

Statement of Principles concerning CARDIAC MYXOMA (Reasonable Hypothesis) (No. 83 of 2025)

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

Dated 24 October 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 *cardiac myxoma (Reasonable Hypothesis)* (No. 83 of 2025).

2 Commencement

This instrument commences on 24 November 2025.

3 Authority

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

4 Repeal

The Statement of Principles concerning cardiac myxoma (Reasonable Hypothesis) (No. 32 of 2017) (Federal Register of Legislation No. F2017L00463) made under subsection 196B(2) of the VEA is repealed.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 cardiac myxoma and death from cardiac myxoma.

Meaning of cardiac myxoma

- (2) For the purposes of this Statement of Principles, cardiac myxoma means:
 - (a) a benign neoplasm of the heart composed of primitive connective tissue cells and stroma resembling mesenchyme.

Note: Cardiac myxomas usually occur in the atria, but can also occur in the ventricles.

- (3) While cardiac myxoma attracts ICD-10-AM code D15.1, in applying this Statement of Principles the meaning of cardiac myxoma 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 cardiac myxoma

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

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 cardiac myxoma and death from cardiac myxoma 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 cardiac myxoma or death from cardiac myxoma with the circumstances of a person's relevant service:

- (1) having a heart transplant before clinical onset;
- (2) having blunt force trauma to the chest immediately preceding clinical worsening;

Note: Blunt force trauma to the chest can cause a cardiac myxoma to break up and embolise to multiple places throughout the body. The emboli can lodge in the major blood vessels, and the vessels of the brain, organs, and the limbs, causing life-threatening ischaemia and infarction.

(3) inability to obtain appropriate clinical management for cardiac myxoma 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 aspect of factors set out in section 9 apply only to material contribution to, or aggravation of, cardiac myxoma where the person's cardiac myxoma 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:

cardiac myxoma—see subsection 7(2).

MRCA means the Military Rehabilitation and Compensation Act 2004.

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.