Revocation and Determination

of

Statement of Principles
concerning

MALIGNANT NEOPLASM OF THE LIVER

ICD CODE: 155.0

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.34 of 1995, and Instrument No. 272 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 liver and death from malignant neoplasm of the liver.

(b) For the purposes of this Statement of Principles, “malignant neoplasm of the liver” means a primary malignant tumour arising from the cells of the liver, attracting ICD code 155.0.

Note: This definition specifically excludes soft tissue sarcoma, non-Hodgkin's lymphoma and Hodgkin's disease.

Note to user (this note does not form part of the legal wording of the instrument):

In the event that a disease referred to in the note above (which is excluded from coverage by this Statement of Principles) is claimed, reference should be made to the relevant Statement of Principles (or Statements of Principles) which cover or refer to that disease (if any).
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 liver and death from malignant neoplasm of the liver 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, the factors set out in at least one of 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 liver or death from malignant neoplasm of the liver is connected with the circumstances of a person’s relevant service are:

(a) for hepatocellular carcinoma only:

   (i) suffering hepatitis B infection with evidence of chronicity at the time of the clinical onset of malignant neoplasm of the liver; or

   (ii) suffering from hepatitis C infection at the time of the clinical onset of malignant neoplasm of the liver; or

   (iii) suffering from cirrhosis of the liver before the clinical onset of malignant neoplasm of the liver; or

   (iv) consuming at least 220 kg of alcohol (contained within alcoholic drinks) within any ten year period before the clinical onset of malignant neoplasm of the liver; or

   (v) smoking at least 20 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of malignant neoplasm of the liver, and, where smoking has ceased, the clinical onset has occurred within ten years of cessation; or

   (vi) being heavily exposed to aflatoxins for a period of at least 20 years in the 30 years immediately before the clinical onset of malignant neoplasm of the liver; or

(b) inability to obtain appropriate clinical management for malignant neoplasm of the liver.
Factors that apply only to material contribution or aggravation

6. Paragraph 5(b) applies only to material contribution to, or aggravation of, malignant neoplasm of the liver where the person’s malignant neoplasm of the liver 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:

“alcohol” consumption is measured using the Australian Standard of 10 grams absolute alcohol per standard alcoholic drink;

“being heavily exposed to aflatoxins” means consuming food containing high concentrations of aflatoxins at least four days per week, on average. That the food had a high concentration of aflatoxins can be determined by biochemical measurement or inferred from the prolonged storage of foodstuffs in humid conditions. This typically may occur in storage of peanuts, rice or other grains in such regions as South East Asia;

“cirrhosis of the liver” means a pathologically defined entity involving irreversible chronic injury of the hepatic parenchyma and includes extensive fibrosis in association with regenerative nodules. It is characterised by diffuse interlacing bands of fibrous tissue typically dividing the hepatic parenchyma into micronodular or macronodular areas, attracting ICD code 571.2, 571.5 or 571.6;

“hepatitis B with evidence of chronicity” means evidence of such on serologic testing, ie the presence of HBsAg in the absence of IgM Anti-HBc, attracting ICD code 070.22, 070.23, 070.32 or 070.33;

“hepatitis C” means the presence of anti-HCV on serologic testing, attracting ICD code 070.41, 070.44, 070.51 or 070.54;

“hepatocellular carcinoma” means a primary carcinoma of hepatocytes, also known as primary liver cancer or hepatocarcinoma;

“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 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;
“pack-year” means 7 300 cigarettes, or 1 460 cigars, or 7.3 kg of pipe tobacco;

“relevant service” means:

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

Application

8. This Instrument applies to all matters to which section 120B of the Act applies.

Dated this Ninth day of December 1996

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

KEN DONALD
CHAIRMAN