

Statement of Principles concerning RAPIDLY PROGRESSIVE CRESCENTIC CLOWEDLY ONEDLINES

GLOMERULONEPHRITIS

(Reasonable Hypothesis)

(No. 45 of 2019)

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

Dated 26 April 2019

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 Name

This is the Statement of Principles concerning *rapidly progressive crescentic glomerulonephritis (Reasonable Hypothesis)* (No. 45 of 2019).

2 Commencement

This instrument commences on 27 May 2019.

3 Authority

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

4 Repeal

The Statement of Principles concerning rapidly progressive crescentic glomerulonephritis No. 81 of 2010 (Federal Register of Legislation No. F2010L02337) made under subsection 196B(2) of the VEA is repealed.

5 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.

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 rapidly progressive crescentic glomerulonephritis and death from rapidly progressive crescentic glomerulonephritis.

Meaning of rapidly progressive crescentic glomerulonephritis

(2) For the purposes of this Statement of Principles, rapidly progressive crescentic glomerulonephritis means a form of glomerulonephritis where there are extensive cellular crescents on histopathology and a rapid decline in renal function over a period of weeks to months.

Death from rapidly progressive crescentic glomerulonephritis

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

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

8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that rapidly progressive crescentic glomerulonephritis and death from rapidly progressive crescentic glomerulonephritis 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: 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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting rapidly progressive crescentic glomerulonephritis or death from rapidly progressive crescentic glomerulonephritis with the circumstances of a person's relevant service:

- (1) having an infection from the specified list of infections within the two months before the clinical onset of rapidly progressive crescentic glomerulonephritis;
 - Note: *specified list of infections* is defined in the Schedule 1 Dictionary.
- (2) having an autoimmune disorder from the specified list of autoimmune disorders at the time of the clinical onset of rapidly progressive crescentic glomerulonephritis;
 - Note: specified list of autoimmune disorders is defined in the Schedule 1 Dictionary.
- (3) having infiltration of the kidneys due to a disorder from the specified list of infiltrative disorders at the time of the clinical onset of rapidly progressive crescentic glomerulonephritis;
 - Note: specified list of infiltrative disorders is defined in the Schedule 1 Dictionary.
- (4) having a renal disorder from the specified list of renal disorders at the time of the clinical onset of rapidly progressive crescentic glomerulonephritis;
 - Note: specified list of renal disorders is defined in the Schedule 1 Dictionary.
- (5) having a malignant neoplasm at the time of the clinical onset of rapidly progressive crescentic glomerulonephritis;
- (6) taking a drug or a drug from a class of drugs from the specified list of drugs within the seven days before the clinical onset of rapidly progressive crescentic glomerulonephritis;
 - Note: specified list of drugs is defined in the Schedule 1 Dictionary.

- (7) having at least three episodes of acute volatile substance intoxication within the 30 days before the clinical onset of rapidly progressive crescentic glomerulonephritis;
 - Note: acute volatile substance intoxication is defined in the Schedule 1 Dictionary.
- (8) inhaling or absorbing an organic solvent for at least one hour per week for at least the three months before the clinical onset of rapidly progressive crescentic glomerulonephritis;
 - Note: *organic solvent* is defined in the Schedule 1 Dictionary.
- (9) inability to obtain appropriate clinical management for rapidly progressive crescentic glomerulonephritis.

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 factor set out in subsection 9(9) applies only to material contribution to, or aggravation of, rapidly progressive crescentic glomerulonephritis where the person's rapidly progressive crescentic glomerulonephritis 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(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

In this instrument:

acute volatile substance intoxication means an onset of clinically significant behavioural or psychological changes where:

- (a) such changes are coincident upon short-term, high-dose exposure to an organic solvent; and
- (b) the changes are accompanied by two or more of the following signs or symptoms:
 - (i) blurred vision or diplopia;
 - (ii) depressed reflexes;
 - (iii) dizziness;
 - (iv) euphoria;
 - (v) generalised muscle weakness;
 - (vi) incoordination;
 - (vii) lethargy;
 - (viii) nystagmus;
 - (ix) psychomotor retardation;
 - (x) slurred speech;
 - (xi) stupor or coma;
 - (xii) tremor; or
 - (xiii) unsteady gait; and
- (c) the changes or signs or symptoms are not attributable to another medical condition and are not better explained by another disorder of mental health.

Note 1: Examples of clinically significant behavioural or psychological changes include, but are not limited to, belligerence, aggressiveness, apathy and impaired judgement.

Note 2: organic solvent is also defined in the Schedule 1 - Dictionary.

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

organic solvent means:

- (a) aliphatic hydrocarbon solvent; or
- (b) aromatic hydrocarbon solvent; or
- (c) chlorinated organic solvent; or
- (d) oxygenated organic solvent.

rapidly progressive crescentic glomerulonephritis—see subsection 7(2).

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.

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

specified list of autoimmune disorders means:

- (a) anti-glomerular basement membrane disease (Goodpasture disease);
- (b) antiphospholipid syndrome;
- (c) Behcet disease;
- (d) cryoglobulinaemia;
- (e) eosinophilic granulomatosis with polyangiitis (Churg-Strauss syndrome);
- (f) granulomatosis with polyangiitis (Wegener granulomatosis);
- (g) Henoch-Schonlein purpura;
- (h) inflammatory bowel disease;
- (i) microscopic polyangiitis;
- (j) mixed connective tissue disease;
- (k) relapsing polychondritis;
- (l) rheumatoid arthritis;
- (m) Sjogren syndrome;
- (n) systemic lupus erythematosus; or
- (o) systemic sclerosis.

specified list of drugs means:

- (a) allopurinol;
- (b) cocaine adulterated with levamisole;
- (c) D-penicillamine;
- (d) hydralazine;
- (e) levamisole;
- (f) piperacillin;
- (g) rifampicin; or
- (h) thioamides.

specified list of infections means:

- (a) bacterial infection;
- (b) hepatitis B;
- (c) hepatitis C;
- (d) human immunodeficiency virus infection; or
- (e) infective endocarditis.

specified list of infiltrative disorders means:

- (a) amyloidosis;
- (b) light-chain deposition disease; or
- (c) sarcoidosis.

specified list of renal disorders means:

- (a) fibrillary glomerulonephritis;
- (b) immunoglobulin A nephropathy (including mesangial IgA glomerulonephritis);

- (c) immunoglobulin G4-related kidney disease (including tubulointerstitial nephritis and membranous glomerulonephritis secondary to immunoglobulin G4-related disease);
- membranoproliferative glomerulonephritis; or (d)
- membranous glomerulonephritis.

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

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

VEA means the Veterans' Entitlements Act 1986.