



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

**Statement of Principles**  
**concerning**  
**DIVERTICULAR DISEASE OF THE COLON**  
**(Reasonable Hypothesis)**  
**(No. 51 of 2025)**

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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

## 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.....	7
<b>Schedule 1 - Dictionary .....</b>		<b>8</b>
1	Definitions.....	8

**1 Name**

This is the Statement of Principles concerning *diverticular disease of the colon (Reasonable Hypothesis)* (No. 51 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 diverticular disease of the colon (Reasonable Hypothesis) (No. 15 of 2016 (Federal Register of Legislation No. F2016L00265) made under subsection 196B(2) of the VEA is repealed.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 diverticular disease of the colon and death from diverticular disease of the colon.

*Meaning of diverticular disease of the colon*

- (2) For the purposes of this Statement of Principles, diverticular disease of the colon:
- (a) means acquired herniation of the mucosa and submucosa through the muscular layer of the colon wall, which may manifest without inflammation, as diverticulosis, or with inflammation, as diverticulitis; and
  - (b) includes:
    - (i) diverticular abscess;
    - (ii) diverticular bleeding;
    - (iii) diverticular stricture;
    - (iv) diverticulitis complicated by bowel obstruction;

- (v) diverticulitis complicated by fistula; and
  - (vi) perforation of a diverticulum.
- (3) While diverticular disease of the colon attracts ICD-10-AM codes K57.2 or K57.3, in applying this Statement of Principles the meaning of diverticular disease of the colon 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 diverticular disease of the colon*

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

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 diverticular disease of the colon and death from diverticular disease of the colon 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 diverticular disease of the colon or death from diverticular disease of the colon with the circumstances of a person's relevant service:

- (1) having systemic sclerosis (scleroderma) before clinical onset;
- (2) having a Body Mass Index (BMI) of 25 or greater (being overweight) for at least the 5 years before clinical onset or clinical worsening;

Note: Body mass index (BMI) is calculated as  $W/H^2$  and where:

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

- (3) having diabetes mellitus at the time of clinical onset or clinical worsening of diverticular bleeding;

- (4) inability to undertake any physical activity greater than 3 METs for at least the 5 years before clinical onset or clinical worsening;

Note: MET (metabolic equivalent) is a unit of measure of the level of physical capability of the cardiorespiratory system. For example, 1 MET = cardiorespiratory effort associated with a person sitting, 3-4 METs = cardiorespiratory effort associated with a person walking at average walking pace (5 km/h) or light gardening.

- (5) having chronic renal failure at the time of clinical onset or clinical worsening as indicated by:
- (a) 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) undergoing chronic dialysis for renal failure;
- (6) having a solid organ transplant (excluding corneal transplant) before clinical worsening;
- (7) taking one of the following immunosuppressive medications within the 30 days before clinical onset of diverticular perforation, abscess or fistula:
- (a) corticosteroids other than inhaled or topical corticosteroids;
  - (b) drugs used to prevent transplant rejection;
  - (c) tumour necrosis factor- $\alpha$  inhibitors;
  - (d) chemotherapeutic agents used for the treatment of cancer;
  - (e) interleukin-6 inhibitors;
- (8) taking one of the following immunosuppressive medications within the 30 days before clinical worsening:
- (a) corticosteroids other than inhaled or topical corticosteroids;
  - (b) drugs used to prevent transplant rejection;
  - (c) tumour necrosis factor- $\alpha$  inhibitors;
  - (d) chemotherapeutic agents used for the treatment of cancer;
  - (e) interleukin-6 inhibitors;
- (9) taking a nonsteroidal anti-inflammatory medication, excluding aspirin and paracetamol, for a continuous period of at least 4 weeks before clinical onset, where the last dose of the medication within that period was taken within the 7 days before clinical onset of diverticular bleeding, perforation, abscess or fistula;
- (10) taking a nonsteroidal anti-inflammatory medication, excluding aspirin and paracetamol, for a continuous period of at least 4 weeks before clinical worsening, where the last dose of the medication within that period was taken within the 7 days before clinical worsening;
- (11) taking an antiplatelet medication that blocks platelet adhesion or aggregation before clinical onset, where the last dose of the antiplatelet medication was taken within the 7 days before clinical onset of diverticular bleeding;

Note: Examples of an antiplatelet medication include aspirin, clopidogrel and dipyridamole.

- (12) taking an antiplatelet medication that blocks platelet adhesion or aggregation before clinical worsening, where the last dose of the antiplatelet medication was taken within the 7 days before clinical worsening;

Note: Examples of an antiplatelet medication include aspirin, clopidogrel and dipyridamole.

- (13) taking an opioid for a continuous period of at least 4 weeks before clinical worsening, where the last dose of the opioid within that period was taken within the 7 days before clinical worsening;

- (14) taking menopausal hormone therapy for at least 1 year before clinical onset;

Note: *menopausal hormone therapy* is defined in the Schedule 1 - Dictionary.

- (15) having smoked at least 10 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation;

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

- (16) consuming at least 180 kilograms of alcohol within the 10 years before clinical onset;

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

- (17) inability to consume an average of at least 30 grams per day of fibre in food, for at least 5 consecutive years within the 10 years before clinical onset;

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

- (18) consuming an average of at least 200 grams per day of red meat, for at least the 5 years before clinical onset;

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

- (19) having contact with a foreign object or extraneous material at the affected site at the time of clinical worsening;

Note: Examples of a foreign object or extraneous material include chicken or fish bones, toothpicks and biliary stents.

- (20) inability to obtain appropriate clinical management for diverticular disease of the colon 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 in section 9 apply only to material contribution to, or aggravation of, diverticular disease of the

colon where the person's diverticular disease of the colon 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:

***diverticular disease of the colon***—see subsection 7(2).

***fibre in food*** means complex carbohydrates of plant origin consumed as vegetables, fruits or cereals which resist digestion by gastrointestinal enzymes in the gastrointestinal tract, and include plant cell walls and non-starch polysaccharides from sources other than cell walls, including cellulose and pectins.

***hormone therapy*** means administration of estrogen preparations, often in combination with a progestogen, to offset a hormone deficiency following surgically induced or naturally occurring menopause

***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.

***red meat*** means all types of mammalian meat, such as beef, veal, pork, lamb, mutton, horse and goat.

***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.

***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*.