From: Lauren Creel
To: RulemakingComments Resource
Subject: [External_Sender] Docket ID NRC–2022–0218
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Attachments: Lauren Creel Public Comment.pdf

Hello, I would like to submit a written comment regarding Docket ID NRC-2022-0218. Please find my comment below, as well as attached.

As a young adult cancer survivor, the issue of reporting extravasations is extremely important to me. Your concern for provider burden comes at great expense to patients like me. Consider for a moment the additional worry you are placing on patients, who already have so much to be concerned about. Cancer patients are not medically trained and would therefore have no way to determine whether the symptoms/side effects they are experiencing are due to an extravasation, chemotherapy, or their cancer, especially when many of them are unaware of what an extravasation even is.

Please take a moment to consider the logistical burden you are placing on patients. If a patient begins to experience side effects from an extravasation, you are asking a patient to contact their provider and make an appointment with a physician to determine whether an extravasation occurred. Patients must travel to and pay for another office visit, often requiring them to take off work and forego pay, hire a babysitter, or other expensive and burdensome measures. The decision also assumes that the patient will be able to make a timely appointment. If the patient's symptoms lessen while they wait for an appointment, then there will be less evidence for the physician to make an informed decision on whether to report.

Your team is already making great efforts to minimize patient burden and reduce health inequities. Your team is working to standardize a dosimetry method to tell centers and patients how much radiation dose has been absorbed in the patient's tissue. You already have determined an objective dose-based threshold for all other medical events. It is clear that you are indeed concerned about protecting patients like me, so please make sure centers are monitoring in regards to extravasations. You have the power to make nuclear medicine centers monitor the actual administration in a manner that lets the clinician and the patient know if they are extravasated. You have the power to make sure that when it is determined that an extravasation has occurred, centers act to minimize the radiation dose to the patient and the impact on the procedure. You have the power to make sure that these centers report when they end up causing an extravasation that exceeds current reporting criteria. You have the power to protect patients, so please act on this power.

These actions will minimize healthcare inequities and will protect all patients, as they remove all subjectivity. As we shared with Chairman Hanson on November 9, 2022, using an objective dose-based threshold will ensure that patients of color, who are already reluctant to suggest an error has happened in their care, will be protected. The NRC has known about this issue for many years. The NRC has known that extravasations are not impossible to avoid. Extravasations are almost entirely preventable.

The NRC needs to protect all patients and the best way to do this is by using the existing dose-based threshold as the reporting criteria. It will drive centers to improve, it eliminates patient reporting and ensures healthcare equity. So please, on behalf of myself, other cancer survivors, and patients across the country, act now.

Thank you,
Lauren Creel, MSW, MPH