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of Isotopes

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UNITED STATES OF AMERICA

NUCLEAR REGULATORY COMMISSION

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ADVISORY COMMITTEE ON THE MEDICAL USE OF ISOTOPES

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THURSDAY,

APRIL 8, 2004

The ACMUI met via teleconference at 1:00 p.m.,
Thomas Essig, Designated Federal Official and Acting
Chair, presiding.

COMMITTEE MEMBERS PRESENT:

DAVID DIAMOND, M.D.

DOUGLAS F. EGGLI, M.D.

NEKITA HOBSON

RALPH P. LIETO

RUTH McBURNEY

SUBIR NAG, M.D.

SALLY WAGNER SCHWARZ

ORHAN SULEIMAN, M.D.

RICHARD J. VETTER, Ph.D

JEFFREY F. WILLIAMSON, Ph.D.

ALSO PRESENT:

DR. CAROL MARCUS

DR. JEFFREY SEIGEL

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1 NRC STAFF PRESENT:

2 THOMAS ESSIG, Designated Federal Official

3 DONNA-BETH HOWE

4 ROBERTO TORRES

5 ANGELA R. WILLIAMSON

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P-R-O-C-E-E-D-I-N-G-S

1:05 p.m.

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3 ACTING CHAIR ESSIG: Well, let me open the
4 meeting then. This is Tom Essig speaking. As the
5 Designated Federal Official for this meeting, I'm
6 pleased to welcome you to this publicly noticed
7 conference call meeting of the ACMUI.

8 As I mentioned, my name is Thomas Essig.
9 I'm the Branch Chief of the Materials Safety and
10 Inspection Branch and have been designated as the
11 Federal Official for this Advisory Committee in
12 accordance with 10 CFR Part 7.11.

13 This is an announced meeting of the
14 Committee. It is being held in accordance with rules
15 and regulations of the Federal Advisory Committee Act
16 and the Nuclear Regulatory Commission.

17 The meeting was announced in the March 29,
18 2004 edition of the *Federal Register*.

19 The function of the Committee is to advise
20 the staff on issues and questions that arise on the
21 medical use of byproduct material. The Committee
22 provides counsel to the staff but does not determine
23 or direct the actual decisions of the staff or the
24 Commission. The NRC solicits the views of the
25 Committee and values them very much.

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1 I request that whenever possible, we try
2 to reach a consensus on the issue before us today, but
3 I also value any minority or dissenting views by
4 Committee members on the matter that's in front of us.
5 If you have such views, please allow them to be read
6 into the record.

7 As part of the preparation for the
8 meeting, I have reviewed the agenda for the members
9 and employment interests and based on the general
10 nature of the discussion that we're having today.
11 I've identified that the lone agenda item we have,
12 which is the St. Joseph Mercy Hospital dose
13 reconstruction is posing a conflict for Committee
14 Ralph Lieto because that hospital's Mr. Lieto's
15 current employer. I ask that he not participate in
16 any of the Committee's decision making activities,
17 other formal actions or recommendations or conclusions
18 related to the dose reconstruction effort for the St.
19 Joseph Mercy Hospital case.

20 If during the course of our business other
21 members determine that they have a conflict of
22 interest related to this matter, would they please
23 state it for the record and recuse themselves from
24 that particular part of the discussion.

25 At this point I would like to perform a

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1 roll call recognizing that we've already done this,
2 but this will be the official roll call.

3 I would note that Dr. Manuel Cerqueira,
4 chair of the ACMUI regrettably had to be absent today
5 and Dr. Leon Malmud, Vice Chair of the ACMUI also had
6 to be absent today.

7 So next I will just go down the list of
8 Committee members.

9 Nekita Hobson?

10 MS. HOBSON: Here.

11 ACTING CHAIR ESSIG: Ruth McBurney?

12 MS. McBURNEY: Here.

13 ACTING CHAIR ESSIG: Dr. Eggli?

14 DR. EGGLI: Here.

15 ACTING CHAIR ESSIG: Dr. Diamond?

16 DR. DIAMOND: Here.

17 ACTING CHAIR ESSIG: Dr. Nag? Dr. Nag.

18 DR. NAG: Can you not hear me?

19 ACTING CHAIR ESSIG: Can you not hear me?

20 DR. NAG: No, I can.

21 ACTING CHAIR ESSIG: Okay. I was just
22 calling to see if you were present?

23 DR. NAG: Yes. Right.

24 ACTING CHAIR ESSIG: Okay. Sally Schwarz?

25 MS. SCHWARZ: Here.

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1 ACTING CHAIR ESSIG: Dr. Vetter?

2 DR. VETTER: Here.

3 ACTING CHAIR ESSIG: Dr. Williamson?

4 DR. WILLIAMSON: Here.

5 ACTING CHAIR ESSIG: Mr. Lieto?

6 MR. LIETO: Here.

7 ACTING CHAIR ESSIG: And Dr. Suleiman?

8 DR. SULEIMAN: Here.

9 ACTING CHAIR ESSIG: And were there any of
10 the newly appointed Committee members who are
11 participating today? Dr. Robert Schenter? Dr.
12 William Van Decker? Or Mr. Ed Bailey? Okay.

13 None were able to make the call.

14 And now I would just go around the room
15 here at NRC headquarters to ask NRC staff to identify
16 themselves.

17 As I mentioned, my name is Tom Essig. I'm
18 serving as the Designated Federal Official and Acting
19 Chair of the ACMUI today. My name is spelled E-S-S-I-
20 G.

21 Next?

22 MS. HOWE: Donna-Beth Howe. And I'm here
23 in the MIS Branch.

24 MS. WILLIAMSON: This is Angela Williamson
25 here at NRC headquarters in the Medical Inspection

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1 Branch.

2 MR. TORRES: I'm Roberto Torres. I'm a
3 section chief in the Materials Safety Inspection
4 Branch.

5 ACTING CHAIR ESSIG: And do we have any
6 other members of the NRC staff on the phone today?
7 Okay. Hearing none, following -- I recognize that we
8 have members of the public also participating today.
9 And following the discussion of the agenda item, we
10 will entertain comments or questions from members of
11 the public who are participating with us today.

12 And as I mentioned, in the absence of the
13 ACMUI Chair and Vice Chair, as provided by the bylaws,
14 I will serve as Acting Chairperson today.

15 And so with that I would like to -- Dr.
16 Williamson, if you would summarize for us the report
17 of the Subcommittee for the membership as a whole. I
18 believe they were separately emailed the
19 Subcommittee's report so that we may entertain a
20 motion to accept and move on from there.

21 DR. WILLIAMSON: Okay. This is Jeff
22 Williamson speaking representing the Dose
23 Reconstruction Subcommittee.

24 Well, I will refer to the memo dated 4/01
25 that Dr. Malmud our Chair has prepared. I will just

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1 briefly summarize the main points in it. I will not
2 read it.

3 Point one in the memo basically states
4 that the report was based on largely on my technical
5 review of the information at hand, including both what
6 the inspection from Region III on site were able to
7 provide, factual material -- and in addition, I also
8 interviewed Mr. Ralph Lieto and had available to me
9 other documents that St. Joseph Hospital had submitted
10 for consideration by Region III.

11 The resolve was is that I concluded that
12 the individual involved, who was the patient's
13 daughter, received in kind of a best case/worse case
14 scenario between 4 and 9 rem. This was somewhat lower
15 than the 15 rem estimated by the Region III staff.

16 I assume it's not necessary for me to
17 rehearse the details and chronology of the event, that
18 it's all well known to us. But if anyone wishes to,
19 we can certainly do that. Okay.

20 Would it be appropriate for me to just
21 march through the memo or do you want to hear more
22 technical description of how I came up with that?

23 DR. NAG: Yes, I think we can go through
24 the -- just go through the memo so that we have the
25 plan. And then if anybody has any points or questions

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1 they can ask.

2 DR. WILLIAMSON: Okay. All right.

3 So even in the lowest case estimate, it's
4 important to note, which was 4 rem, the radiation
5 burden would have exceeded the 100 millirem limit then
6 current for exposure to a member of the general
7 public. And so in this sense, you know, this
8 discrepancy has no bearing on the regulatory issue at
9 hand. Okay.

10 Point two states that the calculation of
11 4 to 9 rem that Dr. Williamson submitted to the
12 Subcommittee would mean that the NRC Regional Office
13 overestimated the exposure to the daughter by 3.75 to
14 1.67 times its calculation. I mentioned that since,
15 you know, this was one of the phrases that was
16 considered controversial.

17 The reason for the differences, like three
18 in the estimated radiation burden, had to do with the
19 assumptions of the time and distance of exposure of
20 the daughter to the patient. I won't go into the
21 details here, but I'm happy to talk about them.

22 There was agreement among members of the
23 Committee that the calculations performed by the
24 Regional Office of the NRC which produced the
25 radiation burden of 15 rem were overly conservative

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1 because they assumed extended close contact between
2 the patient and the daughter at an unrealistically
3 close distance and ignored use of local shielding.

4 More specifically, Monte Carlo simulation,
5 use of Monte Carlo simulation to reconstruct the
6 bedside distance suggested that this distance, which
7 was estimated by me to be about 20 centimeters, seemed
8 a bit unrealistic given the scenario of where the
9 patient and daughter were positioned relative to one
10 another given by the regency staff.

11 Use of continuous decay would have lowered
12 the dose estimate about ten percent. But most
13 importantly the licensee post-incident interviews and
14 dose reconstruction lead to an alternative scenario
15 regarding the use of body shields and daughter dwell-
16 time distribution and that derived from the Region III
17 interviews.

18 The Subcommittee strongly feels that these
19 differences should have been outlined in the
20 inspection report and used to, at least in this case,
21 define upper and lower bounds on the exposure.

22 When NRC requests that a medical
23 consultant assess medical risk, the NRC should provide
24 to the consultant an estimate of total body exposure
25 as well as TEDE since the former is better correlated

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1 with any adverse medical effects associated with the
2 exposure.

3 We suggest that a discrepancy of any
4 between the licensee and the NRC inspectors should be
5 described in the final presentation with the data and
6 high dose/low dose estimates be reckoned on the basis
7 of that.

8 So, any questions in this part so far?
9 Hello?

10 ALL: No.

11 DR. WILLIAMSON: Okay. I hear some other
12 strange noises in the background. I just wanted to
13 check I was still live here.

14 Okay. Point number five. Perhaps prompt
15 contemporaneous notification to the NRC Regional
16 Office of the unwillingness of a member of the general
17 public to comply with the directions with the RSO
18 would have had the desirable effect of assisting and
19 better documentation of the event.

20 Six. A concern of the Subcommittee is how
21 such a similar situation in the future might be
22 handled in a more optimal manner by both the public
23 and licensee. Therefore, the Subcommittee recommends
24 that the ACMUI recommend the following to the NRC:

25 Firstly, that NRC should develop an

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1 information notice regarding contemporaneous
2 notification of the Regional NRC Office basically of
3 such situation. This IN should summarize all
4 available guidance on exposure limits and licensee
5 options when a family member insists on attending a
6 radioactive patient. And specifically it should
7 address licensee options and responsibilities when a
8 member of the public is basically noncompliant with
9 their directions; and (b) the latitude allowed
10 licensees and enforcement personnels to grant
11 exemption from these regulatory limits on
12 compassionate or medical necessity grounds. That's
13 the first recommendation.

14 Essentially, write an information notice
15 based on this event and let licensees know where they
16 stand, what sorts of regulatory solutions exist under
17 the current body of regulations.

18 The second recommendation is that a
19 process should be developed by NRC to grant in real
20 time exemptions from the 500 mR exposure limits to
21 family members or by extension other individuals who
22 desire closer proximity with and/or time with the
23 radioactive patient than would be permitted by the
24 current limits. The exemption should be based on
25 humanitarian or compassionate grounds or possibly on

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1 the grounds of medical necessity.

2 So that's the second major point, which is
3 based on the presumption that the current system
4 really doesn't allow enforcement personnel to, you
5 know, really have much latitude in granting exemptions
6 from this particular regulatory limit.

7 Okay. So that concludes my summary.

8 DR. SULEIMAN: I have -- this letter is
9 going to be the ACMUI's report to the NRC or is that
10 the Subcommittee's report to the ACMUI?

11 DR. WILLIAMSON: This is the
12 Subcommittee's recommendations to the ACMUI.

13 DR. SULEIMAN: Okay.

14 DR. WILLIAMSON: You know, these
15 committees really -- I mean, I don't think other the
16 summary that was given in the last ACMUI conference
17 call, these regulations have really never seen -- or
18 this recommendation or this document has really not be
19 exposed to public discussion.

20 DR. SULEIMAN: Okay. And this is my first
21 opportunity to discuss it in front of the Committee.

22 DR. WILLIAMSON: Let me before you
23 continue make just one more comment, that to all the
24 Committee members, and I hope everybody else who is
25 curious about this matter or interested in it, I did

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1 send, you know, a more a technical document that I had
2 prepared summarizing my findings for the Subcommittee
3 along with the slides that I presented at the last
4 physical ACMUI meeting.

5 ACTING CHAIR ESSIG: Jeff, if I may ask or
6 may make a point of clarification, I believe that
7 although Dr. Malmud's cover memo to Dr. Cerqueira
8 indicated that the product of the Subcommittee was the
9 two page memorandum dated April 1st, I believe since
10 it references the first point of that memorandum
11 references your analysis, that the complete report of
12 the Subcommittee should probably be your slides plus
13 the supplemental analysis that you performed.

14 DR. WILLIAMSON: I think that would be
15 reasonable.

16 ACTING CHAIR ESSIG: Because then if we
17 don't do that, then it's leaving a key piece of the
18 information out that if someone were interested and
19 wanted to look at the details behind the four to 9 rem
20 range, for example, you have that in your slides and
21 additional findings.

22 DR. WILLIAMSON: In fact, I will say that
23 I would appreciate it if somebody went over it very
24 carefully in the event that, you know, I made some
25 error or erroneous assumption. I'm not sure that

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1 anybody on our Subcommittee has gone through every
2 single detail of it, to be honest.

3 ACTING CHAIR ESSIG: Okay. So I think to
4 answer Dr. Suleiman's question what will happen from
5 this point is if we have a motion to accept the report
6 as a Subcommittee, and consequently then with a
7 recommendation that it be forwarded to the NRC as
8 part of the -- as its deliverable or its product of
9 its efforts. In order to accomplish that last piece,
10 then Dr. Cerqueira will write a transmittal memorandum
11 which basically attaches the April 1st memorandum from
12 Dr. Malmud plus Dr. Williamson's slides and the
13 additional findings. That will all be one package
14 attached to a transmittal memo.

15 MS. WILLIAMSON: I believe the April 5th--
16 I think I heard you say April 1st.

17 ACTING CHAIR ESSIG: No. The April 1st.

18 MS. WILLIAMSON: I'm sorry.

19 ACTING CHAIR ESSIG: Yes.

20 MS. WILLIAMSON: I stand corrected.

21 ACTING CHAIR ESSIG: Yes.

22 And so I believe we're in the process of
23 getting any additional comments or discussion from
24 other Committee members, and maybe we should see if
25 there are any further points of discussion.

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1 DR. VETTER: There were some comments on
2 this April 1st memo that have not been incorporated
3 into the memo.

4 And I'm happy with the Subcommittee report
5 coming to ACMUI the way it reads, but there are some
6 things that I would suggest be changed a bit if it's
7 forwarded to the Commission as the report of the
8 ACMUI.

9 ACTING CHAIR ESSIG: Yes.

10 MS. MCBURNEY: I agree with that. There
11 were several suggestions on depersonalizing it and
12 some other ideas that were floated that sounded -- as
13 far as what the ACMUI was going to forward on to the
14 Commission. I don't know what the process for that
15 would be, whether the memo would have to go back and
16 be changed or whether we put something on top of it
17 saying, you know, this is -- or a separate memo from
18 the ACMUI to the Commission.

19 DR. SULEIMAN: I agree with what's just
20 been said. I think the Subcommittee report is fine
21 with me, it represents the work and thinking that they
22 did. But I, too, have some reservations of just
23 forwarding this Subcommittee's report and saying it
24 reflects, you know, the message that we want to
25 transmit to the NRC as the ACMUI.

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1 Some of it is editorial, some of it's
2 grammatical and a few technical things.

3 For example, the 3.7 to 1.67 when you
4 consider the uncertainty with these estimates -- reads
5 significant figures, this is not. So I mean, these
6 are minor things that I don't think -- I don't know
7 whether we want to spend a lot of time on it now.
8 Maybe we could ask the Chair or we could discuss this
9 in the fall meeting. I'm not sure.

10 ACTING CHAIR ESSIG: Dr. Suleiman, I think
11 it would be very -- if people have comments, now is
12 the time that we need to discuss them because this is
13 the only time, or at least it was the only scheduled
14 time that we have to make any additions or corrections
15 to the report of the Subcommittee. Because it will --
16 I think it would be best if there are changes made to
17 that as part of this call, and then Dr. Cerqueira can
18 put a cover memo on there which doesn't condition the
19 report of the Subcommittee in any way. It just merely
20 forwards the report of the Subcommittee.

21 DR. WILLIAMSON: Okay. Well, why I don't
22 volunteer to be the collector of the changes, unless
23 someone from the staff, perhaps, would like to be
24 involved in this. I'm just trying to nail the process
25 down. I think there are going to be a number of

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1 suggestions. Somebody has to make them.

2 And then is it possible under the existing
3 framework of Sunshine laws to circulate the final
4 document for final comments to the Committee members,
5 ACMUI members without a publicly noticed --

6 ACTING CHAIR ESSIG: Well, yes, Jeff, I
7 think it is possible because as long as all the
8 comments that are being made are fairly well
9 summarized today in this call.

10 DR. WILLIAMSON: Yes.

11 ACTING CHAIR ESSIG: The folks wouldn't
12 see them necessary in writing, but they would have the
13 substance of the comments.

14 DR. WILLIAMSON: Well, I would say
15 there's, you know, several good comments that have
16 been made. I would just like to save time, summarize
17 them and basically propose that they be made.

18 Secondly, I think the first comment is I
19 think the whole memo -- this memo should be
20 depersonalized. My name should be removed and it
21 should say the Subcommittee -- the calculations
22 derived by the Subcommittee estimate the range of
23 radiation exposure to be. And so everywhere where my
24 name occurs, I think it should be removed.

25 MS. MCBURNEY: I agree with that.

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1 DR. WILLIAMSON: I'm okay with my
2 technical input being an addendum to this.

3 ACTING CHAIR ESSIG: Yes. That sounds
4 very reasonable.

5 DR. WILLIAMSON: Yes. Okay.

6 ACTING CHAIR ESSIG: So, Jeff, if you
7 would as a member of the Subcommittee, you had -- I
8 heard you more or less volunteer, and I would second
9 motion that you -- I would accept your volunteering --

10 DR. WILLIAMSON: All right.

11 ACTING CHAIR ESSIG: -- to serve as scribe
12 to collect these comments. And then this will have to
13 be -- the memorandum will have to be basically redone
14 and then forwarded to Dr. Cerqueira.

15 DR. WILLIAMSON: Okay.

16 ACTING CHAIR ESSIG: And unfortunately,
17 Dr. Malmud is undergoing surgery today and we won't be
18 able to touch base with him. And so it'll have to go
19 ahead on the presumption that he would not object to
20 any of the comments that are being made.

21 DR. WILLIAMSON: Yes. I think that's what
22 I guess what we're going to have to do. He's out of
23 action, so therefore he's not going to be in a
24 position to vote or discuss this. so we just have to
25 go on with the members that exist.

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1 ACTING CHAIR ESSIG: Yes.

2 MS. SCHWARZ: I have a question as to when
3 you would like to -- the deadline for receiving
4 comments to change the memo?

5 ACTING CHAIR ESSIG: Sally, we're going to
6 try to do that today, right now during this call.
7 Because we need to give -- because this is a noticed
8 call, we need to give any members of the public who
9 are participating a sense of what the changes are
10 going to be made to the memo.

11 DR. WILLIAMSON: Going on, I would like to
12 make the proposal for the second change. And that is,
13 I think that I would like to suggest we delete point
14 two.

15 MS. McBURNEY: Yes.

16 DR. WILLIAMSON: I think it's redundant.
17 And, you know, I think that anybody who wants to can
18 calculate the ratio to as many significant figures as
19 they want.

20 MS. SCHWARZ: That's good.

21 MS. McBURNEY: I agree. And that takes
22 Dr. Suleiman's, one of his comments, the email into
23 account.

24 DR. WILLIAMSON: Right.

25 MS. McBURNEY: Where you don't have how

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1 much the over estimate was.

2 DR. WILLIAMSON: Okay. So I am going to
3 delete that then, if nobody objects.

4 DR. SULEIMAN: No objection.

5 DR. WILLIAMSON: Okay. I'm fine with
6 that, Orhan.

7 Okay. Then I think that another of Dr.
8 Suleiman's suggestions that is very good is in point
9 six, which will now be the new point five where we
10 make the recommendations for the information notice
11 and the process for granting exemptions from the 500
12 mR TEDE limit that the -- basically if the scope be
13 broadened to include the concept of more general
14 caregiver rather than just family member.

15 MR. LIETO: Since this is not the dose
16 reconstruction issue. I made several comments a few
17 weeks ago on the new item five. I really think we
18 ought to strike the bullets altogether and just make
19 it a general statement of future action by the ACMUI
20 and/or NRC. Because I think we are quite prescriptive
21 in these bullets and I think that we ought to -- based
22 on the emails from both Dick Vetter and Orhan about
23 possible suggests for change, I think we ought to
24 leave ourselves a flexible opening on what we want to
25 do regarding suggestions for future action.

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1 DR. SULEIMAN: I tend to agree, Ralph. I
2 think maybe a general statement that says we recommend
3 that the NRC consider formal rulemaking to address
4 this issue of family members, caregivers or whatever.
5 Because I think it needs to be discussed a little bit
6 more, and I don't think we can do it in a telephone
7 conference. And I think we need to do a little bit
8 more research and homework.

9 MR. LIETO: I agree with the one
10 exception. I don't agree with the fact of putting
11 this into future rulemaking space. I really think
12 putting it in rulemaking space on how to respond to
13 these situations is going to come back to bite
14 licensees in the future.

15 Just as a suggestion to start the
16 discussion, what I would like maybe just to suggest is
17 that the second sentence of the new item five state
18 something to the effect that therefore the
19 Subcommittee recommends -- or I guess it should say --
20 well, therefore the Subcommittee recommends that the
21 ACMUI in collaboration with NRC staff develop guidance
22 regarding notification to the Regional NRC Office of
23 Noncompliance by a member of the general public,
24 period. And that's it.

25 MS. HOBSON: And I'm going to have to

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1 leave you all, but it looks like you have a quorum
2 without me.

3 So, if you'll forgive me, I'm going to say
4 goodbye. And you guys can continue doing a good job.

5 DR. WILLIAMSON: Okay. Let me speak in
6 behalf of what we have written here.

7 There are two points here. So I think the
8 first point is, more or less, a passive one that
9 simply since an event has occurred that could repeat
10 itself in the future, that it would be helpful for
11 licensees to be apprised of, you know, the current
12 status of guidance and regulations, anything that NRC
13 has that would be helpful at the moment in resolving
14 this situation. So at least they know what the score
15 is.

16 So, for example, they would know that
17 there is no legal basis for transforming a caregiver
18 into a worker, for example. They wouldn't need to
19 worry about that because this would make it clear, and
20 it would have other advice that when such happens,
21 maybe extra vigilance in terms of gathering data that
22 could make the dose reconstruction issue easier to
23 solve in the future, and various other things. So,
24 you know, to me it seems it's a very neutral
25 recommendation. It's simply that the NRC distribute

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1 information to the licensees about the implications of
2 the current regulatory system for future events of
3 this kind and offer what advice might seem reasonable.
4 So I don't know why anyone would object to that.

5 MR. LIETO: As I've pointed out previously
6 to the Subcommittee and others, the Commissioners
7 asked us at the meeting to provide this type of
8 guidance. I think if it had been out there in NRC
9 regulatory space or in some type of guidance space for
10 just the regions, I wouldn't think that the
11 Commissioners would be asking us --

12 DR. WILLIAMSON: No, I think you
13 misunderstand our charge. We were given one charge by
14 the Commission, and that was essentially to evaluate
15 this particular dose calculation formalism and speak
16 to the criticisms made by Dr. Marcus' paper and, you
17 know, address basically some technical concerns about
18 the calculation system and the level of conservatism
19 used.

20 It was the ACMUI action that charged us
21 with two -- you know, with essentially two additional
22 goals. One was to make any general recommendations,
23 not just for this specific dose calculation, but for
24 dose calculations in general. And the third point was
25 to offer recommendations on the difficult issue before

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1 us of what do you do with a family member or caregiver
2 who insists or wishes to take on the burden of
3 additional risk to themselves.

4 MR. LIETO: Well, I'm not arguing with
5 that. The issue that I'm arguing with is that we're
6 doing both those two and three when the deadline for
7 those issues was not with this report. It was task
8 number one that had the deadline that we're facing
9 today. Okay. And the report meets that requirement.

10 What I'm suggesting is that the
11 recommendations to meet those tasks two and three,
12 that those not be included in this report.

13 ACTING CHAIR ESSIG: If I may comment at
14 this point. I think Ralph Lieto's point is well
15 taken, that is the issue that's in front of us today
16 that we need to forward with some degree of expediency
17 is the, as Jeff summarized, it would be basically the
18 point number one, which would have been the review of
19 the NRC's dose reconstruction approach as well as the
20 critique provided by Dr. Marcus and Seigel and to
21 provide us some input on those.

22 The recommendations two and three are
23 really beyond the -- I mean, they're very -- it's
24 something that we have to make sure is done, but I
25 would -- I guess I'm tending to agree, if I may just

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1 put on my acting chairman hat for a moment, tending to
2 agree with Mr. Lieto that the charge of the
3 Subcommittee to do those items two and three justice,
4 I think we need more -- to discuss them more than just
5 append them to a subcommittee report and get that into
6 us with a rather short deadline for those two items.
7 I think they deserve more of an airing than we're able
8 to give them during this conference call.

9 MS. MCBURNEY: I agree with that, because
10 determining if the information notice route and/or
11 rulemaking is going to be needed, I think that needs
12 more research or more thought out. Because I had some
13 questions on whether the information notice route was
14 the appropriate way to go as well.

15 So if we just make it more general at this
16 time, such as some of the language that Ralph had
17 suggested for this first step, then we will have met
18 the intent of what the Subcommittee was charged to do
19 for the first step.

20 DR. SULEIMAN: I think first we need to
21 bring closure on the letter. I think we just need to
22 shorten and cut out some of the things, I think, and
23 get that over with.

24 I think what was part six probably could
25 be summarized -- and maybe we do defer to you, Jeff,

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1 in terms of we want the ACMUI will recommend that the
2 NRC consider addressing the issue about exposing
3 certain people, members of the family separately. In
4 other words, we don't have time to go into detail and
5 argue all the size of the issues. Because I think
6 other members have something else to contribute on
7 this. So this is something that I think we should
8 mention, but defer for subsequent discussion, you
9 know, that it's not something that maybe we can
10 address simply in this letter.

11 I have some other opinions that I'm just
12 not going to share right now because I don't think I
13 have -- you have the time nor I to discuss them amply.

14 DR. WILLIAMSON: Right. Well, I guess --
15 you know, that's fine if we want to take these items
16 out.

17 I guess the remaining question is if there
18 really any point in conducting a discussion of these
19 issues via the Subcommittee? Perhaps it should just
20 be put on the agenda for the next full ACMUI meeting.

21 DR. VETTER: I think that's exactly what
22 needs to be done. The second sentence says "Therefore
23 the Subcommittee recommends that the ACMUI" and then
24 whatever words. So it will be the Subcommittee will
25 have completed its report and the ACMUI will need to

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1 pick this up and begin to work on this at their next
2 meeting.

3 And these two paragraphs that you have
4 here are an excellent start, and then take into
5 consideration NCRP commentary 11 and other materials
6 that I think will help us develop some pretty decent
7 recommendations to the NRC staff.

8 MS. SCHWARZ: I agree with Dick Vetter in
9 this regard particularly. The commentary 11 from
10 NCRP. And he had made the suggestion in his email as
11 well that the Committee be provided a copy of the
12 commentary 11 and it would be nice if we could gather
13 that information before the fall meeting so that we
14 would have enough time to actually contemplate how to
15 proceed on an individual basis and come together as a
16 Committee in the fall.

17 DR. SULEIMAN: I have one question that
18 maybe everybody else knows but for some reason I
19 missed it, was the patient's daughter monitored with
20 a badge?

21 DR. WILLIAMSON: No.

22 DR. SULEIMAN: Okay.

23 DR. WILLIAMSON: No. Okay. So maybe we
24 should try to draw this number five.

25 So I think that maybe someone should

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1 submit a, perhaps one of our Committee members could
2 submit to me alternative wording for the second
3 sentence of the new paragraph five and then I'll
4 delete all the information from it in the final copy.

5 DR. NAG: Hello.

6 DR. WILLIAMSON: Hello. We all here?
7 Okay.

8 DR. SULEIMAN: I'm willing to submit some
9 wording.

10 DR. WILLIAMSON: Okay. Good. And then
11 I'll put it in and send it out with the final copy.

12 ACTING CHAIR ESSIG: Okay. That sounds
13 like a plan.

14 DR. SULEIMAN: So we can do that
15 electronically?

16 DR. WILLIAMSON: I think we were told that
17 we could. I think we've got the sense of the ACMUI is
18 on record that we want to make a -- you know, more or
19 less, nonspecific recommendation that the issue of
20 caregivers who wish voluntarily or who voluntarily or
21 involuntarily place the licensee in some jeopardy, you
22 know, should be further considered.

23 DR. NAG: Yes. I think the suggestion
24 someone made about having a dosemeter -- the question
25 of a dosemeter should be incorporated in that portion.

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1 MS. WILLIAMSON: Identify yourself,
2 please.

3 DR. NAG: Dr. Nag.

4 DR. WILLIAMSON: Well, I think, Subir,
5 nothing that specific is going to be incorporated at
6 this time. That will become a topic of future
7 discussion. I think that's the consensus.

8 DR. SULEIMAN: To the NRC staff, isn't it
9 a requirement that when an individual is likely to
10 receive 10 percent of a dose limit that they're
11 supposed to be monitored?

12 MR. TORRES: Only if they're an
13 occupational worker.

14 ACTING CHAIR ESSIG: That's occupational
15 exposure.

16 DR. SULEIMAN: Okay. So let me tell you
17 the wording I've worked up for that sentence. That
18 the ACMUI recommend, and the wording starts from here,
19 "that the NRC or the ACMUI at some future date
20 consider either formal rulemaking or policy," that
21 addresses Ralph's concerns, you know, "to address
22 family members, caregivers who are neither medical
23 patients nor occupational workers and who would
24 otherwise be considered members of the general public"
25 -- they're general members of the public? That's all

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1 that applies to them, but they --

2 ANNOUNCEMENT: Your conference is
3 scheduled to end in 15 minutes.

4 ACTING CHAIR ESSIG: That's good.

5 DR. SULEIMAN: Okay. Let me work out a--

6 DR. WILLIAMSON: Why don't you just work
7 on it and send it to me.

8 DR. SULEIMAN: Okay.

9 DR. WILLIAMSON: And then we'll -- I think
10 it would be --

11 ACTING CHAIR ESSIG: The shorter the
12 better.

13 DR. WILLIAMSON: Yes. Dr. Suleiman
14 alluded to the fact that there may be some -- if we
15 return to now what is the main body of the report,
16 there may be some sort of technical issues that the
17 group might want to discuss or what the basis of, you
18 know, my calculations were and so forth.

19 DR. NAG: One thing, I thought the
20 Commissioners, they wanted not only the dose
21 reconstruction, but they also wanted some suggestions.
22 So I would say that, you know, some of the suggestions
23 that we have should be incorporated at this point.
24 And say additional recommendations will be discussed.
25 So that at least they'll have some sense that, yes, we

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1 are working on it and not just that we will be working
2 on it.

3 DR. WILLIAMSON: Well, I think that what
4 we should concentrate the suggestions on are point two
5 of our charge, which was addressing dose calculation,
6 dose reconstruction issues in general and not
7 necessarily in this particular scenario, that what are
8 the lessons learned with respect to dose calculation
9 and how to avoid such controversies in the future. We
10 tried to do that to some extent in our report by
11 suggesting when there are contrasting views of the
12 scenario that, you know, they be at least described in
13 the report and dealt with.

14 MS. SCHWARZ: And you also, Jeff, made the
15 recommendation that consultants should be provided
16 more relevant data than the TEDE. I mean, you've made
17 specific recommendations.

18 DR. WILLIAMSON: Yes. That's true. But
19 we haven't really made, you know, a lot I guess.

20 MS. SCHWARZ: No, no. I agree.

21 DR. WILLIAMSON: Yes.

22 DR. MARCUS: Mr. Essig, this is Dr.
23 Marcus.

24 At some convenient point I would like to
25 make a few comments.

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1 ACTING CHAIR ESSIG: Please do.

2 DR. MARCUS: Okay. The first comment I
3 would like to make has to do with the TEDE versus the
4 effective dose as defined by ICRP.

5 The TEDE is an attempt to get to that
6 effective dose. It's somewhat conservative, which
7 generally is okay. But in a situation where the TEDE
8 does not represent the effective dose as it does not
9 in this case, there should be a way to substitute the
10 effective dose as the dose of record.

11 This is a very unusual situation. The
12 TEDE was mainly put together for workers. And there
13 should be a way to establish an objective dose that
14 has a risk meaning instead of leaving a TEDE in place
15 that is not indicative by a factor of perhaps four or
16 so of an actual dose.

17 And the second comment I want to make is
18 that I think that someone, perhaps Ralph Lieto, should
19 inform the daughter that her likely dose is much lower
20 than what was estimated. Because she's probably
21 worrying. And I have known people who have worried a
22 lot about radiation dose. And we should not forget her
23 because we could probably save her a lot of grief.

24 The third point I want to make, and the
25 last point, is that when I originally wrote the 500

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1 millirem patient discharge rule position and it was
2 being discussed by Chairman Carr at a meeting of the
3 agreement states, the whole issue of what do we do if
4 people don't listen to what the radiation safety
5 officer or the authorized user tells them. And it was
6 agreed at the time that this could happen, but that
7 the responsibility of the licensee was to inform the
8 people that they have no legal ability to force
9 anything on them.

10 I also checked with my radiation control
11 people in California after this incident. One of our
12 regulators is also a lawyer as well as a physicist.
13 And she said that basically if the members --

14 ANNOUNCEMENT: Your conference is
15 scheduled to end in ten minutes.

16 DR. MARCUS: I won't take that long.

17 If a member of the public is about to be
18 exposed to a level of radiation that is truly
19 dangerous, then you can call the police and have them
20 bodily dragged out. But if the only problem is that
21 the dose of radiation is above a regulatory limit but
22 not a clear and present danger to that person, that
23 there's nothing you can do at all. You cannot
24 forcibly get them out of there.

25 And that's the end of my comments. And I

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1 thank you.

2 ACTING CHAIR ESSIG: Thank you for your
3 comments.

4 DR. SEIGEL: And Tom Essig, if you
5 wouldn't mind, Jeff Seigel, I'll make one comment.

6 ACTING CHAIR ESSIG: Fine.

7 DR. SEIGEL: Really quickly.

8 I was under the impression that part of
9 the charge of the Subcommittee was to assess the
10 article that I and Carol wrote. Currently that charge
11 is not included at all in the ACMUI Subcommittee
12 evaluation.

13 DR. WILLIAMSON: That was not my
14 impression at all. We certainly reviewed your article
15 and considered it. But, you know, I didn't understand
16 we were charged to make a review of your article
17 specifically.

18 DR. SEIGEL: I was under a
19 misunderstanding. I thought you were.

20 ACTING CHAIR ESSIG: If I may, I can read
21 the charge to the Subcommittee, which says "The
22 Subcommittee is specifically requested to evaluate the
23 approach to dose reconstruction taken by the NRC
24 Region as well as the critique of the inspection
25 report prepared by Drs. Marcus and Seigel. In

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1 preparing its report the Subcommittee should indicate
2 for each aspect of the dose reconstruction and the
3 Marcus/Seigel critique whether it agrees or not with
4 the evaluations and representations presented and
5 why."

6 DR. SEIGEL: Okay. So I'm correct. So
7 then I think the Subcommittee should stop bickering
8 about minor points and address their task, which was
9 to address our paper.

10 DR. WILLIAMSON: Well, members, would do
11 you suggest we do about this?

12 MS. McBURNEY: Who is else is on the
13 Subcommittee?

14 MS. SCHWARZ: Sally Schwarz.

15 DR. WILLIAMSON: Yes. So I guess as an
16 acting chair of the Subcommittee, is that what I am,
17 Tom?

18 ACTING CHAIR ESSIG: Yes. Because I'm
19 acting chair of the full Committee.

20 DR. WILLIAMSON: I would like to ask for
21 a volunteer from our Subcommittee to basically go
22 through, you know, carefully the Marcus/Seigel report
23 and contrast with my technical report and determine
24 whether we would agree with the points therein or not.

25 I think in many respects we do. I thin in

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1 other respects, probably, not -- I'm not sure of
2 particular importance, we may not.

3 DR. VETTER: As you know, I reviewed
4 Marcus/Seigel paper and shared my comments with Jeff.
5 But I'm not a member of the Subcommittee, and that was
6 for his information only. But if I may, I would like
7 to just make a comment that I think in general, just
8 speaking in general terms, that the report of the
9 Subcommittee agrees fairly substantially with the
10 Marcus/Seigel paper. It doesn't agree in detail, of
11 course, because they looked at many different
12 scenarios and suggested that the dose would be lower
13 by a factor of whatever it was because of some very
14 specific things that they were looking at for each
15 scenario. But in general they concluded that the --
16 to get back to Dr. Marcus' comments a little bit
17 earlier about looking at effective dose as opposed to
18 TEDE, in general they suggested that the dose had been
19 over estimated and the Subcommittee made the same
20 conclusion.

21 DR. WILLIAMSON: Yes. Yes. I don't think
22 at this point we would be prepared as a Subcommittee
23 to suggest a rulemaking initiative to modify Part 20
24 to rearrange all those dose quantities. I think it's
25 certainly something worth talking about. I would

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1 support personally. But I don't think we had
2 discussions of that nature and I don't feel
3 personally--

4 DR. SEIGEL: I'm sorry, Jeff. But nor did
5 our paper advocate the change in regulatory definition
6 of TEDE. It just said that there were regulatory
7 criteria which had to be met, but also criteria that
8 should be met in addition if risk assessment were to
9 be involved.

10 DR. WILLIAMSON: And that's indeed what we
11 said.

12 DR. SEIGEL: Correct. So we're not trying
13 to change the definition of the TEDE vis-à-vis the--

14 DR. WILLIAMSON: I think the major
15 difference is, is that we looked at alternatives
16 basically --

17 ANNOUNCEMENT: Your conference is
18 scheduled to end in five minutes.

19 DR. WILLIAMSON: -- time distributions.
20 That's where we -- we had somewhat more documentation
21 to examine that I suspect you had. So we went down a
22 different pathway. But many of the points you made
23 are -- we do agree with. And I think that perhaps
24 someone from our group can maybe make a list and go
25 through to indicate, you know, the points on the

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1 paper, the Marcus/Seigel paper and what the
2 Subcommittee's response was.

3 So I'm wondering if someone would
4 volunteer to do that?

5 ACTING CHAIR ESSIG: If I may suggest, I
6 believe the person that's best equipped to do that
7 because there's familiarity with the Marcus/Seigel
8 paper, is Dr. Rich Vetter. And although, Rich, as you
9 acknowledged, you weren't an official member of the
10 Subcommittee but you are a member of the main
11 Committee, would you agree to taking on that task and
12 maybe doing that summarization and then forwarding it
13 to Jeff so that he can put it in the Subcommittee's
14 report?

15 DR. VETTER: Well, I could do that except
16 I'm leaving town shortly and won't be back until next
17 Friday.

18 ACTING CHAIR ESSIG: Oh. Okay. Well then
19 maybe --

20 DR. VETTER: That would be problematic in
21 terms of trying to meet a short --

22 ACTING CHAIR ESSIG: I understand.

23 DR. WILLIAMSON: Do we have that short of
24 a deadline or --

25 MS. SCHWARZ: I was going to say, isn't

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1 two weeks acceptable or --

2 ACTING CHAIR ESSIG: No. Unfortunately,
3 we've had one deadline that we've already had to
4 extend. And if I need to extend it again, I will --
5 I guess I will have to, but --

6 MS. SCHWARZ: But it seems that since
7 Richard Vetter has actually performed calculations--

8 ACTING CHAIR ESSIG: Yes.

9 MS. SCHWARZ: -- he's in the best
10 position. And if he's not available, that certainly
11 would be worth the wait.

12 ACTING CHAIR ESSIG: I can't argue that.

13 DR. WILLIAMSON: Well, it's your call,
14 Tom. I think you know alternative people who might do
15 it, you know, perhaps Dr. Suleiman might agree to do
16 it or Sally herself.

17 MS. SCHWARZ: Right.

18 DR. VETTER: Right. I can share what I've
19 done with whomever.

20 ACTING CHAIR ESSIG: Would Dr. Suleiman be
21 willing to receive Dr. Vetter's insights and then
22 craft some additional language for the Subcommittee
23 report that you would forward to Dr. Williamson.

24 DR. SULEIMAN: I've got to consider that.
25 Specifically what would you be asking for?

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1 ACTING CHAIR ESSIG: You, I believe, had
2 separately receive a copy of Drs. Marcus and Seigel's
3 critique of our Region III inspection report. And
4 there were several points made, perhaps six or seven
5 observations that they had made with recommendations
6 and conclusions. And what we need to do is compare
7 that report with the current Subcommittee report and
8 where it doesn't address the Marcus/Seigel report,
9 provide some language as to whether or not the
10 Subcommittee or the full Committee should agree with
11 the observation or not. But I think that would be
12 based on input from Dr. Vetter as well as your own
13 insights.

14 DR. SULEIMAN: What sort of deadline would
15 you be asking for?

16 ACTING CHAIR ESSIG: Well, I'm probably
17 asking for an impossible deadline. I mean, we --
18 currently -- I'll just tell you what currently --

19 ANNOUNCEMENT: Your conference is
20 scheduled to end in one minute.

21 DR. SULEIMAN: Because I'll be out of the
22 office for the next couple of days, too.

23 ACTING CHAIR ESSIG: Okay. Well, then I
24 don't know that it's doable. I expect what we're
25 probably just going to have to do is extend the due

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1 date. We're probably going to have to schedule
2 another conference call and to go over this.

3 I think there are enough loose ends, we
4 haven't even brought it to a vote yet in front of the
5 Committee. And so what I would propose that we would
6 schedule a conference call at the nearest possible
7 time. We'll have to notice another one in the *Federal*
8 *Register*, and we have to have a --

9 ANNOUNCEMENT: Your conference time has
10 now expired. Thank you.

11 ACTING CHAIR ESSIG: So until I'm cut off,
12 I'll keep talking.

13 We'll schedule another conference call and
14 we'll communicate with you further by email.

15 (Whereupon, at 1:59 p.m. the conference
16 call was concluded.)

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