

Revocation and Determination
of
Statement of Principles
concerning
**MALIGNANT NEOPLASM OF THE
BRAIN**

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.41 of 1999; and
 - (b) determines in its place the following Statement of Principles.

Kind of injury, disease or death

2.
 - (a) This Statement of Principles is about **malignant neoplasm of the brain** and **death from malignant neoplasm of the brain**.
 - (b) For the purposes of this Statement of Principles, “**malignant neoplasm of the brain**” means a primary malignant neoplasm arising from the cells of the brain, including neuroepithelial tumour and germ cell tumour, but excluding nerve sheath tumour, soft tissue sarcoma, lymphoma, carcinoid tumour, pituitary tumour or tumour of meningeal tissue.
 - (c) Malignant neoplasm of the brain attracts ICD-10-AM code C71.
 - (d) In the application of this Statement of Principles, the definition of “**malignant neoplasm of the brain**” is that given at para 2(b) above.

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 brain and death from malignant neoplasm of the brain** 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 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 brain or death from malignant neoplasm of the brain** is connected with the circumstances of a person's relevant service are:
 - (a) undergoing a course of therapeutic radiation to the head or neck before the clinical onset of malignant neoplasm of the brain where the first exposure to therapeutic radiation occurred at least five years before the clinical onset of malignant neoplasm of the brain; or
 - (b) having received a cumulative equivalent dose of 0.5 Sievert (Sv) of atomic radiation to the brain where this dose was accumulated at least five years before the clinical onset of malignant neoplasm of the brain; or
 - (c) inability to obtain appropriate clinical management for malignant neoplasm of the brain.

Factors that apply only to material contribution or aggravation

6. Paragraph 5(c) applies only to material contribution to, or aggravation of, malignant neoplasm of the brain where the person's malignant neoplasm of the brain 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.

Inclusion of Statements of Principles

7. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles.

Other definitions

8. For the purposes of this Statement of Principles:

“a course of therapeutic radiation” means one or more fractions (treatment portions) of ionising radiation administered with the aim of achieving palliation or cure with gamma rays, x-rays, alpha particles or beta particles;

“atomic radiation” means ionising radiation excluding;

- (i) natural background radiation;
- (ii) therapeutic radiation; and
- (iii) radiation from diagnostic procedures;

“cumulative equivalent dose” means the total equivalent dose of atomic radiation from all types of radiation (eg alpha, gamma). It accounts for the differences in biological effectiveness of various types of radiation and allows doses from different radiations to be combined. Each component is calculated by multiplying the absorbed dose in a particular tissue or organ for a given type of radiation by the radiation weighting factor for that radiation. The unit of equivalent dose is the Sievert (Sv);

“death from malignant neoplasm of the brain” 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 brain;

“ICD-10-AM code” means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM), Third Edition, effective date of 1 July 2002, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 413 9;

“neuroepithelial tumour” means one of the following:

- (i) astrocytic tumour; or
- (ii) oligodendroglial tumour; or
- (iii) ependymal cell tumour; or
- (iv) mixed glioma; or
- (v) neuroepithelial tumour of uncertain origin (astroblastoma, polar spongioblastoma, gliomatosis cerebri); or
- (vi) tumour of the choroid plexus; or
- (vii) neuronal and mixed neuronal-glial tumour; or
- (viii) pineal parenchymal tumour; or

- (ix) embryonal tumour (medulloepithelioma, neuroblastoma, ependymoblastoma, primitive neuroectodermal tumour, medulloblastoma);

“**relevant service**” means:

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

“**terminal event**” means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

Application

- 9. This Instrument applies to all matters to which section 120B of the Act applied.

Dated this *Twenty-ninth* day of *May* 2003

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

KEN DONALD
CHAIRMAN