News Briefs

NRC Announces New Indications

The U.S. Nuclear Regulatory Commission (NRC) has published a notice in the February 25, 1985, *Federal Register* announcing the approval of technetium-99m sodium pertechnetate for nasolacrimal imaging, and technetium-99m sulfur colloid for esophageal imaging (see *Newsline*, Mar. 1985, p. 218).

Effective as of the notice's publication date, these drugs may be used for these indications by all Group II and III licensees, although manufacturers may not be able to print new package inserts for several months.

The NRC is allowing these uses because the U.S. Food and Drug Administration recently approved the new indications. ■

ICRP Solicits SNM Input

The International Commission on Radiological Protection (ICRP) has requested information from *Newsline* readers who use ICRP Publication 23, the "Report of the Task Group on Reference Man." The current publication is out of date, and the ICRP plans to revise it.

"In order that the revised document be accurate and complete, it is important that we get advice from as many users as possible. The present task group would appreciate hearing about any errors, omissions of important information, relevant new data, or shortcomings in Publication 23," said Chester R. Richmond, PhD, chairman of the task group.

The revision will include more emphasis on variation due to age, sex, individual differences in anatomic and physiologic data, and in the gross and elemental composition of tissues.

"The emphasis in Publication 23 is on data for radiation workers, and the new emphasis reflects how radiation doses to the whole population are of increasing interest to the ICRP and national radiation protection organizations," said Dr. Richmond.

Responses to the ICRP's request may be addressed to Chester R. Richmond, PhD, Chairman, Task Group on Revision of Reference Man, Oak Ridge National Laboratory, PO Box X, Oak Ridge, TN 37831. ■

Scientists Review Source Term Studies

A peer review group of the American Physical Society (APS) reported to the U.S. Nuclear Regulatory Commission (NRC) that substantially more research should be done before the agency considers reducing emergency guidelines for nuclear power plant accidents. On February 21, the APS committee gave the NRC its review of three source term studies done by the American Nuclear Society, Battelle Columbus Laboratories, and the Industry Degraded Core Rulemaking Program (see *Newsline*, Mar. 1985, p. 217).

The committee said that it "found it impossible to make a sweeping generalization that the calculated source term would always be a small fraction of the fission product inventory at reactor shutdown." ■

Quality Assurance Recommendations

The U.S. Food and Drug Administration's Center for Devices and Radiological Health (CDRH) has published a new report, "Recommendations for Quality Assurance Programs in Nuclear Medicine Facilities." It is the agency's latest addition to its radiation recommendations series, established to provide physicians, health physicists, and technologists with guidance on appropriate radiological health principles in medical radiation.

The report defines the essential elements for developing new quality assurance programs and for improving existing programs, including administrative concerns. Several medical associations, including The Society of Nuclear Medicine and the American College of Nuclear Physicians, provided assessment data.

To obtain the report, priced at $1.50, contact the Superintendent of Documents, US Government Printing Office, Washington, DC 20402, and request GPO stock number 017-015-002250. ■

Revised Form for Adverse Reactions

The reporting form (FD 2822) for adverse reactions to radiopharmaceuticals and drug problems is in the process of revision. Until changes have been approved, a delay is expected in the distribution of new forms, explained Harold L. Atkins, MD, chairman of the Society's Adverse Reactions Committee.

The committee had expressed concern last year to the U.S. Food and Drug Administration about including reports on drug defects and adverse reactions on the same form because it could create the false impression of a greater incidence of adverse reactions. In addition, the committee suggested that the form include a space for information on other drugs administered to the patient.

The Office of Management and Budget's (OMB) approval of the current reporting form expired on December 31, 1984. While reports may still be filed on the old form, the government cannot make the annual form mailings until the OMB approves the revised form. Reports may also be telephoned to the U.S. Pharmacopeia, Inc., (800) 638-6725. ■