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### Opening Statement of Rep. Henry A. Waxman Chairman, Committee on Energy and Commerce “Medical Radiation: An Overview of the Issues” Subcommittee on Health February 26, 2010

Thank you, Chairman Pallone, for holding this important hearing.

Today we will look at the extraordinary benefits and examine the possible risks associated with the use of radiation in medicine. Let me be clear at the outset: Diagnostic technologies like CT scans that identify tumors and therapeutic procedures, such as radioactive seeds to treat prostate cancer, are potentially lifesaving. They are important interventions in our medical toolbox, and our health care system is unquestionably much better for them.

But recent reports and studies have raised questions about the relative safety of these technologies. Of course, no medical intervention is 100 percent safe. And patients’ tolerance for risk in being exposed to such procedures varies as well – a person is more likely to accept a potentially fatal side effect for a therapy to treat a lethal cancer than for a less serious disease. These are dangers that generally cannot be avoided altogether.

The purpose of today’s hearing is to learn more about those risks and hazards from radiation that would appear to be preventable. Some recent examples as reported in *The New York Times*:

- Investigators at the Nuclear Regulatory Commission found that a cancer unit at the VA hospital in Philadelphia botched 92 out of 116 procedures using radioactive seeds to treat patients with prostate cancer.
- Over 200 patients were mistakenly exposed to up to eight times the normal dose of radiation during brain scans at Cedars Sinai Hospital in Los Angeles.
- Because of a computer error that went undetected, Scott Jerome Parks – the son of one of today’s witnesses – was blasted with excess radiation on three consecutive days during his treatment for tongue cancer. Scott died from his radiation exposure at the age of 43.

Despite these patients' need – and consent – for the life saving technology used, the end result clearly is not what they signed up for.

Alarming, as we will hear from a number of today's witnesses, these are not isolated cases. The mistakes made in these instances, while perhaps not widespread, appear to be more than just random and rare – they are occurring all across the country and in hospitals and physician offices alike.

The reasons for this poor quality of care would seem to be multifaceted. Whether it is a lack of standardization of equipment, or lax and even non-existing state licensing requirements for machine operators, or outdated federal oversight authority – experts tell us that more can and should be done to reduce unnecessary radiation exposure and medical errors. Indeed, action has already been called for by the medical imaging manufacturers and some radiation provider groups whom we will hear from today.

As we move forward, I would hope that we can all agree on at least two basic premises. First is the enormous medical value of our various radiologic technologies. I mentioned this earlier, but want to underscore the point again: Both diagnostic and therapeutic radiology interventions save lives. We want them. We need them.

Second is the obligation to ensure that these interventions are as safe as they can be – and that everything is being done to make that a reality. Patients are entitled to nothing less.

With these principles in mind, I believe our job today is simple and straight forward – to understand how to lower the risks associated with radiation in medicine to make it as safe as possible without reducing its many benefits to patients and researchers.

We have an outstanding group of witnesses this morning who are here to help us learn more about these issues. I thank each of them in advance for their testimony and look forward to hearing from them.