From: Kyle Montgomery
To: RulemakingComments Resource
Subject: [External_Sender] Public comment: Docket ID NRC–2022–0218
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To whom it may concern:
I've been actively following and researching the topic of extravasation since my father underwent several PET-scans for metastatic prostate cancer in 2014-15. I still can't believe the governing bodies established to regulate the nuclear medicine community are allowing those regulated to influence extravasation rulemaking. Why should the burden of practitioner error be put on the patient when the practitioner could simply measure drug delivery effectiveness - a simple quality measure not unlike so many mandated by the FDA and NRC???

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 not right. 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.

Please include my public comment among those in favor of the NRC getting their heads out of their collective asses and finally adopting modern practices in nuclear medicine delivery.

With kind regards,
Kyle Montgomery