



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

**Statement of Principles**  
**concerning**  
**MALIGNANT NEOPLASM OF THE KIDNEY**  
**(Reasonable Hypothesis)**  
**(No. 41 of 2021)**

---

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

Dated 26 March 2021

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:

Professor Nicholas Saunders AO  
Chairperson

## Contents

1	Name .....	3
2	Commencement .....	3
3	Authority .....	3
4	Repeal .....	3
5	Application.....	3
6	Definitions .....	3
7	Kind of injury, disease or death to which this Statement of Principles relates .....	3
8	Basis for determining the factors .....	4
9	Factors that must exist.....	4
10	Relationship to service.....	7
11	Factors referring to an injury or disease covered by another Statement of Principles .....	7
<b>Schedule 1 - Dictionary .....</b>		<b>8</b>
1	Definitions .....	8

**1 Name**

This is the Statement of Principles concerning *malignant neoplasm of the kidney (Reasonable Hypothesis)* (No. 41 of 2021).

**2 Commencement**

This instrument commences on 27 April 2021.

**3 Authority**

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

**4 Repeal**

The Statement of Principles concerning adenocarcinoma of the kidney No. 9 of 2013 (Federal Register of Legislation No. F2013L00024) made under subsections 196B(2) and (8) of the VEA is repealed.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 kidney and death from malignant neoplasm of the kidney.

*Meaning of malignant neoplasm of the kidney*

- (2) For the purposes of this Statement of Principles, malignant neoplasm of the kidney:
- (a) means a primary malignant neoplasm arising from the renal tubular epithelium; and
  - (b) includes renal medullary carcinoma; and
  - (c) excludes:
    - (i) carcinoid tumour;
    - (ii) Hodgkin's lymphoma;
    - (iii) malignant neoplasm of the renal pelvis;
    - (iv) non-Hodgkin lymphoma; and
    - (v) soft tissue sarcoma.

Note: Malignant neoplasm of the kidney is also known as adenocarcinoma of the kidney, renal cell carcinoma, renal adenocarcinoma and hypernephroma.

- (3) While malignant neoplasm of the kidney attracts ICD-10-AM code C64, in applying this Statement of Principles the meaning of malignant neoplasm of the kidney 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 kidney*

- (5) For the purposes of this Statement of Principles, malignant neoplasm of the kidney, 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 kidney.

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

- (1) having hypertension for a period of at least two years before the clinical onset of malignant neoplasm of the kidney;
- (2) being overweight or obese for at least three years within the 20 years before the clinical onset of malignant neoplasm of the kidney;

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

- (3) having smoked tobacco products:
- (a) in an amount of at least ten pack-years before the clinical onset of malignant neoplasm of the kidney; and
  - (b) commencing at least five years before the clinical onset of malignant neoplasm of the kidney; and

if smoking has ceased before the clinical onset of malignant neoplasm of the kidney, then that onset occurred within 30 years of cessation;

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

- (4) having been exposed to second-hand smoke:
- (a) for at least 10,000 hours before the clinical onset of malignant neoplasm of the kidney; and
  - (b) commencing at least five years before the clinical onset of malignant neoplasm of the kidney; and

if exposure to second-hand smoke has ceased before the clinical onset of malignant neoplasm of the kidney, then that onset occurred within 30 years of cessation;

Note: *having been exposed to second-hand smoke* is defined in the Schedule 1 - Dictionary.

- (5) inhaling respirable asbestos fibres in an enclosed space, at the time material containing asbestos was being applied, removed, cut, drilled, dislodged or disturbed:
- (a) for a cumulative period of at least 1,000 hours before the clinical onset of malignant neoplasm of the kidney; and
  - (b) where the first inhalation of asbestos fibres commenced at least five years before the clinical onset of malignant neoplasm of the kidney;

Note: Disturbance of debris or dust contaminated with asbestos fibres already present in an enclosed space may result in exposure to respirable asbestos fibres.

- (6) inhaling respirable asbestos fibres in an open environment, at the time material containing asbestos was being applied, removed, cut, drilled, dislodged or disturbed:
- (a) for a cumulative period of at least 3,000 hours before the clinical onset of malignant neoplasm of the kidney; and
  - (b) where the first inhalation of asbestos fibres commenced at least five years before the clinical onset of malignant neoplasm of the kidney;

Note: Disturbance of debris or dust contaminated with asbestos fibres already present in an open environment may result in exposure to respirable asbestos fibres.

- (7) inhaling cadmium fumes:
- (a) for a cumulative period of at least 3,000 hours before the clinical onset of malignant neoplasm of the kidney; and
  - (b) where the first inhalation of fumes occurred at least five years before the clinical onset of malignant neoplasm of the kidney;

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

- (8) inhaling, ingesting or having cutaneous contact with trichloroethylene:
- (a) for a cumulative period of at least 1,000 hours, within a consecutive period of ten years, before the clinical onset of malignant neoplasm of the kidney; and
  - (b) where the first exposure occurred at least five years before the clinical onset of malignant neoplasm of the kidney;

- (9) being exposed to arsenic as specified before the clinical onset of malignant neoplasm of the kidney, where the first exposure to arsenic occurred at least ten years before the clinical onset of malignant neoplasm of the kidney;

Note: *being exposed to arsenic as specified* is defined in the Schedule 1 - Dictionary.

- (10) having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the kidney at least five years before the clinical onset of malignant neoplasm of the kidney;

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

- (11) having chronic kidney disease before the clinical onset of malignant neoplasm of the kidney;

Note: *chronic kidney disease* is defined in the Schedule 1 - Dictionary.

- (12) having renal stone disease involving the affected kidney at least five years before the clinical onset of malignant neoplasm of the kidney;

- (13) having diabetes mellitus for at least five years before the clinical onset of malignant neoplasm of the kidney;

- (14) for renal medullary carcinoma only, having sickle cell disorder before the clinical onset of renal medullary carcinoma;

- (15) an inability to consume an average of at least 200 grams per day of any combination of fruits and vegetables, for a period of at least five consecutive years within the 20 years before the clinical onset of malignant neoplasm of the kidney;

- (16) an inability to undertake any physical activity greater than three METs for at least ten years within the 30 years before the clinical onset of malignant neoplasm of the kidney;

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

- (17) undergoing organ or tissue transplantation, excluding corneal transplant, before the clinical onset of malignant neoplasm of the kidney;

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

- (18) taking a non-topical non-steroidal anti-inflammatory drug, excluding aspirin, on at least 15 days per month for at least ten years before the clinical onset of malignant neoplasm of the kidney;
- (19) using manual welding equipment for welding metal:
  - (a) for a cumulative period of at least 3,000 hours before the clinical onset of malignant neoplasm of the kidney; and
  - (b) where that use began at least five years before the clinical onset of malignant neoplasm of the kidney;
- (20) inability to obtain appropriate clinical management for malignant neoplasm of the kidney.

## **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(20) applies only to material contribution to, or aggravation of, malignant neoplasm of the kidney where the person's malignant neoplasm of the kidney 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:

***abnormality of kidney structure or function*** means:

- (a) having a glomerular filtration rate of less than 60 mL/min/1.73 m<sup>2</sup>; or
- (b) having kidney damage, as evidenced by renal biopsy, imaging studies, albuminuria, urinary sediment abnormalities or other markers of abnormal renal function; or
- (c) having had a kidney transplant.

***being exposed to arsenic as specified*** means:

- (a) consuming drinking water with an average arsenic concentration of at least 50 micrograms per litre for a cumulative period of at least ten years; or
- (b) consuming drinking water resulting in a cumulative total arsenic exposure equivalent to having consumed drinking water containing at least 50 micrograms per litre for at least ten years; or
- (c) having clinical evidence of chronic arsenic toxicity.

***being overweight or obese*** means:

- (a) having a Body Mass Index (BMI) of 25 or greater; or
- (b) having a waist circumference of greater than 80 centimetres in women or greater than 94 centimetres in men.

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

***BMI*** means  $W/H^2$  where:

- (a) W is the person's weight in kilograms; and
- (b) H is the person's height in metres.

***cadmium fumes*** means combustion products, aerosols, vapours or dust arising through industrial processes or from workplace practices that involve the refining, manufacture or use of cadmium.

***chronic kidney disease*** means an abnormality of kidney structure or function that has been present for at least three months.

Note: ***abnormality of kidney structure or function*** is also defined in the Schedule 1 - Dictionary.

***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.

**having been exposed to second-hand smoke** means having been in an enclosed space and inhaling smoke from burning tobacco products or smoke that has been exhaled by another person who is smoking.

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

**MET** means a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute, or 1.0 kcal/kg of body weight per hour, or resting metabolic rate.

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

**organ or tissue transplantation** means:

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

**pack-year** means an amount of tobacco equivalent to:

- (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.

**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.

**VEA** means the *Veterans' Entitlements Act 1986*.