

Statement of Principles

concerning

RELAPSING POLYCHONDRITIS  
(Reasonable Hypothesis)

(No. 5 of 2017)

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

Dated 20 December 2016

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



Professor Nicholas Saunders AO

Chairperson

Contents

1 Name 3

2 Commencement 3

3 Authority 3

4 Revocation 3

5 Application 3

6 Definitions 3

7 Kind of injury, disease or death to which this Statement of Principles relates 3

8 Basis for determining the factors 4

9 Factors that must exist 4

10 Relationship to service 4

11 Factors referring to an injury or disease covered by another Statement of Principles 4

Schedule 1 - Dictionary 6

1 Definitions 6

1. Name

This is the Statement of Principles concerning *relapsing polychondritis* *(Reasonable Hypothesis)* (No. 5 of 2017).

1. Commencement

This instrument commences on 23 January 2017.

1. Authority

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

1. Revocation

The Statement of Principles concerning relapsing polychondritis No. 45 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 relapsing polychondritis and death from relapsing polychondritis.

Meaning of **relapsing polychondritis**

* 1. For the purposes of this Statement of Principles, relapsing polychondritis means a systemic autoimmune disease characterised by episodic, progressive inflammatory destruction of cartilaginous structures and connective tissue throughout the body, predominantly affecting the ears, nose, eyes, joints and respiratory tract.
  2. While relapsing polychondritis attracts ICD‑10‑AM code M94.1, in applying this Statement of Principles the meaning of relapsing polychondritis 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 **relapsing polychondritis**

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

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 relapsing polychondritis and death from relapsing polychondritis 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 relapsing polychondritis or death from relapsing polychondritis with the circumstances of a person's relevant service:

* 1. receiving treatment with a tumour necrosis factor alpha inhibitor within the three months before the clinical onset of relapsing polychondritis;
  2. inability to obtain appropriate clinical management for relapsing polychondritis.

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 factor set out in subsection 9(2) applies only to material contribution to, or aggravation of, relapsing polychondritis where the person's relapsing polychondritis 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. ***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.
      2. ***relapsing polychondritis***—see subsection 7(2).
      3. ***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.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

* + 1. ***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.
    2. ***VEA*** means the *Veterans' Entitlements Act 1986*.