



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
MALIGNANT NEOPLASM OF THE BRAIN
(Reasonable Hypothesis)
(No. 85 of 2016)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 28 October 2016

The Common Seal of the
Repatriation Medical Authority
was affixed to this instrument
at the direction of:

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO
Chairperson

Contents

1	Name	3
2	Commencement	3
3	Authority	3
4	Revocation	3
5	Application.....	3
6	Definitions.....	3
7	Kind of injury, disease or death to which this Statement of Principles relates	3
8	Basis for determining the factors	4
9	Factors that must exist.....	4
10	Relationship to service	5
11	Factors referring to an injury or disease covered by another Statement of Principles.....	5
Schedule 1 - Dictionary		6
1	Definitions.....	6

1 Name

This is the Statement of Principles concerning *malignant neoplasm of the brain (Reasonable Hypothesis)* (No. 85 of 2016).

2 Commencement

This instrument commences on 28 November 2016.

3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 Revocation

The Statement of Principles concerning malignant neoplasm of the brain No. 58 of 2008, as amended, made under subsections 196B(2) and (8) of the VEA is revoked.

5 Application

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about malignant neoplasm of the brain and death from malignant neoplasm of the brain.

*Meaning of **malignant neoplasm of the brain***

- (2) For the purposes of this Statement of Principles, malignant neoplasm of the brain means:
- (a) a primary malignant neoplasm arising from the cells of the brain; and
 - (b) includes malignant neuroepithelial tumour and germ cell tumour; and
 - (c) excludes nerve sheath tumour, soft tissue sarcoma, Hodgkin's lymphoma, non-Hodgkin's lymphoma, carcinoid tumour, neoplasm of the pituitary gland and cerebral meningioma.

Note: *neuroepithelial tumour* is defined in the Schedule 1 - Dictionary.

- (3) While malignant neoplasm of the brain attracts ICD-10-AM code C71, in applying this Statement of Principles the meaning of malignant neoplasm of the brain is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Ninth Edition, effective date of 1 July 2015, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-020-5.

*Death from **malignant neoplasm of the brain***

- (5) For the purposes of this Statement of Principles, malignant neoplasm of the brain, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's malignant neoplasm of the brain.

Note: **terminal event** is defined in the Schedule 1 – Dictionary.

8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that malignant neoplasm of the brain and death from malignant neoplasm of the brain 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 MRCA.

Note: **relevant service** is defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting malignant neoplasm of the brain or death from malignant neoplasm of the brain with the circumstances of a person's relevant service:

- (1) having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the brain at least two years before the clinical onset of malignant neoplasm of the brain;
- (2) being infected with human immunodeficiency virus before the clinical onset of malignant neoplasm of the brain;
- (3) inability to obtain appropriate clinical management for malignant neoplasm of the brain.

10 Relationship to service

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factor set out in subsection 9(3) applies only to material contribution to, or aggravation of, malignant neoplasm of the brain where the person's malignant neoplasm of the brain was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

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 excluded 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.

malignant neoplasm of the brain—see subsection 7(2).

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

neuroepithelial tumour means a tumour originating from neuroepithelial tissue and includes any of the following:

- (a) choroid plexus tumours;
- (b) diffuse astrocytic and oligodendroglial tumours (including astrocytoma, glioblastoma multiforme);
- (c) embryonal tumours;
- (d) ependymal tumours;
- (e) neuronal and mixed neuronal-glial tumours;
- (f) other astrocytic tumours;
- (g) other gliomas; or
- (h) tumours of the pineal region.

relevant service means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

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

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

VEA means the *Veterans' Entitlements Act 1986*.