Gallagher, Carol

From: Rani E Dalgin <rani.dalgin@bc.edu>
Sent: Wednesday, June 28, 2017 12:28 AM
To: Gallagher, Carol
Subject: [External_Sender] testimony with regard to Questions A - F on Docket ID NRC-2017-0094
Attachments: NRCtestiomony-RAI-June272017 (1).pdf

Dear Ms. Gallagher:

Attached is my testimony with regard to Questions A - F on Docket ID NRC-2017-0094.

Thanks for your consideration and support and please let me know if you have any questions.

Kind regards,
Rani Dalgin
Moderator, The Low Iodine Life Community
rani.dalgin@gmail.com

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Add= D. B. Horne (DBH)

June 27, 2017

Dear Ms. Gallagher:

Since my last testimony in February 2016, Here is my testimony with regard to Questions A - F on Docket ID NRC-2017-0094 as noted below. I am a thyroid cancer survivor who underwent radioactive iodine ablation therapy with 100 mCi of I-131 almost two years ago. I am also one of the moderators for an online Facebook based support group with approximately 5,800 members called the "LID Life Community." Since I testified in February of 2016, our group has sadly increased in size almost 200%.

The purpose of our support group is to help people during the Low Iodine Diet (LID) process, RAI and isolation by providing safe food options for everyone, by sharing our stories to ease anxieties and by providing a safe, nonjudgmental environment for those seeking support. We follow the American Thyroid Association (ATA) and National Institutes of Health (NIH) Guidelines. We urge our members to defer to their own medical team's recommendations. We rely on scientific peer reviewed data. That said, there is a paucity of data on the variation in the rates that individuals or various weights, ages, kidney function levels eliminate radioactive I-131 from their bodies.

Consequently, and I speak as a support group moderator with access to a vast quantity of qualitative data, we are aware of times when employers will pressure people who have had I-131 RAI treatment to return to work prematurely - with little regard to the exposure to clients who might include infants, children, pregnant women, women of child bearing years. We are aware of patients who are parents of young children who, due to life circumstances, have difficulty finding childcare options for their children while the parents undergo RAI treatment. Because individuals eliminate I-131 from their bodies at different rates hospitals and other centers should implement data driven protocols where patients who are safely isolated at home or in places where they can keep a safe distance from others do not end their isolation until they have been scanned with a well calibrated geiger counter by a healthcare professional who has been trained in the use of geiger counter. This would provide reliable objective data about the risk that patients might pose to others.

It is extremely important that health care teams review the treatment plan and risks from exposure several weeks before the patient is actually treated with I-131. This provides the patient and their health care support team time to establish that the patient has a safe place/plan to to be isolated and allows the patient to make plans for the care of themselves and their families during their period of isolation. If a patient does not have a safe place to be isolated, the health care facility should be able to provide a place for them to isolate that does not involve unsafe exposure to others.

Patients should also be provided with a clear protocols for cleaning up the isolation area and personal use items once the isolation period is over in order to minimize radioactive exposure to others.

Please let me know if I may answer additional questions.

Rani Dalgin
rani.dalgin@gmail.com

June 27, 2017

More information about the Low Iodine Life community group may be found here:

LLC website: lidlifecommunity.org

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LLC Website 101 video: http://www.lidlifecommunity.org/you-tube-navigation.html

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Our Social Media Sites are: Twitter - @TheLIDLife & Instagram - https://www.instagram.com/thelidlifecommunity/

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Respectfully,
Rani

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Rani Dalgin

email: rani.dalgin@gmail.com

Submit comments by June 27, 2017. Comments received after this date will be considered if it is practical to do so, but the NRC is able to assure consideration only for comments received on or before this date.

You may submit comments by any of the following methods:

- Federal Rulemaking Web Site: Go to http://www.regulations.gov and search for Docket ID NRC-2017-0094.
- Address questions about NRC dockets to Carol Gallagher; telephone: 301-415-3463; e-mail:
- .
- Mail comments to: Cindy Bladey, Office of Administration, Mail Stop: OWFN-12H08, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

The 6 Questions Discussed at NRC's Public Meeting on May 23, 2017

These questions were published on April 11, 2017, in the Federal Register, "Patient Release Program." (NRC-2017-0094)

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."
B. "Should the NRC amend the regulations to clarify the time frame for the current dose limit in 10 CFR 35.75(a) for releasing Individuals?
C. "Should the NRC continue to apply the same dose criteria of 5 mSv (0.5 rem), to all members of the general public, including family members, young children, pregnant women, caregivers, hotel workers, and other members of the public when considering the release of patients?"
D. "Should the NRC include a specific requirement for the release of a patient who is likely to expose young children or pregnant women to doses above the public dose limit?"
E. "Should the NRC have 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?""
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)?"