

Statement of Principles

concerning

BENIGN PROSTATIC HYPERPLASIA  
(Reasonable Hypothesis)

(No. 17 of 2016)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans’ Entitlements Act 1986*.

Dated 4 March 2016

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



Professor Nicholas Saunders AO

Chairperson

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1 Definitions 6

1. Name

This is the Statement of Principles concerning benign prostatic hyperplasia *(Reasonable Hypothesis)* (No. 17 of 2016).

1. Commencement

This instrument commences on 4 April 2016.

1. Authority

This instrument is made under subsection 196B(2) of the *Veterans’ Entitlements Act 1986*.

1. Revocation

The Statement of Principles concerning benign prostatic hyperplasia No. 19 of 2008 made under subsection 196B(2) of the VEA is revoked.

1. Application

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

1. Definitions

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

1. Kind of injury, disease or death to which this Statement of Principles relates
   1. This Statement of Principles is about benign prostatic hyperplasia and death from benign prostatic hyperplasia.

Meaning of **benign prostatic hyperplasia**

* 1. For the purposes of this Statement of Principles, benign prostatic hyperplasia means a non-malignant enlargement of the prostate resulting from proliferation of both glandular and stromal elements.
  2. While benign prostatic hyperplasia attracts ICD‑10‑AM code N40, in applying this Statement of Principles the meaning of benign prostatic hyperplasia is that given in subsection (2).
  3. For subsection (3), a reference to an ICD‑10‑AM codeis a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems*, *Tenth Revision, Australian Modification* (ICD‑10‑AM), Ninth Edition, effective date of 1 July 2015, copyrighted by the Independent Hospital Pricing Authority, ISBN 978‑1‑76007‑020‑5.

Death from **benign prostatic hyperplasia**

* 1. For the purposes of this Statement of Principles, benign prostatic hyperplasia,in relation to a person, includes death from a terminal event or condition that was contributed to by the person’s benign prostatic hyperplasia.

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

1. Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical‑scientific evidence that indicates that benign prostatic hyperplasia and death from benign prostatic hyperplasia 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 MRCA.

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

1. Factors that must exist

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting benign prostatic hyperplasia or death from benign prostatic hyperplasia with the circumstances of a person’s relevant service:

* 1. an inability to undertake any physical activity greater than three METs for at least the five years before the clinical onset of benign prostatic hyperplasia;

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

* 1. an inability to undertake any physical activity greater than three METs for at least the five years before the clinical worsening of benign prostatic hyperplasia;

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

* 1. inability to obtain appropriate clinical management for benign prostatic hyperplasia.

1. Relationship to service
   1. The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
   2. The factors set out in subsections 9(2) and 9(3) apply only to material contribution to, or aggravation of, benign prostatic hyperplasia where the person’s benign prostatic hyperplasia was suffered or contracted before or during (but did not arise out of) the person’s relevant service.
2. 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 9 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(2) 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 6

1. Definitions
   1. In this instrument:
      1. ***benign prostatic hyperplasia***—see subsection 7(2).
      2. ***MET*** means a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute, 1.0 kcal/kg of body weight per hour or resting metabolic rate.
      3. ***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.
      4. ***relevant service*** means:
         1. operational service under the VEA;
         2. peacekeeping service under the VEA;
         3. hazardous service under the VEA;
         4. British nuclear test defence service under the VEA;
         5. warlike service under the MRCA; or
         6. non-warlike service under the MRCA.
      5. ***terminal event*** means the proximate or ultimate cause of death and includes the following:
         1. pneumonia;
         2. respiratory failure;
         3. cardiac arrest;
         4. circulatory failure; or
         5. cessation of brain function.
      6. ***VEA*** means the *Veterans' Entitlements Act 1986*.