



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

**Statement of Principles**  
**concerning**  
**MALIGNANT NEOPLASM OF THE**  
**SALIVARY GLAND**  
**(Balance of Probabilities)**  
**(No. 103 of 2023)**

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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 25 October 2023.

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 *malignant neoplasm of the salivary gland (Balance of Probabilities)* (No. 103 of 2023).

**2 Commencement**

This instrument commences on 28 November 2023.

**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 the salivary gland No. 58 of 2015 (Federal Register of Legislation No. F2015L00261) made under subsections 196B(3) and (8) of the VEA is repealed.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 the salivary gland and death from malignant neoplasm of the salivary gland.

*Meaning of malignant neoplasm of the salivary gland*

- (2) For the purposes of this Statement of Principles, malignant neoplasm of the salivary gland:
- (a) means a primary malignant neoplasm arising from the epithelial cells of the major salivary glands (parotid, submandibular and sublingual glands), minor salivary glands or salivary gland ducts; and
  - (b) excludes:
    - (i) carcinoid tumour;
    - (ii) haematolymphoid tumours including non-Hodgkin lymphoma and Hodgkin lymphoma; and

- (iii) soft tissue sarcoma.

*Death from malignant neoplasm of the salivary gland*

- (3) For the purposes of this Statement of Principles, malignant neoplasm of the salivary gland, 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 salivary gland.

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 the salivary gland and death from malignant neoplasm of the salivary gland 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 the salivary gland or death from malignant neoplasm of the salivary gland 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 salivary gland at least 10 years before the clinical onset of malignant neoplasm of the salivary gland;

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

- (2) for individuals aged 20 years or less, having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the salivary gland at least 5 years before the clinical onset of malignant neoplasm of the salivary gland;

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

- (3) undergoing ablative treatment with radioactive iodine for thyroid cancer before the clinical onset of malignant neoplasm of the salivary gland, where the first exposure occurred at least 10 years before the clinical onset of malignant neoplasm of the salivary gland;

- (4) having infection with human immunodeficiency virus before the clinical onset of malignant neoplasm of the salivary gland;

- (5) inability to obtain appropriate clinical management for malignant neoplasm of the salivary gland before the clinical worsening of malignant neoplasm of the salivary gland.

## 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(5) applies only to material contribution to, or aggravation of, malignant neoplasm of the salivary gland where the person's malignant neoplasm of the salivary gland 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 the salivary gland***—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*.