

Statement of Principles  
concerning

**HYPOPITUITARISM**

**No. 76 of 2009**

for the purposes of the

*Veterans' Entitlements Act 1986*  
and

*Military Rehabilitation and Compensation Act 2004*

**Title**

1. This Instrument may be cited as Statement of Principles concerning hypopituitarism No. 76 of 2009.

**Determination**

2. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the VEA).

**Kind of injury, disease or death**

3. (a) This Statement of Principles is about **hypopituitarism** and **death from hypopituitarism**.  
(b) For the purposes of this Statement of Principles, "**hypopituitarism**" means an endocrine disease characterised by cessation or diminished production of pituitary hormones as a result of disease or injury of the anterior or posterior pituitary gland or hypothalamus, where the diminished production is sufficient to produce clinical symptoms and signs and to necessitate hormone replacement therapy.

**Basis for determining the factors**

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **hypopituitarism** and **death from hypopituitarism** 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 *Military Rehabilitation and Compensation Act 2004* (the MRCA).

### **Factors that must be related to service**

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

### **Factors**

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **hypopituitarism** or **death from hypopituitarism** with the circumstances of a person's relevant service is:
- (a) having an autoimmune disorder involving the pituitary gland at the time of the clinical onset of hypopituitarism; or
  - (b) having infiltration of the pituitary gland or hypothalamus due to a specified disorder at the time of the clinical onset of hypopituitarism; or
  - (c) being infected with the Human Immunodeficiency Virus (HIV) before the clinical onset of hypopituitarism; or
  - (d) having an infection of the brain or cerebral meninges within the two years before the clinical onset of hypopituitarism; or
  - (e) having haemorrhagic fever due to a Hantavirus at the time of the clinical onset of hypopituitarism; or
  - (f) having cerebral trauma within the ten years before the clinical onset of hypopituitarism; or
  - (g) having a subarachnoid haemorrhage within the ten years before the clinical onset of hypopituitarism; or
  - (h) having intracranial surgery within the ten years before the clinical onset of hypopituitarism; or
  - (i) having cerebral ischaemia or intracerebral haemorrhage involving the pituitary gland or hypothalamus within the twenty years before the clinical onset of hypopituitarism; or

- (j) having severe hypotension resulting from post-partum haemorrhage or massive haemorrhage within the twenty years before the clinical onset of hypopituitarism; or
- (k) having cerebral oedema from diabetic ketoacidosis within the ten years before the clinical onset of hypopituitarism; or
- (l) having received a course of therapeutic radiation to the head or neck within the twenty years before the clinical onset of hypopituitarism; or
- (m) having a space occupying lesion that involves or impinges on the pituitary gland or hypothalamus at the time of the clinical onset of hypopituitarism; or
- (n) being treated with ipilumab or an interferon at the time of the clinical onset of hypopituitarism; or
- (o) regularly using intranasal cocaine such that there is destruction of the nasal septum, palate or paranasal sinuses before the clinical onset of hypopituitarism; or
- (p) having an autoimmune disorder involving the pituitary gland at the time of the clinical worsening of hypopituitarism; or
- (q) having infiltration of the pituitary gland or hypothalamus due to a specified disorder at the time of the clinical worsening of hypopituitarism; or
- (r) being infected with the Human Immunodeficiency Virus (HIV) before the clinical worsening of hypopituitarism; or
- (s) having an infection of the brain or cerebral meninges within the two years before the clinical worsening of hypopituitarism; or
- (t) having haemorrhagic fever due to a Hantavirus at the time of the clinical worsening of hypopituitarism; or
- (u) having cerebral trauma within the ten years before the clinical worsening of hypopituitarism; or
- (v) having a subarachnoid haemorrhage within the ten years before the clinical worsening of hypopituitarism; or

- (w) having intracranial surgery within the ten years before the clinical worsening of hypopituitarism; or
- (x) having cerebral ischaemia or intracerebral haemorrhage involving the pituitary gland or hypothalamus within the twenty years before the clinical worsening of hypopituitarism; or
- (y) having severe hypotension resulting from post-partum haemorrhage or massive haemorrhage within the twenty years before the clinical worsening of hypopituitarism; or
- (z) having cerebral oedema from diabetic ketoacidosis within the ten years before the clinical worsening of hypopituitarism; or
- (aa) having received a course of therapeutic radiation to the head or neck within the twenty years before the clinical worsening of hypopituitarism; or
- (bb) having a space occupying lesion that involves or impinges on the pituitary gland or hypothalamus at the time of the clinical worsening of hypopituitarism; or
- (cc) being treated with ipilumab or an interferon at the time of the clinical worsening of hypopituitarism; or
- (dd) regularly using intranasal cocaine such that there is destruction of the nasal septum, palate or paranasal sinuses before the clinical worsening of hypopituitarism; or
- (ee) inability to obtain appropriate clinical management for hypopituitarism.

### **Factors that apply only to material contribution or aggravation**

7. Paragraphs **6(p) to 6(ee)** apply only to material contribution to, or aggravation of, hypopituitarism where the person's hypopituitarism was suffered or contracted before or during (but not arising out of) the person's relevant service.

### **Inclusion of Statements of Principles**

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

## Other definitions

### 9. For the purposes of this Statement of Principles:

**"a course of therapeutic radiation"** means one or more fractions (treatment portions) of ionising radiation administered with the aim of achieving palliation or cure with gamma rays, x-rays, alpha particles or beta particles;

**"cerebral trauma"** means structural injury or physiological disruption of brain function as a result of external force accompanied by at least one of the following clinical signs immediately following the event:

- (a) confusion, disorientation, impaired consciousness, loss of consciousness or dysfunction of memory around the time of injury;
- (b) focal neurological deficits;
- (c) skull fracture;
- (d) seizures;
- (e) intracranial abnormalities, including intracranial haemorrhage or haematomas, cerebral contusion, hydrocephaly and diffuse axonal injury.

In this definition, external force includes blunt trauma; acceleration or deceleration forces; blast force and a foreign body penetrating the brain;

**"death from hypopituitarism"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's hypopituitarism;

**"ICD-10-AM code"** means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Sixth Edition, effective date of 1 July 2008, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 016 6;

**"infiltration of pituitary gland or hypothalamus due to a specified disorder"** means the pathological diffusion or accumulation in the adrenal gland of substances not normal to it, or in amounts in excess of normal, from one of the following disease processes:

- (a) a primary or metastatic neoplasm;
- (b) amyloidosis;
- (c) Castleman's disease;
- (d) Crohn's disease;
- (e) histiocytosis;
- (f) iron overload;

- (g) sarcoidosis;
- (h) Wegener's granulomatosis;
- (i) xanthogranuloma; or
- (j) another infiltrative or granulomatous process;

**"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 or blood transfusions;

**"relevant service"** means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

**"terminal event"** means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

**Date of effect**

**10.** This Instrument takes effect from 11 November 2009.

Dated this **twenty-eighth** day of  
**October** 2009

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed to this instrument )  
in the presence of: )

**KEN DONALD  
CHAIRPERSON**