

Choose Patients Over Special Interests


















The Nuclear Medicine Clarification Act (H.R. 6815) is needed to ensure the **safe and effective** delivery of radioactive drugs. A large extravasation (radioactive drug injected into a patient's tissue instead of their vein), exposes a patient to **high radiation** dose and **compromises images** used to guide their care.

The U.S. Nuclear Regulatory Commission (NRC) and their conflicted advisers who **violated federal ethics rules** are protecting special interest groups, not patients.

H.R. 6815 ensures NRC acts to protect patients undergoing nuclear medicine procedures.



 **We urge Congress to side with patients and experts, not special interests, and cosponsor HR 6815.**

	Patients	Experts*	Conflicted Special Interests	
Extravasations that compromise images and leave large amounts of radiation in patients' arms are concerning.	 AGREE	 AGREE	 DISAGREE	Special interests would rather ignore the problem than address it.
Physicians should monitor injections so they can mitigate any harm from extravasations.	 AGREE	 AGREE	 DISAGREE	Special interests want patients to be harmed first, then self-report.
Physicians should measure radiation in the arm, document it, and assess the effect on the image.	 AGREE	 AGREE	 DISAGREE	Special interests do not want any record of the extravasation.
Extravasations that exceed existing medical event criteria should be reportable just like all other accidental exposures.	 AGREE	 AGREE	 DISAGREE	Special interests want medical errors to go unreported.
When a radiation procedure goes wrong, patients have a right to know.	 AGREE	 AGREE	 DISAGREE	Special interests don't think patients deserve transparency about their care.

FACTS

- Injection monitoring adds zero cost to patients or payers.
- HR 6815 grants a generous reporting grace period so clinicians can train their staff how to **safely administer** radioactive drugs.
- Advisors to the NRC are leaders of societies who do not want to report any extravasations. **Congress must act on this conflict of interest.**
- **NRC is failing patients.** NRC has been aware of extravasation dangers since 2008 but protects special interests rather than patients.

For more information visit safernuclearmedicine.org

*Independent clinicians and scientists who are global leaders in physics, radiology and nuclear medicine, and vascular access include: Dr. David Townsend, Dr. Dan Sullivan, Dr. Darrell Fisher, Dr. Jackson Kiser, and Nancy Warden, among others. These experts are also members of American College of Radiology (ACR), Society of Nuclear Medicine & Molecular Imaging (SNMMI), Health Physics Society (HPS), and the Association for Vascular Access (AVA). They have submitted public comments to the NRC supporting these positions.