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16 October 2003

Nils J. Diaz, Ph.D., Chairman
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

Voice: 800-368-5642

Dear Chairman Diaz:

Sorry to have to trouble you with this, but I have run into another response issue with the NRC. Knowing Region III is not always quick answering questions, my initial correspondence (copies included) have been sent to headquarters. Now that this letter has been mailed, I am guaranteed an NRC response before you ever have an opportunity to read this –Murphy's Law. However, by the date at the top of this page, you will have noticed an elapse of two months without any NRC update since the initial inquiry. Lord knows that if three or four I-125 seeds are lost, I will have inspectors on-site for the next six months. May I have some assistance with this? Thank you.

Sincerely,



A. Carl Warner, M.S.
Radiation Physicist

Enclosures:

Copy of 8/15/03 e-mail and auto acknowledgement
Copy of 9/4/03 e-mail and NRC human acknowledgement

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U.S. Nuclear Regulatory Commission

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Thank you for your comment, question, or survey response

Dear www.nrc.gov visitor,

Thank you for visiting the Nuclear Regulatory Commission's Web site and sending us your comment, question, or survey response.

If you have asked us for information, please print or save this page for reference. Our goal is to respond to most inquiries within two business days, most often by e-mail or telephone. If we can't get back to you within two days, it is usually because we need to forward your request to an NRC staff member with special expertise. If you don't receive a response within ten business days*, please feel free to [contact the NRC Web Team](#), or fax a copy of this page to 301-415-5272 and we will follow up with the person who received your request.

*Exception: The time period for responding to Information Quality correction requests is 45 days.

Sincerely,

The NRC Web Team

Below is what you submitted to the NRC Public Affairs at Headquarters on Friday, August 15, 2003 at 14:59:27

comments: Dear Staff: After being involved with IVBT for several years at two very different sites, I have some comments and a request to make. Comment 1: Based on observation, radiation oncologists do not enjoy doing IVBT a)not convenient -different department, different building, even a different hospital. b) cuts into their normal clinical time. c) not always a sure thing -time may be invested before no-go is determined. d) not a source of significant reimbursement (may be #2 in importance). Comment 2: radiation oncologists provide precious little to the functioning of an IVBT case. Cardiologists call the shots; radiation oncologists acquiesce to the cardiologist on whether the case goes or not. While physics may be requested to provide technical input, not so for the radiation oncologist. Comment 3: Not all patients, who might benefit from this procedure, may receive it, because scheduling with radiation oncology is just too difficult (only certain days, certain times of the day, etc.). Question: With a physicist present, why can't a nuclear trained cardiologist, also trained in IVBT, not do the case without a radiation oncologist when canned dose values are employed (Cordis, Novoste)? I'm sure not to be the first person asking this, but it can be a major problem. This has been intentionally directed to HQ rather than region III. Sincerely, Carl Warner Radiation Physicist

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Subj: Re: previous e-mail 8-15-03 on IVBT
Date: 9/4/03 3:07:07 PM US Eastern Standard Time
From: RJJ1@nrc.gov
To: cvarney100@aol.com
Sent from the Internet (Details)

From: [unclear]

Dear Mr. Warner:

We received your original e-mail and forwarded it to our Nuclear Material Safety and Safeguards group for response. I'm sure you will be receiving a reply shortly. Regards.

>>> Carl Warner <cvarney100@aol.com> 09/04/03 11:48AM >>>
Below is the result of your feedback form. It was submitted by

Carl Warner (cvarney100@aol.com) on Thursday, September 04, 2003 at 11:48:35

comments: Gentlemen:

On 15 August, I sent an e-mail regarding a local (but probably more widespread) problem of having Radiation Oncologists present at intravascular brachytherapy procedures. These are canned procedures, where doses are determined by vessel size or fixed dosimetry is employed (Radiation Oncologist merely pushes source in and later retracts it. No medical radiation knowledge is required.). Recently learned that the Radiation Oncologists have agreed to provide ¼ to ½ day's coverage per week starting October 2003.

Another oncology group was contacted, but they declined to provide coverage. At the institution in question, this means no IVBT for the month of September *not the best thing for the patients.

The question proposed with the previous e-mail was why couldn't the specially trained Cardiologist, with the assistance of the specially trained Radiation Physicist, deliver the treatments. I believe the previous e-mail even mentioned the using the nuclear Cardiologists, who are already on the facility's license.

So far, NRC has been silent, and I'm beginning to believe you guys thought that was a crank e-mail or joke. Let me assure you otherwise.

A. Carl Warner
Radiation Physicist

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