



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
CEREBRAL MENINGIOMA
(Reasonable Hypothesis)
(No. 64 of 2026)

The Repatriation Medical Authority determines the following Statement of Principles under section 370CB of the *Military Rehabilitation and Compensation Act 2004*.

Dated 4 September 2026

Dr Anthony Lynham AO
Chairperson
by and on behalf of
The Repatriation Medical Authority

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1 Name

This is the Statement of Principles concerning *cerebral meningioma (Reasonable Hypothesis)* (No. 64 of 2026).

2 Commencement

This instrument commences on 5 October 2026.

3 Authority

This instrument is made under section 370CB of the *Military Rehabilitation and Compensation Act 2004*.

4 Repeal

The Statement of Principles concerning cerebral meningioma (Reasonable Hypothesis) (No. 1 of 2018) (Federal Register of Legislation No. F2018L00006) made under section 370CB of the MRCA is repealed.

5 Application

This instrument applies to a claim to which 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 cerebral meningioma and death from cerebral meningioma.

Meaning of cerebral meningioma

- (2) For the purposes of this Statement of Principles, cerebral meningioma:

- (a) means a primary benign or intermediate grade tumour of the cerebral meninges; and
- (b) excludes malignant neoplasm of the cerebral meninges.

Note: Meningiomas are classified as grade 1 (benign or typical), 2 (intermediate or atypical), or 3 (malignant or anaplastic).

- (3) While cerebral meningioma attracts ICD-10-AM code D32.0, in applying this Statement of Principles the meaning of cerebral meningioma 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 cerebral meningioma

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

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 cerebral meningioma and death from cerebral meningioma can be related to relevant service under the MRCA.

Note: *MRCA* and *relevant service* 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 cerebral meningioma or death from cerebral meningioma with the circumstances of a person's relevant service:

- (1) having received a cumulative equivalent dose of at least 0.1 sieverts of ionising radiation to the affected site at least 5 years before clinical onset;

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

- (2) having a Body Mass Index (BMI) of 25 or greater for at least 5 years in the 20 years before 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.

- (3) taking any of the following medications before clinical onset or clinical worsening;

- (a) chlormadinone acetate at a dose of at least 5 mg/day for a continuous period of at least 1 year;
(b) cyproterone acetate at a dose of at least 25 mg/day for a continuous period of at least 5 years;
(c) desogestrel acetate at a dose of at least 150 µg/day for a continuous period of at least 5 years;

- (d) medrogestone at a dose of at least 40 mg/day for a continuous period of at least 1 year;
 - (e) medroxyprogesterone acetate at a dose of at least 10 mg/day for a continuous period of at least 1 year;
 - (f) megestrol acetate at a dose of at least 50 mg/day for a continuous period of at least 5 years;
 - (g) nomegestrol acetate at a dose of at least 3.75 mg/day for a continuous period of at least 1 year;
 - (h) promegestone at a dose of at least 10 mg/day for a continuous period of at least 1 year.
- (4) taking progestin-containing menopausal hormone therapy for a continuous period for at least the 1 year before clinical onset or clinical worsening;
 - (5) being pregnant at the time of clinical worsening;
 - (6) inability to obtain appropriate clinical management for cerebral meningioma 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, cerebral meningioma where the person's cerebral meningioma 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 section 370CB of the *Military Rehabilitation and Compensation Act 2004*;

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:

cerebral meningioma—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.

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

relevant service means:

- (a) warlike service;
- (b) non warlike service;
- (c) British nuclear test defence service;
- (d) hazardous service.

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.