Statement of Principles
cconcerning

NON-HODGKIN'S LYMPHOMA

No. 28 of 2010

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 non-Hodgkin's lymphoma No. 28 of 2010.

Determination

2. The Repatriation Medical Authority under subsection 196B(2) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):

(a) revokes Instrument No. 37 of 2003 concerning non-Hodgkin's lymphoma; and

(b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about non-Hodgkin's lymphoma and death from non-Hodgkin's lymphoma.

(b) For the purposes of this Statement of Principles, "non-Hodgkin's lymphoma" means a heterogeneous group of malignant lymphoproliferative diseases that originate from T and B lymphocytes, which lack Reed-Sternberg cells, and present as solid tumours of the immune system. This definition includes Burkitt’s lymphoma, small lymphocytic lymphoma, mycosis fungoides, and non-Hodgkin’s lymphoma arising within parenchymal organs, and excludes plasma cell malignancy, hairy cell leukaemia, Waldenström's macroglobulinaemia, and chronic lymphoid leukaemia.
(c) Non-Hodgkin's lymphoma attracts ICD-10-AM code in the range C82 to C85.

(d) In the application of this Statement of Principles, the definition of "non-Hodgkin's lymphoma" 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 non-Hodgkin's lymphoma and death from non-Hodgkin's lymphoma 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 non-Hodgkin's lymphoma or death from non-Hodgkin's lymphoma with the circumstances of a person’s relevant service is:

- (a) being infected with human immunodeficiency virus at the time of the clinical onset of non-Hodgkin’s lymphoma; or

- (b) receiving systemic immunosuppressive drug therapy after undergoing solid organ or bone marrow transplantation, at the time of the clinical onset of non-Hodgkin’s lymphoma; or

- (c) having an autoimmune disease from the specified list before the clinical onset of non-Hodgkin’s lymphoma; or

- (d) undergoing treatment with a tumour necrosis factor-alpha antagonist, methotrexate, azathioprine or 6-mercaptopurine, for a continuous period of at least three months before the clinical onset of non-Hodgkin’s lymphoma, where the first exposure occurred at least one year before the clinical onset of non-Hodgkin’s lymphoma, and where that exposure has ceased, the clinical onset of non-Hodgkin's lymphoma occurred within 10 years after cessation; or
(e) for Richter’s syndrome only, having chronic lymphoid leukaemia at the time of the clinical onset of non-Hodgkin’s lymphoma; or

(f) for adult T-cell leukaemia-lymphoma only, being infected with human T-cell lymphotropic virus type-1 at the time of the clinical onset of non-Hodgkin’s lymphoma; or

(g) for gastric mucosa-associated lymphoid tissue lymphoma and splenic marginal zone lymphoma only, being infected with *Helicobacter pylori* at the time of the clinical onset of non-Hodgkin’s lymphoma; or

(h) for Burkitt’s lymphoma, primary central nervous system lymphomas and extranodal nasal natural killer-T cell lymphoma only, being infected with Epstein-Barr virus at the time of the clinical onset of non-Hodgkin’s lymphoma; or

(i) for primary effusion lymphoma only, being infected with Kaposi’s sarcoma herpesvirus at the time of the clinical onset of non-Hodgkin’s lymphoma; or

(j) for small intestinal mucosa-associated lymphoid tissue lymphoma only, being infected with *Campylobacter jejuni* at the time of the clinical onset of non-Hodgkin’s lymphoma; or

(k) for ocular adnexal mucosa-associated lymphoid tissue lymphoma only, being infected with *Chlamydia psittaci* at the time of the clinical onset of non-Hodgkin’s lymphoma; or

(l) for cutaneous mucosa-associated lymphoid tissue lymphoma only, being infected with *Borrelia burgdorferi* or *Borrelia afzelii*, at the time of the clinical onset of non-Hodgkin’s lymphoma; or

(m) being infected with hepatitis C virus at the time of the clinical onset of non-Hodgkin’s lymphoma; or

(n) for B-cell lymphoma only, being infected with hepatitis B virus at the time of the clinical onset of non-Hodgkin’s lymphoma; or

(o) for Burkitt’s lymphoma only, being infected with *Plasmodium falciparum* at the time of the clinical onset of non-Hodgkin’s lymphoma; or

(p) having Hodgkin’s lymphoma within the 25 years before the clinical onset of non-Hodgkin’s lymphoma; or
(q) inhaling, ingesting or having cutaneous contact with a phenoxy acid herbicide from the specified list, for a cumulative period of at least 1000 hours, within a consecutive period of 10 years, before the clinical onset of non-Hodgkin’s lymphoma, where the first exposure occurred at least five years before the clinical onset of non-Hodgkin’s lymphoma, and where that exposure has ceased, the clinical onset of non-Hodgkin's lymphoma occurred within 25 years after cessation; or

(r) being:

(i) on land in Vietnam, or  
(ii) at sea in Vietnamese waters, or  
(iii) on board a vessel and consuming potable water supplied on that vessel, when the water supply had been produced by evaporative distillation of estuarine Vietnamese waters, for a cumulative period of at least 30 days, at least five years before the clinical onset of non-Hodgkin's lymphoma; or

(s) inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD), for a cumulative period of at least 1000 hours, within a consecutive period of 10 years, before the clinical onset of non-Hodgkin’s lymphoma, where the first exposure occurred at least five years before the clinical onset of non-Hodgkin’s lymphoma, and where that exposure has ceased, the clinical onset of non-Hodgkin's lymphoma occurred within 25 years after cessation; or

(t) inhaling benzene vapour, or ingesting or having cutaneous contact with liquids containing benzene, for a cumulative period of at least 2500 hours, within a consecutive period of 10 years, before the clinical onset of non-Hodgkin’s lymphoma, where the first exposure occurred at least five years before the clinical onset of non-Hodgkin’s lymphoma, and where that exposure has ceased, the clinical onset of non-Hodgkin’s lymphoma occurred within 25 years after cessation; or

(u) inhaling ethylene oxide vapour for a cumulative period of at least 2500 hours, within a consecutive period of 10 years, before the clinical onset of non-Hodgkin’s lymphoma, where the first exposure occurred at least five years before the clinical onset of non-Hodgkin’s lymphoma, and where that exposure has ceased, the clinical onset of non-Hodgkin’s lymphoma occurred within 25 years after cessation; or
(v) being obese for a continuous period of at least five years within the 10 years before the clinical onset of non-Hodgkin’s lymphoma; or

(w) inability to obtain appropriate clinical management for non-Hodgkin's lymphoma.

Factors that apply only to material contribution or aggravation

7. Paragraph 6(w) applies only to material contribution to, or aggravation of, non-Hodgkin's lymphoma where the person’s non-Hodgkin's lymphoma 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 phenoxy acid herbicide from the specified list" means:

(a) 2,4-dichlorophenoxyacetic acid (2,4-D);
(b) 2,4,5-trichlorophenoxyacetic acid (2,4,5-T), or
(c) 2-methyl-4-chlorophenoxyacetic acid (MCPA);

"an autoimmune disease from the specified list" means:

(a) ankylosing spondylitis;
(b) autoimmune haemolytic anaemia;
(c) coeliac disease;
(d) dermatitis herpetiformis;
(e) dermatomyositis;
(f) Hashimoto’s thyroiditis;
(g) idiopathic thrombocytopenic purpura;
(h) inflammatory bowel disease;
(i) polymyositis;
(j) psoriasis;
(k) rheumatoid arthritis;
(l) sarcoidosis;
(m) Sjogren’s syndrome; or
(n) systemic lupus erythematosus;
"being:
(i) on land in Vietnam, or
(ii) at sea in Vietnamese waters," means service in at least one of the areas and at the times described in Items 4 and 8 of Schedule 2 of the VEA;

"being obese" means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of 30 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 non-Hodgkin's lymphoma" in relation to a person includes death from a terminal event or condition that was contributed to by the person’s non-Hodgkin's lymphoma;

"estuarine Vietnamese waters" means at least one of the waterways or harbours in the relevant areas described in Items 4 and 8 of Schedule 2 of the VEA;

"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), Sixth Edition, effective date of 1 July 2008, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 016 6;

"inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD)" means:
(a) decanting or spraying;
(b) cleaning or maintaining equipment used to apply;
(c) being sprayed with;
(d) handling or sawing timber treated with;
(e) being in an environment shrouded in dust from timber treated with; or
(f) using cutting oils contaminated with one of the following chemicals:
   (i) 2,4,5-trichlorophenoxyacetic acid;
   (ii) 2,4,5-trichlorophenoxypropionic acid;
   (iii) 2,4,5-trichlorophenol;
   (iv) 2-(2,4,5-trichlorophenoxy)-ethyl 2,2-dichloropropionate;
   (v) o,o-dimethyl-o-(2,4,5-trichlorophenyl)-phosphorothioate;
   (vi) pentachlorophenol;
(vii) 2,3,4,6-tetrachlorophenol;
(viii) 2,4,6-trichlorophenol;
(ix) 1,3,4-trichloro-2-(4-nitrophenoxy)benzene;
(x) 2,4-dichloro-1-(4-nitrophenoxy)benzene; or
(xi) 2,4-dichloro-1-(3-methoxy-4-nitrophenoxy)-benzene;

"potable water" means water used for drinking water, food preparation and beverage production;

"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;

"Richter’s syndrome" means a form of high-grade large cell lymphoma, characterised by systemic symptoms, rapid tumour growth and extra-nodal involvement, which develops in patients with chronic lymphoid leukaemia;

"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 12 May 2010.

Dated this **twenty-second** day of **April** 2010.

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

KEN DONALD
CHAIRPERSON