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To: RulemakingComments Resource
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I support patient advocacy organizations and urge the NRC to reconsider extravasation rulemaking.

The NRC estimates 28,000 patients are extravasated with large doses of radiation every year. Rather than having providers report when they mishandle medical isotopes, NRC's proposed rulemaking puts the burden on patients. This approach is thoroughly misguided and feels equivalent to victim blaming. Except in the most egregious of cases, a patient will likely not even be aware of the extravasation, including a range of cases where not only is the quality and reliability of the imaging they are undergoing compromised, but the level of radiation exposure for the tissues immediately surrounding the injection site are beyond acceptable limits.

Especially considering that systems are now available to reliably monitor and report on extravasations in a cost-effective manner, the burden should be on trained clinicians to identify and measure extravasations when they happen so harm can be mitigated immediately, and the extent of the extravasation understood.

It is disturbing that the NRC has put the interests of those they regulate above the radiation protection of patients. The NRC should not propose new patient-based reporting requirements. Rather, the NRC should require that providers treat an extravasation like any other medical event. Doing so will drive the providers to improve training of their employees, reduce extravasations, and increase radiation protection. That is the purpose of regulation.