

# PUBLIC SUBMISSION

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## General Comment

To Whom It May Concern,

I am writing to comment on the upcoming revision to CFR35.75 as it relates to patient release criteria after radiopharmaceutical therapy (RPT). The proposed changes would lower patient release criteria to 8.6 mCi for I-131 and 110 mCi for Lu-177 (Table 1, page 11), and dramatically impact the care and management of our RPT patients. Under currently guidelines, I-131 and Lu-177 based therapies can be safely administered up to 200 mCi ranges. The prevailing trend of outpatient care for oncology patients, epitomized by chemotherapy and same-day outpatient surgical procedures, has seamlessly integrated RPT as an essential component, underscoring the negligible risk it poses to public safety under the current CFR35.75.

The rationale for this change after a long period of effective and safe use of the E=0.25 release criteria for I-131 treatment of thyroid cancer is not clear. The new rule will greatly impair the ability to delivery effective radiopharmaceutical therapy and will unneeded complexity and expense to the a increasingly important cancer treatment approach. Give these considerations, I would strongly urge the NRC to continue current approaches to assuring E=0.25 exposure precautions are safely implemented through patient instructions and education, as is currently done, and not implement this "regression" to more stringent release criteria that will be to the detriment of patients needing therapy and questionable, if any, public benefit.