

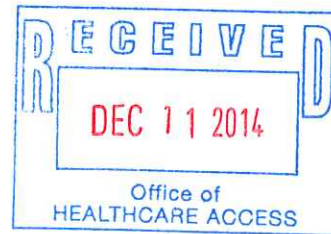


Eastern Connecticut Cancer Institute  
At the John A. DeQuattro  
Community Cancer Center  
100 Haynes Street  
Manchester, CT 06040  
Phone: 860-533-4000  
Fax: 860-533-4011

Johnson Memorial Cancer Center  
142 Hazard Avenue  
Enfield, CT 06082  
Phone: 860-272-3000  
Fax: 860-272-3036

December 11, 2014

Kimberly Martone, Director of Operations  
State of Connecticut  
Office of Health Care Access  
410 Capital Avenue, MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308



RE: Equipment Replacement Notification (Docket Number 95-534)  
Replacement of a Previously Approved Linear Accelerator

Dear Ms. Martone,

On January 17, 1997, the Office of Health Care Access granted a Certificate of Need for the establishment and operation of a regional radiation therapy program (Northeast Regional Radiation Oncology Network Inc.) with two freestanding centers in Manchester and Enfield, including the acquisition of a linear accelerator at each location.

Northeast Regional Radiation Oncology Network, Inc. is planning to replace the previously approved linear accelerator that was first acquired in 1998 with a new linear accelerator to be installed over the next six to twelve months. In accordance with the Connecticut General Statutes Section 19a-638(b)(18), please find the completed Equipment Replacement Notification Form outlining the details of the linear accelerator replacement.

If you have any questions or require additional information regarding this notification, I can be reached at (860) 533-3429.

Sincerely,

A handwritten signature in blue ink, appearing to read "D.P. McConville".

Dennis P. McConville  
Chairman, Northeast Regional Radiation Oncology Network, Inc.

cc: Dan Delgallo, Executive Director, Northeast Regional Radiation Oncology Network, Inc.



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

**Certificate of Need Equipment Replacement Notification Form**

Pursuant to 19a-638(b)(18), an existing imaging equipment may be replaced, if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider physician or a person notifies OHCA of the date on which the equipment is replaced and the disposition of the replaced equipment.

**Please complete the following:**

Provider Name & Address:	Northeast Regional Radiation Oncology Network, Inc. d/b/a Community CancerCare 142 Hazard Avenue, First Floor Enfield, CT 06082
Name and description of the equipment to be replaced:	Varion 600C Linear Accelerator (acquired in 1998)
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	95-534
Address of the existing imaging equipment:	142 Hazard Avenue, First Floor Enfield, CT 06082
Name and description of the replacement equipment:	Elekta Infinity Linear Accelerator
Location where replacement equipment will be operated:	142 Hazard Avenue, First Floor Enfield, CT 06082
The date the replaced equipment was replaced:	Installation date to be determined – will coincide with installation of the CT simulator ( <i>see CON modification request for 12-31778-CON submitted December 11, 2014</i> )
The disposition of the replaced equipment	Equipment will be disposed of out of state or sold to a third party by the vender providing the new equipment.

Person completing the form: Dennis P. McConville

Name

Signature

Chairman

Title

December 11, 2014

Date



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 DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

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Chairman

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 DEPARTMENT OF PUBLIC HEALTH  
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Name

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December 11, 2014

Date



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
*Office of Health Care Access*

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Name

Signature

Chairman

Title

December 11, 2014

Date



**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

February 6, 2015

VIA FAX ONLY

Dennis P. McConville  
Northeast Regional Radiation Oncology Network, Inc.  
d/b/a Community CancerCare  
142 Hazard Avenue, First Floor  
Enfield, CT 06082

RE: Certificate of Need Determination Report Number 15-31976-DTR  
Acquisition of Linear Accelerator

Dear Mr. McConville:

On December 11, 2014, the Office of Health Care Access ("OHCA") received your Equipment Replacement Notification Form on behalf of Northeast Regional Radiation Oncology Network, Inc. d/b/a Community CancerCare ("Petitioner") with respect to the replacement of a nonhospital based Varion 600C Linear Accelerator.

The Petitioner is replacing its nonhospital based Varion 600C Linear Accelerator with an Elekta Infinity Linear Accelerator at 142 Hazard Avenue, First Floor, Enfield, Connecticut. Pursuant to Conn. Gen. Stat. § 19a-638(a)(11), a certificate of need is required for the "acquisition of nonhospital based linear accelerators". Conn. Gen. Stat. § 19a-630(b)(18) allows for the replacement of existing imaging equipment without certificate of need approval. However, a linear accelerator is not imaging equipment. Instead, it is a piece of equipment that delivers high-energy x-rays. Therefore, the exception provided by Conn. Gen. Stat. § 19a-630(b)(18) does not apply to the Petitioner's situation. Consequently, a **CON is required** for the Petitioner's proposal.

Sincerely,

Kimberly R. Martone  
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR

*An Equal Opportunity Provider*

*(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)*

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

\* \* \* COMMUNICATION RESULT REPORT ( FEB. 6. 2015 12:04PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : FEB. 6. 2015 12:03PM  
FILE MODE OPTION

ADDRESS

RESULT

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OK

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REASON FOR ERROR  
E-1) HANG UP OR LINE FAIL  
E-3) NO ANSWER

E-2) BUSY  
E-4) NO FACSIMILE CONNECTION



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: DENNIS MCCONVILLE

FAX: 860 272-3036

AGENCY: COMMUNITY CANCERCARE

FROM: OHCA

DATE: 2/6/15 Time: \_\_\_\_\_

NUMBER OF PAGES: 2  
*(including transmittal sheet)*

**Comments:**  
Please see attached Report Number: 15-31976-DTR regarding  
Acquisition of Linear Accelerator

**PLEASE PHONE Barbara K. Olejars IF THERE ARE ANY TRANSMISSION PROBLEMS.**

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA  
P.O.Box 340308  
Hartford, CT 06134