

MEDICAL CONSULTANT REPORT
(To Be Completed By Medical Consultant)

Medical Consultant Name: Edward B. Silberstein Report Date: 4/22/17
Signature: Edward B. Silberstein

Licensee Name: Hennepin Felt Hospital
License No. 21-04108-16 Docket No. 030-02043
Facility Name: Hennepin Felt Hospital

Incident Date: 1/31/17

Individual's Physician Name: Munther Ajlouni M.D.
Address: Hennepin Felt Hospital
2799 West Grand Blvd.
Detroit, MI 48202

Referring Physician's Name: Scott Schwartz
(Medical Event Only)
Address: 2799 West Grand Blvd.
Detroit, MI 48202

Individuals Contacted During Investigation: Munther Ajlouni, M.D.
(Name and Title) Beth Harkness, Physicist
Alan Jackson, R.S.G.

Records Reviewed: (General Description)
NRC summary plus oral reviews with
Dr. Ajlouni, Alan Jackson, Beth Harkness

Estimated ^{cumulative} Dose to Individual or Target Organ: (B) lobe 17,800 rads.
Probable Error Associated with Estimation: 7% 10%
Prescribed Dose (Medical Event Only): not provided
Method Used to Calculate Dose: Formula from manufacturer

Factual Description of Incident:
(Attach a copy of any reports, documents, etc. used/referenced in this description.)

Fully described by Edward Harney. The invasive radiologist catheterized the hepatic artery, a 2-minute later the nuclear medicine physician injected the T-90 Thersopheres. In the time between angiography and injection of T-90, fluoroscopic monitoring of the catheter was provided. About an hour later a Bremsstrahlung image of the T-90 distribution was obtained with SPECT/CT, and the altered distribution of Thersopheres was documented. Patient, physician and NRC were promptly notified. No one saw a patient intervention.

Assessment of probable deterministic effects of the radiation exposure on the individual:

Deterministic radiation effects are described in Ref 1. The R lobe received two doses separated by 55 days: 14,160 & 3660 rads, totaling 17,820 rads. No data tell us how complete hepatic recovery is from the first dose before the second was received. The sum of the two, 17,820 rads, is higher than recommended. It is possible that some radiation-related damage to the R lobe could occur. The R lobe was described as quite small at the time of the second dose, any other cause, e.g., cirrhosis, for this atrophy must be considered. Hepatic failure from T-90 is unlikely (5-9)

Briefly describe the current medical condition of the exposed individual:

Alive with cancer in the liver

Was individual or individual's physician informed of Department of Energy (DOE) Long-Term Medical Study Program? Yes No Patient has in curable cancer.

If yes, would the individual like to be included in the Program? Yes No

1. Based on your review of the incident, do you agree with the licensee's written report that was submitted to Nuclear Regulatory Commission (NRC), pursuant to 10 CFR 20.2205 or 35.3045, in the following areas:

a. Why the event occurred: Yes No

b. Effect on the individual: Yes No

c. Licensee's immediate actions on discovery: Yes No

d. Improvements needed to prevent recurrence: Yes No

2. In areas where you do not agree with the licensee's evaluation (report submitted under 10 CFR 20.2205 or 10 CFR 35.3045), provide the basis for your opinion:

No patient intervention was seen however, if 60 seconds elapse between angiography and drug administration, about 12 breaths have occurred causing linear descent of sternum, more with a deep sigh. This is the crucial time for dis- placement of the catheter and cannot be seen with fluoroscopy. Thus I cannot disagree with the licensee, since I can only parrot "patient intervention", i.e., breathing.

3. Did the licensee notify the referring physician of the medical event? Yes No

Did the licensee notify the individual or responsible relative or guardian? Yes No

4. If the individual or responsible relative or guardian was not notified of the incident, did the licensee provide a reason for not providing notification, consistent with 10 CFR 35.3045? Yes No

Briefly explain the licensee's response:

N/A

5. Provide an opinion of the licensee's plan for exposed individual follow-up, if available.

He is followed by the referring oncologist.

