



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
CEREBRAL MENINGIOMA
(Balance of Probabilities)
(No. 2 of 2018)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 22 December 2017

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 'Nicholas Saunders'.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *cerebral meningioma (Balance of Probabilities)* (No. 2 of 2018).

2 Commencement

This instrument commences on 29 January 2018.

3 Authority

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

4 Revocation

The Statement of Principles concerning cerebral meningioma No. 20 of 2009, as amended, made under subsections 196B(3) and (8) of the VEA is revoked.

5 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.

6 Definitions

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

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

- (1) This Statement of Principles is about cerebral meningioma and death from cerebral meningioma.

Meaning of cerebral meningioma

- (2) For the purposes of this Statement of Principles, cerebral meningioma means a primary benign or intermediate grade tumour of the cerebral meninges.
- (3) While cerebral meningioma attracts ICD-10-AM code D32.0 or D32.9, in applying this Statement of Principles the meaning of cerebral meningioma is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is 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)*,

Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from cerebral meningioma

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

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

8 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 cerebral meningioma and death from cerebral meningioma can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

9 Factors that must exist

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

- (1) having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the brain at least ten years before the clinical onset of cerebral meningioma;

Note: *cumulative equivalent dose* is defined in the Schedule 1 - Dictionary.

- (2) being obese for at least ten years within the 20 years before the clinical onset of cerebral meningioma;

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

- (3) being in the second or third trimester of pregnancy, or within the 30 days postpartum, at the time of the clinical onset of cerebral meningioma;

- (4) being treated daily with cyproterone acetate at a dose rate of at least 15 milligrams per day for a continuous period of at least one year, within the ten years before the clinical onset of cerebral meningioma;

- (5) being in the second or third trimester of pregnancy, or within the 30 days postpartum, at the time of the clinical worsening of cerebral meningioma;

- (6) being treated daily with cyproterone acetate at a dose rate of at least 15 milligrams per day for a continuous period of at least one year, within the ten years before the clinical worsening of cerebral meningioma;
- (7) inability to obtain appropriate clinical management for cerebral meningioma.

10 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(5) to 9(7) apply only to material contribution to, or aggravation of, cerebral meningioma where the person's cerebral meningioma was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 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(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 6

1 Definitions

In this instrument:

being obese means having a Body Mass Index (BMI) of 30 or greater.

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

BMI means W/H^2 where:

W is the person's weight in kilograms; and

H is the person's height in metres.

cerebral meningioma—see subsection 7(2).

cumulative equivalent dose means the total dose of ionising radiation received by the particular organ or tissue from external exposure, internal exposure or both, apart from normal background radiation exposure in Australia, calculated in accordance with the methodology set out in *Guide to calculation of 'cumulative equivalent dose' for the purpose of applying ionising radiation factors contained in Statements of Principles determined under Part XIA of the Veterans' Entitlements Act 1986 (Cth)*, Australian Radiation Protection and Nuclear Safety Agency, as in force on 2 August 2017.

Note 1: Examples of circumstances that might lead to exposure to ionising radiation include being present during or subsequent to the testing or use of nuclear weapons, undergoing diagnostic or therapeutic medical procedures involving ionising radiation, and being a member of an aircrew, leading to increased levels of exposure to cosmic radiation.

Note 2: For the purpose of dose reconstruction, dose is calculated as an average over the mass of a specific tissue or organ. If a tissue is exposed to multiple sources of ionising radiation, the various dose estimates for each type of radiation must be combined.

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.

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

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.

VEA means the *Veterans' Entitlements Act 1986*.