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# PUBLIC SUBMISSION

**Docket:** NRC-2023-0086

Draft Regulatory Guide: Release of Patients Administered Radioactive Material

**Comment On:** NRC-2023-0086-0001

Draft Regulatory Guide: Release of Patients Administered Radioactive Material; Extension of Comment Period

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## General Comment

As a nuclear medicine technologist and radiation safety officer with more than 21 years of experience, I have great concern with the draft guidance for release of patients who have been administered radioactive material.

1. If this draft is released with an unrealistic occupancy factor of 1.0 or the reduced thresholds listed in Table 1 it most likely would require either lengthy stays within the nuclear medicine department or possible hospital admission. Most busy nuclear medicine departments do not have space to hold therapeutic patients safely away from staff and other patients while still monitoring these patients and maintaining ALARA principles. Many hospitals refuse to admit these patients because their current disease process does not require or warrant a hospital admission. In addition, hospital admission because a patient is radioactive just causes widespread fear of radiation and often is not covered by insurance resulting in a large cost to patients and subsequently their lack of desire to receive care. If an admission does occur, that patient is taking a bed that an otherwise medically ill patient cannot access. In either case, holding a patient for an extended period of time or admitting a patient for several days results in undue stress to the patient and medical facility.
2. If individual calculations are to be performed, they need to be simplified as the proposed draft complicates things beyond necessity. There was no scientific evidence to state that the calculations provided in Rev. 1, or the dose thresholds for that matter, resulted in any harm to the general public.
3. In Rev. 1, there had been an emphasis on contamination possibly causing harm and the fact that sites should not encourage patients to stay in hotels, etc. The new draft appears to state that it is ok for patients to stay in hotels and that contamination is not really an issue. This will cause much distrust and concern

for the general public and radiation safety community. As someone who has decontaminated rooms where patients have been held post I-131 therapy, I can confirm that in many instances those rooms contain activity in excess of regulatory limits. It appears that there is knowledge that the requirements of Rev. 2 will not allow for release of many patients without holding or admitting them and since this will be problematic, it is suddenly ok to encourage patients to go to hotels.

4. The current revised draft of 8.39 will result in delays in care, lack of access to care, or contaminated hotel rooms. None of these options benefit patients, the general public, or the radiation safety community.

Thank you for your consideration.