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Training and Experience Requirements for Different Categories of Radiopharmaceuticals

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Training and Experience Requirements for Different Categories of Radiopharmaceuticals

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General Comment

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I am a Nuclear medicine physician and am alarmed by the NRC's proposed change in requirements for authorized users.

I am currently also training as a radiologist and am fully aware of how inadequate the training the radiology residents get in nuclear medicine for 4 months under the auspices of the ABR to qualify for authorized user status.

Many attending radiologists also have no clue about Nuclear Medicine even though they memorized some facts and passed their board exams. They are extremely uncomfortable dealing with Nuclear medicine studies and radiopharmaceutical administration.

The same I have experienced with the Cardiologists that work with us. They do not want to have anything to do with the radiopharmaceutical part of the exam which is what this proposed rule change will actually affect.

This is an extremely dangerous step and puts hospital staff and patients at risk as other non-Nuclear medicine physicians are not equipped to deal with radioiopharmaceuticals.

A solid training pathway with extensive lab experience, physics training and radiation safety knowledge (specifically related to radioisotopes/radiopharmatceuticals) that is provided through a Nuclear Medicine residency program under the auspices of ABNM is the only safe way to help patients receive these radiopharmaceuticals.

The NRC needs to resist the radiopharmaceutical industry pressure as there is no real shortage of Nuclear medicine physicians in the country.

Our country is already facing a crisis when it comes to health care spending. The loosening of these restrictions will open the flood gates for pretty much any physician to administer radiopharmaceuticals to make a quick buck without fully understanding the need for such therapies. It will be the same situation where greedy cardiologists self referred thousands of patients for Nuclear Stress tests and ripped off the CMS. I am sure the CMS will not be happy about these changes and will perhaps start refusing payments across the board for these therapies.

Last but not least in this day and age of terrorism it would be smart to limit access to radioisotopes/radiopharmaceuticals instead of increasing it.