will likely always bear the burden of independently verifying the radionuclide source in such events, but the burden on patients can be minimized if they are aware of and can communicate their own medical procedure information.

In conclusion, AU physicians should be communicating the radiation alarm issue and providing documentation to released patients (therapeutic as well as diagnostic). Although the NRC has provided "information" to licensees that requires no action, it also has created no regulatory requirement to ensure that patients are provided with relevant information or even to ensure an appropriately released patient's compliance with required instructions and documentation. Professional organizations such as SNM and ACNP have taken the lead on this issue and have disseminated more appropriate information to their memberships, along with sample documentation that can be provided to all released nuclear medicine patients. Interaction between professional organizations (and their members) and law enforcement is likely the best course to help minimize patient burdens at radiation security checkpoints.

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KATZ AND ANSARI RESPOND: Siegel's and Marcus's concerns about our study design appear to be that relevant nuclear medicine professionals were not adequately surveyed, that only 10% of the surveyed professionals were AUs, and that the study did not differentiate the medical specialty and board certification of the surveyed physicians so that the AU "offenders" can be more specifically identified.

The objective of our study was to examine the range of practices among small and large hospitals and outpatient clinics to identify good practices as well as areas that could be improved. We could not achieve this objective if we had limited the survey to board-certified nuclear medicine AUs.

The interviews were conducted in the context of the NRC's periodic unannounced inspections of each surveyed facility. At each inspection, 1 or more key personnel at the surveyed institutions were asked to provide information about general practices at the facilities they represented. Survey participants were asked if they were personally involved and participated in: (a) informing patients that they would receive radioactive material; (b) making patient release decisions based on radiological criteria; or (c) communicating risk and safety information to patients. The majority of respondents (84%) participated in at least 2 of these activities. Many (41%) participated in all 3 steps.

Although the responsibility for patient communication "officially" rests with the AUs, other health care professionals in their practice are clearly involved in this process. Our objective was to examine the range of those practices as it related to the clearly defined interests of our study. Furthermore, respondents were representing their facilities to the NRC inspectors. In many of the questions, respondents were addressing not merely their own individual duties but the facility procedures about which they were knowledgeable. We believe the diversity of professionals interviewed (RSOs, physicists, nuclear medicine technologists, managerial staff, and AUs) was a strength of our study, not a weakness.

This study was meant as an exploratory study. We described its limitations in our paper. Our own major concern about the study design was that we (the authors) were unable to ask follow-up questions or ask for clarification for some of the ambiguous responses. We also felt that for certain questions, the respondents may have been inclined to present their facilities in the best possible light because they were being asked questions by an "inspector" from a regulatory agency and may have had concerns that a "wrong" answer could adversely affect inspection results.

It was not the goal of our study to evaluate the adequacy of the existing regulation or the degree of compliance. It was certainly not our goal to blame any particular professional community. We submitted our results to *JNM* because it is the leading journal in the field of nuclear medicine with a large readership. Furthermore, SNM has been at the forefront of this issue. We do agree with Siegel and Marcus that the issue of educating and communicating with released nuclear medicine patients concerns many practitioners outside the readership of *JNM*.

We also agree that a study of law enforcement experiences with released patients, documenting their recommendations, would be extremely valuable. In addition, we suggest a survey of released patients to examine the issue from their perspective.

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