

Part 35 Medical Event Definitions – Permanent Implant Brachytherapy

April 24, 2012

Agenda

- Opening Comments
 - Bill Borchardt, Executive Director for Operations
 - Brian McDermott, Director, MSSA/FSME
- Presentation
 - Ronald Zelac, Ph.D., Senior Health Physicist, MSSA/FSME

Main Objectives of Recommendations

- Change treatment site medical event (ME) criterion from dosebased to source-strength-based.
- Remove ambiguity from written directive (WD) and ME requirements.

Reasons for Change

- Authorized User physicians (AUs) can't control patient-related factors.
- Use of available absorbed dose metrics causes much concern.
- Current rule is worded toward temporary implants.

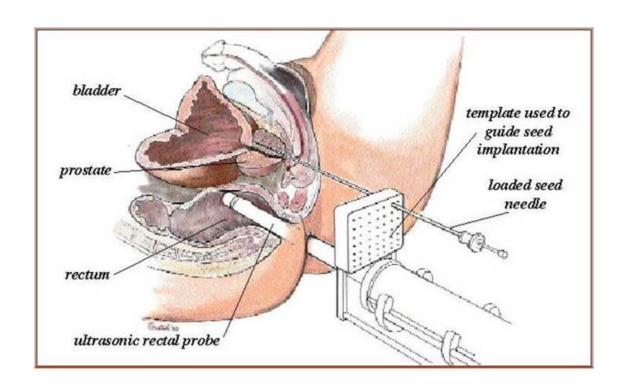
Basis For Current Recommendations

- ACMUI revised final report.
- Stakeholder input from workshops and public meetings.
- ASTRO recommendations.
- OAS recommendations.

Recommendations, 10 CFR 35.3045, Reporting MEs

- Define separate ME criteria for permanent implant brachytherapy utilizing radioactive seeds.
- Treatment site ME if 20% or more of implanted seeds are outside the intended implant location.

Neighboring Structures



Source: I-125 (6711) [NIST 99] Study: Post Plan Average Act. ame: Variation: Default Comment: PID: Images: 57 Sources: 46 ot. ID: Anisotropy: Factors (Point Model) Source Activity: 0.660 U [0.520 mCi] Total Activity: 30.360 U [23.906 mCi] ocedure Date: 6/5/2008 Prescription Dose: 160.0 Gy Cincinnati VA Prescribed dose= 144 Gray Dose Administered= 148 Gray **BLADDER ←PROSTATE** RECTU

 For normal tissue in neighboring structures – ME if dose to contiguous >5 cc exceeds 150% of the <u>absorbed dose prescribed</u> for the treatment site.

 For normal tissue structures within treatment site – ME if dose to contiguous ≥5 cc exceeds 150% of the expected absorbed dose for that tissue.

- ME if treatment is administered:
 - using wrong radionuclide;
 - using wrong source strength (+/- 20%) as specified in the WD;
 - with delivery to the wrong patient;

- ME if treatment is administered:
 - with implantation directly into the wrong site or body part;
 - with delivery using the wrong modality;
 - using leaking sources.

 All of the proposed ME criteria reflect circumstances in which there is actual or potential harm to patients being treated.

Recommendations, 10 CFR 35.40, WDs

- Define separate criteria for permanent implant brachytherapy
- Delete "total dose" as an option for completing the WD
- Replace "before completion of the procedure"

Variance of recommendations from ACMUI report

 No requirement for an AU attestation on source distribution

Variance from ASTRO recommendations

 Inclusion of dose-based ME criteria for normal tissues and structures

Variance from OAS recommendations

- Not having a dose-based ME criterion for the treatment site
- Having set dose threshold ME criteria for normal tissues and structures

Staff position re: its current recommendations

- Patient interests would be protected.
- Physicians would be able to take medically necessary actions.

Staff position re: its current recommendations (cont.)

- NRC would be able to continue detecting failures in process, procedures, and training plus misapplications by AUs.
- Stakeholder input is reflected in these recommendations.

Acronyms

- ACMUI Advisory Committee on the Medical Uses of Isotopes
- ASTRO American Society for Radiation Oncology
- AU Authorized User
- cc cubic centimeter
- FSME Office of Federal and State Materials and Environmental Management Programs
- ME Medical Event
- MSSA Division of Materials Safety and State Agreements
- OAS Organization of Agreement States
- SRM Staff Requirements Memorandum
- WD Written Directive