



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
MALIGNANT NEOPLASM OF THE OVARY
AND FALLOPIAN TUBE
(Reasonable Hypothesis)
(No. 52 of 2026)

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

Dated 19 June 2026

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 *malignant neoplasm of the ovary and fallopian tube (Reasonable Hypothesis)* (No. 52 of 2026).

2 Commencement

This instrument commences on **20 July 2026**.

3 Authority

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

4 Repeal

The Statement of Principles concerning malignant neoplasm of the ovary (Reasonable Hypothesis) (No. 9 of 2018) (Federal Register of Legislation No. F2018L00010) made under subsections 196B(2) and (8) of the VEA is repealed.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 malignant neoplasm of the ovary and fallopian tube and death from malignant neoplasm of the ovary and fallopian tube.

*Meaning of **malignant neoplasm of the ovary and fallopian tube***

- (2) For the purposes of this Statement of Principles, malignant neoplasm of the ovary and fallopian tube:
- (a) means a primary malignant neoplasm arising from the cells of the ovary or fallopian tube; and
 - (b) includes cell types of borderline malignant potential; and
 - (c) excludes;
 - (i) carcinoid tumour;
 - (ii) soft tissue sarcoma;

- (iii) non-Hodgkin lymphoma; and
- (iv) Hodgkin lymphoma;

Note: Most primary malignant ovarian neoplasms are epithelial cancers (carcinomas). Other subtypes include malignant stromal and germ cell tumours.

- (3) While malignant neoplasm of the ovary and fallopian tube attracts ICD-10-AM codes C56, C57.0 or D39.1, in applying this Statement of Principles the meaning of malignant neoplasm of the ovary and fallopian tube 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 malignant neoplasm of the ovary and fallopian tube

- (5) For the purposes of this Statement of Principles, malignant neoplasm of the ovary and fallopian tube, 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 ovary and fallopian tube.

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 malignant neoplasm of the ovary and fallopian tube and death from malignant neoplasm of the ovary and fallopian tube 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 malignant neoplasm of the ovary and fallopian tube or death from malignant neoplasm of the ovary and fallopian tube with the circumstances of a person's relevant service:

- (1) having endometriosis for at least 5 years before clinical onset;
- (2) having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the ovary or to the fallopian tube at least 5 years before clinical onset;

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

- (3) having:
- (a) a Body Mass Index (BMI) of 30 or greater; or
 - (b) a waist circumference exceeding 88 centimetres.
- for at least 5 years in the 20 years immediately preceding clinical onset;
- Note: Body Mass Index (BMI) is calculated as W/H^2 where:
- (a) W is the person's weight in kilograms; and
 - (b) H is the person's height in metres.
- (4) inhaling respirable asbestos fibres in an enclosed space:
- (a) for a cumulative period of at least 1,000 hours before clinical onset; and
 - (b) at the time material containing respirable asbestos fibres was being applied, removed, dislodged, cut or drilled; and
 - (c) the first inhalation of respirable asbestos fibres commenced at least 5 years before clinical onset;
- (5) inhaling respirable asbestos fibres in an open environment:
- (a) for a cumulative period of at least 3,000 hours before clinical onset; and
 - (b) at the time material containing respirable asbestos fibres was being applied, removed, dislodged, cut or drilled; and
 - (c) the first inhalation of respirable asbestos fibres commenced at least 5 years before clinical onset;
- (6) for parous women only, an inability to breast feed for a cumulative period of at least 6 months before clinical onset;
- Note: The period of breastfeeding could be cumulative over a number of pregnancies.
- (7) inability to undertake any physical activity greater than 3 METs for at least 10 years within the 30 years before clinical onset;
- 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.
- (8) inability to consume an average of at least 150 grams per day of vegetables for a period of at least 5 consecutive years in the 20 years immediately preceding clinical onset;
- (9) applying talc to the perineal area on more days than not, for a period of at least 5 years, before clinical onset;
- (10) for epithelial ovarian cancer or fallopian tube cancer:
- (a) for females aged over 35 years only, having never been pregnant for more than 8 weeks, at the time of clinical onset;

- (b) using menopausal hormone therapy for a continuous period of at least 5 years before clinical onset, and where menopausal hormone therapy has ceased, clinical onset occurred within 10 years of cessation;

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

- (11) for mucinous ovarian tumours only, smoking at least 5 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before clinical onset, and:

- (a) smoking commenced at least 10 years before clinical onset; and
- (b) where smoking has ceased, clinical onset has occurred within 30 years of cessation;

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

- (12) having pelvic inflammatory disease at least 5 years before clinical onset;

Note: Pelvic inflammatory disease is an infection of the uterus, fallopian tubes or ovary, often caused by sexually transmitted infections such as Chlamydia trachomatis or bacterial vaginosis-associated pathogens. It may result in chronic pelvic pain, scarring of the fallopian tube or infertility.

- (13) having type 1 diabetes mellitus for at least 5 years before clinical onset;
- (14) inability to obtain appropriate clinical management for malignant neoplasm of the ovary and fallopian tube 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, malignant neoplasm of the ovary and fallopian tube where the person's malignant neoplasm of the ovary and fallopian tube 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:

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 ovary and fallopian tube—see subsection 7(2).

menopausal hormone therapy means administration of oestrogen preparations often in combination with progesterone 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.

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*.