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To: [RulemakingComments Resource](#)
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I am one of the patients your rulemaking affects. I am a graduate from one of the top 3 public universities in the country. I mention this, so you understand that even educated patients who have been thrown into a situation that requires nuclear medicine all of a sudden have a hard time grasping all the nuances of this medical specialty. I have physician friends and others who helped me, but most patients may not have the education, time, and support group to truly understand the medical procedures they need. I can assure you that any proposed regulation that requires a patient who is being treated for a disease that warrants receiving a radiopharmaceutical administration is not the least interested in, nor has the time to do one more task than what is required to focus on their primary goal: fight the disease. They don't have free time to be educated on anything but their disease. They don't want to focus on a quality issue. They want to fight their disease. They most certainly do not want to do any of the proposals that I see in your rulemaking.

Let me give you my personal experience. I was diagnosed and treated at Wake Forest Baptist Hospital. At the time of my imaging procedures (I had three scans over a period of a year +), Wake Forest Baptist was participating in a really large national study with several other hospitals. They were using this cool technology where they placed little round sensors on my arms on a sticky pad. These sensors provided me and the person injecting me with information about the quality of the injection. I know it is important that the injection go into my vein and not my arm tissue. Personally, I loved it! It was great to know that the hospital cared about this process and me that they would participate in the study. The use of these tiny sensors gave me confidence that the images were going to be as accurate as they could and I knew my oncologists needed and wanted accurate images. And the whole process of putting on the sensors took just a few seconds.

In a recent follow up visit I found out that Wake Forest Baptist has stopped using these sensors. It is my understanding that the leadership changed. I can tell you that is NOT a good decision for patients. I can also tell you that I suspect that the folks who inject patients may not always appreciate having their work evaluated, but that should not matter. All of us are constantly being evaluated in all we do in our professions. These clinicians should not be exempt, especially if they are injecting radiation into a patient.

I have read some of the comments that have been submitted already. Some are absolutely shocking in how disconnected they are from what patients want and need. I know that technology exists to make sure these injections have gone into veins completely. This is exactly what patients want to know! And if a patient is extravasated they want to know immediately. None of us would ever want to wait to see if we develop injury when we could have done something right away if a mistake is made. And for those who suggest it doesn't make sense to measure how much radiation is spilled into a patient's tissue, I

suggest they are in the wrong profession. If it were to happen to you, or your mom, or heaven forbid, your child, of course you would want to know the best estimate of the amount of radiation that is not where it is supposed to be. Right? If you don't know this, you cannot have any accurate idea of the implication to your procedure. If someone tells you otherwise, I would argue they are covering something up. This is lazy and irresponsible.

The NRC needs to require that every administration be monitored with some technology that can let the patient and his care team know if an extravasation has happened when it happens. Not hours, days, weeks, months or years later. That makes NO SENSE. I am not a technology expert, but I can tell you that what was used on me were these little blue and red sensors that gave me confidence. And I appreciated that. **Every patient needing a nuclear medicine procedure should ask for the little blue and red sensors.**

If anyone from the NRC has any questions, please email me. I am happy to share my experience. I think you would be doing a great service to patients if you require monitoring of injections. It matters to us!

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