

February 20, 2006

Ms. Annette Vietti-Cook  
Secretary  
US Nuclear Regulatory Commission  
Washington, DC 20555

**DOCKET NUMBER**  
**PETITION RULE PRM 35-18**  
**(70FR 75752)**

DOCKETED  
USNRC

February 22, 2006 (11:38am)

OFFICE OF SECRETARY  
RULEMAKINGS AND  
ADJUDICATIONS STAFF

Re: Petition for Rulemaking Docket #PRM-35-18 (Patient Release Criteria)

Dear Ms. Vietti-Cook:

23

I am writing as a thyroid cancer survivor and facilitator of ThyCa Seattle, a thyroid cancer support group and previously a facilitator of ThyCa Lincoln, Nebraska.

My own personal experience of being sent home after receiving two separate treatment doses of 100+ mCi each of I131 was traumatic and life altering, primarily because of my concern for contaminating others, particularly my former husband. That concern has haunted me ever since.

This is not, however, simply about a psychological state—though that seems to have been overlooked in terms of the approach to I131 treatments. It is about the protection of patients, their families, loved ones, medical staff, the public and the environment.

My objections to sending patients home as a general rule is, first, that the treatment necessitates patients being in a severely hypothyroid state, which we know affects mental faculties in varying degrees, among other symptoms that compromise our ability to think clearly. Add to that the ripple effect of the stress of a cancer diagnosis, the surgery and treatment on our personal and professional lives. (Though I, personally, would want to be isolated in a hospital or other professional facility when being treated with I131 regardless of my mental state.) While in this state, we are asked to follow a series of precautions (that vary from facility to facility) and may not only be difficult to follow because of physical surroundings (i.e., having one bathroom in a home) but may be difficult to follow because our minds are not functioning optimally.

Second, the petitioner and others have mentioned factors including living situations, distance of the patients' homes from the treatment facility, the risk of nausea, etc. I'm not convinced that all of these issues are satisfactorily addressed prior to or at the time of treatment.

While being sent home to a place we feel most comfortable may seem like the humane thing to do, it is a very different situation when the patient is radioactive. I believe that in the majority of cases, the safety of patients receiving RAI treatment and those around them should be left to professionals. Taking both a short and long view, this seems to be the most responsible and prudent approach. The whole point of the treatment is to increase the patient's longevity, so doesn't it make sense to take precautions to insure a long and healthy life for all those potentially affected by this treatment?

I appreciate your careful consideration of this issue.

Sincerely,

Roselle Kovitz

Template = SECY-067

SECY-02

**From:** Carol Gallagher  
**To:** Evangeline Ngbea  
**Date:** Wed, Feb 22, 2006 10:31 AM  
**Subject:** Comment letter on PRM-35-18

Attached for docketing is a comment letter on the above noted PRM from Roselle Kovitz that I received via the rulemaking website on 2/21/06.

Carol

**Mail Envelope Properties** (43FC83DA.21E : 3 : 886)

**Subject:** Comment letter on PRM-35-18  
**Creation Date:** 2/22/06 10:31AM  
**From:** Carol Gallagher

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

**Recipients**

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<b>Files</b>	<b>Size</b>	<b>Date &amp; Time</b>
MESSAGE	606	02/22/06 10:31AM
1661-0024.doc	24576	02/22/06 10:24AM

**Options**

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**Priority:** Standard  
**Reply Requested:** No  
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