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Submitter Information

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General Comment

Thank you for the opportunity to provide my responses to the NRC's request for input from the public on issues related to the release of patients made radioactive by the administration of radiopharmaceuticals. My comments relate to my experience with iodine 131 (I-131) as well as those of other patients I've spoken with.

I would like to see the following improvements to the current process:

- Require all patients scheduled to receive I-131 be given safety precautions approximately 4-6 weeks before dosing so the patient can create a plan that is safe for everyone living in the patient's residence. This plan should be reviewed with and approved by the dosing facility no later than 3 weeks before dosing.
- It would be ideal to require a second person attend the preliminary meeting to increase the likelihood of understanding. This meeting should be administered at a low educational level, and if possible, in the patient's native language to hopefully increase understanding.
- It is important to keep in mind that this patient could be hypothyroid which could diminish the patient's comprehension. Additionally, this patient may be intellectually subpar because of a recent thyroid cancer diagnosis as well as surgery.
- Develop a simple video to explain this process. A video would ensure uniform instructions across dosing facilities as well as ensuring the comprehension level.
- The dosing facility must provide written instructions to the patient, ideally in the patient's native language, at a low comprehension level.
- Require all outpatients remain in the dosing facility, in an isolated area, for a certain number of hours, in order to ensure that the patient is not in danger of vomiting.
- Review before the actual dosing to ensure that the patient made safe plans for all inhabitants of the residence, and that this plan is still intact. This would allow for postponement of dosing if necessary.

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- Ensure that the patient won't expose pregnant women and/or children either at home, work, or in any area that the dosed person will be in for the days following I-131 treatment.
- Ensure that the patient would not transport from the dosing facility on public transportation after treatment of I-131, because a pregnant woman or a child could be exposed.
- Make in-patient care available to those I-131 patients who need it or based on their home environment.