Isotope Advisory Committee Gives Mixed Review to IOM Report

In a briefing to the Nuclear Regulatory Commission (NRC) on May 3, the NRC's Advisory Committee on Medical Uses of Isotopes (ACMUI) both criticized and applauded the recommendations made in a report by the National Academy of Sciences' Institute of Medicine (IOM).

The report, which was released last December, recommended that the NRC's Medical Use Program be turned over to individual states. The IOM panel also recommended having the Department of Health and Human Services (DHHS) coordinate and support the states in their efforts to set up radiation safety programs.

In a February 1996 ACMUI meeting, the committee agreed with the report's findings but found that the recommendations "lacked teeth". At the May meeting, ACMUI Chairman Barry Siegel, MD, told the Commissioners that there are several loopholes within the IOM report that need to be corrected before authority can be transferred to all 50 states. His main concern was that the IOM panel did not recommend a system to ensure that all states would establish acceptable radiation safety programs.

The ACMUI suggested that one mechanism to achieve this goal would be to allow the DHHS to withhold Medicare reimbursement if states did not enact radiation safety laws. DHHS would provide general guidelines to states to ensure that some states do not have inadequate rules while others have excessively burdensome ones. The advisory committee emphasized that putting DHHS in charge would drastically change the focus of the Medical Use Program. "The perspective from an organization that deals with regulating all of medicine will be much different from an organization that deals only with regulating radiation," Siegel said.

The NRC Commissioners refrained from giving their opinions on the IOM report and the ACMUI recommendations. They did agree, in principle, with the ACMUI that the Medical Use Program regulations contained in 10 CFR Part 35 needs to be revised. ACMUI encouraged a complete re-write of the regulations.

Although the Commissioners asked questions on some of the complex issues surrounding the IOM report, they did not indicate their position on the report. They are currently developing a draft position paper on the IOM report which is expected to be released within the next few months. ■

OVERHEARD

◗ The International College of Nuclear Medicine Physicians was recently formed to promote and expand the current knowledge in nuclear medicine and to promote the specialty to physicians in other specialties. For more information, contact Carlos M. Duncker, MD, PhD, at: Servicio de Medicina Nuclear Molecular, Hospital Infantil de Mexico Federico Gomez; Dr. Marquez #162, Mexico, D.F., C.P. 06720. His e-mail address is: duncker@mail.internet.com.mx.

◗ The Radiation and Internal Dose Information Center has developed a world wide web page which includes access to several compendia of dose estimates. The web page address is: http://www.orau.gov/ehsd/ridic.htm.

–Eugene L. Sanger Radioisotope Laboratory

◗ The Nuclear Regulatory Commission has reduced its licensing fees for fiscal year 1996. Broad scope medical licensees will pay an annual fee of $21,700 down from $23,200. Radiographers will pay $13,000 down from $13,900.

–Nuclear Regulatory Commission (press release, Apr. 12, 1996)

◗ Supporters of the Ward Valley Low Level Waste Site have turned the tables on environmental activists who set up an encampment to protest the site. Congressman Don Young (R-Alaska) complained that the protesters' improper trash handling could attract ravens that prey on juvenile tortoises.

–The Washington Post (Apr. 25, 1996)

◗ Syncor and Mallinckrodt signed a new supply agreement which gives Syncor broad access to the full range of Mallinckrodt radiopharmaceutials including Octreoscan. Syncor will provide Mallinckrodt access to Dupont's Cardiolite, Neurolite and Persantine.

–Syncor (news release, Apr. 17, 1996)

◗ The European Union's system for regulating medical devices is not only new–it is not yet fully in place. Thus, it is too early to evaluate its success and should not at this point be used as a model by the FDA for its own device review system.

–Report by the General Accounting Office (GAO/HEHS-96-65, Mar. 6)