



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

**MALIGNANT NEOPLASM OF THE
SALIVARY GLAND**

No. 57 of 2015

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 malignant neoplasm of the salivary gland No. 57 of 2015.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 46 of 2004, as amended, concerning malignant neoplasm of the salivary gland; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **malignant neoplasm of the salivary gland** and **death from malignant neoplasm of the salivary gland**.
 - (b) For the purposes of this Statement of Principles, "**malignant neoplasm of the salivary gland**" means a primary malignant neoplasm arising from the cells of the major or minor salivary glands or salivary gland ducts. This definition excludes soft tissue sarcoma, carcinoid tumour, non-Hodgkin's lymphoma and Hodgkin's lymphoma.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **malignant neoplasm of the salivary gland** and **death from malignant neoplasm of the salivary gland** 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 **malignant neoplasm of the salivary gland** or **death from malignant neoplasm of the salivary gland** 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 salivary gland at least five years before the clinical onset of malignant neoplasm of the salivary gland; or
 - (b) undergoing treatment with radioactive iodine for cancer before the clinical onset of malignant neoplasm of the salivary gland, where the first exposure occurred at least five years before the clinical onset of malignant neoplasm of the salivary gland; or
 - (c) being exposed to mustard gas at least five years before the clinical onset of malignant neoplasm of the salivary gland; or
 - (d) for lymphoepithelial carcinoma of the salivary gland only:
 - (i) being infected with Epstein-Barr virus before the clinical onset of malignant neoplasm of the salivary gland; or
 - (ii) being infected with human immunodeficiency virus before the clinical onset of malignant neoplasm of the salivary gland; or
 - (e) inability to obtain appropriate clinical management for malignant neoplasm of the salivary gland.

Factors that apply only to material contribution or aggravation

7. Paragraph 6(e) applies only to material contribution to, or aggravation of, malignant neoplasm of the salivary gland where the person's malignant neoplasm of the salivary gland 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:

"being infected with Epstein-Barr virus" means having serological evidence of infection with Epstein-Barr virus;

"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 malignant neoplasm of the salivary gland" 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 salivary gland;

"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;

"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 30 March 2015.

Dated this **twenty-seventh**

day of **February** 2015

W. A. Lawrence

The Common Seal of the)
Repatriation Medical Authority)

was affixed at the direction of:)

PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON