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FALLSTON GENERAL HOSPITAL, INC. • 200 MILTON AVENUE • FALLSTON, MARYLAND 21047 • (301) 877-3700 / 879-0500

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

'89 NOV 29 P4:25

11/27/89

Dear Mr. Secretary:

I am writing 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 technologist at Fallston General Hospital in Fallston, Maryland. I am deeply concerned over the revised 10 CFR 35 regulations (effective April, 1987) governing the medical use of byproduct material.

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 deviating from it for other indications; on the contrary, such deviation is necessary for growth in developing new diagnostic and therapeutic procedures. In may 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 FDA and there is simply no economic incentive to do so.

Currently, the regulatory provisons 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.

Finally, I would like to point out that highly restrictive NRC regulations will only jeopardize public health and safety by: restricting access to appropriate Nuclear Medicine procedures;exposing patients to higher radiation absorbed does 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 regulation 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 procedues, and most importantly, the professional judgement of physicians and pharmacists who have been well-trained to administer and prepare these materials.

Since the NRC's primary regulatory focus appears to be based on the unsubstantiated assumption that misadministrations, pariticularly those involving diagnostic radiopharmaceuticals, pose a serious threat to the public health and safety, I strongly urge the NRC to pursue a comprehensive study by a reputable scientific panel, such as the National Academy of Sciences or the NRCP, to assess the radiobiological effects of misadministrations from Nuclear Medicine diagnostic and therapeutic studies. I firmly believe that the results of such a study will demonstrate that the NRC's efforts to impose more and more stringent regulations are unnecessary and not cost-effective inrelation to the extremely low health risks of these studies.

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

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Sincerely,

Frank DiGregorio, CNMT RDMS
Chief Technologist
Radiation Safety Officer
Division of Nuclear Medicine