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# PUBLIC SUBMISSION

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

**Comment On:** NRC-2017-0094-0004  
Patient Release Program; Extension of Comment Period

**Document:** NRC-2017-0094-DRAFT-0103  
Comment on FR Doc # 2017-11027

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## Submitter Information

*117*

**Name:** Jennifer Park-Sigal

## General Comment

Re: Docket ID NRC-2017-0094

To Whom It May Concern:

This letter is in response to the request for comment regarding the patient release criteria. I am an academic endocrinologist at a large safety net hospital that serves the City and County of San Francisco, CA. My experience with nuclear medicine patients is around I-131 treatment for thyrotoxicosis and thyroid cancer. I work closely with our Nuclear Medicine department and with the Radiation Safety officials to ensure that our patients receive appropriate care and also that the public safety is maintained as a top priority. At our university hospital, there are currently only 2 shielded rooms available for possible admissions. As it stands, under the current guidelines, we have a waiting time for I-131 treatment that is approximately 2 months long. The activity-based release thresholds do not take into account variations in patients' body compositions, nor does it consider a patient's response to treatment and their uptake (e.g. someone with thyrotoxicosis who may be receiving a lower dose of I-131 versus someone who could be receiving higher dose I-131 for thyroid cancer remnant ablation). To change from the current standards to an activity-based patient release threshold would further increase wait times, and also increase referrals for surgery which has a much higher morbidity associated with it which would compromise a patient's health (e.g. recurrent laryngeal nerve injury, post-surgical hypoparathyroidism). In addition, these more stringent regulations would delay and potentially compromise access to patient care while not adding to the safety of the public because more patients will need to be admitted for treatment.

With regard to young children and pregnant women, it is our institution's practice to have stricter isolation guidelines for these groups because there is evidence to demonstrate that children and fetuses are at higher risk of developing genetic mutations. If during our screening process, if the children and pregnant women are not able to leave the house and stay with family members or friends, we prepare the patient for hospital

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admission. We do not suggest that the patients stay in a hotel after they receive their I-131 given the risk to hotel workers.

I request that the NRC not add additional safety regulations that do not have strong evidence showing that it further safeguards the public. Our Nuclear Medicine and Radiation Safety providers currently screen each individual patient and understand the nuances of their living situations and how best to serve and protect the patient, health care workers as well as the public.

Sincerely,

Jennifer Park-Sigal, MD