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COMMENTS ON DOCKET ID: NRC-2017-0094
PATIENT RELEASE PROGRAM

This purpose of this letter is to respond to questions posed during the Patient Release Program Regulatory Issues Public Meeting held April 25, 2017. I do not believe that properly instructed patients pose undue risk to their family members or the general public if they are released in accordance with current patient release regulations and guidelines found in Regulatory Guide 8.39.

I am an Authorized User for Group 35.300 with 4 year's experience prescribing therapeutic radiopharmaceuticals. My physician colleagues, our Nuclear Medicine Technologists, and I instruct the patient's and their family members in appropriate radiation safety precautions. I do not believe the current dose-based patient release criteria places the public or the patient's family at undue risk from potential radiation exposure. **I do not believe the Patient Release regulations need to be changed. I believe returning to the former activity-based release criteria which required patients receiving more than 30 mCi of NaI-131 to be hospitalized would cause financial hardship for many of our patients. I am not aware of any unsafe situations resulting from our current patient release procedures.**

Response to Questions Posed

Question A "Should NRC require an activity-based patient release threshold under which patients would be required to be maintained in a clinic-sponsored facility (e.g., a medical facility or facility under the licensee's control) until the standard for release is met?"

No. NUREG 1492 Regulatory Analysis on Criteria for the Release of Patients Administered Radioactive Material published in February 1997 analyzed the risks and benefits of continuing with the existing activity-based release threshold or adopting a dose-based release criteria. I believe the existing system provides an emotional and financial benefit to my patients. Allowing my patients to return home with appropriate precautions reduces their emotional stress. It is financially beneficial to my patients to return home with restrictions rather than be hospitalized. We allow our patients sufficient time to make any necessary arrangements so that they can follow the precautions and restrictions we give them.

Question B "Should the NRC amend the regulations to clarify the time frame for the current dose limit in 10CFR35.75(a) for releasing individuals?"

No. The dose limit can only be applied to a single administration and cannot reasonably be applied on a yearly basis or other time period.

Question E "Should the NRC include a specific requirement for the licensee to have a patient isolation discussion with patients in sufficient time prior to the administration to provide the patient time to make isolation arrangements or the licensee to make plans to hold the patient, if the patient cannot be immediately released?"

No. A specific requirement is not necessary. A licensee cannot be compliant with the current regulations if a patient is not given sufficient time to comply with the release instructions. The time necessary to make the needed arrangements varies and so would be difficult to regulate. We allow

our patients sufficient time to make any necessary arrangements so that they can follow the precautions and restrictions we give them. The time varies from patient to patient.

Question F "Should the NRC explicitly include the time frame for providing instructions in the regulations (e.g., the instructions should be given prior to the procedure)?"

The instructions should be required to be given in advance but the specific time frame should not be regulated. The timing of providing instructions to patients and their family members is a clinical decision and will vary from patient to patient.

Furthermore, our department gives each patient proper instructions based on the amount of the dose that the patient will receive. These instructions include distance, time spent with family members, proper use of the bathroom, cleaning, and eating. With the appropriate use of instruction it would be beneficial to both the patient, and hospital staff. This would limit the amount of people that would come in contact with the patient. Each patient is in a better position when they are able to make their own arrangements, and staying in a place that they are familiar with. I do not think that the NRC should change the existing patient release regulation. BEN

Sincerely,

Benjamin Kitts CNMT

A handwritten signature in black ink, appearing to read "Benjamin Kitts", with a long horizontal flourish extending to the right.