

Resolution of Public Consultation Comments for

ICRP *Publication 149: Occupational Radiological Protection in Brachytherapy*

Annals of the ICRP 50(3) 2021

Background

ICRP is grateful for the time and effort taken to review and comment on draft publications during their public consultation period. Active public consultations are a valuable part of developing high-quality publications. Comments are welcome from individuals and organisations, and all are considered in revising the draft prior to publication.

To ensure transparency, comments are submitted through the ICRP website and visible by visiting www.icrp.org.

Public Consultation

This draft report was available for public consultation from October 2020 to January 2021. Responses were received from the following commenting as individuals: Ichiro Yamaguchi, National Institute of Public Health; Habeeb Ahmed, Military Hospital – Taiz.

The revised report was approved for publication by the Main Commission by postal ballot, 16th March 2021, with agreement on some final revisions.

Resolution of Comments

The constructive comments received during public consultation are gratefully acknowledged and have helped the authors improve the report.

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One set of comments noted that radioactive sources may drop out from a patient and may also reach a sewage plant. ICRP Publication 98 (ICRP, 2005b) is referenced in the relevant paragraphs (i.e. 166 and 234) concerning these subjects. It specifically provides overall guidance on patient release or discharge from the facility. ICRP Publication 98 provides specific recommendations on instructions to patients, and for providing a 'wallet card' with important information (See ICRP Publication 98, Appendix D), and also provides specific recommendations on expelled sources, including discussion of expelled seeds in sewage system. Thus, no change was made for these paragraphs.

Another comment noted that some facilities lack the lowest levels of radiation protection in the diagnostic radiology departments. As noted in Section 1.1 of this report, the scope of this report is on brachytherapy. Paragraphs (17) and (18) emphasize the following and provides

specific references for guidance on radiation protection in the diagnostic radiology environment:

(17) In brachytherapy, patients are exposed to ionising radiation from different modalities including brachytherapy, radiography, fluoroscopy, computed tomography (CT). These modalities differ considerably in the frequency with which they are performed, in the radiation doses the patients receive, in the way radiation is administered to the patients, and in radiation dose to operators and staff. Radiography, fluoroscopy, and CT are not specifically addressed in this report, but are addressed in detail in Publications 85, 117, 120 and 139 (ICRP, 2000b, 2010a, 2013a, 2018).

(18) Note that this publication does not address specific radiation therapeutic methodologies associated with brachytherapy and cannot present an exhaustive discussion of brachytherapy techniques. Refer to other available guidance for specific information on clinical techniques and considerations (e.g. ICRU, 1997, 2013; IAEA, 2002, 2005). This publication is intended to emphasise the radiological protection issues associated with brachytherapy for the staff.

Thus, no change was made with regard to this comment.