



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

**Statement of Principles**  
**concerning**  
**PORPHYRIA CUTANEA TARDA**  
**(Balance of Probabilities)**  
**(No. 70 of 2021)**

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

Dated 21 May 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.....	6
11	Factors referring to an injury or disease covered by another Statement of Principles .....	6
<b>Schedule 1 - Dictionary .....</b>		<b>7</b>
1	Definitions .....	7

## **1 Name**

This is the Statement of Principles concerning *porphyria cutanea tarda* (*Balance of Probabilities*) (No. 70 of 2021).

## **2 Commencement**

This instrument commences on 21 June 2021.

## **3 Authority**

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

## **4 Repeal**

The Statement of Principles concerning porphyria cutanea tarda No. 44 of 2012 (Federal Register of Legislation No. F2012L01358) made under subsection 196B(3) of the VEA is repealed.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 porphyria cutanea tarda and death from porphyria cutanea tarda.

### *Meaning of porphyria cutanea tarda*

- (2) For the purposes of this Statement of Principles, porphyria cutanea tarda means a skin disorder resulting from decreased activity of the enzyme uroporphyrinogen decarboxylase in the liver and accumulation of porphyrins in the circulation.

Note: Typical clinical manifestations of porphyria cutanea tarda include blistering of the skin in sun-exposed areas, hyperpigmentation and facial hypertrichosis.

- (3) While porphyria cutanea tarda attracts ICD-10-AM code E80.1, in applying this Statement of Principles the meaning of porphyria cutanea tarda 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 porphyria cutanea tarda*

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

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 porphyria cutanea tarda and death from porphyria cutanea tarda 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, porphyria cutanea tarda or death from porphyria cutanea tarda is connected with the circumstances of a person's relevant service:

- (1) for males, consuming a total of at least 100 kilograms of alcohol within the 10 years before the clinical onset of porphyria cutanea tarda;

Note: Alcohol consumption is calculated utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink.

- (2) for females, consuming a total of at least 50 kilograms of alcohol within the 10 years before the clinical onset of porphyria cutanea tarda;

Note: Alcohol consumption is calculated utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink.

- (3) having alcohol use disorder at the time of the clinical onset of porphyria cutanea tarda;

- (4) having cirrhosis of the liver or alcoholic steatohepatitis at the time of the clinical onset of porphyria cutanea tarda;

- (5) having chronic renal failure at the time of the clinical onset of porphyria cutanea tarda;

Note: *chronic renal failure* is defined in the Schedule 1 - Dictionary.

- (6) having hepatic iron overload at the time of the clinical onset of porphyria cutanea tarda;  
 Note: *iron overload* is defined in the Schedule 1 - Dictionary.
- (7) having a viral infection from the specified list of viral infections at the time of the clinical onset of porphyria cutanea tarda;  
 Note: *specified list of viral infections* is defined in the Schedule 1 - Dictionary.
- (8) taking a drug from the specified list of drugs within the 30 days before the clinical onset of porphyria cutanea tarda;  
 Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.
- (9) taking a drug which is associated in the individual with the clinical onset of porphyria cutanea tarda during drug therapy and either:
- (a) the improvement of porphyria cutanea tarda within 2 months of discontinuing or tapering drug therapy; or
  - (b) the redevelopment of porphyria cutanea tarda on rechallenge with the same drug; and
- where taking the drug continued for at least the 7 days before the clinical onset of porphyria cutanea tarda;
- (10) ingesting food contaminated with hexachlorobenzene within the 1 year before the clinical onset of porphyria cutanea tarda;
- (11) for males, consuming a total of at least 100 kilograms of alcohol within the 10 years before the clinical worsening of porphyria cutanea tarda;  
 Note: Alcohol consumption is calculated utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink.
- (12) for females, consuming a total of at least 50 kilograms of alcohol within the 10 years before the clinical worsening of porphyria cutanea tarda;  
 Note: Alcohol consumption is calculated utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink.
- (13) having alcohol use disorder at the time of the clinical worsening of porphyria cutanea tarda;
- (14) having cirrhosis of the liver or alcoholic steatohepatitis at the time of the clinical worsening of porphyria cutanea tarda;
- (15) having chronic renal failure at the time of the clinical worsening of porphyria cutanea tarda;  
 Note: *chronic renal failure* is defined in the Schedule 1 - Dictionary.
- (16) having hepatic iron overload at the time of the clinical worsening of porphyria cutanea tarda;  
 Note: *iron overload* is defined in the Schedule 1 - Dictionary.

- (17) having a viral infection from the specified list of viral infections at the time of the clinical worsening of porphyria cutanea tarda;

Note: *specified list of viral infections* is defined in the Schedule 1 - Dictionary.

- (18) taking a drug from the specified list of drugs within the 30 days before the clinical worsening of porphyria cutanea tarda;

Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.

- (19) taking a drug which is associated in the individual with:

- (a) the clinical worsening of porphyria cutanea tarda during drug therapy; and  
(b) the improvement of porphyria cutanea tarda within 2 months of discontinuing or tapering drug therapy; and

where taking the drug continued for at least the 7 days before the clinical worsening of porphyria cutanea tarda;

- (20) ingesting food contaminated with hexachlorobenzene within the 1 year before the clinical worsening of porphyria cutanea tarda;

- (21) inability to obtain appropriate clinical management for porphyria cutanea tarda.

## **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(11) to 9(21) apply only to material contribution to, or aggravation of, porphyria cutanea tarda where the person's porphyria cutanea tarda 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:

***chronic renal failure*** means:

- (a) having a glomerular filtration rate of less than 15 mL/min/1.73 m<sup>2</sup> for a period of at least 3 months; or
- (b) a need for renal replacement therapy (dialysis or transplantation) for treatment of complications of decreased glomerular filtration rate which would otherwise increase the risk of morbidity and mortality; or
- (c) undergoing chronic dialysis.

***iron overload*** means an accumulation of excess iron in tissues and organs which has been confirmed by elevated ferritin or transferrin saturation levels.

Note: Common causes of hepatic iron overload are haemochromatosis and blood transfusions.

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

***porphyria cutanea tarda***—see subsection 7(2).

***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.

***specified list of drugs*** means:

- (a) carbamazepine;
- (b) chloroquine;
- (c) cyclophosphamide;
- (d) highly active antiretroviral therapy;
- (e) hydroxychloroquine;
- (f) imatinib;
- (g) interferon alpha;
- (h) iron supplements;
- (i) oral estrogens;
- (j) phenobarbital;
- (k) phenytoin;
- (l) rifampicin;
- (m) sulfonylureas; or
- (n) tamoxifen.

***specified list of viral infections*** means:

- (a) hepatitis B virus;
- (b) hepatitis C virus; or
- (c) human immunodeficiency virus.

***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*.