

## RI - DNMS Licensee Event Report Disposition

Licensee:	Virtua-West Jersey Hospitals				
Event Description:	Patient release prior to 10 CFR 35.75 evaluation; potential public dose > 500 mrem				
License No:	29-01862-02	Docket No:	03002443	MLER-RI:	2005-036
Event Date:	03/30/2005	Report Date:	06/01/2005	HQ Ops Event #:	

**1. REPORTING REQUIREMENT**

<input type="checkbox"/>	10 CFR 20.1906 Package Contamination	<input type="checkbox"/>	10 CFR 30.50 Report
<input type="checkbox"/>	10 CFR 20.2201 Theft or Loss	<input type="checkbox"/>	10 CFR 35.3045 Medical Event
<input checked="" type="checkbox"/>	10 CFR 20.2203 30 Day Report	<input type="checkbox"/>	License Condition
<input type="checkbox"/>	Other _____		

**2. REGION I RESPONSE**

<input type="checkbox"/>	Immediate Site Inspection	Inspector/Date	
<input type="checkbox"/>	Special Inspection	Inspector/Date	
<input checked="" type="checkbox"/>	Telephone Inquiry	Inspector/Date	S. Gabriel, 06/07/05
<input type="checkbox"/>	Preliminary Notification/Report	<input type="checkbox"/>	Daily Report
<input type="checkbox"/>	Information Entered in RI Log	<input checked="" type="checkbox"/>	Review at Next Inspection
<input type="checkbox"/>	Report Referred To: _____		

**3. REPORT EVALUATION**

<input checked="" type="checkbox"/>	Description of Event	<input checked="" type="checkbox"/>	Corrective Actions
<input checked="" type="checkbox"/>	Levels of RAM Involved	<input checked="" type="checkbox"/>	Calculations Adequate
<input checked="" type="checkbox"/>	Cause of Event	<input checked="" type="checkbox"/>	Additional Information Requested from Licensee

**4. MANAGEMENT DIRECTIVE 8.3 EVALUATION**

<input type="checkbox"/>	Release w/Exposure > Limits	<input type="checkbox"/>	Deliberate Misuse w/Exposure > Limits
<input type="checkbox"/>	Repeated Inadequate Control	<input type="checkbox"/>	Pkgng Failure > 10 rads/hr or Contamination > 1000x Limits
<input type="checkbox"/>	Exposure 5x Limits	<input type="checkbox"/>	Large# Indivs w/Exp > Limits or Medical Deterministic Effects
<input type="checkbox"/>	Potential Fatality	<input type="checkbox"/>	Unique Circumstances or Safeguards Concerns
If any of the above are involved:			
<input type="checkbox"/>	Considered Need for IIT	<input type="checkbox"/>	Considered Need for AIT
Decision/Made By/Date: _____			

**5. MANAGEMENT DIRECTIVE 8.10 EVALUATION (additional evaluation for medical events only)**

<input type="checkbox"/>	Timeliness - Inspection Meets Requirements (5 days for overdose / 10 days for underdose)
<input type="checkbox"/>	Medical Consultant Used-Name of Consultant/Date of Report: _____
<input type="checkbox"/>	Medical Consultant Determined Event Directly Contributed to Fatality
<input type="checkbox"/>	Device Failure with Possible Adverse Generic Implications
<input type="checkbox"/>	HQ or Contractor Support Required to Evaluate Consequences

**6. SPECIAL INSTRUCTIONS OR COMMENTS**

See attached documents from licensee and comments from inspector. There is no evidence that any individual received greater than 500 mrem from this patient.

<input checked="" type="checkbox"/> Non-Public	Inspector Signature: <u>S. Gabriel</u>	Date: <u>6/9/07</u>
<input type="checkbox"/> Public-SISP REVIEW COMPLETE	Branch Chief Initials: <u>[Signature]</u>	Date: <u>6/9/07</u>



RECEIVED  
REGION 1

West Jersey Hospital - Marlton Division  
Office of Radiation Physics  
90 Brick Road  
Marlton, NJ 08053

2005 JUN -6 PM 1: 14

(856) 355-6282 fax (856) 355-6121

June 1, 2005

Medical Licensees  
Nuclear Materials Safety Branch  
U.S. NRC Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

Reference: NRC License #29-01862-02, Virtua-West Jersey Hospitals  
Subject: **REPORT OF RADIATION LEVEL EXCEEDING PUBLIC DOSE LIMIT (10CFR 20.2203)**

To Whom It May Concern:

Virtua Health-West Jersey Hospitals wishes to make notification that a patient was incorrectly released from confinement following an unsealed radiopharmaceutical therapy treatment as required by 10 CFR 35.75. This action could result in a member of the public being exposed to more than the 500 mrem dose limit.

Specifically, a patient undergoing radioiodine (<sup>131</sup>I) thyroid ablation was screened for release suitability, received at our facility for outpatient treatment, and given verbal and written instructions by the Authorized User on methods to reduce dose to others. A dose of 157 mCi was then administered and the patient was released.

The error was detected when the nuclear medicine staff forwarded the patient information to the medical physicist for calculation of estimated exposure to the public. Upon reviewing the case it was learned that the patient had an abnormally high thyroid uptake value from a recent <sup>123</sup>I thyroid uptake study. When these values were utilized in the calculations it was found that potential exposure to family members or others could exceed 500 mrem even when precautions were taken.

An investigation as to the cause of the error was the unusually high uptake value and the unfamiliarity of the technical staff with the implication of a high uptake on the exposure release calculations. As a result, the patient data was transmitted to the physicist after the patient had been released.

Although the calculation indicates a potential exposure above the 500 mrem limit, the estimated value was less than 100 mrem in excess and does not imply any safety consequence to the public. Furthermore, the calculations assume worst-case scenario planning, and in practice a patient who closely follows the instructions provided would expose family member to considerably less dose than predicted.

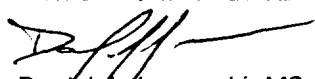
Several actions have been taken to reduce the probability of recurrence of this type of error. First, all staff have been re-instructed in proper release of patients treated with radioisotopes based on activity, measured dose rate and calculated dose estimates, and the factors that affect each. Second, additional questions and indicators have been added to both our Outpatient Screening and Written Directive forms to account for uptake values in thyroid disease patients and to alert the AU/RSO of any abnormal readings. Finally, any patient with an uptake value > 5% or a prescription > 200 mCi of <sup>131</sup>I must first be reviewed by the physicist/RSO for outpatient suitability before the patient can be treated.

June 1, 2005

We regret this unfortunate error but are satisfied that it does not present a health and safety issue to the family of this patient or the general public, and have instituted practical corrective actions which will prevent future recurrence.

Should you have any questions please contact out staff physicist Daniel Januseski at (856) 355-6282.

Sincerely,  
VIRTUA - WEST JERSEY HEALTH SYSTEM



Daniel J. Januseski, MS  
Radiation Safety Officer

U.S. NUCLEAR REGULATORY COMMISSION		Conversation Date: 06/07/05	
<b>TELEPHONE CONVERSATION RECORD</b>		Time: various	
Mail Control No.:	License No.:	Docket No.:	
N/A	29-01862-02	03002443	
Licensee/Applicant Participant(s):	Organization:	Telephone No.:	
Dan Januseski, RSO	Virtua-West Jersey Hospital	856-355-6282	
Person(s) Calling: SGabriel, RI			
Subject: Licensee Event Report			
<p>Summary:</p> <p>I called Dan to discuss the LER stating that a thyroid carcinoma patient was released prior to performing the evaluation required by 10 CFR 35.75. The treatment of 157 millicuries was administered on March 30, 2005, however the release evaluation was not done until May 13, 2005. At that time it was noted that the patient's post-thyroidectomy, pre-treatment I-123 uptake was 16.8% (the assumed maximum value in NRC guidance is 5%). Calculations showed that the maximum possible exposure to a member of the public was 595 mrem. I asked Dan to fax the calculations and we spoke again. I asked if licensee was familiar with the patient's living situation and if it might be possible to justify use of an occupancy factor of 0.125 at 1 meter instead of occupancy factor of 0.25. Dan faxed a copy of the outpatient assessment form, which documents that the patient met the criteria for use of 0.25 occupancy factor, however does not ask questions that could justify use of the lower occupancy factor.</p> <p>Dan reiterated that this was a conservative, worst-case calculation and it is unlikely any member of the public actually received greater than 500 mrem.</p> <p>We reviewed the corrective actions described in the LER. Based on Dan's description, these appear to be comprehensive and effective.</p>			
Action Required/Taken: Complete LER form; recommend review at next inspection; apparent violation of 10 CFR 35.75(a)			
Prepared By: SGabriel		Date: 06/08/05	



West Jersey Health System - Voorhes Division  
Department of Nuclear Medicine

### I-131 Release Calculations

based on Public Dose Limit of 500 mrem†

Assessment Date: 13-May-05

Type of Therapy: Thyroid Ablation

Patient Name: [REDACTED]  
Date of Administration: March 30, 2005

ID: [REDACTED]  
Attending Physician: Snyder, MD

Administered Activity	E1	E2	F1	F2	T <sub>1/2</sub> † (Extrathyroidal)	T <sub>1/2</sub> † (Thyroidal)
157	0.75	0.25	0.832	0.168	0.32	7.3

Estimated maximum dose to a member of the public for total time of treatment: **505** mrem

$$D(\infty) = \frac{34.6(\Gamma_{in})XQ_e}{(100 \text{ cm})^2} \left\{ E_1 T_{1/2}^{(0.8)} (0.8) \left( 1 - e^{-\frac{0.693(0.8)}{T_{1/2}}} \right) + e^{-\frac{0.693(0.8)}{T_{1/2}}} E_2 F_1 T_{1/2} + e^{-\frac{0.693(0.8)}{T_{1/2}}} E_2 F_2 T_{1/2} \right\}$$

where:

- E<sub>1</sub> = Occupancy factor for first 8 hours
- E<sub>2</sub> = Occupancy factor from 8 hours to total decay
- F<sub>1</sub> = Extrathyroidal uptake fraction
- F<sub>2</sub> = Thyroidal uptake fraction

T <sub>1/2</sub> (thyroid)	0.32	0.32
T <sub>1/2</sub> (extrathyroidal)	5.2	7.3

Calculated by: D. Januszek, MS, Medical Physicist

† calculations and assumed factors based on model procedures found in Appendix B of U.S.N.R.C. Regulatory Guide 8.39 (rev. April 1997) for I-131 Thyroid Cancer ablation studies and hyperthyroid treatment. Additional references can be found in that guide.



West Jersey Hospital  
Department of Nuclear Medicine

**Outpatient Assessment for <sup>131</sup>I Therapy > 33 mCi  
Postthyroidectomy for Thyroid Cancer**

Patient Name: \_\_\_\_\_

Date: 3/22/05

- |   | YES      | NO    |
|---|----------|-------|
| • Patient is able to care for themselves  | <u>X</u> | _____ |
| • Patient exhibits/is aware of good hygiene   | <u>X</u> | _____ |
| • Patient is continent  | <u>X</u> | _____ |
| • Patient has ability to follow directions  | <u>X</u> | _____ |
| • Patient has separate bedroom  | <u>X</u> | _____ |
| • Patient has separate bathroom   | <u>X</u> | _____ |
| • Patient does not travel by public transportation to and from hospital   | <u>X</u> | _____ |
| • Patient is not living with pregnant relatives or is not the sole caretaker of young (under age 12) children     | <u>X</u> | _____ |
| • Patient is able to maintain distances of 3 feet or more from family members for 2 to 5 days (based on activity) | <u>X</u> | _____ |

Patient does / does not meet criteria for being treated as an outpatient: D. Carson

[Signature]  
Authorized User's Signature

Patient prescribed activity: [Signature] 150 mCi on 3/25/05

**Confirmation of Pregnancy / Breastfeeding**

- |  | YES   | NO    |
|--|-------|-------|
| • Patient confirms or is unsure if she is pregnant | _____ | _____ |
| • Patient is currently breastfeeding               | _____ | _____ |
| • Pregnancy Test Ordered?                          | _____ | _____ |
- N/A  
(male patient)  
Last Menses \_\_\_\_\_

**Instructions to Patient**

- |  | YES      | NO    |
|--|----------|-------|
| • Patient given verbal & written instructions on minimizing dose to others | <u>✓</u> | _____ |

The instructions have been explained to me and I understand and agree to follow these instructions:

[Signature]  
Patient Signature  
Daniel Carson  
Nuclear Medicine Signature