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Comment On: NRC-2009-0279-0019
Radiation Protection Regulations and Guidance; Public Meetings and Request for Comments

Document: NRC-2009-0279-DRAFT-0026
Comment on FR Doc # 2010-24137

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General Comment

The Society of Nuclear Medicine appreciates the opportunity to comment on the NRC Radiation Protection Regulations. Please see the attached document for our formal response.

Attachments

NRC-2009-0279-DRAFT-0026.1: Comment on FR Doc # 2010-24137

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Complete = ADM-013

FRIDS = ADM-03
Add = J. Morgan Butler
(KRM4)



Advancing Molecular Imaging and Therapy

January 31, 2011

U.S. Nuclear Regulatory Commission
Gregory B. Jackzo, Commissioner
Washington, DC 20555-0001

VIA ELECTRONIC SUBMISSION

RE: Nuclear Regulatory Commission; Docket #NRC-2009-0279; Radiation Protection Regulations and Guidance; Public Meetings and Request for Comments

Dear Dr. Jackzo:

The Society of Nuclear Medicine (SNM) appreciates the opportunity to respond to the Commission's request for comments as posted in the *Federal Register* notice on September 27, 2010. SNM's more than 17,000 members set the standard for molecular imaging and nuclear medicine practice by creating guidelines, sharing information through journals and meetings and leading advocacy on key issues that affect molecular imaging and therapy research and practice.

The Society of Nuclear Medicine continues to recommend that the current occupational dose limit (5 rem (50 mSv) per year) is sufficient and should not be lowered to 2 rem (20 mSv) per year. Pursuant to the Society's comments submitted on February 24, 2010, there remains a lack of consensus in the scientific community regarding the actual risk, if any, from the very low levels of ionizing radiation in the occupational range. Presently, very few occupationally exposed individuals in medical facilities in the United States receive radiation doses exceeding 2 rem (20 mSv) per year, the proposed limit. As documented in the table below, based on a preliminary survey conducted by the Society, ~90 to 100% of such individuals already receive occupational doses of less than 2 rem annually and two-thirds or more receive doses of less than 0.5 rem annually (or less 1/10th of the current 5 rem annual occupational dose limit); in fact, over 99% of workers already receive less than 2 rem annually in four of the five medical institutions surveyed.

Occupational Radiation Doses in Medical Facilities in the United States

Institution	Reporting Period	# of Individuals	Proportion of Individuals with Annual Whole-Body Doses	
			Less than 500 mrem	Less than 2,000 mrem
Memorial Sloan-Kettering Cancer Center, New York, NY	2009	1,506	98%	99%
Stanford University - Affiliated medical institutions, Palo Alto, CA	2008-2010	570	61%	88%
UCLA Medical Center, Los Angeles, CA	2008	1,157	94%	99%
Washington University- Affiliated medical institutions, St. Louis, MO	2009	1,438	98%	99%
Vanderbilt Medical Center, Nuclear Medicine and Nuclear Pharmacy, Nashville, TN	2007	45	76%	100%

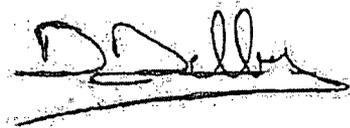
The current annual maximum permissible dose (MPD) standard of 5 rem for occupationally exposed individuals and the associated policies and procedures have effectively minimized worker doses (See table). In the absence of compelling scientific data demonstrating that the 5-rem standard does not adequately protect workers and in light of the possibility that its downward revision may have unanticipated and unintended consequences - without actually reducing occupational doses in practice - the proposed reduction in the MPD to 2 rem annually appears unnecessary and ill-advised.

The Society of Nuclear Medicine (SNM) is gathering personnel radiation dosimetry data to provide to the US Nuclear Regulatory Commission for use in the evaluation of whether the occupational annual maximum permissible dose should be reduced from a total effective dose equivalent (TEDE) of 50 to 20 mSv (more accurately an average of 100 mSv over a 5 year period not to exceed 50 mSv in any one year). Once this data is available, we will be happy to communicate the findings to the NRC.

For similar reasons, the SNM also recommends that the current maximum permissible dose limit to the embryo/fetus of a pregnant worker of 5 mSv (0.5 rem) from the estimated time of conception to the time of birth be maintained and not reduced to the proposed limit of 1 mSv (0.1 rem) from the time of declaration to the time of birth. Again, no compelling scientific evidence exists that such a reduction would lower the risk to the fetus while limiting some of the workers in nuclear medicine from properly performing their professional duties.

Should you have any questions, please contact Sue Bunning, Director of Health Policy and Regulatory Affairs, (703) 326-1182 or via email, sbunning@snm.org.

Sincerely,



Dominique Delbeke, MD PhD
President, SNM

CC: George Segall, MD
Fred Fahey, MD
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