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Curran, Brain Allen, Mary
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Draft Regulatory Guide: Release of Patients Administered Radioactive Material

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

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Submitter Information

Name: Keith Brown

Address:

Springfield, PA, 19064

Email: kbrown@voicenet.com

Phone: 4847246544

General Comment

The NRC has proposed to revise Regulatory Guide 8.39, Release of Patients Administered Radioactive Material. One rationale for the change cited in the Regulatory Analysis for Revision 2 to the guide is that “the NRC staff found that the methodology used in RG 8.39 Revision 0 was out of date and could result in underestimation of exposure in certain situations.” In the proposed revision, the NRC updates the default calculation for releasing a patient to place the “most exposed individual” in close proximity to the released patient 100% of the time. The NRC has received comments from others, including the Advisory Committee on the Medical Uses of Isotopes, pointing out that it is not realistic. But it is also worth discussing the overall risk to society from this change and in particular the social injustice it would cause.

According to Cohen, Health Physics 61(1991), the risk from a dose in a year of 5 mSv is approximately the same as the estimated risk in a year from drinking tap water, a risk most of us consider negligible. At a dose of twice or even four times as high, this is still an extremely small risk, and it should be noted that most of us receive a dose from a released patient only once or twice in a lifetime whereas we drink water every year.

If the Revision 2 guidance is released, some medical facilities will follow the default guidance and hospitalize many therapy patients who today are treated as outpatients. According to KFF, 27.5 million Americans lacked health insurance in 2021, the most recent year reported. The majority of these, according to KFF, are in low-income families and have at least one worker in the family. Adults are more likely to be uninsured than children. The increased cost from moving outpatient therapy procedures to inpatient procedures will move them from difficult to afford to impossible to afford, primarily for those without health insurance. Note, too, that the medical facilities serving low-income families are more likely to be those without staffing to perform patient specific release calculations discussed in the

proposed guidance. The result of changing the default release calculation to assume an occupancy of 100 percent will be that some people will not get needed care, and this burden will fall disproportionately on those with lower income.

A number of studies have demonstrated that the patient release calculation in Regulatory Guide 8.39 Revision 0 and Revision 1 has been successful in keeping doses to other individuals low (see, for example, Grisby et al., JAMA 17 (2000)). The calculation should be retained in any future revision of the Regulatory Guide.