

Revocation and Determination

of

Statement of Principles
concerning

**MALIGNANT NEOPLASM OF THE
SALIVARY GLAND**

for the purposes of the

Veterans' Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

1. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 25 of 1997; 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 salivary gland** and **death from malignant neoplasm of the salivary gland**.
- (b) For the purposes of this Statement of Principles, "**malignant neoplasm of the salivary gland**" means a primary malignant neoplasm arising from the cells of the major or minor salivary glands or salivary gland ducts. This definition excludes soft tissue sarcoma, carcinoid tumour, non-Hodgkin's lymphoma and Hodgkin's lymphoma.

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 salivary gland** and **death from malignant neoplasm of the salivary gland** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, 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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **malignant neoplasm of the salivary gland** or **death from malignant neoplasm of the salivary gland** with the circumstances of a person's relevant service is:
 - (a) having received a cumulative equivalent dose of 0.05 Sievert of atomic radiation to the salivary gland, where this dose was accumulated at least five years before the clinical onset of malignant neoplasm of the salivary gland; or
 - (b) undergoing a course of therapeutic radiation to the head or neck region before the clinical onset of malignant neoplasm of the salivary gland, where the first exposure occurred at least five years before the clinical onset of malignant neoplasm of the salivary gland; or
 - (c) having received a cumulative equivalent dose of 0.05 Sievert of ionising radiation to the salivary gland from diagnostic radiography, where this dose was accumulated at least five years before the clinical onset of malignant neoplasm of the salivary gland; or
 - (d) undergoing therapeutic radiation with radioiodine for cancer before the clinical onset of malignant neoplasm of the salivary gland, where the first exposure occurred at least five years before the clinical onset of malignant neoplasm of the salivary gland; or
 - (e) being exposed to mustard gas at least five years before the clinical onset of malignant neoplasm of the salivary gland; or

- (f) inability to obtain appropriate clinical management for malignant neoplasm of the salivary gland.

Factors that apply only to material contribution or aggravation

- 6. Paragraph **5(f)** applies only to material contribution to, or aggravation of, malignant neoplasm of the salivary gland where the person's malignant neoplasm of the salivary gland 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:

“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 salivary gland” 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 salivary gland;

“mustard gas” means dichlorodiethylsulphide, and is also known as sulphur mustard and yellow cross liquid;

“relevant service” means:

- (a) operational service under the VEA; or
- (b) peacekeeping service under the VEA; or
- (c) hazardous service under the VEA; or
- (d) warlike service under the MRCA; or
- (e) non-warlike 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
- (f) cessation of brain function;

Application

- 9. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Dated this *sixteenth* day of *December* 2004

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

KEN DONALD
 CHAIRMAN