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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.

This is personal to me. My grandfather just got a PET scan 5 months ago and when I was told he would be getting a PET injection, I wondered if it was a good injection. The technician reassured my family that of course it was (like she never has had a bad one). But I still wondered, what if she did make a mistake and some or all the radiopharmaceutical leaked into my grandfather's tissue? Not only would he not know the harm till much later, the radiologist would not have an accurate PET scan to use since the algorithm for a PET scan is directly related to the proper amount of radiopharmaceutical being injected.

Please do not make this a patient responsibility to report. This is the responsibility of the provider and NRC to make sure these radiopharmaceuticals are injected as the patient paid for and was told would be.

Candace Cashbaugh