

ENDOCRINOLOGY CONSULTANTS OF EAST TENNESSEE

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November 4, 1999

The Honorable Greta J. Dicus  
Chairwoman, US Nuclear Regulatory Commission  
016C1  
Washington, D.C 20555

DOCKET NUMBER  
PROPOSED RULE **PR 20,32 +35**  
**(63FR43516)**

Dear Chairwoman Dicus:

I am writing you to encourage your support for the NRC staff proposed draft regulation regarding training and experience requirements for use of Iodine 131 in the treatment of thyroid disease. Endocrinologists were the first physicians to use this isotope in clinical thyroidology, and have continued to do so safely, conveniently, and cost-effectively over the past fifty years. In our referral area of Central East Tennessee, the two commercial suppliers of I 131 inform me that our single group of Endocrinologists administers over 70% of all I 131 treatment doses given in our region. These are administered through our office (all of our physicians are appropriately licensed for this use) at much greater convenience to our patients than would occur if they had to be referred to a hospital nuclear medicine department. In addition, the cost that we charge for purchase and administration of this isotope is hundreds of dollars less than the hospital nuclear medicine departments in our area charge for the exact same dose from the exact same supplier!

The current impetus to increase the training and experience requirements for I 131 up to the incredible figure of 700 hours has no basis whatsoever in science or safety - quite to the contrary, Endocrinologists have an exemplary safety record over many decades in use of this isotope for treatment of their patients. Regrettably, the incentive to dramatically increase the training requirements for use of this single isotope originates in our colleagues in Nuclear Medicine and Radiology. They have unfortunately chosen to prioritize their greed

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over considerations of patient convenience, safety, and cost since they know that increasing the training requirements to 700 hours would effectively limit use of this isotope to physicians in their specialties.

The Nuclear Regulatory Commission is charged with the responsibility to ensure safe use of isotopes. The incredibly safe proven track record of Endocrinologists use of this isotope over five decades should provide more than adequate assurance that current training requirements are quite sufficient to protect the public. Furthermore, in light concerns regarding limitations of time and financial resources, it would seem prudent to also consider factors relating to patient convenience and cost, both of which strongly favor continuing to allow Endocrinologists to offer this service to their patients.

Thanking you in advance for your support in ensuring that governmental regulations do not discriminate against competent Endocrinologists continuing to provide convenient and cost-effective care to their patients, I remain,

Sincerely yours,



Bill Law, Jr., MD, FACE/FACP  
Clinical Associate Professor of Medicine  
Chief, Section of Endocrinology  
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BLJ/lyc