

Re: PRM-35-18 (Response from Alisa Proctor, Washington State Thyroid Cancer survivor)

This is a response to Peter Crane's Petition for Partial Revocation of the Patient Release Criteria Rule. I am a Thyroid Cancer survivor, and have been an active member of an online Thyroid Cancer support group since my diagnosis in 2002.

I had 100mCi of I-131 in 2002. At the time, isolation in Washington State was mandatory, and I was isolated overnight in Seattle, Washington. I was kept in a lead lined room and no one was allowed near me. My food was left just inside my door, which I was instructed to keep closed. Did I find it a fun experience? Of COURSE not! But I am extremely concerned by the fact that now, someone who's given this same dose - or a larger one - is likely to just be sent home. I would prefer to be isolated, and I am NOT alone in this.

Several doctors have said that none of THEIR patients ever vomited after their dose. That's fortunate for their patients, but I have spoken to many who have. Imagine being at home, possibly alone, and frightened - not knowing what to do, probably severely hypothyroid, having to deal with this. Maybe they are on the way home...by car or public transportation.

I would hope that doctors are not naive enough to believe that every patient reports back to them about their experiences, and tells them how things were handled, or that they will all do what they tell the doctor they will. Additionally, I'd like to note that anyone who has BEEN severely hypothyroid can tell you that clear thinking and processing information is not usually one of our strong points at this time.

Stephen Gerard, M.D., says that they are very clear at his hospital in the information they give patients who are sent out the door after a large dose of RAI. That's commendable, and many of the things he mentions are things WE tell people in our support group - because no one else has. In my experience with people who write in every day, from all over the United States, clear instructions are absolutely the exception to the rule. Most are given little, if any, instruction. They are left on their own, often told only to just stay away from children and pregnant women for a few days.

We have people are told by their doctors that they MUST drive themselves to and from the hospital in order not to expose anyone else to their radioactivity (when they are typically severely hypothyroid and shouldn't be driving at all). Most aren't told anything about how to get home. This is a huge worry for us - how can we protect the person that is driving us home? We give people advice to use the largest car they can and sit in the rear passenger side, but that's not sufficient. Not everyone HAS a big car or someone to drive them, and many have long distances to travel and have to be in a car for hours. We have members who have proudly told us that they didn't drive themselves home. Instead, they took public transportation or called a cab instead, thinking that they've protected a family member from being exposed to their radiation, and avoided the issue of driving while severely hypothyroid. Unfortunately, they have unknowingly put others at risk. Who is sitting next to them in that bus or subway - perhaps a child or a pregnant woman? How many people are being exposed to radioactivity in this manner?

There are doctors who are telling patients to go to a hotel (or the patients decide on their own to do so) in order to protect their families, thus putting unknowing hotel workers and other people staying there at risk. I sure wouldn't want to be a pregnant woman whose bed was on the other side of the wall from theirs.

- Often, patients leave the hospital and stop at a store on the way home to shop, or stop to have dinner in a restaurant.

What about our radioactive waste, and our septic tanks? What about all the people who don't get information from their doctors and are unfortunate enough not to be part of a support group where they WILL be told these things?

I have to wonder if some of the professionals who feel this is a non-issue would like one of us spending time next to their pregnant daughter just after we've been given a large dose of RAI and sent home. Perhaps you will volunteer to have a thyroid patient who has 2 or 3 small children, and only a small house with one bathroom, stay at YOUR house after their treatment, or you will volunteer to take their children into your home while the thyroid cancer patient is sent home.

We are well aware that there are still precautions needed beyond the one or two days we would be isolated (although even at my hospital, I was told after one day that all precautions when I left the hospital were "optional"), but at least while our bodies are emitting the most radioactivity, others are protected.

I find particularly distasteful the comments that an important consideration is that because there are so many thyroid cancer patients, it costs too much money to keep us in the hospital. I suspect that THIS is one of the primary motives here, and patient care and public health are taking a back seat.

Public health and safety policies can not be made by these criteria.

I urge the NRC to consider changing this rule.

Thank you

Alisa Proctor
Thyroid Cancer survivor
Washington State

DOCKETED
USNRC

March 6, 2006 (4:45pm)

OFFICE OF SECRETARY
RULEMAKINGS AND
ADJUDICATIONS STAFF

From: Carol Gallagher
To: Evangeline Ngbea
Date: Mon, Mar 6, 2006 4:39 PM
Subject: Comment letter on PRM-35-18

Attached for docketing is a comment letter on the above noted PRM from Alisa Proctor that I received via the rulemaking website on 3/6/06.

Carol

Mail Envelope Properties (440CAC09.21E : 3 : 886)

Subject: Comment letter on PRM-35-18
Creation Date: 3/6/06 4:39PM
From: Carol Gallagher

Created By: CAG@nrc.gov

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