Statement of Principles
concerning

ACUTE LYMPHOBLASTIC LEUKAEMIA

No. 75 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 acute lymphoblastic leukaemia No. 75 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. 83 of 2001 concerning acute lymphoid leukaemia; and
   (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about acute lymphoblastic leukaemia and death from acute lymphoblastic leukaemia.
   (b) For the purposes of this Statement of Principles, "acute lymphoblastic leukaemia" means a malignant neoplasm of immature lymphocytes committed to the B-cell and/or T-cell lineage, and typically with 20 percent or more lymphoblasts in the bone marrow and an extramedullary lymphoblast mass. This definition excludes Burkitt's leukaemia/lymphoma and adult T-cell leukaemia/lymphoma.
   (c) Acute lymphoblastic leukaemia attracts ICD-10-AM code C91.0.
(d) In the application of this Statement of Principles, the definition of "acute lymphoblastic leukaemia" 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 acute lymphoblastic leukaemia and death from acute lymphoblastic leukaemia 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 acute lymphoblastic leukaemia or death from acute lymphoblastic leukaemia with the circumstances of a person’s relevant service is:

(a) having received a cumulative equivalent dose of at least 0.01 sievert of ionising radiation to the bone marrow at least one year before the clinical onset of acute lymphoblastic leukaemia; or

(b) being exposed to benzene on at least 600 days within a continuous period of five years before the clinical onset of acute lymphoblastic leukaemia, where the first exposure occurred at least five years before the clinical onset of acute lymphoblastic leukaemia; or

(c) undergoing treatment for a malignant neoplasm with an alkylating agent or a DNA topoisomerase II inhibitor before the clinical onset of acute lymphoblastic leukaemia, where the first exposure occurred at least one year before the clinical onset of acute lymphoblastic leukaemia, and where that exposure has ceased, the clinical onset of acute lymphoblastic leukaemia occurred within 20 years of cessation; or

(d) receiving a solid organ transplant from a donor with lymphoma or lymphatic leukaemia before the clinical onset of acute lymphoblastic leukaemia; or

(e) inability to obtain appropriate clinical management for acute lymphoblastic leukaemia.

Factors that apply only to material contribution or aggravation

7. Paragraph 6(e) applies only to material contribution to, or aggravation of, acute lymphoblastic leukaemia where the person’s acute lymphoblastic leukaemia 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:

"being exposed to benzene" means:
(a) having cutaneous contact with liquids containing benzene greater than 5% by volume;
(b) ingesting liquids containing benzene greater than 5% by volume; or
(c) inhaling benzene vapour where such exposure occurs at an ambient 8-hour time-weighted average concentration exceeding five parts per million;

"cumulative equivalent dose" means the total dose of ionising radiation received by the particular organ or tissue. The formula used to calculate the cumulative equivalent dose allows doses from multiple types of ionising radiation to be combined, by accounting for their differing biological effect. The unit of equivalent dose is the sievert. For the purposes of this Statement of Principles, the calculation of cumulative equivalent dose excludes doses received from normal background radiation, but includes therapeutic radiation, diagnostic radiation, cosmic radiation at high altitude, radiation from occupation related sources and radiation from nuclear explosions or accidents;

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

"8-hour time-weighted average (TWA)" means the averaging of different exposure levels to benzene during an average exposure period equivalent to eight hours;

"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;

"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 31 October 2012.

Dated this twenty-second day of October 2012

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

PROFESSOR NICHOLAS SAUNDERS AO CHAIRPERSON