



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
CIRRHOSIS OF THE LIVER
(Balance of Probabilities)
(No. 57 of 2026)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) 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 *cirrhosis of the liver (Balance of Probabilities)* (No. 57 of 2026).

2 Commencement

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

3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

4 Repeal

The Statement of Principles concerning cirrhosis of the liver (Balance of Probabilities) (No. 2 of 2017) (Federal Register of Legislation No. F2017L00003) made under subsection 196B(3) of the VEA is repealed.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 cirrhosis of the liver and death from cirrhosis of the liver.

Meaning of cirrhosis of the liver

- (2) For the purposes of this Statement of Principles, cirrhosis of the liver means a chronic condition of the hepatic parenchyma involving severe fibrosis in association with the formation of regenerative nodules.
- (3) While cirrhosis of the liver attracts ICD-10-AM code K70.3, K71.7 or K74.3-K74.6, in applying this Statement of Principles the meaning of cirrhosis of the liver 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 cirrhosis of the liver

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

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 cirrhosis of the liver and death from cirrhosis of the liver 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, cirrhosis of the liver or death from cirrhosis of the liver is connected with the circumstances of a person's relevant service:

- (1) for males, consuming at least 150 kilograms of alcohol within any 10-year period before clinical onset or worsening;

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

- (2) for females, consuming at least 75 kilograms of alcohol within any 10-year period before clinical onset or worsening;

Note: *alcohol* is defined in the Schedule 1 - Dictionary

- (3) having received a cumulative equivalent dose of at least 0.4 sievert of ionising radiation to the liver before clinical onset or worsening;

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

- (4) having chronic infection with the hepatitis B virus before clinical onset or worsening;

Note: *chronic infection with the hepatitis B virus* is defined in the Schedule 1 - Dictionary.

- (5) having chronic infection with the hepatitis C virus before clinical onset or worsening;

Note: *chronic infection with the hepatitis C virus* is defined in the Schedule 1 - Dictionary.

- (6) having chronic infection with the hepatitis D virus before clinical onset or worsening;

Note: hepatitis D infection requires concurrent hepatitis B infection.

Note: *infection with the hepatitis D virus* is defined in the Schedule 1 - Dictionary.

- (7) having an infection with the hepatitis E virus before clinical onset or worsening;
- Note: Acute **Hepatitis E infection** is usually self-limited, chronic hepatitis E infection is common in immunosuppressed patients e.g. immunosuppressive medication for organ transplant.
- Note: **infection with the hepatitis E virus** is defined in the Schedule 1 - Dictionary.
- (8) having chronic hepatitis before clinical onset or worsening;
- Note: **chronic hepatitis** is defined in the Schedule 1 - Dictionary.
- (9) having autoimmune chronic active hepatitis before clinical onset or worsening;
- Note: **autoimmune chronic active hepatitis** is defined in the Schedule 1 - Dictionary.
- (10) having steatohepatitis (non-alcoholic) before clinical onset or worsening;
- Note: Steatohepatitis includes metabolic dysfunction-associated steatotic liver disease (MASLD) which is the current terminology for a group of liver diseases which were, until recently known as non-alcoholic fatty liver disease (NAFLD).
- (11) being infected with human immunodeficiency virus, in the presence of chronic infection with the hepatitis B virus or chronic infection with the hepatitis C virus, before clinical onset or worsening;
- Note: **chronic infection with the hepatitis B virus** and **chronic infection with the hepatitis C virus** are defined in the Schedule 1 - Dictionary.
- (12) having a chronic infection with schistosomiasis involving the liver before clinical onset or worsening;
- (13) having granulomatous liver disease before clinical onset or worsening;
- Note: **granulomatous liver disease** is defined in the Schedule 1 - Dictionary.
- (14) having severe right-sided cardiac failure for a continuous period of at least 6 months, within the 5 years before clinical onset or worsening;
- Note: **severe right-sided cardiac failure** is defined in the Schedule 1 - Dictionary.
- (15) having sinusoidal obstructive syndrome for a continuous period of at least 6 months, within the 5 years before clinical onset and worsening;
- Note: **sinusoidal obstructive syndrome** is defined in the Schedule 1 - Dictionary.
- (16) having a chronic cholestatic disease at the time of clinical onset or worsening;
- (17) having iron overload involving the liver at the time of clinical onset or worsening;
- Note: **iron overload** is defined in the Schedule 1 - Dictionary.
- (18) having alpha-1 antitrypsin deficiency before clinical onset or worsening;

- (19) having Gaucher's disease before clinical onset or worsening;
- (20) having Wilson's disease before clinical onset or worsening;
- (21) having Budd-Chiari syndrome for a continuous period of at least 6 months, within the 5 years before clinical onset or worsening;
Note: *Budd-Chiari syndrome* is defined in the Schedule 1 - Dictionary.
- (22) consuming a daily average of at least 15 milligrams of vitamin A for a period of at least 18 months, or a cumulative dose of at least 4 grams, within the 10 years before clinical onset or worsening;
- (23) being treated with methotrexate:
 - (a) for at least the 6 months; or
 - (b) to a cumulative dose of methotrexate of at least 500 milligrams taken over at least a 3 month period,before clinical onset or worsening;
- (24) being treated with dideoxynucleoside-analogue drugs as specified for at least 6 months before clinical onset or worsening;
Note: *dideoxynucleoside-analogue drugs as specified* is defined in the Schedule 1 - Dictionary.
- (25) having coeliac disease at the time of clinical onset or worsening;
- (26) having used proton pump inhibitor medication within 28 days of worsening;
- (27) inability to obtain appropriate clinical management for cirrhosis of the liver 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, cirrhosis of the liver where the person's cirrhosis of the liver 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:

alcohol is measured by the alcohol consumption calculations utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

autoimmune chronic active hepatitis means a chronic disorder of autoimmunity characterised by continuing hepatocellular necrosis and inflammation and seroimmunologic abnormalities.

Budd-Chiari syndrome means symptomatic obstruction or occlusion of the hepatic veins or hepatic portion of the inferior vena cava, characterised by hepatomegaly, abdominal pain and tenderness, ascites, mild jaundice, and eventually, portal hypertension and liver failure.

chronic hepatitis means symptomatic, biochemical or infectious agent biomarker evidence of continuing or relapsing hepatocellular necrosis and hepatic inflammation for at least 6 months.

chronic infection with the hepatitis B virus means infection with the hepatitis B virus resulting in a chronic infection of at least six months duration and which must be confirmed by laboratory testing for hepatitis B serological or nucleic acid markers, or both.

chronic infection with the hepatitis C virus means infection with the hepatitis C virus resulting in a chronic infection of at least six months duration and which must be confirmed by laboratory testing for hepatitis C serological or nucleic acid markers, or both

cirrhosis of the liver—see subsection 7(2).

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.

dideoxynucleoside-analogue drugs as specified means didanosine, stavudine or zalcitabine.

granulomatous liver disease means an inflammatory liver disease characterised by granuloma formation in the liver and associated with many disorders such as sarcoidosis, infections (tuberculosis, brucellosis, syphilis), and adverse drug reactions.

infection with the hepatitis D virus means infection with the hepatitis D virus resulting in a chronic infection which must be confirmed by laboratory testing for hepatitis D serological or nucleic acid markers, or both.

infection with the hepatitis E virus means infection with the hepatitis E virus resulting in a chronic infection which must be confirmed by laboratory testing for hepatitis D serological or nucleic acid markers, or both.

iron overload means an accumulation of excess iron in tissues and organs which has been confirmed by elevated ferritin or transferrin saturation levels. Causes include haemochromatosis and blood transfusions.

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.

severe right-sided cardiac failure means a reduced ability of the right ventricle to process venous return, evidenced by marked venous and liver congestion and extensive peripheral oedema.

sinusoidal obstructive syndrome means symptomatic occlusion of the sublobular branches of the hepatic veins or the small hepatic venules previously known as veno-occlusive disease.

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*.