



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

AORTIC STENOSIS

No. 21 of 2013

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 stenosis No. 21 of 2013.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 54 of 2002 concerning aortic stenosis; 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 stenosis** and **death from aortic stenosis**.
 - (b) For the purposes of this Statement of Principles, "**aortic stenosis**" means obstruction to flow across the aortic valve during left ventricular systole. This definition excludes:
 - (i) aortic stenosis due to rheumatic heart disease;
 - (ii) obstruction to flow across the aortic valve from narrowing of the supra- or subvalvular regions; and
 - (iii) congenital stenosis of the aortic valve.
 - (c) Aortic stenosis attracts ICD-10-AM code I35.0 or I35.2.

- (d) In the application of this Statement of Principles, the definition of "**aortic stenosis**" 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 **aortic stenosis** and **death from aortic stenosis** 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 **aortic stenosis** or **death from aortic stenosis** with the circumstances of a person's relevant service is:
- (a) having infective endocarditis before the clinical onset of aortic stenosis; or
 - (b) having systemic lupus erythematosus or rheumatoid arthritis before the clinical onset of aortic stenosis; or
 - (c) having received a cumulative equivalent dose of at least 0.5 sieverts of ionising radiation to the heart before the clinical onset of aortic stenosis; or
 - (d) undergoing a course of therapeutic radiation for cancer, where the heart was in the field of radiation, before the clinical onset of aortic stenosis; or
 - (e) having chronic renal disease requiring renal transplantation or dialysis before the clinical onset of aortic stenosis; or
 - (f) having hypertension before the clinical onset of aortic stenosis; or
 - (g) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of aortic stenosis; or
 - (h) having dyslipidaemia before the clinical onset of aortic stenosis; or
 - (i) having Paget's disease of bone before the clinical onset of aortic stenosis; or
 - (j) having primary hyperparathyroidism before the clinical onset of aortic stenosis; or
 - (k) having alkaptonuria before the clinical onset of aortic stenosis; or
 - (l) having infective endocarditis before the clinical worsening of aortic stenosis; or

- (m) having systemic lupus erythematosus or rheumatoid arthritis before the clinical worsening of aortic stenosis; or
- (n) having received a cumulative equivalent dose of at least 0.5 sieverts of ionising radiation to the heart before the clinical worsening of aortic stenosis; or
- (o) undergoing a course of therapeutic radiation for cancer, where the heart was in the field of radiation, before the clinical worsening of aortic stenosis; or
- (p) having chronic renal disease requiring renal transplantation or dialysis before the clinical worsening of aortic stenosis; or
- (q) having hypertension before the clinical worsening of aortic stenosis; or
- (r) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of aortic stenosis; or
- (s) having dyslipidaemia before the clinical worsening of aortic stenosis; or
- (t) having Paget's disease of bone before the clinical worsening of aortic stenosis; or
- (u) having primary hyperparathyroidism before the clinical worsening of aortic stenosis; or
- (v) having alkaptonuria before the clinical worsening of aortic stenosis; or
- (w) inability to obtain appropriate clinical management for aortic stenosis.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(l) to 6(w)** apply only to material contribution to, or aggravation of, aortic stenosis where the person's aortic stenosis 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:

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

"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;

"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 endocarditis" means inflammation of the endocardium caused by infection with microorganisms;

"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 8 May 2013.

Dated this `twenty-ninth` day of `April` 2013

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

PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON