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From:

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To:

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Thu, Nov 12, 1998 2:15 PM

Date: Subject:

Comments on proposed revisions to Part 35

November 12, 1998

To: Secretary, US Nuclear Regulatory Commission

Attention: Rulemakings and Adjudications Staff

I am a nuclear medicine physician, practicing in a VA Medicai Center and an academic university department. I am writing to express concern about the proposed changes in training and experience requirements for physicians to use radioactive materials in diagnostic and therapeutic nuclear medicine.

In diagnostic nuclear medicine, although the risk to any single patient is very small, I believe that we should be concerned that physicians with very little training, experience, and knowledge of radiation sciences would be in a position to receive large levels of activity associated with many patient doses ordered at one time. That inexperienced physicians might be responsible for safely storing, dispensing and/or disposing of substantial quantities of Technetium 99m, lodine 123 or 131, Indium 111, Gallium 67, is cause for concern. Accidents resulting from inexperience and lack of training could potentially be hazardous to hospital or office-based personnel and to the general public. The safety record in diagnostic nuclear medicine has been excellent over the past 20-30 years. I see the proposed rule changes on training and experience as placing in jeopardy that previously excellent record.

In therapeutic nuclear medicine the seriousness of the proposed decrease in training and experience requirements for physicians is I believe, a very serious error. Just as physicians in radiation oncology are appropriately required to have extensive training and experience because radiation safety practice is tied to medical competence, so it is for physicians using unsealed sources for therapy. In fact, handling unsealed sources for therapy is potentially dangerous and demands much more training and experience than current regulations require.

In summary, as a nuclear medicine physician with more than 25 years of practice experience, I am very uneasy about accepting the proposed changes in physician training and experience for diagnostic and therapeutic nuclear medicine. I urge that reconsideration be given and that relaxation of requirements be done more gradually and with due attention to assessing the effects of the changes.

9811180340 981112 PDR PR 20 63FR43516 PDR Sincerely, Naomi Alazraki, MD Chief Nuclear Medicine

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