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Dec. 2, 1997

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

Dear Dr. Cool:

It has come to my attention that the Nuclear Regulatory Commission is seriously considering changing the training requirements for the use of both teletherapy equipment and brachytherapy sources. I am writing to strongly advise against changing these training requirements.

Over the course of my career, (board certified in radiation oncology and pediatric oncology [Stanford, Yale, NCI]) I have interacted with physicians of various specialties. It is quite clear that the level of sophistication that most non-radiation oncologists possess regarding the use of radiotherapy equipment and sources is, at best, rudimentary. Because there is use of radiotherapy for patients in urology, neurosurgery, general surgery, gynecology, medical oncology, or cardiology, it does not follow that the level of sophistication that these specialists have is sufficient to be able to prescribe these therapies, perform benchmark QA procedures, evaluate the whole patient, counsel about acute and chronic side effects, and maximize radiation safety issues.

Time and again these issues come up in clinical medicine, and I would have thought that NRC's responsibility for safety issues would dictate that more training is appropriate, not less for those who use radiation. Certainly the NRC is well aware of radiation safety issues and problems with equipment and reportable events. The key issue is commitment to all aspects of quality control with radiation sources and radiation delivery. The training for this is critical.

I am unalterably opposed to relaxing the training regulations for teletherapy and brachytherapy. If treatments requiring teletherapy and brachytherapy require combined specialists' cooperation, as they often do, I believe the radiation oncologist should have primary responsibility for deciding whether, where, and how treatments are given, and for establishing, implementing, and reviewing all radiation QA and safety concerns. There is good reason that we have at least three years of training in therapeutic radiology, and I believe that is in the patient's best interest.

I know that my colleagues feel the same way, and I hope that you will respond to the legitimate and substantial safety issues that we raise. Radiation therapy is a high risk procedure. It should be offered to patients when appropriate, and offered by the physician who has the greatest experience. Thank you for the opportunity of presenting my views.

Sincerely yours,

Judith L. Bader MD

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