



**Australian Government**  
**Repatriation Medical Authority**

**REPATRIATION MEDICAL AUTHORITY**

**INSTRUMENT NO. 102 of 2011**

***VETERANS' ENTITLEMENTS ACT 1986***  
***MILITARY REHABILITATION AND COMPENSATION ACT 2004***

**EXPLANATORY NOTES FOR TABLING**

1. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), revokes Instrument No. 39 of 1998, as amended by Instrument No. 24 of 2002, determined under subsection 196B(2) of the VEA concerning **renal artery atherosclerotic disease**.
2. The Authority is of the view that there is sound medical-scientific evidence that indicates that **renal artery atherosclerotic disease** and **death from renal artery atherosclerotic disease** can be related to particular kinds of service. The Authority has therefore determined pursuant to subsection 196B(2) of the VEA a Statement of Principles, Instrument No. 102 of 2011 concerning renal artery atherosclerotic disease. This Instrument will in effect replace the revoked Statements of Principles.
3. The provisions of the *Military Rehabilitation and Compensation Act 2004* (the MRCA) relating to claims for compensation commenced on 1 July 2004. Claims under section 319 of the MRCA for acceptance of liability for a service injury sustained, a service disease contracted or service death on or after 1 July 2004 are determined by the Military Rehabilitation and Compensation Commission by reference to Statements of Principles issued by the Authority pursuant to the VEA.
4. The Statement of Principles sets out the factors that must as a minimum exist, and which of those factors must be related to the following kinds of service rendered by a person:
  - operational service under the VEA;
  - peacekeeping service under the VEA;
  - hazardous service under the VEA;
  - warlike service under the MRCA;
  - non-warlike service under the MRCA,

before it can be said that a reasonable hypothesis has been raised connecting renal artery atherosclerotic disease or death from renal artery atherosclerotic disease, with the circumstances of that service.

5. This Instrument results from an investigation notified by the Authority in the Government Notices Gazette of 24 June 2009 concerning renal artery atherosclerotic disease in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered.
6. The contents of this Instrument are in similar terms as the revoked Instruments. Comparing this Instrument and the revoked Instruments, the differences include:
  - adopting the latest revised Instrument format, which commenced in 2005;
  - deleting the ICD code from the Instrument header;
  - revising the definition of 'renal artery atherosclerotic disease' in clause 3;
  - revising factors 6(a) & 6(h) concerning 'smoking';
  - revising factor 6(b) concerning 'hypertension';
  - revising factors 6(c) & 6(j) concerning 'diabetes mellitus';
  - revising factors 6(d) & 6(k) concerning 'dyslipidaemia';
  - new factors 6(e) & 6(l) concerning 'hyperhomocysteinaemia';
  - new factors 6(f) & 6(m) concerning 'ionising radiation';
  - new factors 6(g) & 6(n) concerning 'therapeutic radiation';
  - new factor 6(i) concerning 'hypertension and clinical worsening of renal artery atherosclerotic disease';
  - revising factor 6(o) concerning 'being treated with an angiotensin converting enzyme inhibitor or an angiotensin receptor blocker';
  - new definitions of 'a course of therapeutic radiation', 'cumulative equivalent dose', 'hyperhomocysteinaemia' and 'ICD-10-AM code' in clause 9;
  - revising definitions of 'dyslipidaemia', 'pack-years of cigarettes, or the equivalent thereof in other tobacco products' and 'relevant service' in clause 9;
  - deleting definitions of 'being treated with a specified drug', 'hypertension' and 'ICD-9-AM code'; and
  - specifying a date of effect for the Instrument in clause 11.
7. Further changes to the format of the Instrument reflect the commencement of the MRCA and clarify that pursuant to subsection 196B(3A) of the VEA, the Statement of Principles has been determined for the purposes of both the VEA and the MRCA.
8. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to renal artery atherosclerotic disease in the Government Notices Gazette of 24 June 2009, and circulated a copy of the notice of intention to investigate to a wide range of organisations representing veterans, service personnel and their dependants. The Authority invited submissions from the Repatriation Commission, organisations and persons referred to in section 196E of the VEA, and any person having expertise in the field. No submissions were received for consideration by the Authority during the investigation.

9. The determining of this Instrument finalises the investigation in relation to renal artery atherosclerotic disease as advertised in the Government Notices Gazette of 24 June 2009.
10. A list of references relating to the above condition is available to any person or organisation referred to in subsection 196E(1)(a) to (c) of the VEA. Any such request must be made in writing to the Repatriation Medical Authority at the following address:

The Registrar  
Repatriation Medical Authority Secretariat  
GPO Box 1014  
BRISBANE QLD 4001