

NOTATION VOTE

RESPONSE SHEET

TO: Annette Vietti-Cook, Secretary

FROM: Chairman Gregory B. Jaczko

SUBJECT: SECY-12-0011 – DATA COLLECTION REGARDING
PATIENT RELEASE

Approved X Disapproved X Abstain

Not Participating

COMMENTS: Below Attached X None



SIGNATURE

 2/10/12
DATE

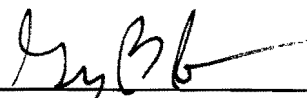
Entered on "STARS" Yes x No

**Chairman Jaczko's Comments on SECY-12-0011,
"Data Collection Regarding Patient Release"**

I approve in part and disapprove in part the staff's recommendation in SECY-12-0011 regarding data collection and patient release. I appreciate the staff's work thus far and its identification of the current gaps in: 1) the empirical data on the release of patients to locations other than their primary residences such as nursing homes and hotels, and 2) the evaluation of internal doses delivered to members of the public from inhalation and/or ingestion due to the increased activities administered in today's patient release practices.

I remain concerned that under Option 3, the agency would still have no real world information as to whether members of the U.S. public really are receiving less than 500 mrem per year, as required by our regulations. As discussed by the staff in the SECY paper, current patient release practices are based on assumptions that were made at the time when patient release was based on activities at release not exceeding 30 mCi. Currently, patients are released immediately after administration of up to a few hundred mCi and these increased levels of activity may invalidate prior assumptions regarding internal doses. For the empirical studies that do exist, staff has indicated that most of those studies were in other countries and involved patients that received lower activities than are typically administered to patients in the U.S.

In May 2008, the agency issued a Regulatory Issue Summary (RIS) regarding patient release, which cautions that licensees consider not releasing patients whose living conditions may result in unnecessary exposure of infants and young children because the doses from internal exposure may be greater than previously estimated. In January 2011, the agency issued a RIS regarding patient release to locations other than private residences, such as hotels, which states the release of patients to locations other than a private residence is strongly discouraged because it may result in doses for which compliance cannot be fully assessed and that are not ALARA. In my mind, both of these RISs were necessary partly because we are unsure what doses are actually being received by members of the public due to release of patients after treatment with radioactive material. Therefore, staff should undertake Option 4, which would include revisiting calculations and methods described in our guidance as well as a limited amount of empirical data collected from field measurements.



Gregory B. Jaczko

2/16/12

Date