



February 26, 2010

Subject: ISCORS; IAEA DS379 - International Basic Safety Standards for Protection Against Ionizing Radiation (BSS revision, Draft 3.0); Comments of the American College of Radiology

The American College of Radiology (ACR)—a professional organization representing more than 36,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists—appreciates the opportunity to provide comments to the Interagency Steering Committee on Radiation Standards (ISCORS) regarding the International Atomic Energy Agency's (IAEA) document, DS379 *International Basic Safety Standards for Protection Against Ionizing Radiation* (draft 3.0 of the revised BSS). The ACR requests that the following recommendations are included in the United States' comments to the IAEA.

General Comments

As a general comment, the ACR is concerned by the presumption that the appropriateness or justification of a radiologic procedure might be assessed by a payor's willingness to cover it, or a health authority's willingness to provide or not provide the procedure as part of a health screening programme. It is unclear how the IAEA's perspective on these issues might be applied in a health care delivery system such as ours.

Specific Comments - Sections 3.149(b), 3.155, 3.156, 3.158

For all instances in which the “referring medical practitioner” and the “radiological medical practitioner” are separate professionals, **the referring medical practitioner is responsible for justification of individual medical exposures**. This individual—often a family physician, emergency room physician, or specialist—interfaces with the patient, performs the physical examination, determines whether or not additional procedures are advised, determines the subsequent plan for diagnosis and treatment, and orders those radiologic procedures agreed to by the patient or the patient’s family members.

The ACR’s specific requested changes are as follows:

- **Section 3.149(b):** “The medical exposure has been justified by the **referring medical practitioner, in consultation with the radiological medical practitioner when appropriate**, or is part of an approved health screening programme.”
- **Section 3.155:** “The justification of medical exposure for an individual patient shall be carried out by the **referring medical practitioner, in consultation with the radiological medical practitioner when appropriate**, taking into account . . .”
- **Section 3.156:** “In justifying the exposure of an individual patient for diagnostic, image-guided interventional or therapeutic purposes, the **referring medical practitioner, in consultation with the radiological medical practitioner when appropriate**, shall take into account relevant national or international guidelines.”
- **Section 3.158:** “Any radiological procedure on an asymptomatic individual, intended to be performed for early detection of disease—but not as part of an approved health screening programme, shall require specific justification for that individual by the **referring medical practitioner, in consultation with the radiological medical practitioner when appropriate**, following guidelines from relevant professional bodies or the health authority. As part of that process the individual shall have been informed about the estimated benefits, risks and limitations of the procedure.”

Thank you in advance for your consideration of these recommendations. Please contact Gloria R. Romanelli, Esq., Senior Director, Legislative and Regulatory Relations; or Michael Peters, Assistant Director, Regulatory and Legislative Portfolio, at 202-223-1670 if you have questions or need additional information.