



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
MALIGNANT NEOPLASM OF THE LARYNX
(Balance of Probabilities)
(No. 42 of 2022)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 29 April 2022

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

Professor Terence Campbell AM
Chairperson

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1 Name

This is the Statement of Principles concerning *malignant neoplasm of the larynx (Balance of Probabilities)* (No. 42 of 2022).

2 Commencement

This instrument commences on 30 May 2022.

3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

4 Repeal

The Statement of Principles concerning malignant neoplasm of the larynx No. 62 of 2013 (Federal Register of Legislation No. F2013L01650) made under subsection 196B(3) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 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 larynx and death from malignant neoplasm of the larynx.

Meaning of malignant neoplasm of the larynx

- (2) For the purposes of this Statement of Principles, malignant neoplasm of the larynx:
- (a) means a primary malignancy of the mucosa of the larynx, which extends from the lower border of the hypopharynx to the upper border of the trachea; and
 - (b) excludes:
 - (i) carcinoid tumour;
 - (ii) Hodgkin's lymphoma;
 - (iii) non-Hodgkin lymphoma; and
 - (iv) soft tissue sarcoma.

Note: The larynx is divided anatomically into three sections: the supraglottis, glottis and subglottis (infraglottis).

- (3) While malignant neoplasm of the larynx attracts ICD-10-AM code C32, in applying this Statement of Principles the meaning of malignant neoplasm of the larynx 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), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from malignant neoplasm of the larynx

- (5) For the purposes of this Statement of Principles, malignant neoplasm of the larynx, 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 larynx.

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

8 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that malignant neoplasm of the larynx and death from malignant neoplasm of the larynx can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 - Dictionary.

9 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, malignant neoplasm of the larynx or death from malignant neoplasm of the larynx is connected with the circumstances of a person's relevant service:

- (1) having smoked tobacco products:
 - (a) in an amount of at least 3 pack-years before the clinical onset of malignant neoplasm of the larynx; and
 - (b) commencing at least 10 years before the clinical onset of malignant neoplasm of the larynx; and

if smoking has ceased before the clinical onset of malignant neoplasm of the larynx, then that onset occurred within 15 years of cessation;

Note: *one pack-year* is defined in the Schedule 1 - Dictionary.

- (2) having been exposed to second-hand smoke:
- (a) for at least 10,000 hours before the clinical onset of malignant neoplasm of the larynx; and
 - (b) commencing at least 10 years before the clinical onset of malignant neoplasm of the larynx; and

if exposure to second-hand smoke has ceased before the clinical onset of malignant neoplasm of the larynx, then that onset occurred within 15 years of cessation;

Note: *having been exposed to second-hand smoke* is defined in the Schedule 1 - Dictionary.

- (3) inhaling respirable asbestos fibres in an enclosed space, at the time material containing asbestos was being applied, removed, cut, drilled, dislodged or disturbed:
- (a) for a cumulative period of at least 2,000 hours before the clinical onset of malignant neoplasm of the larynx; and
 - (b) where the first inhalation of asbestos fibres commenced at least 10 years before the clinical onset of malignant neoplasm of the larynx;

Note: Disturbance of debris or dust contaminated with asbestos fibres already present in an enclosed space may result in exposure to respirable asbestos fibres.

- (4) inhaling respirable asbestos fibres in an open environment, at the time material containing asbestos was being applied, removed, cut, drilled, dislodged or disturbed:
- (a) for a cumulative period of at least 6,000 hours before the clinical onset of malignant neoplasm of the larynx; and
 - (b) where the first inhalation of asbestos fibres commenced at least 10 years before the clinical onset of malignant neoplasm of the larynx;

Note: Disturbance of debris or dust contaminated with asbestos fibres already present in an open environment may result in exposure to respirable asbestos fibres.

- (5) inhaling smoke from the combustion of coal or other fossil fuel in an enclosed space:
- (a) for a cumulative period of at least 15,000 hours before the clinical onset of malignant neoplasm of the larynx; and
 - (b) commencing at least 10 years before the clinical onset of malignant neoplasm of the larynx;
- (6) consuming alcohol:
- (a) in an amount of at least 150 kilograms within any 10 year period; and

- (b) at least 5 years before the clinical onset of malignant neoplasm of the larynx; and

if consumption of alcohol has ceased before the clinical onset of malignant neoplasm of the larynx, then that onset occurred within 40 years of cessation;

Note: Alcohol consumption is calculated utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink.

- (7) inhaling mist from sulphuric, nitric or hydrochloric acid:
 - (a) for a cumulative period of at least 10,000 hours before the clinical onset of malignant neoplasm of the larynx; and
 - (b) where inhalation of the mist commenced at least 10 years before the clinical onset of malignant neoplasm of the larynx;

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

- (8) undergoing solid organ transplantation, excluding corneal transplant, before the clinical onset of malignant neoplasm of the larynx;
- (9) having infection with human immunodeficiency virus before the clinical onset of malignant neoplasm of the larynx;
- (10) acquiring persistent infection of the laryngeal epithelium with human papillomavirus type 16 or 18 before the clinical onset of malignant neoplasm of the larynx;
- (11) consuming maté:
 - (a) on more days than not; and
 - (b) for at least 10 years before the clinical onset of malignant neoplasm of the larynx; and

if consumption of maté has ceased before the clinical onset of malignant neoplasm of the larynx, then that onset occurred within 10 years of cessation;

- (12) having gastro-oesophageal reflux disease for at least the 10 years before the clinical onset of malignant neoplasm of the larynx;
- (13) inhaling opium on average at least weekly for at least 10 years before the clinical onset of malignant neoplasm of the larynx;

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

- (14) inability to obtain appropriate clinical management for malignant neoplasm of the larynx.

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(14) applies only to material contribution to, or aggravation of, malignant neoplasm of the larynx where the person's malignant neoplasm of the larynx 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(3) 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:

having been exposed to second-hand smoke means having been in an enclosed space and inhaling smoke from burning tobacco products or smoke that has been exhaled by another person who is smoking.

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

mist means a liquid aerosol formed by condensation of a vapour or by atomisation of a liquid.

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

one pack-year means the amount of tobacco consumed in smoking 20 cigarettes per day for a period of 1 year, or an equivalent amount of tobacco products.

Note 1: An equivalent amount of tobacco products is 7,300 grams of smoking tobacco by weight, either in cigarettes, pipe tobacco or cigars, or a combination of same. For pipe tobacco, cigars or combinations of multiple tobacco types, 1 gram of tobacco is considered to be equal to one cigarette.

Note 2: Pack-years are calculated by dividing the number of cigarettes smoked per day by 20 and multiplying this number by the number of years the person has smoked. For example, smoking 10 cigarettes per day for 10 years is equal to 5 pack-years, and smoking 40 cigarettes per day for 10 years is equal to 20 pack-years.

opium means the dried or boiled juice (latex) obtained from the seedpod of the poppy plant (*Papaver somniferum*).

relevant service means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime 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*.