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## Submitter Information

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**Name:** Elizabeth Murphy  
**Address:**  
781 Chenery Street  
San Francisco, CA, 94131  
**Email:** smurphweise@yahoo.com

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## General Comment

As a practicing Endocrinologist I would like to comment on the impact this change in regulations would have on our patients. I am not a radiation safety officer, however I have and currently work with multiple radiation officers and multiple institutions throughout California (our practice provides care in 3 different California counties). I am always impressed by the amount of rigor applied to evaluating patients for safe treatment as an outpatient. And when adequate arrangements can't be made, patients are admitted to the hospital. We have usually at least 2 admissions a year. If there truly is a safety issue and a change in our understanding of safety that now makes it clear everyone should be admitted, then that is what needs to be done. However, if it is not clear and this is just showing an abundance caution, I would put forth that this will create more patient harm than protection for the greater public. There are now very limited facilities for patient admissions for I-131 treatment. Our patients who need inpatient treatment routinely wait at least 2-3 months to get one of those coveted beds. In urgent situations this might necessitate an increase in thyroid surgery. Also in some instances, patients won't be able to afford the inpatient stay. I can guarantee we will see adverse clinical outcomes for patients from a policy like this. If there truly is a significant safety issue with outpatient treatment that needs to be addressed, so be it. But if the true safety danger is in question, please consider the impact a change like this will have on patients across the country.

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