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(2) of the Veterans’ Entitlements Act 1986 (the Act):
   (a) revokes Instrument No.1 of 1994, Instrument No.62 of 1994 and Instrument No.153 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. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that malignant neoplasm of the lung can be related to relevant service rendered by veterans, members of Peacekeeping Forces, 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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting malignant neoplasm of the lung or death from malignant neoplasm of the lung 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 five 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) working in an industrial setting directly attending to, or working within 100 metres of, a coke oven for at least 180 days, at a time or times before the clinical onset of malignant neoplasm of the lung; or

(f) being exposed to herbicides in Vietnam before the clinical onset of malignant neoplasm of the lung; or
(g) spraying or decanting insecticides or herbicides as an occupational requirement for at least 60 days, at a time or times before the clinical onset of malignant neoplasm of the lung; or

(h) exposure to mustard gas before the clinical onset of malignant neoplasm of the lung; or

(j) care of birds as an occupational requirement for at least one year before the clinical onset of malignant neoplasm of the lung; or

(k) having been within four kilometres of the epicentre of the atomic bomb explosions on Hiroshima or Nagasaki within seven days of the explosion on that city; or

(m) undergoing a course of therapeutic radiation to the thorax at least three years before the clinical onset of malignant neoplasm of the lung; or

(n) suffering from asthma, chronic bronchitis, emphysema, pneumonia or pulmonary tuberculosis before the clinical onset of malignant neoplasm of the lung; or

(o) inability to obtain appropriate clinical management for malignant neoplasm of the lung.

Factors that apply only to material contribution or aggravation

6. Paragraph 5(o) 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), 70(5)(d) or 70(5A)(d) of the Act refers.

Other definitions

7. For the purposes of this Statement of Principles:

“a course of therapeutic radiation” means one or more fractions (treatment portions) of therapeutic radiation given with the aim of achieving palliation or cure with ionising radiation;

“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;
“asthma” means a condition in which there are paroxysmal attacks of bronchospasm resulting in difficulty breathing, attracting ICD code 493;

“being exposed to herbicides in Vietnam” may be said to have occurred only if the person had, before the clinical onset of malignant neoplasm of the lung:

(a) rendered more than 30 days service on land in Vietnam; or  
(b) regularly eaten fish, fish products, crustaceans, shellfish or meat from Vietnam; or  
(c) regularly eaten food cooked with water from Vietnam discoloured by sediment, or regularly drunk water from Vietnam discoloured by sediment; or  
(d) regularly inhaled dust in a defoliated area in Vietnam or regularly inhaled herbicide fog in Vietnam; or  
(e) sprayed or decanted herbicides in Vietnam as an occupational requirement;

“chronic bronchitis” means a condition in which there is a cough productive of sputum during at least 90 days of the year for at least two years, attracting ICD code 491;

“emphysema” means a condition characterised by abnormal enlargement of air spaces accompanied by destruction of air space walls, attracting ICD code 492;

“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 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;

“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;

“pulmonary tuberculosis” means an infection of the lung with the bacterium *Mycobacterium tuberculosis*, attracting ICD code 011, 012.2 or 018;

“relevant service” means:

(a) operational service; or
(b) peacekeeping service; or
(c) 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;

“therapeutic radiation” means medical treatment by irradiation to the person with gamma rays, x-rays, alpha particles or beta particles;

“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 120A 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