



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
ARACHNOID CYST
(No. 92 of 2015)

The Repatriation Medical Authority determines the following Statement of Principles.

Dated 19 June 2015

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

A handwritten signature in black ink, appearing to read 'N. Saunders', written in a cursive style.

Professor Nicholas Saunders AO
Chairperson

Contents

1	Name	3
2	Commencement	3
3	Authority	3
4	Application.....	3
5	Definitions	3
6	Kind of injury, disease or death to which this Statement of Principles relates	3
7	Basis for determining the factors	4
8	Factors that must exist.....	4
9	Relationship to service	5
10	Factors referring to an injury or disease covered by another Statement of Principles	6
Schedule 1 - Dictionary		7
1	Definitions	7

1 Name

This is the Statement of Principles concerning **arachnoid cyst** (No. 92 of 2015).

2 Commencement

This instrument commences on **20 July 2015**.

3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

4 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

5 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

6 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about arachnoid cyst and death from arachnoid cyst.

Meaning of arachnoid cyst

- (2) For the purposes of this Statement of Principles, arachnoid cyst means a fluid-filled cyst between the layers of the leptomeninges (the pia mater and arachnoid considered as one functional unit), lined with arachnoid membrane, and occurring within the cranium or spinal canal.

Death from arachnoid cyst

- (3) For the purposes of this Statement of Principles, arachnoid cyst, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's arachnoid cyst.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

7 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that arachnoid cyst and death from arachnoid cyst can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *relevant service* is defined in the Schedule 1 – Dictionary.

8 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, arachnoid cyst or death from arachnoid cyst is connected with the circumstances of a person's relevant service:

- (1) having an intraspinal myelogram with an oil-based intrathecal radiological contrast agent within the 20 years before the clinical onset of arachnoid cyst;
- (2) having an infection from the specified list of infections within the 20 years before the clinical onset of arachnoid cyst;

Note: *specified list of infections* is defined in the Schedule 1 - Dictionary.

- (3) having a subarachnoid haemorrhage within the cranium or spinal canal within the 20 years before the clinical onset of arachnoid cyst;
- (4) having autosomal dominant polycystic kidney disease before the clinical onset of arachnoid cyst;
- (5) for cranial arachnoid cyst only:
 - (a) having a moderate to severe traumatic brain injury within the 20 years before the clinical onset of arachnoid cyst;
- (6) for spinal arachnoid cyst only:
 - (a) having trauma in the region of the affected site, excluding surgical or therapeutic procedures, within the 20 years before the clinical onset of arachnoid cyst;

Note: *trauma* is defined in the Schedule 1 - Dictionary.

- (b) undergoing an invasive surgical procedure in the region of the affected site within the 20 years before the clinical onset of arachnoid cyst;
- (c) having a dural puncture in the region of the affected site, within the five years before the clinical onset of arachnoid cyst; or
- (d) having spinal adhesive arachnoiditis before the clinical onset of arachnoid cyst;

- (7) having an intraspinal myelogram with an oil-based intrathecal radiological contrast agent within the 30 days before the clinical worsening of arachnoid cyst;
- (8) having an infection from the specified list of infections within the 30 days before the clinical worsening of arachnoid cyst;
 Note: *specified list of infections* is defined in the Schedule 1 - Dictionary.
- (9) having a subarachnoid haemorrhage within the cranium or spinal canal within the 30 days before the clinical worsening of arachnoid cyst;
- (10) having autosomal dominant polycystic kidney disease before the clinical worsening of arachnoid cyst;
- (11) for cranial arachnoid cyst only:
 - (a) having concussion or a moderate to severe traumatic brain injury within the 30 days before the clinical worsening of arachnoid cyst;
- (12) for spinal arachnoid cyst only:
 - (a) having trauma in the region of the affected site, excluding surgical or therapeutic procedures, within the 30 days before the clinical worsening of arachnoid cyst;
 Note: *trauma* is defined in the Schedule 1 - Dictionary.
 - (b) undergoing an invasive surgical procedure in the region of the affected site within the 30 days before the clinical worsening of arachnoid cyst;
 - (c) having a dural puncture in the region of the affected site, within the 30 days before the clinical worsening of arachnoid cyst; or
 - (d) having spinal adhesive arachnoiditis before the clinical worsening of arachnoid cyst;
- (13) inability to obtain appropriate clinical management for arachnoid cyst.

9 Relationship to service

- (1) The existence in a person of any factor referred to in section 8 must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 8(7) to 8(13) apply only to material contribution to, or aggravation of, arachnoid cyst where the person's arachnoid cyst was suffered or contracted before or during (but did not arise out of) the person's relevant service.

10 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

- (1) if a factor referred to in section 8 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 5

1 Definitions

In this instrument:

arachnoid cyst - see subsection 6(2).

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

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.

specified list of infections means:

- (a) bacterial infection of the brain or spinal cord;
- (b) bacterial meningitis;
- (c) cranial or spinal tuberculosis;
- (d) cranial or vertebral osteomyelitis at the affected site; or
- (e) neurosyphilis.

terminal event means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

trauma means significant injury to the vertebral column, or injury to the spinal cord or spinal meninges as a result of external force. In this definition, external force includes blunt trauma, acceleration or deceleration forces, blast force or a foreign body penetrating the spinal region.

VEA means the *Veterans' Entitlements Act 1986*.