Statement of Principles

CHOLELITHIASIS

No. 8 of 2008

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 cholelithiasis No. 8 of 2008.

Determination

- 2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 34 of 1994, as amended by Instrument Nos. 224 of 1995 and 10 of 2002, concerning cholelithiasis; and
 - (b) determines in their place this Statement of Principles.

Kind of injury, disease or death

- **3.** (a) This Statement of Principles is about **cholelithiasis** and **death from cholelithiasis**.
 - (b) For the purposes of this Statement of Principles, "**cholelithiasis**" means the aggregation of bile constituents into a stone or calculus with a diameter exceeding two millimetres, in the gall bladder or in the intrahepatic or extrahepatic bile ducts. Cholelithiasis is also known as "gallstone disease".
 - (c) Cholelithiasis attracts ICD-10-AM code K80.

(d) In the application of this Statement of Principles, the definition of **"cholelithiasis"** is that given at paragraph 3(b) above.

Basis for determining the factors

4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **cholelithiasis** and **death from cholelithiasis** 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

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 exist before it can be said that, on the balance of probabilities, cholelithiasis or death from cholelithiasis is connected with the circumstances of a person's relevant service is:
 - (a) being obese for at least the five years before the clinical onset of cholelithiasis; or
 - (b) having rapid and extreme weight loss within the three months before the clinical onset of cholelithiasis; or
 - (c) undergoing treatment with a drug from the specified list for a continuous period of at least six months before the clinical onset of cholelithiasis, and where treatment has ceased, the clinical onset of cholelithiasis has occurred within three months of cessation; or
 - (d) having cirrhosis of the liver at the time of the clinical onset of cholelithiasis; or
 - (e) having a haemolytic disease at the time of the clinical onset of cholelithiasis; or
 - (f) having inflammatory bowel disease involving the ileum at the time of the clinical onset of cholelithiasis; or
 - (g) having an ileal resection or ileal bypass before the clinical onset of cholelithiasis; or

- (h) having *type 2* diabetes mellitus at the time of the clinical onset of cholelithiasis; or
- (i) having total parenteral nutrition (TPN) for a continuous period of at least three weeks before the clinical onset of cholelithiasis, and where total parenteral nutrition has ceased, the clinical onset of cholelithiasis has occurred within four weeks of cessation; or
- (j) being pregnant within the three months before the clinical onset of cholelithiasis; or
- (k) having oestrogen therapy for a continuous period of at least six months before the clinical onset of cholelithiasis, and where oestrogen therapy has ceased, the clinical onset of cholelithiasis has occurred within three months of cessation; or
- (1) having a spinal cord injury at the time of the clinical onset of cholelithiasis; or
- (m) having a partial or complete gastrectomy before the clinical onset of cholelithiasis; or
- (n) having a foreign body in the biliary tract, or a mechanical obstruction of the biliary tract, before the clinical onset of cholelithiasis; or
- (o) having clonorchiasis, fascioliasis, ascariasis or opisthorchiasis of the biliary tract, at the time of the clinical onset of cholelithiasis; or
- (p) inability to obtain appropriate clinical management for cholelithiasis.

Factors that apply only to material contribution or aggravation

7. Paragraph **6(p)** applies only to material contribution to, or aggravation of, cholelithiasis where the person's cholelithiasis 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 drug from the specified list" means:

- (a) clofibrate;
- (b) octreotide; or
- (c) tamoxifen;

"a foreign body" means the presence of exogenous material, including a surgical clip or stent or nonabsorbable suture, a missile fragment or shrapnel, a fish bone or food;

"a haemolytic disease" means an acquired or inherited disorder characterised by red cell defects and breakdown with bilirubin overproduction, including thalassaemia, hereditary spherocytosis, sickle cell anaemia or haemolytic uraemic syndrome;

"a mechanical obstruction of the biliary tract" means a structural or disease process, including benign or malignant stricture, sclerosing cholangitis, or choledochal cyst, which narrows the lumen of the biliary tract;

"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;

"death from cholelithiasis" in relation to a person includes death from a terminal event or condition that was contributed to by the person's cholelithiasis;

"fascioliasis" means infestation with the parasite Fasciola hepatica;

"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;

"**oestrogen therapy**" means the continuous, cyclical or intermittent administration of oestrogen contained in medications, including the oral contraceptive pill and post-menopausal hormone replacement therapy;

"**rapid and extreme weight loss**" means total weight loss of at least 25% of initial body weight, at a rate of at least 1.5 kilograms per week;

"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;

"**spinal cord injury**" means an injury to the long tracts of the spinal cord resulting in permanent motor or sensory deficits below the level of the lesion;

"**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;

"total parenteral nutrition (TPN)" means continuous intravenous drip feeding with no feeding via mouth or gut;

"*type 2* diabetes mellitus" means non-insulin dependent diabetes mellitus.

Application

10. This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.

Date of effect

11. This Instrument takes effect from 9 January 2008.

Dated this twentieth day of December 2007

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

KEN DONALD CHAIRPERSON