Revocation and Determination
of
Statement of Principles concerning
MALIGNANT NEOPLASM OF THE LUNG
ICD CODES: 162
Veterans’ Entitlements Act 1986

1. The Repatriation Medical Authority under subsection 196B(3) of the Veterans’ Entitlements Act 1986 (the Act):
   (a) revokes Instrument No.2 of 1994 and Instrument No.154 of 1995; and
   (b) determines the following Statement of Principles.

Kind of injury, disease or death
2. (a) This Statement of Principles is about malignant neoplasm of the lung and death from malignant neoplasm of the lung.
   (b) For the purposes of this Statement of Principles, “malignant neoplasm of the lung” means a primary malignant neoplasm of the bronchus, trachea or lung tissue (but not the pleura), attracting ICD code 162.

Basis for determining the factors
3. 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 lung can be related to relevant service rendered by veterans or members of the Forces.
Factors that must be related to service

4. Subject to clause 6, at least one of the factors set out in the paragraphs in clause 5 must be related to any relevant service rendered by the person.

Factors

5. The factors that must exist before it can be said that, on the balance of probabilities, malignant neoplasm of the lung or death from malignant neoplasm of the lung is connected with the circumstances of a person’s relevant service are:

(a) in relation to any of the following kinds of malignant neoplasia of the lung:
   (i) squamous cell carcinoma of the lung; or
   (ii) oat cell carcinoma of the lung; or
   (iii) small cell carcinoma of the lung; or
   (iv) malignant neoplasm of undetermined histology; or
   (v) large cell carcinoma of the lung,

   smoking cigarettes or other tobacco products for at least one half of a pack-year before the clinical onset of malignant neoplasm of the lung; or

(b) in relation to adenocarcinoma of the lung, smoking cigarettes or other tobacco products for at least three pack-years before the clinical onset of malignant neoplasm of the lung; or

(c) in relation to a malignant neoplasm of the lung other than typical carcinoid tumour of the lung, immersion in an atmosphere with a visible tobacco smoke haze in an enclosed space for at least 20 hours per week for at least ten years, at a time or times before the clinical onset of malignant neoplasm of the lung; or

(d) exposure to respirable asbestos fibres in an enclosed area at a time when such fibres were being applied, removed, dislodged, cut or drilled, before the clinical onset of malignant neoplasm of the lung; or

(e) spraying or decanting insecticides or herbicides as an occupational requirement for at least ten years, at a time or times before the clinical onset of malignant neoplasm of the lung; or

(f) exposure to mustard gas before the clinical onset of malignant neoplasm of the lung; or
(g) inability to obtain appropriate clinical management for malignant neoplasm of the lung.

Factors that apply only to material contribution or aggravation

6. Paragraph 5(g) applies only to material contribution to, or aggravation of, malignant neoplasm of the lung where the person’s malignant neoplasm of the lung was suffered or contracted before or during (but not arising out of) the person’s relevant service; paragraph 8(1)(e), 9(1)(e) or 70(5)(d) of the Act refers.

Other definitions

7. For the purposes of this Statement of Principles:

“adenocarcinoma of the lung” means a malignant neoplasm arising from the cells of the lung, in which the dominant histological pattern is one in which cells demonstrate acinar or papillary differentiation, with at least some cells producing mucus, attracting an ICD morphology code of M8140/3;

“ICD code” means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1995, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 22235 5;

“ICD morphology code” means a number assigned to the morphology of a particular neoplasm in Appendix A of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1995, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 22235 5;

“large cell carcinoma of the lung” means a malignant neoplasm arising from the cells of the lung, in which the major histological pattern is of large cells, which may be arranged in sheets, not displaying features of any other histological type of cancer, attracting an ICD morphology code of M8012/3;

“mustard gas” means dichlorodiethylsulphide, and is also known as sulphur mustard and yellow cross liquid;

“oat cell carcinoma of the lung” means a malignant neoplasm arising from the cells of the lung, in which the major histological pattern is of small cells displaying features such as ribbon or stream growth patterns.
and the formation of rosettes and pseudo rosettes, attracting an ICD morphology code of M8042/3;

“pack-year” means 7,300 cigarettes, or 1,460 cigars, or 7.3kg of pipe tobacco;

“relevant service” means:

(a) eligible war service (other than operational service); or
(b) defence service (other than hazardous service);

“respirable asbestos fibre” means asbestos fibres, mainly less than 3 micrometres in diameter and greater than 8 micrometres in length;

“small cell carcinoma of the lung” means a malignant neoplasm arising from the cells of the lung, in which the major histological pattern is of sheets of darkly staining cells with a high nuclear to cytoplasmic ratio, attracting an ICD morphology code of M8041/3, but not being an oat cell carcinoma of the lung;

“squamous cell carcinoma of the lung” means a malignant neoplasm arising from the cells of the lung, in which the major histological pattern is of epithelial pearl formation, individual cell keratinisation or intercellular bridging, and which attracts an ICD morphology code of M8070/3, M8071/3, M8072/3, M8073/3, or M8074/3;

“typical carcinoid tumour of the lung” means a malignant neoplasm arising from the cells of the lung, in which the major histological pattern is of uniform cells with finely granular cytoplasm, grouped in relation to regularly disposed capillaries.

Application

8. This Instrument applies to all matters to which section 120B of the Act applied.
Dated this Sixteenth day of January 1996

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

KEN DONALD
CHAIRMAN