From:	Mallory Casperson
To:	RulemakingComments Resource; Kari Lato
Subject:	[External_Sender] comments, Docket ID NRC–2022–0218
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Attachments:	rulemaking comments NRC.pdf

To whom it may concern:
I am submitting comments to include regarding Docket ID NRC-2022-0218.

Thank you!
Mallory

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Your concern for provider burden comes at great expense to the patient. Consider for a moment the additional worry you are placing on patients, who already have so much to be concerned about. Imagine the struggle a cancer patient would face while determining whether the symptoms they experience are due to an extravasation, chemotherapy, or their cancer. Consider the logistical burden. 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. 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.

If the NRC was seriously interested in minimizing the burden on patients and reducing health inequities then all you would have to do is make nuclear medicine centers find a way to monitor the actual administration in a manner that lets the clinician and the patient know if they are extravasated. Your team is already trying 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. If you are concerned about protecting patients, make sure centers are monitoring. Make sure that when an extravasation is determined centers take action to minimize the radiation dose to the patient and the impact on the procedure. Make sure that these centers report when they end up causing an extravasation that exceeds current reporting criteria.

These actions will minimize healthcare inequities and will protect all patients. It removes 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.

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