

# PUBLIC SUBMISSION

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**Docket:** NRC-2018-0230

Training and Experience Requirements for Different Categories of Radiopharmaceuticals

**Comment On:** NRC-2018-0230-0001

Training and Experience Requirements for Different Categories of Radiopharmaceuticals

**Document:** NRC-2018-0230-DRAFT-0036

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## Submitter Information

**Name:** lionel zuckier

**Address:**

263 ogden avenue

teaneck, 07666

**Email:** zuckier@yahoo.com

## General Comment

1. Are the current pathways for obtaining AU status reasonable and accessible? Provide a rationale for your answer.

Yes. Training positions are available through the American Board of Nuclear Medicine or the American Board of Radiology with special competence in nuclear medicine.

2. Are the current pathways for obtaining AU status adequate for protecting public health and safety? Provide a rationale for your answer.

I believe they are in the case of the nuclear medicine board trainees. There needs to be a comprehensive understanding of radioactivity and its effect that extends beyond the typical day to day issues that may be experienced. Trainees need a very broad and comprehensive training.

3. Should the NRC develop a new tailored T&E pathway for these physicians? If so, what would be the appropriate way to categorize radiopharmaceuticals for tailored T&E requirements? If not, explain why the regulations should remain unchanged. [Some options to categorize radiopharmaceuticals include radiopharmaceuticals with similar delivery methods (oral, parenteral); same type of radiation characteristics or emission (alpha, beta, gamma, low-energy photon); similar preparation method (patient-ready doses); or a combination thereof (e.g., radiopharmaceuticals containing alpha- and beta-emitting radioisotopes that are administered intravenously and are prepared as patient-ready doses).]1. One must take any comment by individuals with a vested financial stake in this decision with a huge grain of salt. Defalut is to stay with the

status quo until there is objective evidence regarding this radical (and dangerous) consideration.

A. As a radiologist, nuclear medicine physician, and trained RSO, it is my observation that not all physicians take regulations regarding radiation sufficiently serious and that any measures to decrease training and oversight are seriously misplaced.

B. There is a danger in creating silos of training in the use of radionuclides. These fields are rapidly evolving (as we want them to if we wish to develop new therapies) and assuming that individuals are trained in a very localized area, it is likely that there will be creep from one silo into other areas. This will potentially result in some physicians continuing to use a suboptimal method (since that is the only one they are trained in) or using a method where they are not trained and/or certified.

C. When I go to a doctor, I want someone who is at least trained in all areas of medicine, even if they only practice in a specific subspecialty. In the U.S. we do not have plastic surgery doctors who are not general docs, or hernia doctors who are not general docs. Why would we want to create doctors who can give 1 type of radionuclide but are not knowledgeable about the broader types of therapy, dosimetry, radiation biology, etc?

thank you for your consideration.