



Advancing Molecular Imaging and Therapy

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## Joint Statement on Radioactive Precautions Following Radioactive Iodine Therapy

The American Thyroid Association (ATA), The Endocrine Society (TES), The Society of Nuclear Medicine (SNM),  
The American Association of Clinical Endocrinologists (AACE)

Radioactive iodine (I-131) has been used for decades as an effective treatment for thyroid cancer. Throughout this time, one important aspect of such treatment has been the protection of the public, and more specifically household contacts, from theoretically dangerous exposure to residual radiation remaining in the patient's body after treatment. The Nuclear Regulatory Commission (NRC), an agency of the Federal government, sets the rules governing this aspect of I-131 treatment and revises them [periodically](#).

In 1997, the NRC modified these regulations to allow individualization of the procedure for preventing radiation exposure to the public after a patient is treated with I-131. A goal of this rule change was 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. This approach enhances patient satisfaction and is the current standard of medical practice.

Last week, an article in USA Today asked whether the current NRC regulations might allow potentially excessive radiation exposure to the general public after I-131 treatment of patients with thyroid cancer. The American Thyroid Association, The Endocrine Society, the Society of Nuclear Medicine, and the American Association of Clinical Endocrinologists believe that the current procedure, based on scientific evidence, is safe for patients, their families and the public when radiation safety instructions are followed (JAMA 283: 2272-2274, 2000). However, the ATA, TES, SNM, and AACE would support reexamination of this issue if new data emerge that indicates concerns about public safety. Additionally, the American Thyroid Association has recently completed an examination of the current scientific evidence for any potential risks to the public from I-131 therapy of thyroid cancer. It is anticipated that the report will provide updated recommendations for best practices focusing on patient and public safety following I-131 treatment.

Our organizations are dedicated to adhering to the best medical practices for I-131 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.

For questions regarding the statement, please contact Bobbi Smith, Executive Director at the American Thyroid Association at [bsmith@thyroid.org](mailto:bsmith@thyroid.org); Stephanie Kutler, Director of Government Affairs at The Endocrine Society at [skutler@endo-society.org](mailto:skutler@endo-society.org); Cindy Tomlinson, Associate Director, Health Policy & Regulatory Affairs at the Society for Nuclear Medicine at [ctomlinson@snm.org](mailto:ctomlinson@snm.org); Bryan Campbell, Director of Public and Media Relations at the American Association of Clinical Endocrinologists at [bcampbell@aace.com](mailto:bcampbell@aace.com).