspheres Sir-Spheres and Theraspheres

Dr. Preece is a licensed physician in Idaho, License # M-12446

Dr. Preece is a current authorized user for the requested uses on radioactive material license No. 11-27346-01 at Eastern Idaho Regional Medical Center.

2. Please see attached documentation regarding training records for Dr. Preece.

Please contact the Medical Imaging Director, Travis Arnold, at (208)529-7896 or the Radiation Safety Coordinator, Scott Stermer, at (208)227-2684, if you require additional information.

Sincerely,



Jeffrey Sollis
Chief Executive Officer



**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.57, 35.50]**

Name of Individual

RSO

ARSO

Stephen Preece

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- 35.100 35.200 35.300 35.400 35.500 35.600 (remote afterloader)
- 35.600 (teletherapy) 35.600 (gamma stereotactic radiosurgery) 35.1000 (Y-90 Microsphere)

**PART I -- TRAINING AND EXPERIENCE
(Select one of the five methods below)**

*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
- b. If the board certification process has been recognized by the Commission or an Agreement State under 10 CFR 35.50;
 - (i) Go to the table in 5c and describe training provider and dates of training for each type of use for which authorization is sought.
 - (ii) Stop here
- c. If the board certification was issued on or before October 24, 2005 and is listed in 10 CFR 35.57 (a)(2);
 - (i) Provide documentation demonstrating that the individual was using the requested materials and uses on or before October 24, 2005;
 - (ii) Stop here

OR

2. Current Radiation Safety Officer (RSO) or Associate Radiation Safety Officer (ARSO) Seeking Authorization to Be Recognized as a RSO or ARSO for the Additional Medical Uses Checked Above

- a. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO or ARSO is sought.
- b. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

OR

3. Authorized User (AU), Authorized Medical Physicist (AMP), or Authorized Nuclear Pharmacist (ANP) Identified on a license or permit in accordance with 10 CFR 35.50 (c)(2)

- a. Provide license number.
- b. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

OR

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

4. Individuals applying simultaneously to be the RSO and AU on a new license

- a. Documentation of training and experience to be a new AU is attached
- b. The new license application is attached.
- c. Stop here.

OR

5. Structured Educational Program for Proposed RSO or ARSO

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			
Total Hours of Training: <input style="width: 50px;" type="text"/>			

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)

b. Supervised Radiation Safety Experience

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual James P. Edlin, MD	License/Permit Number listing supervising individual as a Radiation Safety Officer or Associate Radiation Safety Officer 11-27346-01
The supervising individual is authorized as the for the following medical uses:	
<input checked="" type="checkbox"/> Radiation Safety Officer or the <input type="checkbox"/> Associate Radiation Safety Officer	
<input checked="" type="checkbox"/> 35.100	<input checked="" type="checkbox"/> 35.200
<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input checked="" type="checkbox"/> 35.1000 (Y-90 Microspheres)
<input checked="" type="checkbox"/> 35.300	<input type="checkbox"/> 35.400
	<input type="checkbox"/> 35.600 (teletherapy)

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license for the RSO or types of use for which the ARSO will be listed on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	Versant Education NV5 Virtual MRSO Course 20.58 CE credits approved by CAMPEP	6/2/2020- 1/28/2021
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	Versant Education NV5 Virtual MRSO Course 20.58 CE credits approved by CAMPEP	6/2/2020- 1/28/2021
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):	Eastern Idaho Regional Medical Center (Y-90 microspheres)	05/11/2016 10/01/2018 11/01/2018 10/05/2020

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual <i>If training was provided by supervising RSO, ARSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i>	License/Permit Number listing supervising individual
James Edlin, MD	11-27346-01

License/Permit lists supervising individual as:

- Radiation Safety Officer Associate Radiation Safety Officer
 Authorized User Authorized Nuclear Pharmacist Authorized Medical Physicist

Authorized as RSO, ARSO, AU, ANP, or AMP for the following medical uses:

- 35.100 35.200 35.300 35.400
 35.500 35.600 (remote afterloader) 35.600 (teletherapy)
 35.600 (gamma stereotactic radiosurgery) 35.1000 (Y-90 microsphere)

d. Skip to and complete Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Structured Educational Program for Proposed RSO or ARSO

I attest that Stephen R Preece, MD has satisfactorily completed
Name of Proposed RSO/ARSO
 a structural educational program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

Second Section

AND

I attest that Stephen R Preece, MD has training in
Name of Proposed RSO/ARSO
 radiation safety, regulatory issues, and emergency procedures for the following types of use:

Check all that apply:

- 35.100 35.200
 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131
 35.300 Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

PART II – PRECEPTOR ATTESTATION (continued)

Check all *that apply*:

- 35.400
- 35.500
- 35.600 remote afterloader units
- 35.600 teletherapy units
- 35.600 gamma stereotactic radiosurgery units
- 35.1000 emerging technologies, including:

Y-90 , Microsphere

Third Section

AND

I attest that Stephen R Preece, MD

Name of Proposed Radiation Safety Officer or Associate Radiation Safety Officer

is able to independently fulfill the radiation safety-related duties as:

A Radiation Safety Officer for a medical use licensee.

OR

An Associate Radiation Safety Officer for a medical use licensee.

Fourth Section

Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for I am the Associate Radiation Safety Officer for

Name of Facility: Eastern Idaho regional Medical Center

License/Permit Number: 11-27346-01

Name of Preceptor (Typed or printed)

James P. Edlin, MD

Telephone Number

(208) 521-4177

Date

10/19/2021

Signature

TheraSphere™ Training Record
Stephen Preece, MD
Eastern Idaho Regional Medical Center, Idaho Falls, ID

- October 1, 2018 – Completed Safe Handling and Administration training
- October 1, 2018 – 3 in-vitro administrations
- November 1, 2019 – Proctoring Supervision of Patient Treatment #1 Completed
- October 5, 2020 – Proctoring Supervision of Patient Treatment #2 Completed
- November 13, 2020 – Proctoring Supervision of Patient Treatment #3 Completed

This is to confirm that Boston Scientific provided training on the recommended use of TheraSphere in accordance with the TheraSphere Package Insert at Eastern Idaho Regional Medical Center. Dr. Preece has successfully completed the Authorized User training program. The full scope of training included:

1. Safe Handling and Administration:

- Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
- Performing quality control procedures on instruments used to determine the activity of Y-90 microspheres and performing checks for proper operation of survey meters;
- Evaluation of each patient or human research subject for the dose/activity of Y-90 microspheres to be administered to each treatment site;
- Calculating and measuring the activity and safely preparing the Y-90 microspheres to be delivered to the patient or human research subject;
- Using administrative controls to prevent a medical event involving the use of by-product material;
- Using procedures to control and to contain spilled by-product material, including Y-90 microspheres, safely and using proper decontamination procedures; and
- Follow up and review of each patient's or human research subject's case history for Y-90 microspheres

2. Three in-vitro administrations with focus on:

- Safe handling practices
- TheraSphere Administration Set and TheraSphere Administration Accessory Kit overview
- Dose Calibrator verification using Calibration Data Sheet for Y-90
- Preparation of TheraSphere dose vial
- Assembly of the Administration Set
- System priming
- TheraSphere administration
- Disassembly

3. Three clinical patient cases with focus on:

- Dosimetry
- Written Directive
- TheraSphere Administration



Aaron Bartoo, PhD
Regional Medical Director
Boston Scientific, Interventional Oncology

December 10, 2020



SIRTEX MEDICAL INC.

300 Unicorn Park Drive

Woburn, MA 01801

Tel: +1 (781) 721 3800

Fax: +1 (781) 721 3880

Ref: 104US07

May 11, 2016

Dr. Steve Preece
Interventional Radiology
Eastern Idaho Regional Medical Center
3100 Channing Way
Idaho Falls, ID 83402

Dear Dr. Preece:

Re: SIR-Spheres® Microspheres Authorized User Training and Certification

This letter certifies that on 4/27/2016, you successfully completed training in the operation of the delivery system, safety procedures and clinical use of SIR-Spheres yttrium-90 microspheres that are to be injected via the hepatic artery to treat patients with unresectable liver tumors in accordance with the June 2012 NRC guidance. This training included three (3) supervised hands-on *in-vitro* simulated set-up and delivery procedures as well as encompassing the following:

- a) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
- b) Performing quality control procedures on instruments used to determine the activity of Y-90 microspheres and performing checks for proper operation of survey meters;
- c) Evaluation of each patient for the dose/activity of Y-90 microspheres to be administered to each treatment site;
- d) Calculating and measuring the activity and safely preparing the Y-90 microspheres to be delivered to the patient;
- e) Using administrative controls to prevent a medical event involving the use of byproduct material;
- f) Using procedures to control and to contain spilled byproduct material, including Y-90 microspheres, safely and using proper decontamination procedures; and
- g) Follow up and review of each patient's case history for Y-90 microspheres

Following the license amendment that names you as an AU for SIR-Spheres yttrium-90 microspheres use, Sirtex will arrange for the first three (3) *in-vivo* patient cases to be performed in the physical presence of a Sirtex proctor.

Sirtex would like to thank you for your support in this process.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Knute J. Lund". The signature is written in a cursive style with a large, looping initial "K".

Knute J. Lund
Regional Sales Manager

cc: Kevin Hungerford
Area Sales Director



Certificate of Completion

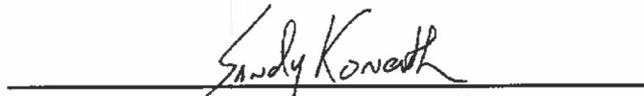
THIS ACKNOWLEDGES THAT

Stephen Preece

HAS SUCCESSFULLY COMPLETED

NV5 Virtual MRSO Course


MARCIE RAMSAY - MANAGING DIRECTOR


SANDY KONERTH / DIRECTOR OF EDUCATION

20.58 Continuing Education Credits Approved by CAMPEP

Medical Physics and Radiation Safety - Awarded Jan. 28, 2021

Completion Identifier: 0d18f35d-c8b4-46c1-99aa-79da3af89d67

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radiology Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of University Radiologists,
the American Association of Physicians in Medicine, and the Society of Interventional Radiology,
the American Board of Radiology hereby certifies that

Stephen Richard Preece, MD

Has passed an accepted course of graduate study and clinical work; has met certain standards
and qualifications, including passing the examinations conducted under the authority of
the American Board of Radiology, demonstrating to the satisfaction of the Board qualification
to practice; and is therefore awarded the Board's certification in

Interventional Radiology/Diagnostic Radiology

Ongoing validity of this certificate is contingent upon
meeting the requirements of Maintenance of Certification.

Certified Diagnostic Radiology 2013
Certified Vascular and Interventional Radiology 2015

This diplomate of the American Board of Radiology
is permitted to use the **DABR** mark to signify this certification.

DABR



Lee Kahau
President

Robert M. Jones
Secretary-Treasurer

Walter J. Johnson
Executive Director

Certificate No. 64320

Effective: October 16, 2017

From: [Stermer Jeffrey](#)
To: [Hill, Carol](#)
Subject: [External_Sender] Follow-up on Request for an amendment for Eastern Idaho Regional Medical Center's RAM license 11-27346-01.
Date: Friday, February 18, 2022 1:34:02 PM
Attachments: [NRC Form 313A\(RSO\).pdf](#)
[CEO Letter.docx](#)
[Y-90 Training Documentation, Dr Preece Boston Scientific.pdf](#)
[DR Preece Certificate of Completion NV5 Virtual MRSO Course.docx](#)

Dear Ms. Hill,

I am writing to follow up on a request for an amendment for Eastern Idaho Regional Medical Center's RAM license 11-27346-01 that I e-mailed 10/28/2021. Has this request been assigned to a reviewer? Is any additional documentation needed at this time? The details for the request are below,

We are requesting that Stephen R. Preece, MD be named as RSO for Eastern Idaho Regional Medical Center to replace James P. Edlin , MD. Dr. Edlin is retiring and should be removed as RSO and authorized user on the license.

I have attached a letter from our Chief Executive Officer requesting this change. I have attached NRC Form 313A(RSO), documented Y-90 microspheres training for two vendors , Dr Peerce's American Board of Radiology Certificate and Certificate of Completion for NV5 Virtual MRSO Course.

Thank you for your help with this matter,

Sincerely,

Jeffrey Scott Stermer, RT (R), (CT), CNMT

Radiation Safety Coordinator
Medical Imaging

Eastern Idaho Regional Medical Center
3100 Channing Way, Idaho Falls, ID 83404
P 208.227.2684

[EIRMC.com](#) | [Connect With Us](#)



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Kade Price Imaging Director
Eastern Idaho Health Services, Inc.
dba Eastern Idaho Regional Medical Center
PO Box 2077
Idaho Falls, ID 83403-2077

Date

02/23/2022

License Number(s)

11-27346-01

Mail Control Number(s)

630179

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 10/20/2021

The initial processing, which included an administrative review, has been performed.

Amendment Termination New License Renewal

There were no administrative omissions identified during our initial review.

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

**Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140**

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 12/31/2023
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Eastern Idaho Health Services, Inc.
Received Date: 02/18/2022
Docket Number: 3032290
Mail Control Number: 630179
License Number: 11-27346-01
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: Carol L. Hill

Date: 02/23/2022

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

Signed: _____

Date: _____

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3032290 LICENSE NUMBER: 11-27346-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 630179 RECEIPT DATE: 02/18/2022 ACTION TYPE: Amendment

DUE DATE: 05/19/2022 INST. CODE: 27346 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Medical

ISSUE DATE: ORIGINAL DATE: 03/26/1993 EXPIRATION DATE: 12/31/2023

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Eastern Idaho Health Services, Inc. DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: P.O. Box 2077 CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Idaho Falls STATE: ID ZIP: 83403-2077

CONTACT PERSON: PREFIX: FIRST NAME: Kade MIDDLE INITIAL:

LAST NAME: Price SUFFIX:

JOB TITLE: Director of Medical Imaging and PHONE: 208-227-2602 FAX: EMAIL:

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Idaho ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 02230 SECONDARY PGM CODE: 02120

INSPECTION REGION: Region 4 PRIORITY: 2

RSO: PREFIX: FIRST NAME: James MIDDLE INITIAL: P. LAST NAME Edlin

SUFFIX: M.D RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 208-227-2600 RSO FAX: 208-529-7018 RSO EMAIL: jpedlin@gmail.com

STATES WHERE USE IS AUTHORIZED: 1
0- ALL LISTED STATES
1- SAME AS STATE IN ADDRESS
2- ALL STATES
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):