

Statement of Principles

concerning

CUSHING'S SYNDROME

ICD CODE: 255.0

Veterans' Entitlements Act 1986
subsection 196B(2)

1. Being of the view that there is sound medical-scientific evidence that indicates that **Cushing's syndrome** and **death from Cushing's syndrome** can be related to operational service rendered by veterans, peacekeeping service rendered by members of Peacekeeping Forces and hazardous service rendered by members of the Forces, the Repatriation Medical Authority determines, under subsection 196B(2) of the *Veterans' Entitlements Act 1986* (the Act), that the factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **Cushing's syndrome** or **death from Cushing's syndrome** with the circumstances of that service, are:
 - (a) having a neuroendocrine tumour immediately before the clinical onset of Cushing's syndrome; or
 - (b) having an ACTH secreting pituitary adenoma immediately before the clinical onset of Cushing's syndrome; or
 - (c) having adrenal nodular hyperplasia immediately before the clinical onset of Cushing's syndrome; or
 - (d) having an adrenal neoplasm immediately before the clinical onset of Cushing's syndrome; or
 - (e) undergoing a therapeutic course of glucocorticoids over a period of at least seven days immediately before the clinical onset of Cushing's syndrome; or

- (f) inability to obtain appropriate clinical management for the Cushing's syndrome.
- 2. Subject to clause 3 (below) at least one of the factors set out in paragraph **1(a) to 1(f)** must be related to any service rendered by a person.
- 3. The factor set out in paragraph **1(f)** applies only where:
 - (a) the person's **Cushing's syndrome** developed before a period, or part of a period, of service to which the factor is related; and
 - (b) the relationship suggested between the **Cushing's syndrome** and the particular service of a person is a relationship set out in paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act.

- 4. For the purposes of this Statement of Principles:

“ACTH” means adrenocorticotrophic hormone (or corticotropin), a hormone secreted by the anterior pituitary gland that stimulates the secretion of corticosteroids from the adrenal cortex;

“ACTH secreting pituitary adenoma” means a benign neoplasm of the pituitary gland (microadenoma or macroadenoma) which secretes ACTH, attracting ICD code 227.3;

“adrenal neoplasm” means a benign (adenoma) or malignant (carcinoma) tumour arising from the adrenal gland, attracting ICD code 194.0 or 227.0;

“adrenal nodular hyperplasia” means micronodularity or macronodularity of the adrenal cortex;

“CRH” means corticotropin-releasing hormone, a hormone that stimulates the secretion of ACTH (corticotropin) from the anterior pituitary gland;

“Cushing's syndrome” means a condition due to the increased production of glucocorticoids in the adrenal gland or increased blood levels of glucocorticoids administered as therapy, attracting ICD code 255.0;

“ICD code” means a number assigned to a particular kind of injury or disease in the tenth edition of the *International Classification of Diseases* 9th Revision, effective date of 1 October 1993, copyrighted by the US Commission on Professional and Hospital Activities, and having the Library of Congress number 77-94472;

“neuroendocrine tumour” means a non-pituitary neoplasm that ectopically secretes polypeptides functionally equivalent to ACTH or

CRH, including small cell lung carcinoma, bronchial carcinoid tumours, tumours of the thymus, medullary carcinoma of the thyroid and adrenal phaeochromocytoma.

Dated this *Twenty-first* day of *June*
1995

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

KEN DONALD
CHAIRMAN