



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
EOSINOPHILIC OESOPHAGITIS
(Balance of Probabilities)
(No. 30 of 2022)

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

Dated 4 March 2022

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

Professor Terence Campbell AM
Chairperson

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1 Name

This is the Statement of Principles concerning *eosinophilic oesophagitis (Balance of Probabilities)* (No. 30 of 2022).

2 Commencement

This instrument commences on 4 April 2022.

3 Authority

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

4 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.

5 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

6 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about eosinophilic oesophagitis and death from eosinophilic oesophagitis.

Meaning of eosinophilic oesophagitis

- (2) For the purposes of this Statement of Principles, eosinophilic oesophagitis means a chronic, immune-mediated oesophageal disease, characterised by symptoms related to oesophageal dysfunction, together with eosinophil-predominant inflammation of the oesophageal epithelium.

Note 1: Typical symptoms of oesophageal dysfunction in adults include difficulty swallowing, chest pain, upper abdominal pain, heartburn and acute food bolus obstruction.

Note 2: Eosinophil-predominant infiltration of the oesophageal epithelium is demonstrated by peak values of at least 15 eosinophils per high-power field on oesophageal biopsy.

Note 3: Endoscopic findings which may increase suspicion of a diagnosis of eosinophilic oesophagitis include rings, furrows, exudates, oedema, stricture, narrowing and crepe-paper mucosa.

Note 4: A clinical assessment should fully evaluate any condition that could account for oesophageal tissue eosinophilia, including gastro-oesophageal reflux disease, Crohn disease, infections and connective tissue disorders.

Death from eosinophilic oesophagitis

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

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

7 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 eosinophilic oesophagitis and death from eosinophilic oesophagitis 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.

8 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, eosinophilic oesophagitis or death from eosinophilic oesophagitis is connected with the circumstances of a person's relevant service:

- (1) taking an average of at least 600 milligrams of aspirin per day for the desensitisation of aspirin-exacerbated respiratory disease for at least the 3 months before the clinical onset of eosinophilic oesophagitis;
- (2) taking carbamazepine daily for at least the 7 days before the clinical onset of eosinophilic oesophagitis;
- (3) having oral or sublingual allergen immunotherapy at the time of the clinical onset of eosinophilic oesophagitis;
- (4) taking an average of at least 600 milligrams of aspirin per day for the desensitisation of aspirin-exacerbated respiratory disease for at least the 3 months before the clinical worsening of eosinophilic oesophagitis;
- (5) taking carbamazepine daily for at least the 7 days before the clinical worsening of eosinophilic oesophagitis;
- (6) having oral or sublingual allergen immunotherapy at the time of the clinical worsening of eosinophilic oesophagitis;
- (7) inability to obtain appropriate clinical management for eosinophilic oesophagitis.

9 Relationship to service

- (1) The existence in a person of any factor referred to in section 8, must be related to the relevant service rendered by the person.

- (2) The factors set out in subsections 8(4) to 8(7) apply only to material contribution to, or aggravation of, eosinophilic oesophagitis where the person's eosinophilic oesophagitis was suffered or contracted before or during (but did not arise out of) the person's relevant service.

10 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 8 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 5

1 Definitions

In this instrument:

eosinophilic oesophagitis—see subsection 6(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*.