



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
DUPUYTREN DISEASE
(Reasonable Hypothesis)
(No. 9 of 2019)

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

Dated 21 December 2018

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'.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *Dupuytren disease (Reasonable Hypothesis)* (No. 9 of 2019).

2 Commencement

This instrument commences on 28 January 2019.

3 Authority

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

4 Repeal

The Statement of Principles concerning Dupuytren's disease No. 57 of 2010 (Federal Register of Legislation No. F2010L01676) made under subsection 196B(2) of the VEA is repealed.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 Dupuytren disease and death from Dupuytren disease.

Meaning of Dupuytren disease

- (2) For the purposes of this Statement of Principles, Dupuytren disease means a benign, progressive fibroproliferative disease of the palmar and digital fascia, which causes puckering and thickening of palmar skin and the formation of nodules and cords in the palmar and digital fascia, and which may progress to flexion contracture of the digits.
- (3) While Dupuytren disease attracts ICD-10-AM code M72.0, in applying this Statement of Principles the meaning of Dupuytren disease 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 Dupuytren disease

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

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 Dupuytren disease and death from Dupuytren disease 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 Dupuytren disease or death from Dupuytren disease with the circumstances of a person's relevant service:

- (1) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of Dupuytren disease, and:
- (a) smoking commenced at least five years before the clinical onset of Dupuytren disease; and
 - (b) where smoking has ceased, the clinical onset of Dupuytren disease has occurred within five years of cessation;

Note: *pack-years of cigarettes, or the equivalent thereof in other tobacco products* is defined in the Schedule 1 - Dictionary.

- (2) consuming an average of at least 200 grams per week of alcohol, for at least five consecutive years within the ten years before the clinical onset of Dupuytren disease;

Note: Alcohol consumption is calculated utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

- (3) having alcohol use disorder at the time of the clinical onset of Dupuytren disease;
- (4) having cirrhosis of the liver or steatohepatitis before the clinical onset of Dupuytren disease;

- (5) having trauma to the hand, wrist or forearm of the affected side, within the one year before the clinical onset of Dupuytren disease;

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

Note 2: Examples of trauma include, but are not limited to, laceration, sprain or crush injury, fracture or surgery, and a thermal, electrical or chemical burn.

- (6) having a clinically significant infection involving the palmar surface of the affected hand, within the three months before the clinical onset of Dupuytren disease;

Note: *clinically significant infection involving the palmar surface of the affected hand* is defined in the Schedule 1 - Dictionary.

- (7) for bilateral Dupuytren disease only:

- (a) having trauma to the hand, wrist or forearm before the clinical onset of Dupuytren disease, and where:

- (i) Dupuytren disease first developed on the side affected by trauma; and
(ii) Dupuytren disease developed in both hands within the one year following the trauma; or

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

Note 2: Examples of trauma include, but are not limited to, laceration, sprain or crush injury, fracture or surgery, and a thermal, electrical or chemical burn.

- (b) having a clinically significant infection involving the palmar surface of the affected hand before the clinical onset of Dupuytren disease, and where:

- (i) Dupuytren disease first developed on the side affected by the infection; and
(ii) Dupuytren disease developed in both hands within the three months following the infection;

Note: *clinically significant infection involving the palmar surface of the affected hand* is defined in the Schedule 1 - Dictionary.

- (8) performing any combination of:

- (a) repetitive, strenuous or forceful activities using the affected hand;
or
(b) activities using a hand-held, vibrating or percussive tool in the affected hand;

for a cumulative period of at least 10 000 hours before the clinical onset of Dupuytren disease, and where these activities have ceased, the clinical onset of Dupuytren disease has occurred within five years of cessation;

Note 1: Examples of repetitive, strenuous or forceful activities include, but are not limited to, handling, lifting, moving or carrying a load greater than ten kilograms; using large, hand-held power machinery; lifting, digging or shovelling; and participating in sports

involving repetitive, strenuous or forceful activities such as tennis, rock climbing, hockey or baseball.

Note 2: Examples of a hand-held, vibrating or percussive tool include, but are not limited to, screwdrivers, drills, chainsaws, jackhammers, boring machines and punching machines.

- (9) having diabetes mellitus before the clinical onset of Dupuytren disease;
- (10) having epilepsy at the time of the clinical onset of Dupuytren disease;
- (11) having psoriasis involving the palm of the affected hand at the time of the clinical onset of Dupuytren disease;
- (12) being treated with vemurafenib within the two years before the clinical onset of Dupuytren disease;
- (13) receiving an average of at least 100 milligrams of phenobarbital (phenobarbitone) per day for the treatment of epilepsy:
 - (a) for a continuous period of at least two years before the clinical onset of Dupuytren disease; and
 - (b) where this treatment has ceased, the clinical onset of Dupuytren disease has occurred within one year of cessation;
- (14) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of Dupuytren disease, and:
 - (a) smoking commenced at least five years before the clinical worsening of Dupuytren disease; and
 - (b) where smoking has ceased, the clinical worsening of Dupuytren disease has occurred within five years of cessation;

Note: *pack-years of cigarettes, or the equivalent thereof in other tobacco products* is defined in the Schedule 1 - Dictionary.

- (15) consuming an average of at least 200 grams per week of alcohol, for at least five consecutive years within the ten years before the clinical worsening of Dupuytren disease;

Note: Alcohol consumption is calculated utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

- (16) having alcohol use disorder at the time of the clinical worsening of Dupuytren disease;
- (17) having cirrhosis of the liver or steatohepatitis before the clinical worsening of Dupuytren disease;
- (18) having trauma to the hand, wrist or forearm of the affected side, within the one year before the clinical worsening of Dupuytren disease;

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

Note 2: Examples of trauma include, but are not limited to, laceration, sprain or crush injury, fracture or surgery, and a thermal, electrical or chemical burn.

- (19) having a clinically significant infection involving the palmar surface of the affected hand, within the three months before the clinical worsening of Dupuytren disease;

Note: *clinically significant infection involving the palmar surface of the affected hand* is defined in the Schedule 1 - Dictionary.

- (20) for bilateral Dupuytren disease only:

- (a) having trauma to the hand, wrist or forearm before the clinical worsening of Dupuytren disease, and where:
- (i) Dupuytren disease first worsened on the side affected by trauma; and
 - (ii) Dupuytren disease worsened in both hands within the one year following the trauma; or

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

Note 2: Examples of trauma include, but are not limited to, laceration, sprain or crush injury, fracture or surgery, and a thermal, electrical or chemical burn.

- (b) having a clinically significant infection involving the palmar surface of the affected hand before the clinical worsening of Dupuytren disease, and where:
- (i) Dupuytren disease first worsened on the side affected by the infection; and
 - (ii) Dupuytren disease worsened in both hands within the three months following the infection;

Note: *clinically significant infection involving the palmar surface of the affected hand* is defined in the Schedule 1 - Dictionary.

- (21) performing any combination of:

- (a) repetitive, strenuous or forceful activities using the affected hand;
or
- (b) activities using a hand-held, vibrating or percussive tool in the affected hand;

for a cumulative period of at least 10 000 hours before the clinical worsening of Dupuytren disease, and where these activities have ceased, the clinical worsening of Dupuytren disease has occurred within five years of cessation;

Note 1: Examples of repetitive, strenuous or forceful activities include, but are not limited to, handling, lifting, moving or carrying a load greater than ten kilograms; using large, hand-held power machinery; lifting, digging or shovelling; and participating in sports involving repetitive, strenuous or forceful activities such as tennis, rock climbing, hockey or baseball.

Note 2: Examples of a hand-held, vibrating or percussive tool include, but are not limited to, screwdrivers, drills, chainsaws, jackhammers, boring machines and punching machines.

- (22) having diabetes mellitus before the clinical worsening of Dupuytren disease;
- (23) having epilepsy at the time of the clinical worsening of Dupuytren disease;
- (24) having psoriasis involving the palm of the affected hand at the time of the clinical worsening of Dupuytren disease;
- (25) being treated with vemurafenib within the two years before the clinical worsening of Dupuytren disease;
- (26) receiving an average of at least 100 milligrams of phenobarbital (phenobarbitone) per day for the treatment of epilepsy:
 - (a) for a continuous period of at least two years before the clinical worsening of Dupuytren disease; and
 - (b) where this treatment has ceased, the clinical worsening of Dupuytren disease has occurred within one year of cessation;
- (27) inability to obtain appropriate clinical management for Dupuytren disease.

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(14) to 9(27) apply only to material contribution to, or aggravation of, Dupuytren disease where the person's Dupuytren disease 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:

clinically significant infection involving the palmar surface of the affected hand means an infection such as flexor tenosynovitis or a palmar abscess.

Dupuytren disease—see subsection 7(2).

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

pack-years of cigarettes, or the equivalent thereof in other tobacco products means a calculation of consumption where one pack-year of cigarettes equals twenty tailor-made cigarettes per day for a period of one calendar year, or 7 300 cigarettes. One tailor-made cigarette approximates one gram of tobacco or one gram of cigar or pipe tobacco by weight. One pack-year of tailor-made cigarettes equates to 7.3 kilograms of smoking tobacco by weight. Tobacco products mean cigarettes, pipe tobacco or cigars, smoked alone or in any combination.

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.

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 a significant injury, resulting in symptoms and signs lasting for at least seven days, or which is of sufficient severity to warrant medical attention.

VEA means the *Veterans' Entitlements Act 1986*.