SAINT BARNABAS MEDICAL CENTERS SERVE TER

PR 20 (59FR 9146)

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May 20, 1994

OFFICE OF SECRETARY DOCKETH'S X SERVICE BRANCE



Secretary of the Commission United States Nuclear Regulatory Commission Washington, D.C. 20555

Attn: Docketing and Service Branch

Gentlemen:

It is with great concern that I respond to the proposed rulemaking published on February 25, 1994 in 59 FR 9146. I am specifically referring to the possibility that the Commission may drop the exemption for patient excreta to sanitary sewage systems. This course of action may very well lead to the extinction of Clinical Nuclear Medicine in the United States. Hundreds of thousands of these procedures are done safely each year. Should the exemption be dropped, the resulting radioactive waste storage problem would be enormous, both in logistics and cost. Hospitals would be forced to either collect and store urine and fecal material, or to build elaborate holding tanks with monitoring systems. The handling of patient excreta presents a greater biomedical hazard than the radioactive portion, which is minimal if at all existent. Many facilities have reduced clinical procedures, especially RIA, due to the lack of low-level radioactive waste disposal sites. Dropping the current exemption would create a crisis orders of magnitude higher, as every hospital with a Nuclear Medicine Department would be affected. Many would be forced to stop providing this vital patient service.

An additional concern is the thousands of procedures that are done on an <u>out-patient</u> basis. Would these patients have to store their own excreta at home? Would they be required to bring it back to the facility where they were scanned? Would the facility be responsible for picking up the waste and transporting it back? Again, the storage and transportation problems would be enormous.

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There is no conceivable rationale for dropping the exemption. The exposure to individuals from this source is far below any current regulatory limit. As instrumentation becomes more sophisticated and sensitivity increases, it is indeed true that materials used in clinical procedures can be detected. However, just because something is detectable does no necessarily make it hazardous and consequently subject to regulation. Again, I feel that adding storage areas, handling, and monitoring excreta would introduce a greater hazard than currently exists. I urge the Commission to carefully consider the consequences of this proposal, and to maintain the exemption for patient excreta.

Sincerely yours,

Ira M. Garelick, M.S.

In M Gan O.C.

Health Physicist

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