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2017

2017 MAY 26 AM 9: 21

# PUBLIC SUBMISSION

As of: 5/25/17 4:58 PM  
Received: May 25, 2017  
Status: Pending\_Post  
Tracking No. 1k1-8wl2-kx22  
Comments Due: June 12, 2017  
Submission Type: Web

RECEIVED

**Docket:** NRC-2017-0094  
Patient Release Program

**Comment On:** NRC-2017-0094-0001  
Patient Release Program; Request for Comment

**Document:** NRC-2017-0094-DRAFT-0005  
Comment on FR Doc # 2017-07276

82 FR 17465

4/11/2017

(6)

## Submitter Information

**Name:** David Close

## General Comment

Please see my comments attached.

## Attachments

Response to NRC-2017-0094 re patient release criteria

SUNSI Review Complete  
Template = ADM - 013  
E-RIDS= ADM -03

Add= D.B. Howe (DBH)

C. Rajapakse (CR2)

May 25, 2017

Nuclear Regulatory Commission

Re. Docket ID NRC-2017-0094

To whom it may concern,

I am responding to your request for comment regarding patient release criteria. The responses below are listed as in the Federal Register publication of April 11, 2017.

A. An activity based release criteria should not be established. The current dose based release criteria is more flexible and allows releases to be based on the situation, not just some arbitrary activity value. For example, with a dose based release criteria, an individual living alone would be able to be released from control when another individual may need to be hospitalized. The sooner individuals are released the lower the costs to the individual and the less the emotional strain for the patient and thier family.

Further, any activity based release criteria would need to be specific for the radionuclide and the pharmaceutical form. We had an activity based criteria previously and it created far more hospitalizations than needed.

B. An issue with the suggestion to make the 5 mSv limit an annual limit is the efforts that would be undertaken to minimize the effect of the rule. Facilities may delay a second treatment to a patient until after the first of the year to avoid the need to hospitalize the patient. This delay could impact the long term effectiveness of the treatments. Or the second dosage administered in one year may be reduced to avoid hospitalization. That could also impact the effectiveness of the treatment.

Also, the theoretical risk due to the dose to other individuals from these procedures is fairly trivial. The risk due to twice the dose is still trivial. And the theoretical risk from two such procedures in one year would be the same as the risk from performing the two procedures in two consecutive years. So there is no real benefit from spreading the dose over multiple years. The dose release criteria should continue to be per procedure.

C. The same dose criteria should be applied to all individuals. While we already recommend minimizing time in the vicinity of children and pregnant women. Requiring a lesser dose limit for those individuals could increase patient anxiety and reduce emotional health. It may also require unwarranted hospitalization in some cases. Again, the theoretical risk due to these low doses is minimal.

D. The reply to C above applies to D.

E. Facilities should be required to have a patient "isolation" discussion with the patient in sufficient time prior to the administration to provide the patient time to make the appropriate arrangements. The requirement should be worded as such ("in sufficient time") rather than specifying a time period. We do this now to assure such arrangements can be made. This is done at the time of scheduling the treatment in case any impediments to the isolation instructions exist.

F. The facilities should be required to discuss safety instructions with the patient prior to the administration to assure the patient is able to comply with the instructions. The requirement should be worded as "in sufficient time" rather than specifying a time period as the necessary time needed will vary depending on the particular patient's situation. The time period should be left to the decision of the facility as it deems appropriate. The instructions should be provided to the patient in time such that any difficulties in following the instructions can be addressed. We do this now to assure such difficulties can be resolved; this is usually done at the time of scheduling the treatment. It is also thought that the concerns raised by this and the prior paragraph (E.) are patient care issues, not radiation safety issues, which would then not be appropriate to be included in NRC regulations.

Thank you for considering these comments. Feel free to contact me for further explanation.

Respectfully,

A handwritten signature in cursive script that reads "David Close".

David Close, CHP  
Former RSO