Statement of Principles
concerning

MALIGNANT NEOPLASM OF THE BILE DUCT

No. 21 of 2007

for the purposes of the

Veterans’ Entitlements Act 1986
and
Military Rehabilitation and Compensation Act 2004

Title
1. This Instrument may be cited as Statement of Principles concerning malignant neoplasm of the bile duct No. 21 of 2007.

Determination
2. The Repatriation Medical Authority under subsection 196B(2) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 17 of 2000 concerning malignant neoplasm of the bile duct; and
   (b) determines in its place this Statement of Principles.

Kind of injury, disease or death
3. (a) This Statement of Principles is about malignant neoplasm of the bile duct and death from malignant neoplasm of the bile duct.
   (b) For the purposes of this Statement of Principles, "malignant neoplasm of the bile duct" means a primary malignant neoplasm arising from the cells of the intrahepatic or extrahepatic bile duct, including the ampulla of Vater and the cystic duct. This definition excludes soft tissue sarcoma, carcinoid tumour, non-Hodgkin’s lymphoma and Hodgkin’s lymphoma.
(c) Malignant neoplasm of the bile duct attracts ICD-10-AM code C22.1 or C24.

(d) In the application of this Statement of Principles, the definition of "malignant neoplasm of the bile duct" is that given at paragraph 3(b) above.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that malignant neoplasm of the bile duct and death from malignant neoplasm of the bile duct 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

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

6. 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 bile duct or death from malignant neoplasm of the bile duct with the circumstances of a person’s relevant service is:

(a) having chronic hepatobiliary liver fluke infestation before the clinical onset of malignant neoplasm of the bile duct; or

(b) having sclerosing cholangitis before the clinical onset of malignant neoplasm of the bile duct; or

(c) having ulcerative colitis before the clinical onset of malignant neoplasm of the bile duct; or

(d) having cholelithiasis before the clinical onset of malignant neoplasm of the bile duct; or

(e) being a chronic typhoid carrier before the clinical onset of malignant neoplasm of the bile duct; or
having received a cumulative dose of at least 0.05 Sievert of ionising radiation to the affected site, from internal deposition of a substance which emits alpha particles, at least two years before the clinical onset of malignant neoplasm of the bile duct; or

having cirrhosis of the liver before the clinical onset of malignant neoplasm of the bile duct; or

having chronic hepatitis B infection at the time of the clinical onset malignant neoplasm of the bile duct; or

having chronic hepatitis C infection at the time of the clinical onset of malignant neoplasm of the bile duct; or

inability to obtain appropriate clinical management for malignant neoplasm of the bile duct.

**Factors that apply only to material contribution or aggravation**

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

**Inclusion of Statements of Principles**

8. 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 as in force from time to time.

**Other definitions**

9. For the purposes of this Statement of Principles:

"a chronic typhoid carrier" means a person with evidence of excretion of *S. typhi* in stools or urine (or repeated positive bile or duodenal string cultures) for longer than one year after the onset of acute typhoid fever;

"chronic hepatitis B infection" means:

(a) the presence of HBsAg in the absence of IgM Anti-HBc on serological testing; or

(b) positive serology for hepatitis B plus evidence of chronic hepatitis or other chronic changes on liver biopsy;
"chronic hepatitis C infection" means:
(a) positive polymerase chain reaction testing for hepatitis C virus (HCV) ribonucleic acid (RNA), or
(b) the presence of anti-HCV and elevated serum aminotransferase levels, more than six months after evidence of an acute hepatitis C infection; or
(c) positive serology for hepatitis C plus evidence of chronic hepatitis or other chronic changes on liver biopsy;

"death from malignant neoplasm of the bile duct" 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 bile duct;

"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), Fifth Edition, effective date of 1 July 2006, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 772 3;

"liver fluke" means Clonorchis sinensis, Opisthorchis viverrini or Opisthorchis felineus;

"relevant service" means:
(a) operational service under the VEA;
(b) peacekeeping service under the VEA;
(a) hazardous service under the VEA;
(b) warlike service under the MRCA; or
(c) non-warlike service under the MRCA;

"sclerosing cholangitis" means a disorder characterised by a progressive, inflammatory, sclerosing and obliterative process in the bile ducts;

"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

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

Date of effect

11. This Instrument takes effect from 7 March 2007.

Dated this twenty-second day of February 2007

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

KEN DONALD
CHAIRPERSON