

PUBLIC SUBMISSION

SUNSI Review Complete
Template=ADM-013
E-RIDS=ADM-03

ADD: Harriet
Karagiannis, Bridget
Curran, Mary Neely
Comment (3)
Publication Date:
4/21/2023
Citation: 88 FR 24495

As of: 6/16/23, 6:17 AM
Received: June 13, 2023
Status: Pending_Post
Tracking No. liu-bm3s-lh0t
Comments Due: August 20, 2023
Submission Type: API

Docket: NRC-2023-0086

Draft Regulatory Guide: Release of Patients Administered Radioactive Material

Comment On: NRC-2023-0086-0001

Draft Regulatory Guide: Release of Patients Administered Radioactive Material

Document: NRC-2023-0086-DRAFT-0005

Comment on FR Doc # 2023-08418

Submitter Information

Name: Jeffrey Mason, RSO

Address:

IN,

Email: jeffrey.mason3@va.gov

General Comment

Re: Docket ID NRC-2023-0086

I have been a health physicist in the medical field for over 35 years. I have grave concerns regarding the version of Reg. Guide 8.39 currently out for comment. Patient release was pretty clear-cut in the past. However, the options left in this new revision are overly complicated and may lead to numerous issues for patients and hospitals alike. Some items of concern include:

1. Not allowing the use of published values for Physical or Biological half-life. To calculate the values in the new version, you are "encouraged" to obtain data over a 48 hour period. This basically forces a facility to hospitalize each patient to determine these values. The estimation from published data should be considered.
2. By holding patients, you are still required to have staff available to monitor those patients. This could include up to 23 hours post administrations (or to the point of requiring admission to the hospital as an inpatient).
3. Having sufficient areas to "hold" patients may not be available. If you only have an ER area big enough to hold multiple patients, what exposure problems are you going to have?
4. Insurance companies changing their rules for radioactive material therapies. Insurance companies did this once before. They will do this again and refuse to pay for the unnecessary holding of patients due to radiation exposure. What if the patient indicates they refuse to stay any longer once they are treated?
5. Holding patients will still require the proper posting of areas, thus additional work.

6. Due to the complexity of release calculation and ultra conservative values found in the tables, some hospitals may "fee out" patients and choose not to treat them. I think this may become more of an option than you think.

7. You are encouraging the release of patients to hotels and other facilities. While a facility may not "officially" ask a patient to stay away from home, this will occur as one of the only other options.

8. There is no scientific proof that past guidelines caused undue risk to the public due to radiation exposure.

9. Due to complexity, it will make the inspection of hospital program harder for the auditors. As a RSO, I will argue more with an auditor should they question a release.

I feel the NRC should step back and reconsider the this issue. If passed in this version, this Reg Guide will case ill ease and total confusion within the community. If you are allowing other options for the calculation for patient release, those need to be spelled out.