

Statement of Principles concerning

MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE (Balance of Probabilities)

(No. 67 of 2020)

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

Dated 28 August 2020

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 malignant neoplasm of bone and articular cartilage (Balance of Probabilities) (No. 67 of 2020).

2 Commencement

This instrument commences on 28 September 2020.

3 Authority

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

4 Repeal

The Statement of Principles concerning malignant neoplasm of bone and articular cartilage No. 107 of 2011 (Federal Register of Legislation No. F2011L01740) made under subsections 196B(3) and (8) of the VEA is repealed.

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 malignant neoplasm of bone and articular cartilage and death from malignant neoplasm of bone and articular cartilage.

Meaning of malignant neoplasm of bone and articular cartilage

- (2) For the purposes of this Statement of Principles, malignant neoplasm of bone and articular cartilage:
 - (a) means a primary malignant neoplasm arising in bone or articular cartilage; and
 - (b) includes:
 - (i) chondrosarcoma of bone or articular cartilage;
 - (ii) Ewing sarcoma; and
 - (iii) osteosarcoma; and

- (c) excludes:
 - (i) malignant neoplasms of haematopoietic tissue within bones;
 - (ii) metastatic lesions within bone or articular cartilage arising from other primary malignant neoplasms; and
 - (iii) soft tissue sarcoma.
- (3) While malignant neoplasm of bone and articular cartilage attracts ICD-10-AM code C40 or C41, in applying this Statement of Principles the meaning of malignant neoplasm of bone and articular cartilage 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 bone and articular cartilage

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

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 malignant neoplasm of bone and articular cartilage and death from malignant neoplasm of bone and articular cartilage 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, malignant neoplasm of bone and articular cartilage or death from malignant neoplasm of bone and articular cartilage 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 affected region at least five years before the clinical onset of malignant neoplasm of bone or articular cartilage;

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

- (2) having Paget's disease of bone at the affected site before the clinical onset of malignant neoplasm of bone or articular cartilage;
- (3) having chronic osteomyelitis at the affected site before the clinical onset of malignant neoplasm of bone or articular cartilage;
- (4) having giant cell tumour of bone at the affected site before the clinical onset of malignant neoplasm of bone or articular cartilage;
- (5) taking an anthracycline chemotherapeutic agent at least five years before the clinical onset of malignant neoplasm of bone or articular cartilage;
- (6) inability to obtain appropriate clinical management for malignant neoplasm of bone or articular cartilage.

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(6) applies only to material contribution to, or aggravation of, malignant neoplasm of bone and articular cartilage where the person's malignant neoplasm of bone and articular cartilage 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:

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.

malignant neoplasm of bone and articular cartilage—see subsection 7(2).

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.