

February 7, 2006 (2:35pm)

OFFICE OF SECRETARY  
RULEMAKINGS AND  
ADJUDICATIONS STAFF

DOCKET NUMBER  
PETITION FILE NO. 35-18  
(70FR 75752)

Comments on Peter Crane's petition.

I am a 44 year old thyroid cancer survivor. 2 1/2 years ago I was treated with 175mci of Radioactive Iodine that required a 48hour stay in the hospital. For the past 2 years I have received scan doses.

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Last year my 20 year old son was diagnosed with thyroid cancer and was treated with a 150mci dose which required a 48 hour hospital stay. Unfortunately he will require another high dose later this year.

When we return home from our treatment, or after receiving scan doses, we observe all of the necessary precautions (and then some). We use separate bathrooms, sleep in separate rooms, don't touch other people's food, don't get too close, etc.

In addition to my wife, I have a 9 year old daughter at home, a 16 year old son and a 19 year old son who has been home for some of this. Each time one of us undergoes treatment or a scan we put the rest of the family at risk for exposure. One of the causes of thyroid cancer is exposure to radiation. Though thyroid cancer may not be as "bad" as other cancers, I would not want to do anything that potentially exposes other family members, friends, employees etc. to this risk.

Spending 2 days in isolation was not pleasant, but if that was the worse part of my treatment, it is something I can easily live with. Being responsible for someone else getting cancer is not something I could easily live with.

Two days after I came home from the hospital, a friend came to visit me with his Geiger counter. The counter registered strong presence of radioactivity even when I was in the next room! It wasn't until I had two full rooms between us that his Geiger counter was silent. I don't think the public would understand that there are people walking around that could be exposing them to radiation, at any level. With the dramatic increases in Thyroid cancer over the past decades, I would think that exercising caution in this area would be the more prudent approach.

Furthermore, the longer you keep a patient isolated the longer you can control who is potentially exposed to the patient. Once a patient leaves the hospital, there is no control over who the patient may be potentially exposing. Whether they ride public transportation, go to work or play with their children. Though a patient may be able to have a degree of isolation at home, it is harder to stay away from your family when they are right there in front of you.

You cannot depend on the individuals (as a whole) to monitor themselves and to not expose the public, even to the smallest amounts of radiation.

Larry Kramer  
Total Thyroidectomy 6/03 (5cm tumor/cist)  
150mci 8/03  
Clean scans: 6/04, thyrogen 8/05

Template = SECY-067

SECY-02

**From:** Carol Gallagher  
**To:** Evangeline Ngbea  
**Date:** Tue, Feb 7, 2006 10:58 AM  
**Subject:** Comment letter on PRM-35-18

Attached for docketing is a comment letter on the above noted PRM from Lawrence Kramer that I received via the rulemaking website on 2/6/06.

His address is:

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Carol

**Mail Envelope Properties** (43E8C381.21E : 3 : 886)

**Subject:** Comment letter on PRM-35-18  
**Creation Date:** 2/7/06 10:57AM  
**From:** Carol Gallagher  
  
**Created By:** CAG@nrc.gov

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