



Australian Government
Repatriation Medical Authority

**Statement of Principles
concerning
DISCOID LUPUS ERYTHEMATOSUS
(Reasonable Hypothesis)
(No. 49 of 2025)**

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

Dated 15 April 2025

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

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1 Name

This is the Statement of Principles concerning *discoid lupus erythematosus* (*Reasonable Hypothesis*) (No. 49 of 2025).

2 Commencement

This instrument commences on 19 May 2025.

3 Authority

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

4 Repeal

The Statement of Principles concerning discoid lupus erythematosus (*Reasonable Hypothesis*) (No. 126 of 2015) (Federal Register of Legislation No. F2015L01680) made under subsection 196B(2) of the VEA is repealed.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 discoid lupus erythematosus and death from discoid lupus erythematosus.

Meaning of discoid lupus erythematosus

- (2) For the purposes of this Statement of Principles, discoid lupus erythematosus:
- (a) means a form of chronic cutaneous lupus erythematosus that commonly presents with erythematous, scaly plaques which often heal with scarring and atrophy, with a preference for the concha of the ear, head or neck; and
 - (b) excludes:
 - (i) acute cutaneous lupus erythematosus;
 - (ii) chilblain lupus erythematosus;
 - (iii) lupus erythematosus-lichen planus overlap syndrome;
 - (iv) lupus erythematosus panniculitis;

- (v) lupus erythematosus profundus;
 - (vi) lupus erythematosus tumidus;
 - (vii) subacute cutaneous lupus erythematosus;
 - (viii) systemic lupus erythematosus.
- (3) While discoid lupus erythematosus attracts ICD-10-AM code L93.0, in applying this Statement of Principles the meaning of discoid lupus erythematosus 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 discoid lupus erythematosus

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

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 discoid lupus erythematosus and death from discoid lupus erythematosus 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 discoid lupus erythematosus or death from discoid lupus erythematosus with the circumstances of a person's relevant service:

- (1) being exposed to sunlight or ultraviolet light at a level sufficient to induce erythema (sunburn) at least 24 hours, but not more than 30 days, before clinical onset or clinical worsening;
- (2) taking any of the following medications at the time of clinical onset or clinical worsening:
 - (a) fluorouracils (including 5-fluorouracil, capecitabine and tegafur), excluding topical agents;
 - (b) immune checkpoint inhibitors;

- (c) intravenous or subcutaneous immunoglobulin G;
 - (d) leflunomide;
 - (e) palbociclib;
 - (f) secukinumab;
 - (g) tumour necrosis factor-alpha inhibitors.
- (3) taking a medication which is associated with:
- (a) the development of discoid lupus erythematosus during medication therapy; and
 - (b) the improvement in discoid lupus erythematosus within 3 months of discontinuing medication therapy;
- where treatment with the drug continued for at least the 3 days before clinical onset or clinical worsening;
- (4) taking estradiol menopausal hormone therapy for at least the 2 years before clinical onset;
- (5) where smoking has not ceased before clinical onset or clinical worsening, smoking at least 10 pack-years before clinical onset or clinical worsening;
- Note: *one pack-year* is defined in the Schedule 1 – Dictionary.
- (6) having posttraumatic stress disorder for at least the 3 months before clinical onset or clinical worsening;
- (7) inability to obtain appropriate clinical management for discoid lupus erythematosus before clinical worsening.

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 clinical worsening aspects of factors set out in section 9 apply only to material contribution to, or aggravation of, discoid lupus erythematosus where the person's discoid lupus erythematosus 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:

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

one pack-year means the amount of tobacco consumed in smoking 20 cigarettes per day for a period of 1 year, or an equivalent amount of tobacco products.

Note 1: An equivalent amount of tobacco products is 7,300 grams of smoking tobacco by weight, either in cigarettes, pipe tobacco or cigars, or a combination of same. For pipe tobacco, cigars or combinations of multiple tobacco types, 1 gram of tobacco is considered to be equal to one cigarette.

Note 2: Pack-years are calculated by dividing the number of cigarettes smoked per day by 20 and multiplying this number by the number of years the person has smoked. For example, smoking 10 cigarettes per day for 10 years is equal to 5 pack-years, and smoking 40 cigarettes per day for 10 years is equal to 20 pack-years.

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 defined in the Schedule 1 - Dictionary.

discoid lupus erythematosus—see subsection 7(2).

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*.