

---

## Patient Release Issue Reopened

**A** congressional analysis released on October 20 raised public and regulatory agency concerns about potential dangers from patients released after  $^{131}\text{I}$  treatment for thyroid cancer. The investigative analysis, conducted by the staff of Representative Edward J. Markey (D-MA), chair of the Energy and Environment Subcommittee of the Energy and Commerce Committee, called for increased oversight and regulation by the Nuclear Regulatory Commission (NRC). “Releasing radioactively ‘hot’ patients who may expose an unwitting public to potentially dangerous levels of radiation makes absolutely no sense,” said Markey. “Yet that is exactly what the NRC’s current policies allow.” Markey also sent a letter transmitting the analysis to NRC Chair Gregory Jaczko, PhD. A press release from Markey’s office noted that: “The subcommittee’s investigation, which drew from a survey of more than 1,000 thyroid cancer survivors’ experiences, indicates that there is a strong likelihood that members of the public have been unwittingly exposed to radiation from patients who are discharged after being treated with radioisotopes.” The analysis found that these risks occurred because of “weak NRC regulations, ineffective oversight of those who administer these medical treatments, and the absence of clear guidance and procedures to ensure that such exposures do not occur.”

This announcement touched off widespread and often extreme commentary in the media, with some outlets referring

to released  $^{131}\text{I}$ -treated patients as “walking dirty bombs” and “weapons of mass destruction.” Among the findings highlighted in the congressional study were that almost 7% of released patients chose to go to a hotel to recover, where according to the report, “they contaminate sheets, bedspreads, and other common room surfaces and could also potentially expose pregnant hotel workers or children of guests”; and that 10.6% of released patients report never receive any instruction from providers on ways to reduce exposure to others.

Markey’s letter called on Jaczko to consider 4 recommendations: (1) commence rulemaking to revise current regulations on treatment of patients with radionuclides and make hospitalization mandatory for patients treated with doses of  $^{131}\text{I}$  “above internationally accepted threshold limits”; (2) prohibit released patients from recovering in hotels or taking taxis or public transportation in the days immediately after treatment; (3) aggressively enhance oversight of medical licensees; and (4) implement a reporting requirement for incidents that may or may have resulted in unintended exposures to nonpatients.

The first of the NRC meetings to address this issue had already been scheduled for the week during which the report was released. Newsline will follow with interest the results of these hearings.

---

## Professional Groups Respond

**O**n October 20, the same day that a congressional analysis was released on potential dangers to public health from patients released after  $^{131}\text{I}$  treatment for thyroid cancer (see article above), the SNM, the American Thyroid Association (ATA), the Endocrine Society, and the American Association of Clinical Endocrinologists released a “Joint Statement on Radioactive Precautions Following Radioactive Iodine Therapy.” The group noted that the most recent (1997) modification of the Nuclear Regulatory Commission (NRC) rules on patient release after  $^{131}\text{I}$  therapy was designed to “avoid isolation of a patient in the hospital for prolonged periods if the patient’s release to home would be safe for the patient, the patient’s family, and the public.” The 4 groups issuing the statement concurred that “the current procedure, based on scientific evidence, is safe for patients, their families and the public when radiation safety instructions are followed.” Physicians and physicists representing all 4 groups planned to attend a series of NRC public hearings to present medical and scientific data upholding current regulations as safe and effective and to answer questions and concerns.

The statement noted that the ATA has recently completed an independent examination of current scientific evidence for any potential risks to the public from  $^{131}\text{I}$  therapy of thyroid cancer. It is anticipated that the report will provide updated recommendations for best practices focusing on patient and public safety. The statement concluded: “Our organizations are dedicated to adhering to the best medical practices for  $^{131}\text{I}$  therapy so our patients, their families, and the public remain safe. We look forward to discussing this important issue with relevant federal agencies. Until new regulations are released by the NRC, we recommend that physicians and patients should continue to follow current safety procedures.”

In a separate press release, SNM stated that it “strongly believes the current NRC regulations protect the public and benefit patients with thyroid cancer.” SNM has procedure guidelines for therapy of thyroid disease with radioactive iodine, available at [www.snm.org/guidelines](http://www.snm.org/guidelines), as well as written instructions for patients providing detailed information about reducing radiation exposure to the public. SNM believes that education and enforcement of current regulations can enhance public safety.