Revocation and Determination

of

Statement of Principles concerning

CAROTID ARTERIAL DISEASE

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.347 of 1995; 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 carotid arterial disease and death from carotid arterial disease.

   (b) For the purposes of this Statement of Principles, “carotid arterial disease” means the

       (i) occlusion or stenosis of the common, internal or external carotid artery due to atherosclerosis, dissection or other pathological process involving that artery, or

       (ii) aneurysm of the common, internal or external carotid artery.

   (c) Carotid arterial disease attracts ICD-10-AM code I65.2 or I72.0

   (d) In the application of this Statement of Principles, the definition of “carotid arterial disease” 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 carotid arterial disease and death from carotid arterial disease 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, carotid arterial disease or death from carotid arterial disease is connected with the circumstances of a person’s relevant service are:

(a) the presence of hypertension before the clinical onset of carotid arterial disease; or

(b) the presence of dyslipidaemia before the clinical onset of carotid arterial disease; or

(c) suffering from diabetes mellitus before the clinical onset of carotid arterial disease; or

(d) smoking at least 20 pack years of cigarettes or the equivalent thereof in other tobacco products, before the clinical onset of carotid arterial disease and where smoking has ceased the clinical onset has occurred within 30 years of cessation; or

(e) for dissection of the common, internal or external carotid artery only, suffering trauma to the neck or the base of the skull within the 12 months immediately before the clinical onset of carotid arterial disease; or

(f) for aneurysm of the common, internal or external carotid artery only, suffering trauma to the affected segment of the artery before the clinical onset of carotid arterial disease; or

(g) undergoing a course of therapeutic radiation to the neck or the head before the clinical onset of carotid arterial disease; or
(h) suffering from hyperhomocystinaemia at the time of the clinical onset of carotid arterial disease; or

(i) suffering from infective or noninfective vasculitis of the affected segment of the artery at the time of the clinical onset of carotid arterial disease; or

(j) suffering from fibromuscular dysplasia or a connective tissue disorder, involving the affected segment of the artery at the time of the clinical onset of carotid arterial disease; or

(k) the presence of hypertension before the clinical worsening of carotid arterial disease; or

(l) the presence of dyslipidaemia before the clinical worsening of carotid arterial disease; or

(m) suffering from diabetes mellitus before the clinical worsening of carotid arterial disease; or

(n) smoking at least 20 pack years of cigarettes or the equivalent thereof in other tobacco products, before the clinical worsening of carotid arterial disease and where smoking has ceased the clinical worsening has occurred within 30 years of cessation; or

(o) for dissection of the common, internal or external carotid artery only, suffering trauma to the neck or the base of the skull within the 12 months immediately before the clinical worsening of carotid arterial disease; or

(p) for aneurysm of the common, internal or external carotid artery only, suffering trauma to the affected segment of the artery before the clinical worsening of carotid arterial disease; or

(q) undergoing a course of therapeutic radiation to the neck or the head before the clinical worsening of carotid arterial disease; or

(r) suffering from hyperhomocystinaemia at the time of the clinical worsening of carotid arterial disease; or

(s) suffering from infective or noninfective vasculitis of the affected segment of the artery at the time of the clinical worsening of carotid arterial disease; or
(t) suffering from fibromuscular dysplasia or a connective tissue disorder, involving the affected segment of the artery at the time of the clinical worsening of carotid arterial disease; or

(u) inability to obtain appropriate clinical management for carotid arterial disease.

Factors that apply only to material contribution or aggravation

6. Paragraphs 5(k) to 5(u) apply only to material contribution to, or aggravation of, carotid arterial disease where the person’s carotid arterial disease 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;

“connective tissue disorder” means Ehlers-Danlos syndrome, Marfan’s syndrome or cystic medial necrosis;

“death from carotid arterial disease” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s carotid arterial disease;

“dyslipidaemia” generally means evidence of a persistently abnormal lipid profile after the accurate evaluation of serum lipids following a 12 hour overnight fast, and estimated on a minimum of two occasions as a:

- total serum cholesterol level greater than or equal to 5.5 mmol/L; or
- fasting serum triglyceride level greater than or equal to 2.0 mmol/L together with high density lipoprotein cholesterol level less than 0.9 mmol/L;
“hyperhomocystinaemia” means a condition characterised by an excess of homocystine in the blood;

“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;

“pack years of cigarettes or the equivalent thereof in other tobacco products” means a calculation of consumption where one pack year of cigarettes equals twenty tailor made cigarettes per day for a period of one calendar year, or 7 300 cigarettes. One tailor made cigarette approximates one gram of tobacco or one gram of cigar or pipe tobacco by weight. One pack year of tailor made cigarettes equates to 7 300 cigarettes, or 7.3kg of smoking tobacco by weight. Tobacco products means either cigarettes, pipe tobacco or cigars smoked, alone or in any combination;

“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;

“trauma to the neck or the base of the skull” means
(i) a penetrating injury to the affected segment of the artery, or
(ii) a non-penetrating injury, involving extension or hyperflexion of the neck, or
(iii) an injury resulting in fracture or dislocation of the cervical spine;
“trauma to the site of the aneurysm” means

(i) a penetrating injury to the affected segment of the artery, or
(ii) a blunt injury resulting in soft tissue injury adjacent to the affected segment of the artery.

Application

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

Dated this **Seventh** day of **April** 2003

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

KEN DONALD
CHAIRMAN