

From: [ROB WILLIAMS](#)
To: [RulemakingComments Resource](#)
Subject: [External_Sender] Public Comment
Date: Tuesday, July 18, 2023 8:57:49 PM

I have been following this issue for a long time now and I am saddened that the NRC is not protecting patients from the consequences of radionucleotide misadministration. The NRC has been made aware that the current exemption was based on untruths and acknowledges that this decision was wrong. Now the proposed rule making to correct this error is being influenced by the same groups who mislead the NRC before. The science is clear and the NRC should end this farce once and for all and require the proper monitoring and reporting of extravasations.

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 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.

I am resending my comment because I realize I did not sign it.

Rob Williams, MD

Sent from my iPad