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Secretary of the Commission
U.S. Nuclear Regulatory Commission
Docketing and Service Branch, Docket # PRM-35-9
Washington, DC 20555

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OFFICE OF THE SECRETARY
DOCKETING AND SERVICE BRANCH

Dear Secretary:

I wish to express my strong support for the Petition for Rulemaking filed by the American College of Nuclear Physicians and the Society of Nuclear Medicine. I am a practicing Nuclear Medicine Physician at The University of California, Davis Medical Center in Sacramento, California. I have trained in and practiced in this discipline for almost 30 years. I am concerned over the revised 10 CFR 35 regulations (effective April, 1987) governing the medical use of byproduct material as they significantly impact my ability to practice high-quality Nuclear Medicine.

The NRC should recognize that the FDA does allow, and often encourages, other clinical uses of approved drugs, and actively discourages the submission of physician-sponsored IND's that describe new indications for approved drugs. The package insert was never intended to prohibit physicians from other good indications. Deviation is necessary for developing new diagnostic and therapeutic procedures and good patient care. In many cases, manufacturers will never go back to the FDA to revise a package insert to include a new indication because it is not required by the FD. and there is simply no economic incentive to do so.

Currently, the regulatory provisions in Part 35 (35.100, 35.200, 35.300 and 33.17(a)(4) do not allow practices which are legitimate and legal under FDA regulations and state medicine and pharmacy laws. These regulations therefore inappropriately interfere with the practice of medicine, which directly contradicts the NRC's Medical Policy statement against such interference!!

Restrictive NRC regulations will only jeopardize public health and safety by: making it difficult to obtain appropriate Nuclear Medicine procedures; exposing patients to higher radiation doses from alternative legal, but non-optimal, studies; and exposing hospital personnel to higher radiation absorbed doses because of unwarranted, repetitive procedures. The NRC should not strive to construct proscriptive regulations to cover all aspects of medicine, nor should it attempt to regulate radiopharmaceutical use. Instead, the NRC should rely on the expertise of the FDA, State Boards of Pharmacy, State Boards of Medical Quality Assurance, the Joint Commission on Accreditation of Healthcare Organizations, radiation safety committees, institutional Q/A review procedures, and most importantly, the professional judgement of physicians and pharmacists who have been well-trained to administer and prepare these materials.

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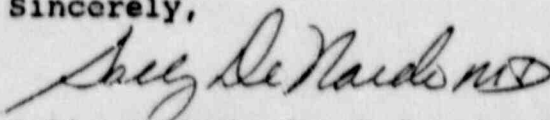
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Despite more evidence for the safety of radiopharmaceuticals, I find the NRC more intrusive in the practice of medicine. You have denied patient's proper care while accomplishing nothing. I strongly urge the NRC to pursue a comprehensive study by a reputable scientific panel, such as the National Academy of Sciences or the NCRP, to assess the radiobiological effects of misadministrations from Nuclear Medicine treatment. The results of such a study will demonstrate that the NRC's efforts to impose more and more stringent regulations are unnecessary.

I strongly urge the NRC to adopt the ACNP/SNM Petition for Rulemaking as expeditiously as possible.

Sincerely,



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