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Security and Continued Use of Cesium-137 Chloride Sources and Notice of Public Meeting.

Comment On: NRC-2008-0419-0014

Security and Continued Use of Cesium-137 Chloride Sources: Granting Extension of Comment Period

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Comment on FR Doc # E8-22688

Submitter Information

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General Comment

October 8, 2008

Michael Lesar

Chief, Rulemaking, Directives and Editing Branch

Office of Administration

Mail Stop T-6D59

U.S. Nuclear Regulatory Commission

Washington, DC 20555-0001

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RE: Public Comments on the Continued Use of Cesium-137 Sources

Dear Mr. Lesar:

Please accept this letter in response to the Request for Comments by the Nuclear Regulatory Commission on the issue referenced above.

We fully support the comments made by Richard Toohey, Ph.D., president of the Health Physics Society, urging a careful and thoughtful approach in making a decision on the recommendations of the National Academy of Sciences (NAS)

SUNSI Review Complete
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Chd = J. Jankowski (JP32)

report on CsCl utilization and possible source replacement.

With regard to question Q2-2, we believe the cost of alternative technologies should include not only the cost of replacement, calibration and maintenance, but also the cost of the down-time for critical-use equipment, such as blood irradiators. A quantifiable cost for alternative blood sterilization during equipment down-time should be possible, as well as a human cost for patients who need blood. It is easily demonstrable that CsCl sources utilized in blood irradiators have a much more reliable performance record than would machine-produced technologies, and both the costs of continuity of operation or failure should be considered financially and in human life.

The UAMS Myeloma Institute is an international leader in the treatment and study of multiple myeloma and related diseases and one of the largest referral centers in the world. Because of this unique patient population as well as the fact that our blood bank provides services to other area hospitals and serves as a backup provider to the American Red Cross and Arkansas Children's Hospital, our blood bank sterilizes approximately 20,000 units of blood products per year. As noted above we must consider both the financial and human costs associated with the potential replacement of an established reliable technology with alternative, less-proven and less-reliable technologies.

As the major medical research institute in the state, a large proportion of the research staff is critically dependent upon our research cesium irradiator. These staff play an essential role in the development of medical countermeasures to meet the threat of radiologic/nuclear terrorism, a topic of great concern to the government and are actively involved in the development of innovative cancer treatment involving ionizing irradiation. Obviously cesium irradiators are essential for much of this work and loss of such equipment would have a devastating effect on these research endeavors.

In closing, we urge the Nuclear Regulatory Commission to carefully consider all the quantifiable risks and costs, and verify that patient safety is not decreased by any potential actions.

Sincerely,

Kim C. Wiebeck
Radiation Safety Officer
University of Arkansas for Medical Sciences