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RULEMAKING AND
ADJUDICATIONS STAFFRonald D. Ennis, M.D.
Department of Radiation Oncology
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622 West 168 Street
New York, NY 10032Dr. Donald A. Cool
U.S. Nuclear Regulatory Commission
11545 Rockville Pike
Rockville, MD 20852-2738

January 5, 1998

Dear Dr. Cool,

I am writing to express my concern regarding the possible changes to current NRC regulations regarding the training requirements for physicians who wish to use radiation for therapy. As you know, radiation is an important but dangerous therapy for benign and malignant conditions. The current regulations of the NRC in conjunction with the physicians who trained under the current guidelines have provided the nation with excellent medical use of radiation with an excellent safety record. The uses and benefits of radiation therapy have grown over the last several decades and the number of misadministrations has been quite low.

The success of the current system, however, should not belie the challenge of maintaining this high standard nor the risks associated with a change. Only physicians who have a complete understanding of radiation physics, radiation biology and the clinical (i.e. patient) radiation literature have the knowledge and skill to safely and appropriately decide how, when, where and how much radiation should be delivered to a patient. Other physicians who have interactions with one type of therapeutic radiation may feel they have an understanding of radiation. However, such an understanding is frighteningly shallow and decisions left in their hands could have serious consequences both in terms of increased patient risk and decreases therapeutic efficacy. This assertion is not a criticism of such physicians but rather a reflection of the fact that their interests, concerns and expertise are focused largely on other issues and they cannot and should not be expected to master the field of therapeutic radiology as well as their own specialty.

Physicians who specialize in radiation therapy have been treating patients with a wide variety of brachytherapy procedures for decades. In the process, excellent collaborations developed between these physicians and gynecologists, head and neck surgeons and urologists among others. These collaborative teams have allowed each group of physicians to provide his/her expertise to the patient's care and thereby optimized the treatment of a variety of conditions. The developments and improvements in these treatments would not have occurred if these physicians had not worked together in a collaborative manner. There is no reason to believe that newer therapies such as intracoronary irradiation or gamma knife treatment would not similarly be optimized by a collaboration of radiation specialists and cardiologists and neurosurgeons respectively.

Sincerely,

Ronald D. Ennis, M.D.

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