Statement of Principles
congering

AORTIC ANEURYSM

No. 10 of 2012

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 aortic aneurysm No. 10 of 2012.

Determination

2. The Repatriation Medical Authority under subsection 196B(3) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 67 of 1998 concerning aortic aneurysm; and
   (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about aortic aneurysm and death from aortic aneurysm.

   (b) For the purposes of this Statement of Principles, "aortic aneurysm" means permanent dilatation of the wall of the aorta and excludes dissection of the aorta or false aneurysm of the aorta.

   (c) Aortic aneurysm attracts ICD-10-AM code I71.1 to I71.6, I71.8 or I71.9.

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

(a) smoking at least two pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of aortic aneurysm; or

(b) having hypertension before the clinical onset of aortic aneurysm; or

(c) having dyslipidaemia before the clinical onset of aortic aneurysm; or

(d) having Marfan syndrome, Ehler-Danlos type IV syndrome, cutis laxa or bicuspid aortic valve before the clinical onset of aortic aneurysm; or

(e) having cystic medial necrosis before the clinical onset of aortic aneurysm; or

(f) having infective aortitis before the clinical onset of aortic aneurysm; or

(g) undergoing therapy with BCG vaccine, where this therapy has been administered within the five years before the clinical onset of aortic aneurysm; or

(h) having tertiary syphilis before the clinical onset of aortic aneurysm; or

(i) having trauma to the aorta before the clinical onset of aortic aneurysm which has occurred at the site of the trauma; or

(j) having rheumatic aortitis due to a specified condition before the clinical onset of aortic aneurysm; or

(k) having Takayasu's arteritis or giant cell arteritis before the clinical onset of aortic aneurysm; or

(l) having coarctation of the aorta before the clinical onset of aortic aneurysm; or

(m) having hyperhomocysteinaemia before the clinical onset of aortic aneurysm; or

(n) smoking at least two pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of aortic aneurysm; or
(o) having hypertension before the clinical worsening of aortic aneurysm; or
(p) having dyslipidaemia before the clinical worsening of aortic aneurysm; or
(q) having Marfan syndrome, Ehler-Danlos type IV syndrome, cutis laxa or bicuspid aortic valve before the clinical worsening of aortic aneurysm; or
(r) having cystic medial necrosis before the clinical worsening of aortic aneurysm; or
(s) having infective aortitis before the clinical worsening of aortic aneurysm; or
(t) undergoing therapy with BCG vaccine, where this therapy has been administered within the five years before the clinical worsening of aortic aneurysm; or
(u) having tertiary syphilis before the clinical worsening of aortic aneurysm; or
(v) having trauma to the aorta before the clinical worsening of aortic aneurysm which has occurred at the site of the trauma; or
(w) having rheumatic aortitis due to a specified condition before the clinical worsening of aortic aneurysm; or
(x) having Takayasu's arteritis or giant cell arteritis before the clinical worsening of aortic aneurysm; or
(y) having coarctation of the aorta before the clinical worsening of aortic aneurysm; or
(z) having hyperhomocysteinaemia before the clinical worsening of aortic aneurysm; or
(aa) inability to obtain appropriate clinical management for aortic aneurysm.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(n) to 6(aa) apply only to material contribution to, or aggravation of, aortic aneurysm where the person’s aortic aneurysm 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 specified condition" means:
(a) ankylosing spondylitis;
(b) Behcet’s syndrome;
(c) inflammatory bowel disease;
(d) psoriatic arthropathy;
(e) reactive arthritis;
(f) relapsing polychondritis;
(g) rheumatoid arthritis; or
(h) systemic lupus erythematosus;

"coarctation of the aorta" means a localised malformation characterised by deformity of the aortic media, causing narrowing of the lumen of the aorta;

"cystic medial necrosis" means changes in the medial layer of the aorta, consisting of degeneration and loss of elastic and muscle fibres, and formation of multiple clefts of mucoid material;

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

"dyslipidaemia" generally means evidence of a persistently abnormal lipid profile after the accurate evaluation of serum lipids following a 12 hour overnight fast, and estimated on a minimum of two occasions as:
(a) a total cholesterol level greater than or equal to 5.5 millimoles per litre (mmol/L);
(b) a triglyceride level greater than or equal to 2.0 mmol/L; or
(c) a high density lipoprotein cholesterol level less than 1.0 mmol/L;

"Ehlers-Danlos type IV syndrome" means a disorder of connective tissue involving defects in the structure, synthesis or secretion of one type of procollagen and has prominent vascular manifestations;

"hyperhomocysteinaemia" means a condition characterised by an excess of homocysteine in the blood;

"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), Seventh Edition, effective date of 1 July 2010, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 154 5;

"infective aortitis" means the infection of the aortic wall by bacteria or fungi, and resultant inflammation within the aortic wall;

"pack-years of cigarettes, or the equivalent thereof in other tobacco products" means a calculation of consumption where one pack-year of cigarettes equals 20 tailor-made cigarettes per day for a period of one calendar year, or 7300 cigarettes. One tailor-made cigarette approximates one gram of tobacco or one gram of cigar or pipe tobacco by weight. One pack-year of
tailor-made cigarettes equates to 7.3 kilograms of smoking tobacco by weight. Tobacco products means either cigarettes, pipe tobacco or cigars smoked, alone or in any combination;

"relevant service" means:
(a) eligible war service (other than operational service) under the VEA;
(b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
(c) peacetime service under the MRCA;

"Takayasu's arteritis" means an inflammatory disease of the aorta and its major arteries often resulting in occlusion and involves a panarteritis;

"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;

"tertiary syphilis" means the last stage of syphilis which develops soon after the lesions of secondary syphilis resolve or many years later, and is characterised by destructive lesions involving many organs and tissues, such as mucocutaneous, musculoskeletal, cardiovascular or central nervous system lesions;

"trauma to the aorta" means damage to the wall of the aorta as a result of penetrating or blunt major thoracic or abdominal trauma;

"undergoing therapy with BCG vaccine" means treatment with the Bacille Calmette-Guerin vaccine for cancer. The Bacille Calmette-Guerin vaccine is made from a strain of Mycobacterium bovis.

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 11 January 2012.

Dated this twenty-second day of December 2011

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

KEN DONALD
CHAIRPERSON

Page 5 of 5 of Instrument No. 10 of 2012