



Australian Government  
Repatriation Medical Authority

## Statement of Principles concerning

# ACOUSTIC NEUROMA

## No. 29 of 2011

for the purposes of the

*Veterans' Entitlements Act 1986*  
and

*Military Rehabilitation and Compensation Act 2004*

### Title

1. This Instrument may be cited as Statement of Principles concerning acoustic neuroma No. 29 of 2011.

### Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 67 of 1996 concerning acoustic neuroma; and
  - (b) determines in its place this Statement of Principles.

### Kind of injury, disease or death

3.
  - (a) This Statement of Principles is about **acoustic neuroma** and **death from acoustic neuroma**.
  - (b) For the purposes of this Statement of Principles, "**acoustic neuroma**" (also known as vestibular schwannoma) means a benign neoplasm arising within the internal auditory canal from Schwann cells of the vestibulocochlear nerve. This definition excludes acoustic neuroma associated with neurofibromatosis.
  - (c) Acoustic neuroma attracts ICD-10-AM code D33.3.
  - (d) In the application of this Statement of Principles, the definition of "**acoustic neuroma**" is that given at paragraph 3(b) above.

### **Basis for determining the factors**

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **acoustic neuroma** and **death from acoustic neuroma** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the *Military Rehabilitation and Compensation Act 2004* (the MRCA).

### **Factors that must be related to service**

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

### **Factors**

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **acoustic neuroma** or **death from acoustic neuroma** with the circumstances of a person's relevant service is:
  - (a) having received a cumulative equivalent dose of at least 0.10 sievert of ionising radiation to the affected vestibulocochlear nerve at least five years before the clinical onset of acoustic neuroma; or
  - (b) inability to obtain appropriate clinical management for acoustic neuroma.

### **Factors that apply only to material contribution or aggravation**

7. Paragraph 6(b) applies only to material contribution to, or aggravation of, acoustic neuroma where the person's acoustic neuroma was suffered or contracted before or during (but not arising out of) the person's relevant service.

### **Inclusion of Statements of Principles**

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

### **Other definitions**

9. For the purposes of this Statement of Principles:

**"cumulative equivalent dose"** means the total dose of ionising radiation received by the particular organ or tissue. The formula used to calculate the cumulative equivalent dose allows doses from multiple types of ionising radiation to be combined, by accounting for their differing biological effect. The unit of equivalent dose is the sievert. For the purposes of this Statement of

Principles, the calculation of cumulative equivalent dose excludes doses received from normal background radiation, but includes therapeutic radiation, diagnostic radiation, cosmic radiation at high altitude, radiation from occupation-related sources and radiation from nuclear explosions or accidents;

**"death from acoustic neuroma"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's acoustic neuroma;

**"ICD-10-AM code"** means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Seventh Edition, effective date of 1 July 2010, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 154 5;

**"relevant service"** means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

**"terminal event"** means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

## **Application**

- 10.** This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

## **Date of effect**

- 11.** This Instrument takes effect from 25 May 2011.

Dated this *ninth* day of *May* 2011

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed to this instrument )  
in the presence of: )

KEN DONALD  
CHAIRPERSON