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December 8, 1997

**DOCKET NUMBER**  
**PROPOSED RULE** **PR 35**  
**(62FR42219)**

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

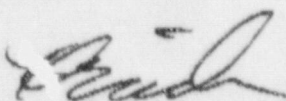
Dear Dr. Cool:

I am writing in regards to proposed revisions and 10 CFR Part 35, the regulations by which the NRC controls the medical use of radiation equipment and sources. I feel quite strongly that the training requirements for administering teletherapy or brachytherapy should not be changed. These procedures can represent a high risk to patients if they are not performed under the supervision of someone who has experience and training. The current requirements, while they are quite stringent, have, in most cases, protected patients well. It is troubling to think that the requirements be liberalized, particularly for radiation to the brain and heart, as these are both critical organs which are easily and permanently damaged by excessive irradiation. We have recently been made aware of patients receiving excessively high radiation doses due to fluoroscopy used at the time of cardiac procedures; in some cases doses were so high that skin grafts were required. If this can happen during a diagnostic procedure, where doses are generally relatively low, the potential for problems with therapeutic procedures would seem to be much higher.

In summary, physicians using radiation therapeutically should continue to be required to have at least 6,000 hours of direct clinical experience using radiation to treat patients. To lessen this requirement put the patients at risk for disastrous consequences which ultimately will curtail our ability to use these promising new treatments.

Thank you for your consideration.

Sincerely,

  
Kirsten R. Erickson, M.D.  
Radiation Oncologist

KRE/jz

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