

THE UNIVERSITY OF TEXAS  
SOUTHWESTERN MEDICAL CENTER  
AT DALLAS

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Frederick J. Bonte, M.D.  
Effie and Wofford Cain Distinguished Chair in Diagnostic Imaging  
Director, Nuclear Medicine Center

OFFICE OF SECRETARY  
DOCKETING & SERVICE  
BRANCH

PR 20  
(59FR9146)

May 6, 1994

Secretary of the Commission  
Nuclear Regulatory Commission  
Attention: Docketing and Service Branch  
Washington, DC 20555

By way of introduction I am Frederick J. Bonte, M.D., Professor of Radiology at The University of Texas Southwestern Medical School at Dallas, Texas. Presently I serve as a member of the Governor-appointed Texas Radiation Advisory Board, for which body I chair its Medical Committee; I am a member of the Commission on Radiological Units, Standards and Protection of the American College of Radiology; I am a former member of the National Council on Radiation Protection and Measurements. I would like to address the recent requests for public comments on matters involving disposal of radioactive material.

The Nuclear Regulatory Commission should not attempt to set limits on the total quantity of radioactive material that can be released annually by a licensee, when that licensee is a large institution such as our own. In our setting there are three major hospitals and a very large research complex, in which a high percentage of laboratories employ radionuclides in basic and clinical investigation. To limit the total quantity handled by such an institution would directly impair its contribution to health care, and to advancement of knowledge about human disease. The same admonition applies to the suggestion that "dose limits" might be applied. When the doses are those used in human diagnosis and treatment the judgement of the physician who is trained in the use of radioactive materials must remain paramount in each individual instance. To interfere with medical decisions is well beyond the province of the Nuclear Regulatory Commission.

The final issue involves the "continuation of exemptions for patient excreta". The concept of limiting the amount of radioactive material that a patient could

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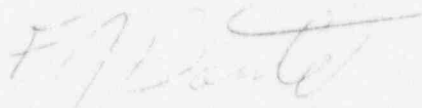
Secretary of the Commission  
Nuclear Regulatory Commission  
May 6, 1994  
Page 2

excrete is an unfortunate one, since it would involve setting maximum values on the amount of radioactive material that could be administered to a patient with a life-threatening entity such as differentiated thyroid carcinoma. Further, if the Commission were to set some sort of limits on the amount of excreta that could be introduced into the sanitary sewer system, institutions such as our own, which deal with numerous cancer patients, would be placed in an untenable position. We do not now have, nor will we have, facilities in which to store human wastes while radioactive decay takes place. We have always been satisfied that the almost infinite dilution that occurs in the sewer system affords ample protection to the public, and to the environment.

Therefore, on behalf of myself, and all my colleagues in the practice of medical treatment and research, I ask the Commission not to attempt to regulate total quantities of radioactive material released by a licensee, nor the individual doses that may be administered to a patient, since to do so might well endanger the public health. Further I ask the Commission to continue exemptions for patient excreta, which I believe are presently being handled in a manner consonant with public safety.

Thank you for your attention to these matters.

Sincerely yours,



Frederick J. Bonte, M.D.  
Cain Distinguished Chair in Diagnostic Imaging  
Professor of Radiology

clt

cc: Jose Lopez, Ph.D.  
Jack S. Krohmer, Ph.D.