

SECRET NUMBER
PROPOSED RULE
PR-Misc Notice
(Reg. Guide)

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November 25, 1985 P2:28

ST. LUKE'S
HOSPITAL

Secretary of the Commission
Office of Nuclear Safety and Safeguards
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Dear Sir:

I was contacted by the American College of Nuclear Cardiology to comment on the proposed revision #2 to the Regulatory Guide 10.8 (the licensing guide). Basically, the ACNC wishes to decrease the proposed 1200 hours of training to 400 hours. I cannot agree with my fellow colleagues in the ACNC.

Nuclear cardiology is the most complex discipline within nuclear medicine. Successful practice of this discipline requires an adequate knowledge of basic physics, safety and handling of radiopharmaceuticals, instrumentation, data processing, and clinical experience which cannot be compressed into 400 hours of training. Furthermore, training should adequately cover all aspects of nuclear cardiology, not just 1st Pass heart studies. Subjects should include shunt quantation, myocardial infarct scanning, gated heart studies at rest and exercise, and thallium scanning. Exposure to SPECT imaging is also necessary, particularly in regard to infarct and thallium scanning. Broad exposure to all of these techniques is important because the sensitivity and specificity of these techniques varies depending on the clinical circumstances. Twelve hundred hours of training is probably barely adequate to acquire this training. Four hundred hours would be a sham.

In their arguments, the ACNC notes that radiology residents may not meet the 1200 hour requirement. Since radiologists perform 70% of the nuclear medicine in the United States, one might reasonably consider a year's training as the minimum training requirement for this privilege. Furthermore, the NRC might well wish to consider regulations precluding self-referrals for nuclear cardiology procedures or referrals to nuclear medicine facilities owned all or in part by the referring physician. Even with the best of intentions such arrangements are open for abuse and almost certainly lead to unnecessary tests and unnecessary radiation exposure to patients.

Sincerely,

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