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December 4, 1989

Kenneth M. Carr, Chairman  
United States  
Nuclear Regulatory Commission  
Washington, DC 20555

Dear Chairman Carr:

Thank you for your letter of November, 1, 1989. Indeed, I am looking forward to starting my term as President of the Society of Nuclear Medicine, beginning in June, 1990, and I am sure I will need all the good wishes which you offered.

I have reviewed the reports prepared by the NRC office of Analysis and Evaluation of Operational Data which you sent me.

The misadministration error rate of 1 in 10,000 (0.01%) per procedure is, in my view, remarkably good, particularly if one considers the complexities of the work which we do, the busy environment of a nuclear medicine practice and the numbers of people involved. We are not opposed to improving on even a remarkably "good" record and would ideally like to see as low a misadministration rate which is reasonably achievable.

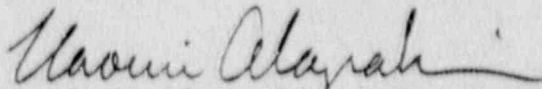
According to the report data, most misadministrations related to the administration of the "wrong radiopharmaceutical" to a patient, or the administration of a radiopharmaceutical to the "wrong patient". Both are human errors which we can be vigilant to guard against in our everyday work. Vigilance requires constant awareness and through the Society of Nuclear Medicine we can continue to raise the awareness levels for meticulous practice methods of all our Nuclear Medicine technologists and physicians. I have sent copies of your letter and the attached reports to the appropriate committees and individuals in the Society and I will request that a program be formulated to achieve an ALARA style approach to misadministrations. I have discussed this with Dr. Richard Holmes, the current President of the SNM and he is supportive of the concept.

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Since most of the misadministrations are diagnostic (only 7/2000 are therapy according to the data), the chances for measurable harm are extremely small or negligible. Therefore, while we intend to provide you with tangible suggestions and a program to attempt to further reduce the misadministration rate, I would ask that you not embark upon new regulatory initiatives which will be costly and impractical for us to achieve our common objective. Several Society of Nuclear Medicine committees will be meeting in Los Angeles on January 27 and 28, 1990 and I will communicate our progress to you following those meetings.

Thank you for your willingness to work with us.

Sincerely,



Naomi P. Alazraki, M.D.  
President-Elect, Society of Nuclear Medicine,  
Co-Director, Division of Nuclear Medicine;  
Professor of Radiology  
Emory University School of Medicine

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