Karmanos
CANCER INSTITUTE
Wayne State University
McLAREN MACOMB
TED B. WAHBY CANCER CENTER

[redacted]

mclaren.org

June 09, 2025

U.S. Nuclear Regulatory Commission
Region III, Materials Licensing Section
2056 Westings Ave, Suite 400
Naperville, IL 60563-2657

RE: Amendment for License No. 21-04080-01
McLaren Macomb

Dear Sir/Madam:

We would like to submit this application to add three addition items to our current amendment (Mail Control Number 646649) which was received at your office on 05/01/25:

A. Add: Jacob Parzen, M.D. as an Authorized User on the above License for Medical use defined under 10 CFR 35.396 for Parenteral administration pursuant Training and Experience and Preceptor Attestation. Attached to this letter (Attachment A) is NRC Form 313A (AUT) to reflect Dr. Parzen's past and present training and experience regarding administration of unsealed radionuclides. Dr. Parzen is currently listed as an Authorized User on this license under 10 CFR 35.400 and 35.600.

B. Remove: Bijoyanada Adhikary, M.S. as an Authorized Medical Physicist User on the above License for Iridium-192 in a high dose rate remote afterloader device for calibration, spot checks, and training.

C. Remove: Matthew Johnson, M.D. as an Authorized User on the above License for 10 CFR 35.300, 10 CFR 35.400 and 10 CFR 35.600.

Thank you for your cooperation with this matter. If you have any questions or require additional information, please contact Art Ewald, M.S., Senior Medical Physicist McLaren-Macomb at 586-493-7542.

RECEIVED
JUN 13 2025

Sincerely,

Arthur J. Frazier, M.D.
Radiation Safety Officer
Mount Clemens Regional Medical Center d/b/a McLaren-Macomb
1000 Harrington Blvd.
Mt. Clemens, MI 48043

cc.: Tracey Franovich, CEO, McLaren Macomb

ATTACHMENT A

NRC FORM 313A (AUT) (07-31-2023)	U. S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120	EXPIRES: 07/31/2026

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300)
[10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396]

Name of Proposed Authorized User	State or Territory Where Licensed
Jacob Parzen, M.D.	Michigan

Requested Authorization(s) *(check all that apply)*:

- [X] 35.300 Use of unsealed byproduct material for which a written directive is required

OR

- [ ] 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- [ ] 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
- [X] 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.

PART I -- TRAINING AND EXPERIENCE
(Select one of the three 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 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. For 35.**390**, provide documentation on supervised case experience. The table in section 3.c. may be used to document this experience.
  - c. For 35.**396**, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Skip to and complete Part II Preceptor Attestation.
  - d. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(ii), provide the following:
    - (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
    - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
  - e. Stop here.

- [X] **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**
  - a. Authorized User on Materials License 21-04080-01 under the requirements below or equivalent Agreement State requirements *(check all that apply)*:

    [ ] 35.390 [ ] 35.392 [ ] 35.394 [X] 35.490 [X] 35.690
  - b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. If board certified, provide a copy of the certificate and stop here. If not board certified then provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

☒ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training ☒ 35.390 ☐ 35.392 ☐ 35.394 ☒ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	William Beaumont Hospital 3601 W. 13 Mile Road, Royal Oak, MI 48073		07/20/18 - 06/2022
Radiation protection	William Beaumont Hospital 3601 W. 13 Mile Road, Royal Oak, MI 48073		07/20/18 - 06/2022
Mathematics pertaining to the use and measurement of radioactivity	William Beaumont Hospital 3601 W. 13 Mile Road, Royal Oak, MI 48073		07/20/18 - 06/2022
Chemistry of byproduct material for medical use	William Beaumont Hospital 3601 W. 13 Mile Road, Royal Oak, MI 48073		07/20/18 - 06/2022
Radiation biology	William Beaumont Hospital 3601 W. 13 Mile Road, Royal Oak, MI 48073		07/20/18 - 06/2022
	Total Hours of Training: 200		

b. Supervised Work Experience ☐ 35.390 ☐ 35.392 ☐ 35.394 ☒ 35.396

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

Supervised Work Experience	**Total Hours of Experience:**		
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Mount Clemens Regional Medical Center d/b/a McLaren / 21-04080-01	☒ Yes ☐ No	07/2022 - 07/2024
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Mount Clemens Regional Medical Center d/b/a McLaren / 21-04080-01	☒ Yes ☐ No	07/2022 - 07/2024
Calculating, measuring, and safely preparing patient or human research subject dosages	Mount Clemens Regional Medical Center d/b/a McLaren / 21-04080-01	☒ Yes ☐ No	07/2022 - 07/2024
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Mount Clemens Regional Medical Center d/b/a McLaren / 21-04080-01	☒ Yes ☐ No	07/2022 - 07/2024
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Mount Clemens Regional Medical Center d/b/a McLaren / 21-04080-01	☒ Yes ☐ No	07/2022 - 07/2024

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Arthur Frazier, M.D.	21-04080-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:*

☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396 ☒ 35.57	With experience administering dosages of: ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) ☒ 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.

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

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

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
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.	Ra-223	Mount Clemens Regional Medical Center d/b/a/ McLaren / 21-04080-01	06/05/24 06/19/24 09/06/24

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Arthur Frazier, M.D.	21-04080-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:*

☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396 ☒ 35.57	With experience administering dosages of: ☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) ☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) ☒ 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.

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed 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.

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

First Section
Check one of the following for the requested authorization:

For 35.390:

☐ I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

For 35.392:

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394:

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

Second Section

☒ I attest that Jacob Parzen, M.D. has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☒ 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.

Third Section

☒ I attest that Jacob Parzen, M.D. is able to independently fulfill the radiation safety-related
Name of Proposed Authorized User

duties as an authorized user for the medical uses authorized under 10 CFR 35.300 for:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☒ 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.

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☒ I attest that Jacob Parzen, M.D. is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (b)(1), and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

☒ 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.

OR

Board Certification:

☐ I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(a)(3), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (b)(1) and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

Fifth Section

Complete one of the following for the attestation and signature:

☒ **Authorized User**

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396 ☒ 35.57 for 35.300 uses

☒ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization:

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☒ 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.

OR

☐ **Residency Program Director:**

☐ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396 ☐ 35.57 for 35.300 uses

☐ I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.

☐ I affirm that the residency training program is approved by the:

☐ Residency Review Committee of the Accreditation Council for Graduate Medical Education

☐ Royal College of Physicians and Surgeons of Canada

☐ Council on Post-Graduate Training of the American Osteopathic Association

☐ I affirm that the residency training program includes training and experience specified in:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Name of Facility:	License/Permit Number: 21-04080-01	
Name of Preceptor or Residency Program Director (Typed or Printed) Arthur Frazier, M.D.	Telephone Number 586-493-7510	Date 05-29-25
Signature		