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**NUCLEAR MEDICINE SAFETY ADVOCACY GROUP APPLAUDS
PRESIDENT TRUMP ORDER FOR NRC REFORM**

***Patients for Safer Nuclear Medicine urges Trump Administration
to protect patients from harm due to extravasation***

WASHINGTON D.C. – President Trump’s May 23 Executive Order (EO) 14300 that calls for the reform of the Nuclear Regulatory Commission (NRC) was applauded today by Patients for Safer Nuclear Medicine (PSNM), which expressed hope that the EO will help address a decades-old policy loophole that puts patients at risk.

PSNM is a coalition of 30 national and regional patient advocacy groups working to revise the NRC’s 45-year-old policy loophole regarding extravasation.

“After all this time, one thing is certain: patients are sick and tired of being kept in the dark by the NRC and the nuclear medicine industry,” says PSNM spokesperson Mary Ajango.

“Years of effort to change the incorrect extravasation policy have shown us that systemic conflicts of interest and regulatory capture within NRC leave vulnerable patients exposed to further harm,” Ajango adds. “EO 14300 addresses these issues and is also relevant to rulemaking around extravasations.”

Nuclear medicine procedures use radioactive drugs (radiopharmaceuticals) to help produce images used to diagnose and assess cancer, heart problems, and brain diseases. High radiation doses are also used to treat certain cancers. An extravasation can occur during the injection of these radiopharmaceuticals when the radiation is inadvertently injected into arm tissue instead of a vein.

Extravasation is a serious, yet little-known healthcare concern. Isotopes used for medical procedures are precisely measured to yield optimal results. Improper administration can compromise the images used to determine the best course of treatment. As a result, extravasated patients may not receive a correct diagnosis or the most appropriate treatment. In addition, radiation deposited outside the vein can lead to tissue damage and may actually *increase* the risk of cancer.

As a result of an incorrect NRC policy, these medical errors have remained hidden for the past 45 years. If an extravasation occurs to you, the NRC does not require anyone to inform you or your care team that it happened. PSNM has been supporting an official petition that proposed a rulemaking change and Congressional legislation to protect patients. The NRC has been dragging their feet and instead of protecting patients has drafted a whimsical and ineffective proposed rule.

EO 14300 directs NRC to adopt objective, “science-based radiation limits” and to consider adopting “determinate radiation limits.” PSNM agrees and for several years has been advocating for the NRC to use the existing objective reporting criterion used for all other medical events when patients are accidentally exposed to radiation in medical procedures. Instead, the NRC has responded by drafting a nonsensical proposed rule.

“With no objective standards established in the proposed rule, the decision of whether or not to report an extravasation would be left to the subjective whims of a clinician, who often has reasons not to report large exposures,” Ajango says. “NRC needs take two simple steps. First, they need to eliminate their internal policy that incorrectly exempted all extravasations from reporting. Then they need to require their licensees to report large extravasations that meet or exceed NRC’s existing objective, data-based safety thresholds used on all other accidental medical exposures and approved dosimetry methods to keep patients from potential harm due to extravasation.”

PSNM also notes that President Trump has issued another EO seeking elimination of ‘unnecessary’ advisory committees to cut government waste, which is also applicable to NRC. In March 2024, the U.S. NRC Office of the Inspector General (OIG) released the results of an investigation into the extravasation rulemaking process. The NRC OIG found two NRC advisers, who are also leading members of two medical societies opposed to reporting these errors, violated federal ethics rules in how they addressed the extravasation rulemaking petition.

“Patients agree an objective and science-based radiation limits should guide regulation, not a subjective moving target,” Ajango says. “As patients, our lives depend on safe and effective nuclear medicine. Isotopes are vital medical tools and extravasations are almost entirely preventable. When large radiation accidents happen, NRC should be told so they can help other nuclear medicine centers learn from these mistakes, and patients must be told. There is no good reason for patients to continue to remain in the dark. Clinicians must be transparent with patient safety issues.”