



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**MALIGNANT NEOPLASM OF THE CERVIX**  
**(Reasonable Hypothesis)**  
**(No. 80 of 2020)**

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

Dated 30 October 2020

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 *malignant neoplasm of the cervix (Reasonable Hypothesis)* (No. 80 of 2020).

**2 Commencement**

This instrument commences on 30 November 2020.

**3 Authority**

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

**4 Repeal**

The Statement of Principles concerning malignant neoplasm of the cervix No. 39 of 2012 (Federal Register of Legislation No. F2012L01353) made under subsection 196B(2) of the VEA is repealed.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 malignant neoplasm of the cervix and death from malignant neoplasm of the cervix.

*Meaning of malignant neoplasm of the cervix*

- (2) For the purposes of this Statement of Principles, malignant neoplasm of the cervix:
- (a) means a primary invasive carcinoma, carcinoma in situ, adenocarcinoma in situ or cervical intraepithelial neoplasia grade 3, arising from the cells of the cervix uteri; and
  - (b) includes squamous cell carcinoma, adenocarcinoma and adenosquamous carcinoma; and
  - (c) excludes:
    - (i) cervical intraepithelial neoplasia grades 1 or 2;
    - (ii) malignant melanoma and melanoma in situ;
    - (iii) neuroendocrine tumours; and

- (iv) soft tissue sarcoma, adenosarcoma, carcinosarcoma, non-Hodgkin lymphoma and Hodgkin's lymphoma.
- (3) While malignant neoplasm of the cervix attracts ICD-10-AM code C53 or D06, in applying this Statement of Principles the meaning of malignant neoplasm of the cervix 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 malignant neoplasm of the cervix*

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

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 malignant neoplasm of the cervix and death from malignant neoplasm of the cervix 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 malignant neoplasm of the cervix or death from malignant neoplasm of the cervix with the circumstances of a person's relevant service:

- (1) having a persistent infection of the cervical epithelium with a specified human papillomavirus before the clinical onset of malignant neoplasm of the cervix;

Note: *persistent infection* and *specified human papillomavirus* are defined in the Schedule 1 - Dictionary.

- (2) having infection with human immunodeficiency virus before the clinical onset of malignant neoplasm of the cervix;

- (3) for squamous cell carcinoma of the cervix only, having smoked at least 10 pack-years of tobacco products, at least two years before the clinical onset of squamous cell carcinoma of the cervix, and where smoking has ceased, the clinical onset of squamous cell carcinoma of the cervix has occurred within 20 years of cessation;

Note: *pack-year of tobacco products* is defined in the Schedule 1 - Dictionary.

- (4) taking a combined oral contraceptive pill for a continuous period of at least three years, commencing at least five years before the clinical onset of malignant neoplasm of the cervix, and where taking the combined oral contraceptive pill has ceased, the clinical onset of malignant neoplasm of the cervix has occurred within 15 years of cessation;

Note: *combined oral contraceptive pill* is defined in the Schedule 1 - Dictionary.

- (5) taking an immunosuppressive drug for organ or tissue transplantation at least two years before the clinical onset of malignant neoplasm of the cervix;

Note: *organ or tissue transplantation* is defined in the Schedule 1 - Dictionary.

- (6) having systemic lupus erythematosus within the five years before the clinical onset of malignant neoplasm of the cervix;

- (7) being prevented from accessing clinical screening for cervical precancerous lesions or cervical cancer in accordance with contemporary medical standards of the time, within the seven years before the clinical onset of malignant neoplasm of the cervix, and where:

- (a) if clinical screening has subsequently resumed, there has been no normal test result; and
- (b) the opportunity for subsequent clinical screening has not been declined;

Note: *cervical precancerous lesions* and *clinical screening for cervical precancerous lesions or cervical cancer* are defined in the Schedule 1 - Dictionary.

- (8) being prevented from accessing appropriate treatment for cervical precancerous lesions in accordance with contemporary medical standards of the time, between two and seven years before the clinical onset of malignant neoplasm of the cervix;

Note: *cervical precancerous lesions* is defined in the Schedule 1 - Dictionary.

- (9) inability to obtain appropriate clinical management for malignant neoplasm of the cervix.

## 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, malignant neoplasm of the cervix where the person's malignant neoplasm of the cervix 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:

***cervical precancerous lesions*** means changes to cervical cells that make them more likely to develop into cancer, and includes cervical intraepithelial neoplasia grades 1 or 2, low grade squamous intraepithelial lesion, mild to moderate dysplasia of the cells of the cervix and atypical glandular cells in the cervix.

***clinical screening for precancerous lesions or cervical cancer*** means human papillomavirus testing or Papanicolaou cytology examinations.

***combined oral contraceptive pill*** means an oral contraceptive compound containing both estrogen and progestogen.

***malignant neoplasm of the cervix***—see subsection 7(2).

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

***organ or tissue transplantation*** means the transplantation of:

- (a) all or part of an organ or tissue; or
- (b) a substance obtained from an organ or tissue.

***pack-year of tobacco products*** means:

- (a) 20 cigarettes per day for a period of one calendar year; or
- (b) 7,300 cigarettes in a period of one calendar year; or
- (c) 7,300 grams of smoking tobacco by weight, either in cigarettes, pipe tobacco or cigars, or a combination of same, in a period of one calendar year.

***persistent infection*** means an infection by the same human papillomavirus type for at least two consecutive years.

***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 human papillomavirus*** means human papillomavirus type 16, 18, 26, 31, 33, 35, 39, 45, 51, 52, 53, 56, 58, 59, 66, 67, 68, 70, 73 or 82.

***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*.