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General Comment

I strongly oppose changing the current safety rules for radiation. I oppose changing the current Linear No-Threshold Model and Standards for Protection Against Radiation.
Radioactive waste, whether from medical facilities or other should not be disposed of in public landfills and most certainly should not exceed the current established safety levels.

Below is an abstract from Pubmed.

Arch Intern Med. 2009 Dec 14;169(22):2071-7. doi: 10.1001/archinternmed.2009.440.
Projected cancer risks from computed tomographic scans performed in the United States in 2007.
Berrington de Gonzlez A1, Mahesh M, Kim KP, Bhargavan M, Lewis R, Mettler F, Land C.
Author information
Abstract
BACKGROUND:

The use of computed tomographic (CT) scans in the United States (US) has increased more than 3-fold since 1993 to approximately 70 million scans annually. Despite the great medical benefits, there is concern about the potential radiation-related cancer risk. We conducted detailed estimates of the future cancer risks from current CT scan use in the US according to age, sex, and scan type.

METHODS:

Risk models based on the National Research Council's "Biological Effects of Ionizing Radiation" report and organ-specific radiation doses derived from a national survey were used to estimate age-specific cancer risks for each scan type. These models were combined with age- and sex-specific scan frequencies for the US in 2007 obtained from survey and insurance claims data. We estimated the mean number of radiation-related incident cancers with 95% uncertainty limits (UL) using Monte Carlo simulations.
RESULTS:

Overall, we estimated that approximately 29 000 (95% UL, 15 000-45 000) future cancers could be related to CT scans performed in the US in 2007. The largest contributions were from scans of the abdomen and pelvis (n = 14 000) (95% UL, 6900-25 000), chest (n = 4100) (95% UL, 1900-8100), and head (n = 4000) (95% UL, 1100-8700), as well as from chest CT angiography (n = 2700) (95% UL, 1300-5000). One-third of the projected cancers were due to scans performed at the ages of 35 to 54 years compared with 15% due to scans performed at ages younger than 18 years, and 66% were in females.
CONCLUSIONS:

These detailed estimates highlight several areas of CT scan use that make large contributions to the total cancer risk, including several scan types and age groups with a high frequency of use or scans involving relatively high doses, in which risk-reduction efforts may be warranted.
Comment in

Cancer risks and radiation exposure from computed tomographic scans: how can we be sure that the benefits outweigh the risks? [Arch Intern Med. 2009]

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