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Diabetes

Greta J. Dicus - Chair
US Nuclear Regulatory Commission
016C1
Washington DC 20555

October 18, 1999

Dear Chair Dicus:

I am writing to you about Part 35 and the use of Iodine 131. As a licensed (NRC 45-25177-01) endocrinologist, I strongly advise you to keep the current 80 hr training requirements for endocrinologists, and not increase it.

It might be necessary to increase it for other specialties (like cardiology) but let me explain why endocrinology is a special situation. Endocrinologists are the physicians best trained and experienced to take care of thyroid patients. Importantly, they have been in the specialty must closely associated with radiolodine for years. Radiologists may have far more hours of required nuclear medicine and radiation safety training, but they often do not know what they are doing, simply because they do not have direct patient contact and responsibility as endocrinologists do.

Here is a real life example. I prefer to treat my own patients in my own office nuclear medicine lab, but insurers sometime require that they be treated at the hospital. Of the six radiologists I deal with, only two are knowledgeable and the others literally must be told what to do by me and/or the nuclear technician. If extra training results in this situation, then clearly it is ineffective! It is far better to continue to allow endocrinologists to treat patients and be NRC licensed with the 80 hours. Adherence to radiation safety will continue to be observed by the Radiation Safety Officer and inspections, so there is no real risk. The larger risk would be the proposed 700 hours of training. This would be a de facto way of excluding endocrinologists, either in training or in practice, from obtaining NRC licensure. That would be a mistake. I hope you agree.

Sincerely,

Harvey V. Lankford
Harvey V. Lankford MD, FACP

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