Revocation and Determination

of

Statement of Principles

concerning

MALIGNANT NEOPLASM OF THE SMALL INTESTINE

for the purposes of the

Veterans’ Entitlements Act 1986

and

Military Rehabilitation and Compensation Act 2004

1. The Repatriation Medical Authority under subsection 196B(3) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):

   (a) revokes Instrument No. 154 of 1996, as amended by Instrument No. 8 of 1998; and

   (b) determines in their place the following Statement of Principles.

Kind of injury, disease or death

2. (a) This Statement of Principles is about malignant neoplasm of the small intestine and death from malignant neoplasm of the small intestine.

   (b) For the purposes of this Statement of Principles, “malignant neoplasm of the small intestine” means a primary malignant neoplasm arising from the epithelial cells of the small intestine. The small intestine is defined as the proximal portion of the intestine comprising the duodenum, jejunum and ileum, excluding the pyloric opening of the stomach and the ileocaecal junction. This definition excludes soft tissue sarcoma, carcinoid tumour, non-Hodgkin’s lymphoma and Hodgkin’s lymphoma.
(c) Malignant neoplasm of the small intestine attracts ICD-10-AM code C17.

(d) In the application of this Statement of Principles, the definition of “malignant neoplasm of the small intestine” is that given at paragraph 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 small intestine and death from malignant neoplasm of the small intestine can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the Military Rehabilitation and Compensation Act 2004 (the MRCA).

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 the relevant service rendered by the person.

Factors

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

(a) having Crohn’s disease of the small intestine before the clinical onset of malignant neoplasm of the small intestine; or

(b) having coeliac disease before the clinical onset of malignant neoplasm of the small intestine; or

(c) having an adenoma of the small intestine before the clinical onset of malignant neoplasm of the small intestine; or

(d) for adenocarcinoma involving an ileostomy or ileal pouch only, having an ileostomy or ileal pouch for at least two years before the clinical onset of malignant neoplasm of the small intestine; or

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

6. Paragraph 5(e) applies only to material contribution to, or aggravation of, malignant neoplasm of the small intestine where the person’s malignant neoplasm of the small intestine was suffered or contracted before or during (but not arising out of) the person’s relevant service.

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:

“Crohn’s disease” means a type of inflammatory bowel disease affecting any part of the gastrointestinal tract, which is characterised by chronic inflammation which may extend through all layers of the gastrointestinal tract wall, and is also known as regional enteritis;

“death from malignant neoplasm of the small intestine” 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 small intestine;

“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), Fourth Edition, effective date of 1 July 2004, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 594 1;

“relevant service” means:
(a) eligible war service (other than operational service) under the VEA; or
(b) defence service (other than hazardous service) under the VEA; or
(c) peacetime service under the MRCA;
“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 VEA or section 339 of the MRCA applies.

Dated this tenth day of November 2004

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

KEN DONALD
CHAIRMAN