

Re: Petition for Rulemaking, Docket # PRM-35-18 (Patient Release Criteria)

Dear Ms. Vietti-Cook

I support Peter Crane's petition for reinstating a 30 mCi hospital isolation. I have been a thyroid cancer patient for 38 years, I have metastatic disease in my lungs. I have considerable experience in assisting thyroid cancer patients both in a support group that I run and online. In addition I volunteered for the American Cancer Society for over 25 years. I also volunteered at a major cancer center. I advocate for patients locally. I have seen both the good and the bad in thyroid cancer treatment.

It is my sincere hope that the information provided to you by patients will be equally considered as that which is provided by doctors with medical degrees. While I respect that doctors know their medicine and scientific data, we know our bodies and our experiences.

I can hardly remember the last thyroid cancer patient who said they would rather go home once they understood the issues with radiation exposure. It is absolutely true that most would rather not be hospitalized but the worry over radiation exposure to those they love is far greater and far more worrisome than hospital isolation. Most are puzzled that this safety issue is held in such disregard. The patients with babies and young children have terrible issues. Parents drive 5 hours to grandma's with the kids so their mate could be home alone in isolation, the pets were taken to a kennel. One man sat on the flatbed of his truck while his wife drove him home, never mind that he was seriously hypothyroid. There are thousands of stories, but what it comes down to is that society is not being protected from radioactive patients because the patient is being left to figure it out on his own.

Most likely the doctors that want proof that isolation is necessary from a scientific point of view have little knowledge of what the patients go through and how often the patient has no clue about safety measures. All of this in the midst of severe hypothyroidism is very difficult, indeed. In most cases, patients are not given the option to choose hospital isolation and are often told the hospital has no accommodations for radioactive patients. Some won't even administer the I-131. If the NRC set guidelines for hospital admission then rooms would have to be available. I respect the doctors that do listen and help their patient, they truly make a difference. But, honestly, from my experience with hundreds of patients, many doctors just don't have the time to deal with the issue, they are so overworked.

I know one patient that lived 200 mi from her treating hospital. She had 175 mCi and was told she would not be admitted because they had no rooms, she should just drive home, flying was not an option. Drive home for over 3 hours! Is this what the NRC had in mind when restrictions were lifted? Were situations like that considered?

I got a call from one patient who had checked herself into a hotel even though she had been advised at the support meeting not to do that for a multitude of reasons. Her doctor, unbelievably, approved the hotel stay but did not consider her weak stomach; she vomited on the way to the bathroom in the hotel room. She had 150 mCi.

Another patient had 225mCi for extensive lung metastasis. She was discharged after 24 hrs and treated herself to a trip to the movies the next day. She had no idea that she was radioactive. Her renown medical center had not bothered to inform her to stay home. So she sat in a crowded theatre for over 2 hours exposing all those in the immediate area.

Then there is the patient who only had an elevator to exit the hospital after receiving a 75 mCi dose. She was on the elevator when the door opened and a woman, pregnant and carrying a 2yr old, tried to enter the elevator. Because the patient had been warned in the support group to keep away from people she was able to warn the woman not to enter the elevator. I shudder to think of all the people that have been exposed to radiation in that hospital elevator and never knew.

Thyroid Cancer is on the rise. In a recent article, I read the following quote, "Recent data released from the U.S. National Cancer Institute shows that thyroid cancer is now ranked first among all cancers in incidence growth in both women and men." The more thyroid cancer patients walking around after RAI, the more danger to the general population.

I hope we can all agree it should not be the responsibility of the patient to figure out how to protect society. New guidelines need to be established by the NRC. Trusting that doctors and patients will do it under the present rules is not the answer; hospital isolation is the answer or the patient should have a right to choose.

Thank you for your attention to this troubling situation.

Respectfully submitted,

Gail Gundling