Statement of Principles
concerning

MESANGIAL IGA GLOMERULONEPHRITIS

No. 52 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 mesangial IgA glomerulonephritis No. 52 of 2012.

Determination
2. The Repatriation Medical Authority under subsection 196B(2) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 63 of 2001, as amended by Instrument No. 75 of 2002, concerning mesangial IgA glomerulonephritis; and
   (b) determines in their place this Statement of Principles.

Kind of injury, disease or death
3. (a) This Statement of Principles is about mesangial IgA glomerulonephritis and death from mesangial IgA glomerulonephritis.
   (b) For the purposes of this Statement of Principles, "mesangial IgA glomerulonephritis" means a disease of the kidneys characterised by a predominance of immunohistologically proven IgA deposits in the renal mesangium and haematuria or proteinuria. This definition excludes Henoch-Schönlein purpura.
Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that mesangial IgA glomerulonephritis and death from mesangial IgA glomerulonephritis 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 mesangial IgA glomerulonephritis or death from mesangial IgA glomerulonephritis with the circumstances of a person’s relevant service is:

(a) having cirrhosis of the liver or chronic liver disease at the time of the clinical onset of mesangial IgA glomerulonephritis; or

(b) having a specified infection at the time of the clinical onset of mesangial IgA glomerulonephritis; or

(c) having a bacterial infection in the one month before the clinical onset of mesangial IgA glomerulonephritis; or

(d) having received a stem cell or organ transplant before the clinical onset of mesangial IgA glomerulonephritis; or

(e) having a specified autoimmune disorder at the time of the clinical onset of mesangial IgA glomerulonephritis; or

(f) being treated with a drug which is associated in the individual with:

(i) the development of mesangial IgA glomerulonephritis during drug therapy; and either

(ii) the improvement of mesangial IgA glomerulonephritis within three months of discontinuing or tapering drug therapy; or

(iii) the redevelopment of mesangial IgA glomerulonephritis on rechallenge with the same drug; where treatment with the drug continued for at least the seven days before the clinical onset of mesangial IgA glomerulonephritis; or

(g) having a malignant neoplasm at the time of the clinical onset of mesangial IgA glomerulonephritis; or

(h) having cirrhosis of the liver or chronic liver disease at the time of the clinical worsening of mesangial IgA glomerulonephritis; or

(i) having a specified infection at the time of the clinical worsening of mesangial IgA glomerulonephritis; or
(j) having a bacterial infection in the one month before the clinical worsening of mesangial IgA glomerulonephritis; or
(k) having received a stem cell or organ transplant before the clinical worsening of mesangial IgA glomerulonephritis; or
(l) having a specified autoimmune disorder at the time of the clinical worsening of mesangial IgA glomerulonephritis; or
(m) being treated with a drug which is associated in the individual with:
   (i) the worsening of mesangial IgA glomerulonephritis during drug therapy; and either
   (ii) the improvement of mesangial IgA glomerulonephritis within three months of discontinuing or tapering drug therapy; or
   (iii) the worsening of mesangial IgA glomerulonephritis on rechallenge with the same drug;
where treatment with the drug continued for at least the seven days before the clinical worsening of mesangial IgA glomerulonephritis; or
(n) having a malignant neoplasm at the time of the clinical worsening of mesangial IgA glomerulonephritis; or
(o) inhaling, ingesting or having cutaneous exposure to:
   (i) oxygenated organic solvents;
   (ii) aliphatic hydrocarbon solvents; or
   (iii) aromatic hydrocarbon solvents;
for an average of at least two hours per week over a period of at least one year within the five years before the clinical worsening of mesangial IgA glomerulonephritis; or
(p) being overweight for at least the five years before the clinical worsening of mesangial IgA glomerulonephritis; or
(q) smoking at least five pack-years of cigarettes, or the equivalent thereof in other tobacco products, in the ten years before the clinical worsening of mesangial IgA glomerulonephritis; or
(r) inability to obtain appropriate clinical management for mesangial IgA glomerulonephritis.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(h) to 6(r) apply only to material contribution to, or aggravation of, mesangial IgA glomerulonephritis where the person’s mesangial IgA glomerulonephritis 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 autoimmune disorder" means:

(a) ankylosing spondylitis;
(b) Behçet’s disease;
(c) coeliac disease;
(d) inflammatory bowel disease;
(e) psoriatic arthritis; or
(f) reactive arthritis;

"a specified infection" means:

(a) hepatitis A virus infection;
(b) hepatitis B virus infection;
(c) hepatitis C virus infection;
(d) hydatid liver disease; or
(e) infection of the hepatic portal veins by *Schistosoma* species;

"being overweight" means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of 25 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;

"chronic liver disease" means progressive destruction of the liver parenchyma resulting in abnormal liver function which has been present for at least six months;

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

"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) operational service under the VEA;
(b) peacekeeping service under the VEA;
(c) hazardous service under the VEA;
(d) British nuclear test defence service under the VEA;
(e) warlike service under the MRCA; or
(f) 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.

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 5 September 2012.

Dated this twenty-seventh day of August 2012

The Common Seal of the Repatriation Medical Authority was affixed to this instrument at the direction of:

Professor Nicholas Saunders AO Chairperson