

**Gallagher, Carol**

**From:** Rani E Dalgin <rani.dalgin@bc.edu>  
**Sent:** Wednesday, February 17, 2016 2:15 AM  
**To:** Howe, Donna-Beth; Gallagher, Carol  
**Cc:** Rani Dalgin  
**Subject:** [External\_Sender] Re: Tesimony/Questions for tomorrow's NRC hearing Docket ID NRC-2015-0020

2016 FEB 17 AM 8:43

RECEIVED

Hi All-

I am resubmitting this testimony (from a business trip in Salt Lake City - hopefully before midnight MST).

The only thing I am requesting is that my phone number and business address be redacted from my earlier testimony below.

Thanks and regards,  
 Rani Dalgin

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11/16/2015  
 80 FR 70843

On Wed, Jan 20, 2016 at 10:02 PM, Rani E Dalgin <rani.dalgin@bc.edu> wrote:  
 Dear Donna-Beth:

Here is my testimony for tomorrow's hearing on RAI. I am one of the administrators for an online Facebook based support group with over 2,000 members called the "LID Life Community."

The purpose of our support group is to help people during the Low Iodine Diet (LID) process, RAI and isolation by providing safe food options for everyone, by sharing our stories to ease anxieties and by providing a safe, nonjudgmental environment for those seeking support.

We are not doctors and do not give any medical advice regarding dosing (increase/decrease), diagnosing (hypo/hyper/ThyCa/interpreting lab reports) or, even recommending supplements.

Our number one goal is to help those during the LID process, RAI and isolation, by providing food options for everyone, sharing our stories to ease anxieties and to provide a safe, nonjudgmental environment for those seeking support.

We follow the American Thyroid Association (ATA) and National Institutes of Health (NIH) Guidelines.

Here is a link to a recent article about our founder, Dr.Rebecca Cunningham.

<https://www.unthsc.edu/newsroom/story/diagnosis-turns-scientist-into-counselor-and-comforter/>

I found this advice from the Nuclear Safety Officer at the hospital where I received my RAI treatment very helpful and comforting. I am redacting the person's name as I do not have their permission to share this using their name.

"Every patient is evaluated and the post treatment instructions

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adjusted based on the patient's lifestyle, dosing and ability to comprehend and fully comply with the post treatment instructions.

All of these factors are taken into account to ensure that radiation exposure to immediate family and members of the public are well within the State and Federal guidelines. Written instructions and models for good practices given to patients are subject to inspection and approval by regulating agencies to comply with the conditions of a hospital's radioactive materials license.

Physicians have to be authorized and receive special training to administer the radioactive [iodine] (not just any endocrinologist can order the treatment)."

It is my sincere hope, as well as the hope of many other ThyCa patients that I have encountered since my treatment, that leading medical nuclear safety professionals, like the person who advised me in Massachusetts, can set a benchmark and continue to provide leadership for best practices for management and advisement of RAI patients throughout the United States and, indeed, the world.

I hope that people like the nuclear safety officer that I encountered for my treatment have the opportunity to share their expertise with other nuclear medicine/safety professionals.

There are clearly a lot of inconsistencies between states and even hospitals within states.

It is a public health issue, exacerbated by economic strains on our health care system in the United States and in the world. How do hospitals provide the best treatment while maximizing the probability of compliance and minimizing risk to the public and even to family, work and community members of RAI patients?

I also had some specific questions:

How can we make sure (or significantly increase the probability) that in all fifty states in the United States, as well as in United States territories, that hospitals and nuclear safety officers are trained in and adhere to these guidelines? How do we sensitively and proactively prevent patients from putting the public at risk when they ignore these guidelines out of ignorance, misunderstanding or out of financial disadvantage? How do we prevent cleaners/housekeepers/janitorial staff and other members of the public from being exposed to people (or waste/bodily fluids from people) who have had recent RAI treatments?

What measures will dissuade people (out of perceived or mispercieved necessity)from staying in hotels or other public accommodations or from using public transportation or other public facilities where they might put others at risk of exposure to excess nuclear radiation? How do we minimize exposure to radiation that might contribute to ThyCa in the first place? Are there statistically validated software packages that would offer more standardized guidance to nuclear medicine professionals regarding public safety for those around patients who undergo this treatment?

Thanks for providing us with the opportunity to provide this testimony.

Respectfully,

Rani

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Rani Dalgin

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