

DOE EMAB Presentation FOR THE RECORD
23 August, 2006
Marlene Oliver A.B., M.Sc.

(Affiliations:

American Nuclear Society, EWS Executive Committee member
National Cancer Institute, CARRA member
Washington Comprehensive Cancer Control Program member, a CDC initiative
Fighting Children's Cancer Foundation, Vice-Chair www.fightingchildrenscancer.org
National Association of Cancer Patients NW Chair
Nuclear Medicine Research Council, Board Member)

I am here today representing 10 million American cancer survivors and as a taxpayer.

The DOE is being asked to seriously consider implementing the following to benefit the entire American public.

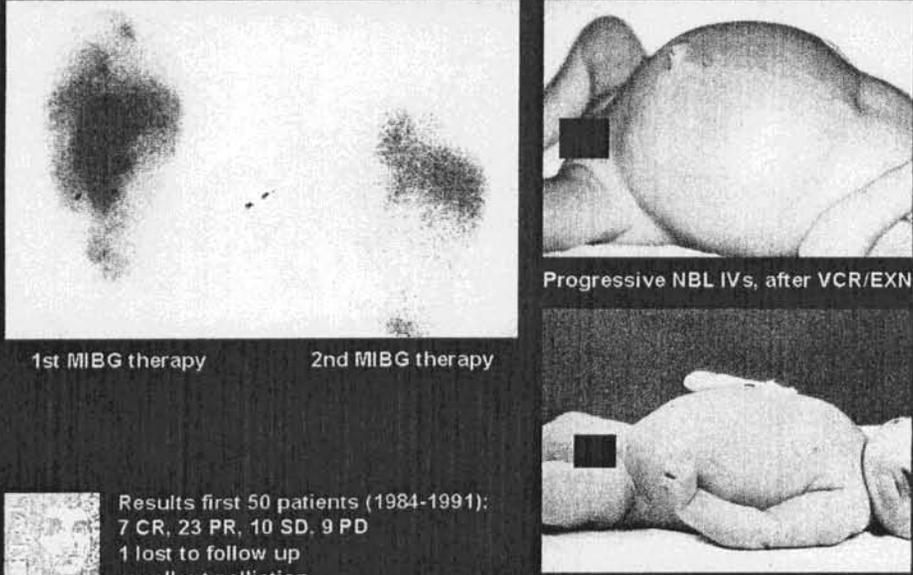
• *******Follow US Law*******

- 1) Specifically, the Atomic Energy Act of 1954 **REQUIRES** the DOE provide research isotopes. DOE's full cost recovery policy instead of subsidizing research isotope costs has proven a disaster. Abolish DOE's policy requiring researchers to order radionuclides by predicting when they will be needed, up to a year in advance. Physicians have no idea which patients will require what radionuclides until these patients show up at the clinic. Former policy, having researchers order on an as-need basis, should be reinstated. NO ACTION has been taken on a joint DOE/NCI meeting held in Bethesda in September, 2003, where NCI researchers provided DOE with a list of needed radionuclides. These should be provided, again, as required by US law. DOE's continuing policy of funding DECREASES for the medical isotope program is another disaster. Europe's COST B12 program provides isotopes for 3,000 nuclear medicine researchers, many at NO CHARGE. Proof exists that many cancers considered fatal in the United States go into complete remission after radionuclide therapy. Chemotherapy is fast becoming obsolete abroad. DOE should provide substantial yearly INCREASES to support the medical isotope production program. Budgets can be adjusted now. Start next fiscal year with an allocated \$40 million. Increase this sum by at least 20% per year thereafter. Allocate \$10 million to upgrade the MURR reactor. A conservative \$150 million in cost savings to the American taxpayer should result in year one, increasing geometrically thereafter. Appoint an experienced researcher to head the medical isotopes program for DOE.
- 2) **Base decisions on sound science, not on politics.** Example: ALARA costs the American taxpayer billions of unnecessary dollars. Countless studies demonstrate unequivocally that low doses of many forms of radiation actually stimulate the

immune system. Work with NRC to overhaul these regulations and rewrite and implement same to reflect reality.

- 3) At a June, 2006 meeting in Moscow, Russia, "Research Reactors in the 21st Century" over 200 scientists agreed that FFTF should be restarted. DOE has on file many letters from allies, Nobel laureates and US physicians urging FFTF restart. Allow the private sector to take over Hanford 400 area facilities, **including FFTF and FMEF.**

Neuroblastoma: I-131 MIBG therapy after conventional treatment



1st MIBG therapy 2nd MIBG therapy

Progressive NBL IVs, after VCR/EXN

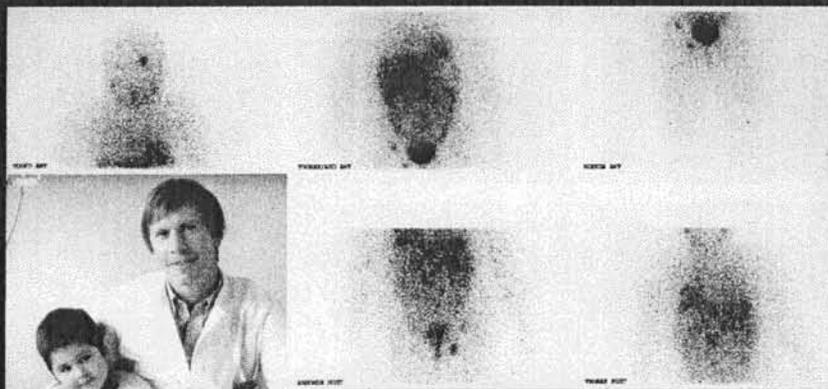
14 days after 50 mCi I-131 MIBG

Results first 50 patients (1984-1991):
7 CR, 23 PR, 10 SD, 9 PD
1 lost to follow up
excellent palliation

I-131 may not be the ideal radionuclide to use for this cancer. Doctors have access to but fifteen or so radionuclides out of about 100 identified that may prove beneficial. FFTF uniquely produced sixty. Studies have stopped or not begun for lack of radionuclide supply for many of the 200+ identified cancers.

The three year-old patient, shown below with her physician after radioimmunotherapy in the Netherlands, previously failed eleven rounds of chemotherapy and was considered terminal.

NBL, stage IV: ^{131}I -MIBG therapy

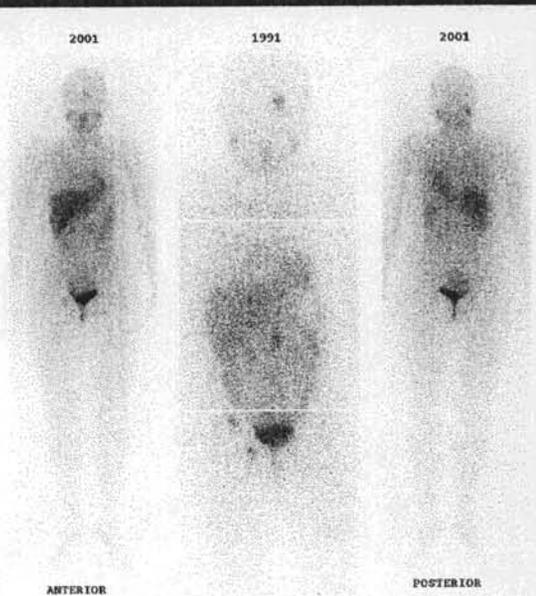


^{123}I -MIBG scintigram after 8x ^{131}I -MIBG therapy



She is now a 21 year old university chemistry student and remains cancer-free.

Follow up:



Do not play politics on the backs of cancer patients. The life you save may be your own, or your child's. THANK YOU.

Irradiation Volume

