



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

**EXPLANATORY STATEMENT**

**STATEMENT OF PRINCIPLES CONCERNING  
MALIGNANT NEOPLASM OF THE ENDOMETRIUM  
(BALANCE OF PROBABILITIES) (NO. 12 OF 2016)**

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

1. This is the Explanatory Statement to the *Statement of Principles concerning malignant neoplasm of the endometrium (Balance of Probabilities)* (No. 12 of 2016).

**Background**

2. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), revokes Instrument No. 100 of 2007, determined under subsection 196B(3) of the VEA concerning **malignant neoplasm of the endometrium**.
3. The Authority is of the view that there is sound medical-scientific evidence that indicates that **malignant neoplasm of the endometrium** and **death from malignant neoplasm of the endometrium** can be related to particular kinds of service. The Authority has therefore determined pursuant to subsection 196B(3) of the VEA a Statement of Principles concerning **malignant neoplasm of the endometrium** (Balance of Probabilities) (No. 12 of 2016). This Instrument will in effect replace the revoked Statement of Principles.

**Purpose and Operation**

4. The Statement of Principles will be applied in determining claims under the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA).
5. The Statement of Principles sets out the factors that must exist, and which of those factors must be related to the following kinds of service rendered by a person:
  - eligible war service (other than operational service) under the VEA;
  - defence service (other than hazardous service and British nuclear test defence service) under the VEA;
  - peacetime service under the MRCA,

before it can be said that, on the balance of probabilities, malignant neoplasm of the endometrium or death from malignant neoplasm of the endometrium is connected with the circumstances of that service. The Statement of Principles has been determined for the purposes of both the VEA and the MRCA.

6. This Instrument results from an investigation notified by the Authority in the Government Notices Gazette of 31 October 2012 concerning malignant neoplasm of the endometrium 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.

7. The contents of this Instrument are in similar terms as the revoked Instrument. Comparing this Instrument and the revoked Instrument, the differences include:

- adopting the latest revised Instrument format, which commenced in 2015;
- specifying a day of commencement for the Instrument in section 2;
- revising the definition of 'malignant neoplasm of the endometrium' in subsection 7(2);
- revising the reference to 'ICD-10-AM code' in subsection 7(4);
- revising the factor in subsection 9(1) concerning 'being nulliparous', for females aged over 35 years only;
- revising the factor in subsection 9(2) concerning 'oestrogen-only hormone replacement therapy';
- revising the factor in subsection 9(3) concerning 'cyclical combined hormone replacement therapy';
- revising the factor in subsection 9(4) concerning 'polycystic ovary syndrome';
- revising the factor in subsection 9(5) concerning 'treatment with tamoxifen', for post-menopausal females only;
- revising the factor in subsection 9(6) concerning 'sequential oral contraception pill Oracon';
- revising the factor in subsection 9(7) concerning 'being overweight or obese';
- new factor in subsection 9(8) concerning 'an inability to undertake any physical activity';
- new factor in subsection 9(9) concerning 'diabetes mellitus';
- new factor in subsection 9(10) concerning 'having not smoked', for post-menopausal females with a history of a regular smoking habit only;
- new factor in subsection 9(11) concerning 'ionising radiation', for carcinosarcoma only;
- new definitions of 'being overweight or obese', 'BMI', 'cumulative equivalent dose', 'MRCA', 'MET', 'oestrogen-secreting ovarian tumour', 'pack-years of cigarettes, or the equivalent thereof in other tobacco products', 'regular smoking habit as specified' and 'VEA' in Schedule 1 - Dictionary;
- revising the definitions of 'cyclical combined hormone replacement therapy', 'oestrogen-only hormone replacement therapy' and 'relevant service' in Schedule 1 - Dictionary; and
- deleting the definitions of 'being obese' and 'endometrioid adenocarcinoma'.

### **Consultation**

8. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to malignant neoplasm of the endometrium in the Government Notices Gazette of 31 October 2012, 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.

### **Human Rights**

9. This instrument is compatible with the Human Rights and Freedoms recognised or declared in the International Instruments listed in Section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*. A Statement of Compatibility with Human Rights follows.

### **Finalisation of Investigation**

10. The determining of this Instrument finalises the investigation in relation to malignant neoplasm of the endometrium as advertised in the Government Notices Gazette of 31 October 2012.

### **References**

11. 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  
GPO Box 1014  
BRISBANE QLD 4001



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

## **Statement of Compatibility with Human Rights**

*(Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011)*

**Instrument No.:** **Statement of Principles No. 12 of 2016**

**Kind of Injury, Disease or Death:** **Malignant neoplasm of the endometrium**

This Legislative Instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

### **Overview of the Legislative Instrument**

1. This Legislative Instrument is determined pursuant to subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA) for the purposes of the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA). Part XIA of the VEA requires the determination of these instruments outlining the factors linking particular kinds of injury, disease or death with service such being determined solely on the available sound medical-scientific evidence.
2. This Legislative Instrument:-
  - facilitates claimants in making, and the Repatriation Commission in assessing, claims under the VEA and the MRCA respectively, by specifying the circumstances in which medical treatment and compensation can be extended to eligible persons who have malignant neoplasm of the endometrium;
  - facilitates the review of such decisions by the Veterans' Review Board and the Administrative Appeals Tribunal;
  - outlines the factors which the current sound medical-scientific evidence indicates must exist before it can be said that, on the balance of probabilities, malignant neoplasm of the endometrium is connected with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
  - replaces Instrument No. 100 of 2007; and
  - reflects developments in the available sound medical-scientific evidence concerning malignant neoplasm of the endometrium which have occurred since that earlier instrument was determined.
3. The Instrument is assessed as being a technical instrument which improves the medico-scientific quality of outcomes under the VEA and the MRCA.

### **Human Rights Implications**

4. This Legislative Instrument does not derogate from any human rights. It promotes the human rights of veterans, current and former Defence Force members as well as other persons such as their dependents, including:

- the right to social security (Art 9, *International Covenant on Economic, Social and Cultural Rights*; Art 26, *Convention on the Rights of the Child* and Art 28, *Convention on the Rights of Persons with Disabilities*) by helping to ensure that the qualifying conditions for the benefit are 'reasonable, proportionate and transparent'<sup>1</sup>;
- the right to an adequate standard of living (Art 11, ICSECR; Art 27, CRC and Art 28, CRPD) by facilitating the assessment and determination of social security benefits;
- the right to the enjoyment of the highest attainable standard of physical and mental health (Art 12, ICSECR and Art 25, CRPD), by facilitating the assessment and determination of compensation and benefits in relation to the treatment and rehabilitation of veterans and Defence Force members;
- the rights of persons with disabilities by facilitating the determination of claims relating to treatment and rehabilitation (Art 26, CRPD); and
- ensuring that those rights "will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status" (Art 2, ICESCR).

### **Conclusion**

This Legislative Instrument is compatible with human rights as it does not derogate from and promotes a number of human rights.

Repatriation Medical Authority

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<sup>1</sup> In General Comment No. 19 (The right to social security), the Committee on Economic, Social and Cultural Rights said (at paragraph 24) this to be one of the elements of ensuring accessibility to social security.