Statement of Principles
centering

MALIGNANT NEOPLASM OF THE ENDOMETRIUM

No. 99 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 endometrium No. 99 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. 129 of 1995, as amended by Instrument No. 183 of 1996 and Instrument No. 45 of 2003, concerning malignant neoplasm of the endometrium; and
   (b) determines in their place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about malignant neoplasm of the endometrium and death from malignant neoplasm of the endometrium.

   (b) For the purposes of this Statement of Principles, "malignant neoplasm of the endometrium" means a primary malignant neoplasm arising from the cells of the mucous membrane that lines the uterine cavity, including carcinoma in situ. This definition excludes malignant neoplasm of the cervix, soft tissue
sarcoma of the uterus, non-Hodgkin’s lymphoma and Hodgkin’s lymphoma.

(c) Malignant neoplasm of the endometrium attracts ICD-10-AM code C54.1.

(d) In the application of this Statement of Principles, the definition of "malignant neoplasm of the endometrium" 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 endometrium and death from malignant neoplasm of the endometrium 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 endometrium or death from malignant neoplasm of the endometrium with the circumstances of a person’s relevant service is:

(a) for endometrioid adenocarcinoma in post-menopausal females only:
   (i) being nulliparous at the time of the clinical onset of malignant neoplasm of the endometrium; or
   (ii) having oestrogen-only hormone replacement therapy for at least three months before the clinical onset of malignant neoplasm of the endometrium, and where the use of oestrogen-only hormone replacement therapy has ceased, the clinical onset of malignant neoplasm of the endometrium has occurred within thirty years of cessation; or
   (iii) having cyclical combined hormone replacement therapy for a continuous period of at least two years before the clinical onset of malignant neoplasm of the endometrium,
and where the use of cyclical combined hormone replacement therapy has ceased, the clinical onset of malignant neoplasm of the endometrium has occurred within ten years of cessation; or

(b) for endometrioid adenocarcinoma only, having polycystic ovary syndrome at the time of the clinical onset of malignant neoplasm of the endometrium; or

(c) for malignant neoplasm of the endometrium in post-menopausal females only, undergoing treatment with tamoxifen for a period of at least three months before the clinical onset of malignant neoplasm of the endometrium, and where treatment has ceased, the clinical onset of malignant neoplasm of the endometrium has occurred within ten years of that period; or

(d) using the sequential oral contraceptive pill Oracon within the twenty years before the clinical onset of malignant neoplasm of the endometrium; or

(e) for non-endometrioid adenocarcinoma only, having received a course of therapeutic radiation to the pelvic organs at least five years before the clinical onset of malignant neoplasm of the endometrium; or

(f) being obese for a period of at least five years within the 20 years before the clinical onset of malignant neoplasm of the endometrium; or

(g) an inability to undertake regular physical activity greater than three METs for at least ten years within the 20 years before the clinical onset of malignant neoplasm of the endometrium; or

(h) inability to obtain appropriate clinical management for malignant neoplasm of the endometrium.

Factors that apply only to material contribution or aggravation

7. Paragraph 6(h) applies only to material contribution to, or aggravation of, malignant neoplasm of the endometrium where the person’s malignant neoplasm of the endometrium 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 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;

"being obese" means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of thirty or greater.

The BMI = \( W/H^2 \) and where:
W is the person’s weight in kilograms and
H is the person’s height in metres;

"cyclical combined hormone replacement therapy" means the administration of oestrogen combined with the cyclical administration of progesterone for less than ten days during each treatment cycle, to combat surgically induced or naturally occurring menopause;

"death from malignant neoplasm of the endometrium" 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 endometrium;

"endometrioid adenocarcinoma" means a malignant neoplasm of the endometrium that develops from endometrial hyperplasia in the setting of excess oestrogen exposure, and in which endometrial-type glands of varying differentiation are recognisable on microscopy;

"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;
"MET" means a unit of measurement of the level of physical exertion.  
1 MET = 3.5 ml of oxygen/kg of body weight per minute or, 1.0 kcal/kg of body weight per hour, or resting metabolic rate;

"nulliparous" means having never given birth to a viable infant;

"oestrogen-only hormone replacement therapy" means the continuous, cyclical or intermittent administration of unopposed oestrogen, to combat surgically induced or naturally occurring menopause;

"polycystic ovary syndrome" means a clinical symptom complex, also known as Stein-Leventhal syndrome, associated with polycystic ovaries and characterised by oligomenorrhea or amenorrhea, anovulation and hirsutism;

"relevant service" means:
(a) operational service under the VEA;
(b) peacekeeping service under the VEA;
(c) hazardous service under the VEA;
(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
(e) cessation of brain function;

"the sequential oral contraceptive pill Oracon" means a contraceptive pill containing a potent oestrogen (0.1 g ethinyloestradiol) and a weak progestogen (25 mg dimethisterone), in which oestrogen was given alone for the first 16 days of the cycle, followed by five to seven days of combined oestrogen plus progestogen.

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 19 September 2007.

Dated this fifth day of September 2007

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

KEN DONALD
CHAIRPERSON