

# PUBLIC SUBMISSION

<b>As of:</b> 1/30/19 12:32 PM <b>Received:</b> January 29, 2019 <b>Status:</b> Pending_Post <b>Tracking No.</b> 1k3-97yl-uods <b>Comments Due:</b> January 29, 2019 <b>Submission Type:</b> Web
---

**Docket:** NRC-2018-0230

Training and Experience Requirements for Different Categories of Radiopharmaceuticals

**Comment On:** NRC-2018-0230-0001

Training and Experience Requirements for Different Categories of Radiopharmaceuticals

**Document:** NRC-2018-0230-DRAFT-0123

Comment on FR Doc # 2018-23521

## Submitter Information

**Name:** James Galt

SUNSI Review Complete  
 Template = ADM-013  
 E-RIDS=ADM-03  
 ADD=Sarah Lopas

## General Comment

COMMENT (115)  
 PUBLICATION DATE:  
 10/29/2018  
 CITATION: 83 FR 54380

To whom it may concern.

This comment is in response to Docket ID NRC-2018-0230, wherein the NRC calls for comments and input on whether it should establish tailored training and education requirements for different categories of radiopharmaceuticals for which a written directive is required.

The current pathways for obtaining AU status are reasonable, accessible and adequate. Those who obtain authorization by the current pathways develop expertise in the administration of radiopharmaceuticals for therapy well beyond that which practitioners with limited AU status would have. That experience is cumulative as the practitioner expands their scope to new radiopharmaceutical therapies. I am concerned that allowing limited AU status for specific treatments would put patients and medical staff at additional risk. Patients would be at risk by being treated by practitioners with limited experience in radiation dosimetry and administration. Physicians who perform radiopharmaceutical therapy at present usually are supported by experienced technologists and physics support staff. That would not always be the case in the environment where the physicians provide therapies of limited scope.

The current medical specialty boards recognized by the NRC are adequate. Each has taken steps to ensure that new authorized users are adequately trained in radiopharmaceutical therapy and that existing authorized users have access to additional training as the field progresses.

If there is a shortage of authorized users (I am not certain that there is), the proper response would be to work with the existing boards (ABNM, ABR, etc) and professional societies

(SNMMI and ACR, etc) that are invested in making sure that new radiopharmaceutical therapies are effective and safely administered. Increasing the number of authorized users by lowering requirements would be a very grave mistake.

The NRC should continue to regulate the training and education of physicians for medical use of radiopharmaceuticals and continue to maintain the high standards now in place.

Thank you for your consideration,  
James R. Galt, PhD  
Professor, Radiology and Imaging Sciences  
Emory University School of Medicine.