

Regarding the petition submitted on the practice of patients treated with Radiolodine (1-131) being admitted for care or released. After reading all the responses to date, I must concur with Dr. Leland Rogers, MD of Salt Lake City, UT.

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A patient should have the right to choose based on his/her own situation. If the situation requires hospitalization, then preapproval can be submitted for by the physician's office administering the 1-131. The preapproval should indicate the risks associated with the patient's situation allowing the insurance companies review board to make the sound decision based on the facts presented. If the insurance company denies the request, a second request for those patients who need this practice can be resubmitted. Preapproval should be the basis for the treatment date. In either case, the guidelines must be and should be clearly indicated.

As a thyroid cancer patient, diagnosed in January 2000, I personally have had two separate incidences of Radioiodine treatments (1-131). In both situations hospitalization was required. In both situations I became violently ill, the first hospital did not respond. The second treated with anti-nausea prior to receiving dosage. Neither hospital cleaned up after being ill, it remained in the room as long as I was isolated. Hospital 1: was not equipped (a 4" thick x 12" tall metal bar across an open door), hospital staff negligent, improper training on guidelines for care of patients. Hospital 2: hospital room equipped, staff trained, significant travel required to hospital. Given the care I received, if given a choice: I would choose to be treated and released to care for myself.

As a patient involved in bringing greater knowledge and awareness of THYROID CANCER to the surrounding communities in my area, I talk with many patients who received substandard care, and they also would concur with my choice.

I would propose that physicians who care for THYROID CANCER patients be required to obtain continuing education in the care and treatment of patients. The hospital staff must also be required to receive continuing education on an annual basis if hospitalization is required.

Therefore, I must conclude that the choice should be a case by case basis. The patient should be given an opportunity to decide which situation best suits their needs. Concrete guidelines must be established and the patient should be given a copy of the published guidelines in accordance with their state laws.

Respectfully submitted,  
Candy Stevens  
Advanced Thyroid Cancer patient

DOCKETED  
USNRC

February 21, 2006 (10:50am)

DOCKET NUMBER  
PETITION FILE FROM 35-18  
(70 FR 75752)

OFFICE OF SECRETARY  
RULEMAKINGS AND  
ADJUDICATIONS STAFF

Template = SECY-067

SECY-02

**From:** Carol Gallagher  
**To:** Evangeline Ngbea  
**Date:** Tue, Feb 21, 2006 9:59 AM  
**Subject:** Comment letter on PRM-35-18

Attached for docketing is a comment letter on the above noted PRM from Candy Stevens that I received via the rulemaking website on 2/8/06.

Carol

**Mail Envelope Properties** (43FB2ADB.21E : 3 : 886)

**Subject:** Comment letter on PRM-35-18  
**Creation Date:** 2/21/06 9:59AM  
**From:** Carol Gallagher

**Created By:** CAG@nrc.gov

**Recipients**

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ESN (Evangeline Ngbea)

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**Files**

MESSAGE

1661-0023.pdf

**Size**

577

1591973

**Date & Time**

02/21/06 09:59AM

02/21/06 09:56AM

**Options**

**Expiration Date:**

None

**Priority:**

Standard

**Reply Requested:**

No

**Return Notification:**

None

**Concealed Subject:**

No

**Security:**

Standard