



Statement of Principles

concerning

CEREBRAL MENINGIOMA

Instrument No. 19 of 2009 as amended

made under section 196B(2) of the

Veterans' Entitlements Act 1986

This compilation was prepared on 28 July 2011 taking into account Amendment of Statement of Principles concerning CEREBRAL MENINGIOMA (*Instrument No. 59 of 2011*)

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

Statement of Principles
concerning

CEREBRAL MENINGIOMA

No. 19 of 2009

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 cerebral meningioma No. 19 of 2009.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 207 of 1995 concerning cerebral meningioma; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **cerebral meningioma** and **death from cerebral meningioma**.
 - (b) For the purposes of this Statement of Principles, "**cerebral meningioma**" means a primary benign or intermediate grade tumour of the cerebral meninges.
 - (c) Cerebral meningioma attracts ICD-10-AM code D32.0 or D32.9.
 - (d) In the application of this Statement of Principles, the definition of "**cerebral meningioma**" 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 **cerebral meningioma** and

death from cerebral meningioma 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 **cerebral meningioma** or **death from cerebral meningioma** with the circumstances of a person's relevant service is:
 - (a) having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the brain at least five years before the clinical onset of cerebral meningioma; or
 - (b) inability to obtain appropriate clinical management for cerebral meningioma.

Factors that apply only to material contribution or aggravation

7. Paragraph 6(b) applies only to material contribution to, or aggravation of, cerebral meningioma where the person's cerebral meningioma 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 cerebral meningioma" in relation to a person includes death from a terminal event or condition that was contributed to by the person's cerebral meningioma;

"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), Sixth Edition, effective date of 1 July 2008, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 016 6;

"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 6 May 2009.

Notes to Statement of Principles concerning cerebral meningioma (Instrument No. 19 of 2009)

The Statement of Principles concerning cerebral meningioma (Instrument No. 19 of 2009) in force under section 196B(2) of the *Veterans' Entitlements Act 1986*, as shown in this compilation is amended as indicated in the Tables below.

Table of Instruments

Title	Date of FRLI registration	Date of commencement	Application, saving or transitional provisions
<i>Statement of Principles concerning cerebral meningioma (Instrument No. 19 of 2009)</i>	1 May 2009 F2009L01586	6 May 2009	
<i>Amendment of Statement of Principles concerning cerebral meningioma (Instrument No. 59 of 2011)</i>	18 May 2011 F2011L00792	25 May 2011	

Table of Amendments

ad. = added or inserted am. = amended rep. = repealed rs. = repealed and substituted

Provision affected	How affected
Clause 6(a)	rs. Instrument No. 59 of 2011
Clause 6(b)	rep. Instrument No. 59 of 2011
Clause 6(c)	am. Instrument No. 59 of 2011
Clause 9 – ' "cumulative equivalent dose" ...'	rs. Instrument No. 59 of 2011
Clause 9 – ' "a course of therapeutic radiation" ...'	rep. Instrument No. 59 of 2011
Clause 9 – ' "atomic radiation" ...'	rep. Instrument No. 59 of 2011