

# Standardizing I-131 Outpatient Risk Stratification and Workflows

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COLORADO ASSOCIATES MEDICAL PHYSICS

## **Purpose**

Our private practice medical physics group consisting of approximately 20 medical physicists evenly split between therapeutic and diagnostic specialties discovered we were using different methods, forms, and instructions for outpatient I-131 restrictions. The goal of this work was to standardize, simplify, and improve consistency on I-131 thyroid therapy workflows. Practice environments included a mix of site-based and consulting physicists.

#### **Methods**

Based on results from a patient questionnaire, patients were placed into one of three categories based on potential risk (see Figure 1 and details below).

Category 1 patients are thyroid cancer remnant-ablation patients with

- Separate bedroom and bathroom at home
- Don't have continual contact with children at home or work
- Don't work in a service industry

Category 2 patients are most thyroid cancer patients that don't meet the requirements of Category 1 or hyperthyroid patients with a separate bedroom and bathroom at home who don't have continual contact with children at home or work.

**Category 3** patients are hyperthyroid or cancer patients with complicating factors, including but not limited to,

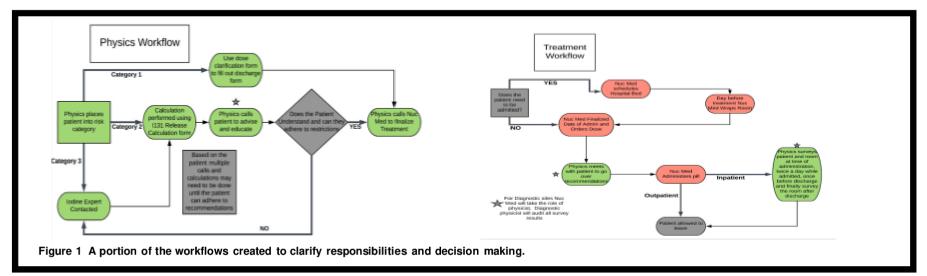
- Young children at home
- No separate bedroom or bathroom
- Work in food service or around young children
- Undergoing dialysis

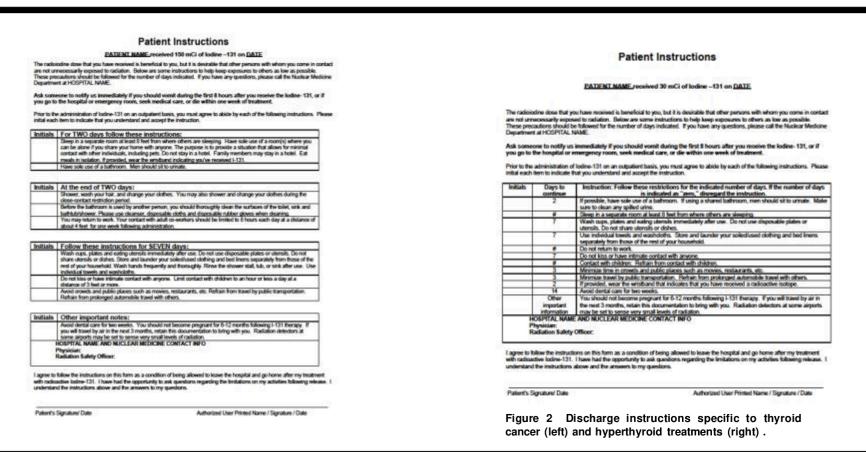
### **Results**

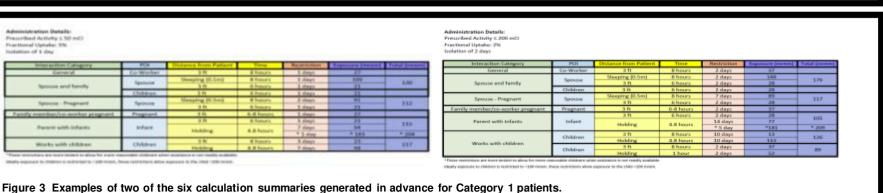
Category 1 patients received discharge instructions specific to thyroid cancer treatments with calculations demonstrating compliance with public dose limits completed in advance representing six different scenarios (see Figures 2 and 3).

- Less than 50 mCi
- 50 100 mCi
- 100 200 mCi
- Each modeled as 2% or 5% slow-clearance compartment uptake depending on the presence or absence of metastatic nodules.

Category 2 and 3 patients had restrictions calculated using the NCRP 155 example spreadsheets. Category 3 patients were handled by a sub-group of four subject matter experts within our larger group with experience handling complex contact-scenario calculations. Fractional uptake in the slow clearance compartment for hyperthyroid patients was assumed to be equal to the 24 hour uptake value. If no uptake study was available, 60% was used.







## COLORADO ASSOCIATES in MEDICAL PHYSICS, LLC To Whom It May Concern This letter represents the consensus recommendations of the medical physicists listed above, all Diplomates of the American Board of Radiology, regarding radiation safety considerations for the discharge of patients receiving iodine-131 for treatment of thyroid cancer or hyperthyroidism. As state and federal recommendations change, along with advances in our understanding of radiation in medicine, it has become evident that there is a need for a more patient-specific approach to our discharge instructions. Our goal is to address each patient individually and work with them to make the treatment process as safe, easy, and stress-free as possible. In order to accomplish this, we have developed a tiered system that categorizes each patient based on their unique risk factors and contact patterns which will allow us to focus our attentions appropriately. continual contact with children Cancer patients with no access to separate space at home and/or children in the home. Hyperthyroid patients with separate space and no continual contact with children. Any patient with complicated living/working situa Examples include, but aren't restricted to Hyperthyroid parents with young children Patient that works directly with children A mandatory isolation period will still be expected of all post-thyroidectomy cancer patients, apart from this however, most Category 1 & 2 patients will require minimal changes made to their daily routine. Recommendations to Category 3 patients will be based on the physicist's discussion with the patient and can be expected to vary considerably, with some restrictions potentially lasting up to a month. In order to appropriately address the needs of these Category 3 patients a specialized Iodine-131 expert within our group will work directly with them to create a workable discharge plan. As always, we look forward to working with you and offering all patients the safest care possible (Commet ) and Busser ). Calculation of substitut argument from patients in whom reducetive majorish have been advanced. Physics in Madeira and Beslag 1988; (EU), (S burningso D. Earle (EU), (Chahary EU), Walls C. Same ED, Canling EJ, Ballation time rains from patients recenting rather (O burney) for accritimes of the Burnel Eur ) to 9 M. Exits All Europe CNP, Managine P.C. Coddin, Al. Bushnine does note from which passent receiving 1-117 durings for dipresentation. Various Machines and 1981, 34 505-548. (d) American College of Radiology, ACM Province Presents for the Performance of Darrage with Unwards Radiophermaneatical Energy, 2013 [3] Barras, I. Baltonian Rafty in the Frenzisce of Parical Control in Radiologica 1111 Practice Foresteen delicate of the American Darroid Associates

Figure 4 Letter explaining changes in workflow and expectations sent to

#### Conclusion

referring physicians

In spite of regulatory permissiveness, generic discharge instructions should be discouraged for all hyperthyroid patients. Keeping doses to children below 1 mSv results in restrictions for hyperthyroid patients that will be substantially longer than those for thyroid cancer. In our group, we chose to limit restriction calculations with Category 3 patients to a sub-group of four physicists with more experience in challenging scenarios. This allows the use of more complex contact patterns to be modeled.

Changes in discharge instructions should be communicated to authorized users and referring physicians to ensure consistent patient expectations for the treatment. Figure 4 is the letter our group used to inform physicians of our new process.