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I am a Board-Certified Nuclear Radiology Physician, with over 45 years of clinical and research experience, and I unequivocally support patient advocacy organizations and urge the NRC to reconsider extravasation rulemaking. Among other professional organizations, I am a member of the SNMMI, RSNA and ACR.

The variability in clinical imaging experiences that patients receive when they visit a radiology department has been a career-long concern of mine. A patient should get the same experience and same result if she visits the nuclear medicine department on Monday as if she visits on a Tuesday or Wednesday, and that is not the current situation. In the PET scan example, on one day the patient may get an experienced technologist who provides a good injection and bolus delivery, but on another day she might get a technologist who infiltrates the injection.

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. Only by such required reporting will errors be identified and skills corrected.

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, increase radiation protection, and improve the overall reproducibility of clinical nuclear medicine imaging. That is the purpose of regulation. Only you can help to reduce this unnecessary variability.

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