



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

**HYPERTHYROIDISM AND
THYROTOXICOSIS**

No. 27 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 hyperthyroidism and thyrotoxicosis No. 27 of 2013.

Determination

2. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the VEA).

Kind of injury, disease or death

3. (a) This Statement of Principles is about **hyperthyroidism and thyrotoxicosis** and **death from hyperthyroidism and thyrotoxicosis**.
(b) For the purposes of this Statement of Principles:

"hyperthyroidism" means an acquired functional disorder in which the thyroid gland synthesises and secretes excessive amounts of thyroid hormone that exceed the metabolic requirements of peripheral tissues, with documented laboratory findings of elevated serum free thyroid hormone concentrations, and with clinical symptoms or signs of thyroid hyperfunction. This definition excludes subclinical hyperthyroidism, sick euthyroid syndrome, gestational transient

thyrotoxicosis, euthyroid hyperthyroxinaemia, toxic nodular goitre, toxic thyroid adenoma and Graves' disease; and

"thyrotoxicosis" means an acquired functional disorder that results from the action of inappropriately high thyroid hormone levels in tissues, with documented laboratory findings of elevated serum free thyroid hormone concentrations, and with clinical symptoms or signs of thyroid hyperfunction. This definition excludes subclinical hyperthyroidism, sick euthyroid syndrome, gestational transient thyrotoxicosis, euthyroid hyperthyroxinaemia, toxic nodular goitre, toxic thyroid adenoma and Graves' disease.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **hyperthyroidism or thyrotoxicosis** and **death from hyperthyroidism or thyrotoxicosis** 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 **hyperthyroidism or thyrotoxicosis** or **death from hyperthyroidism or thyrotoxicosis** with the circumstances of a person's relevant service is:
 - (a) having iodine excess from consuming foods, dietary supplements or medications with a high content of iodine, within the six months before the clinical onset of hyperthyroidism or thyrotoxicosis; or
 - (b) being administered an iodine-containing radiographic contrast agent within the six months before the clinical onset of hyperthyroidism or thyrotoxicosis; or
 - (c) being treated with amiodarone for a continuous period of at least four weeks, within the six months before the clinical onset of hyperthyroidism or thyrotoxicosis; or
 - (d) being treated with a drug or a drug from a class of drugs from the specified list for a continuous period of at least six weeks, within the six months before the clinical onset of hyperthyroidism or thyrotoxicosis; or
 - (e) having struma ovarii at the time of the clinical onset of hyperthyroidism or thyrotoxicosis; or
 - (f) having a thyroid-stimulating hormone-secreting pituitary adenoma at the time of the clinical onset of hyperthyroidism or thyrotoxicosis; or

- (g) having a chorionic gonadotropin-secreting neoplasm at the time of the clinical onset of hyperthyroidism or thyrotoxicosis; or
- (h) for thyrotoxicosis only,
 - (i) having a specified form of thyroiditis at the time of the clinical onset of thyrotoxicosis; or
 - (ii) having trauma involving the thyroid gland within the three months before the clinical onset of thyrotoxicosis; or
 - (iii) ingesting excess thyroid hormone in medication or food containing thyroid extracts within the three months before the clinical onset of thyrotoxicosis; or
- (i) having iodine excess from consuming foods, dietary supplements or medications with a high content of iodine, within the six months before the clinical worsening of hyperthyroidism or thyrotoxicosis; or
- (j) being administered an iodine-containing radiographic contrast agent within the six months before the clinical worsening of hyperthyroidism or thyrotoxicosis; or
- (k) being treated with amiodarone for a continuous period of at least four weeks, within the six months before the clinical worsening of hyperthyroidism or thyrotoxicosis; or
- (l) being treated with a drug or a drug from a class of drugs from the specified list for a continuous period of at least six weeks, within the six months before the clinical worsening of hyperthyroidism or thyrotoxicosis; or
- (m) having struma ovarii at the time of the clinical worsening of hyperthyroidism or thyrotoxicosis; or
- (n) having a thyroid-stimulating hormone-secreting pituitary adenoma at the time of the clinical worsening of hyperthyroidism or thyrotoxicosis; or
- (o) having a chorionic gonadotropin-secreting neoplasm at the time of the clinical worsening of hyperthyroidism or thyrotoxicosis; or
- (p) having an acute illness or undergoing surgery immediately before the clinical worsening of hyperthyroidism or thyrotoxicosis; or
- (q) for thyrotoxicosis only,
 - (i) having a specified form of thyroiditis at the time of the clinical worsening of thyrotoxicosis; or
 - (ii) having trauma involving the thyroid gland within the three months before the clinical worsening of thyrotoxicosis; or
 - (iii) ingesting excess thyroid hormone in medication or food containing thyroid extracts within the three months before the clinical worsening of thyrotoxicosis; or
- (r) inability to obtain appropriate clinical management for hyperthyroidism or thyrotoxicosis.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(i) to 6(r)** apply only to material contribution to, or aggravation of, hyperthyroidism or thyrotoxicosis where the person's hyperthyroidism or thyrotoxicosis 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 chorionic gonadotropin-secreting neoplasm" means a malignant neoplasm that secretes the beta subunit of human chorionic gonadotropin, and includes seminoma, choriocarcinoma, non-seminomatous germ cell tumour, hydatidiform mole, teratoma and islet cell tumour;

"a drug or a drug from a class of drugs from the specified list" means:

- (a) a medication containing iodine;
- (b) interferon alpha;
- (c) interleukin-2;
- (d) lenalidomide;
- (e) lithium carbonate;
- (f) rifampicin;
- (g) sorafenib; or
- (h) sunitinib;

"a specified form of thyroiditis" means:

- (a) acute infectious thyroiditis (suppurative thyroiditis or thyroid abscess);
- (b) acute radiation thyroiditis;
- (c) silent thyroiditis; or
- (d) subacute thyroiditis (de Quervain's thyroiditis, granulomatous thyroiditis or viral thyroiditis);

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

"having iodine excess" means having an average dietary intake of more than 1500 micrograms of iodine per day for a continuous period of three months, or having a urinary iodine excretion rate of greater than 800 micrograms per 24 hours;

"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;

"struma ovarii" means an ovarian neoplasm defined by the presence of thyroid tissue comprising more than half of the overall mass, that usually occurs as part of a teratoma, but may also occur with a serous or mucinous cystadenoma;

"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;

"trauma involving the thyroid gland" means:

- (a) a blunt injury resulting in soft tissue damage adjacent to the thyroid gland; or
- (b) a penetrating injury, including surgery, to the region of the thyroid gland.

Date of effect

10. 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