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Date: December 15, 1997

OFFICE OF SECRETARY  
RULEMAKING AND  
ADJUDICATIONS STAFF

RE: Nuclear Regulatory Commission

Dr. Donald A. Cool  
US Nuclear Regulatory Commission  
11545 Rockville Pike  
Rockville, MD 20852-2738

DOCKET NUMBER  
PROPOSED RULE PR 35  
(62FR42219)

Dear Mr. Cool,

I am writing you to express my concerns about the possible NRC revision of 10CFR part 35 which provides for the training requirements for teletherapy or brachytherapy. Apparently non-radiation oncologists have expressed an interest in performing radiation therapy, specifically cardiologists who would like to perform coronary artery brachytherapy and neurosurgeons who would like to use gamma knife machines. They would like the NRC requirements loosened so that radiation therapy could be administered to a patient without a radiation oncologist present. I believe that it is critical that the training requirements be maintained as they presently are. These NRC requirements have served our patients quite well in the past. These requirements have resulted in a minimum number of misadministrations to our patients. The requirements to be an authorized user of brachytherapy sources are stringent and should remain so. It should continue to require board certification by the American Board of Radiology and/or equivalent training in radiation biology, physics, and handling of sources with extensive supervised clinical experience. No weekend training course can compensate for the extensive training the radiation oncologist acquires through years of experience. The physician who writes the radiation prescription must be adequately trained as required presently to avoid or minimize the risk of brachytherapy complications. All sources of radiation therapy whether they be a brachytherapy or a gamma knife have the potential for abuse and misadministration. I feel it is imperative that authorized users of this equipment continue to have at least three years of training in therapeutic radiology. Thank you for your time.

Sincerely,

Todd F. Stockstill

Todd F. Stockstill, M.D.

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