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PROPOSED RULE **PR 20, 32 & 35**
(63FR43516)

Dear Madam Chairwoman:

As the only clinical endocrinologist in Watertown, New York, a small city located one hour north of Syracuse, I am writing to express my strong hope that you and the other Commissioners will concur with the NRC staff recommendations regarding the number of training and experience hours required for those who treat patients with Iodine -131 (I-131).

I was fortunate enough to have attended the University of Michigan where there is a large training program in nuclear medicine. During my endocrine training I worked with some of the best endocrinologists who are also nuclear medicine physicians in the United States. I am presently certified to give radioactive iodine for treatment of thyroid disease. I feel that I have been an asset to the community in providing concurrent care of thyroid disease by being able to give this therapy. Furthermore, in small towns such as these, the radiologist may not have as intense nuclear medicine training as somebody such as myself, nor do they have the clinical experience associated with treating thyroid disorders, despite the fact that they have many, many hours of "radiology training". I think it would be a great disservice to many patients who are in outlying small towns to take away the privileges of endocrinologists who have pioneered the use of radioactive iodine in the United States.

The proposal to maintain the current 80 hour training requirement is reasonable, and the exemplary 50-year safety record of endocrinologists using I-131 under the current regime is evidence that the present rule is sufficient for ensuring the same administration of this radioisotope.

I understand that there are groups that want to see the number of hours not doubled, nor triple, but to be multiplied ninefold to 700 hours!. This excessive and unnecessary regulatory burden would eliminate endocrinologists from treating their own patients.

Most importantly, the 700 hours requirement would ultimately jeopardize the health of patients, as patients who trust their endocrinologists --- experts in the field of thyroid-related diseases --- will be forced to go elsewhere for treatment.

I commend the NRC staff for taking a position that is rational, fair and pro-patient. I genuinely hope that the Commissioners will embrace their recommendation by leaving the current 80 hours rule in force.

Thank you for giving my views your careful consideration.

Sincerely,

Claudia B. Fish, M.D.
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