



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
MALIGNANT NEOPLASM OF THE
CEREBRAL MENINGES
(Reasonable Hypothesis)
(No. 3 of 2018)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 22 December 2017

The Common Seal of the
Repatriation Medical Authority
was affixed to this instrument
at the direction of:

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *malignant neoplasm of the cerebral meninges (Reasonable Hypothesis)* (No. 3 of 2018).

2 Commencement

This instrument commences on 29 January 2018.

3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 Revocation

The Statement of Principles concerning malignant neoplasm of the cerebral meninges No. 21 of 2009, as amended, made under subsections 196B(2) and (8) of the VEA is revoked.

5 Application

This instrument applies to a claim to which section 120A of the VEA or 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 malignant neoplasm of the cerebral meninges and death from malignant neoplasm of the cerebral meninges.

Meaning of malignant neoplasm of the cerebral meninges

- (2) For the purposes of this Statement of Principles, malignant neoplasm of the cerebral meninges:
- (a) means a primary malignant neoplasm arising from the cells of the cerebral meninges; and
 - (b) excludes soft tissue sarcoma, carcinoid tumour, non-Hodgkin's lymphoma, Hodgkin's lymphoma and melanoma.
- (3) While malignant neoplasm of the cerebral meninges attracts ICD-10-AM code C70.0 or C70.9, in applying this Statement of Principles the meaning of malignant neoplasm of the cerebral meninges 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 malignant neoplasm of the cerebral meninges

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

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 malignant neoplasm of the cerebral meninges and death from malignant neoplasm of the cerebral meninges 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 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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting malignant neoplasm of the cerebral meninges or death from malignant neoplasm of the cerebral meninges with the circumstances of a person's relevant service:

- (1) having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the brain at least five years before the clinical onset of malignant neoplasm of the cerebral meninges;

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

- (2) being overweight or obese for at least five years within the 20 years before the clinical onset of malignant neoplasm of the cerebral meninges;

Note: *being overweight or obese* is defined in the Schedule 1 - Dictionary.

- (3) being in the second or third trimester of pregnancy, or within the 30 days postpartum, at the time of the clinical onset of malignant neoplasm of the cerebral meninges;

- (4) being treated with a drug as specified within the ten years before the clinical onset of malignant neoplasm of the cerebral meninges;

Note: *being treated with a drug as specified* is defined in the Schedule 1 - Dictionary.

- (5) using hormone replacement therapy for a continuous period of at least six months before the clinical onset of malignant neoplasm of the cerebral meninges, and where the use of hormone replacement therapy has ceased, the clinical onset of malignant neoplasm of the cerebral meninges has occurred within ten years of cessation;

Note: *hormone replacement therapy* is defined in the Schedule 1 - Dictionary.

- (6) being in the second or third trimester of pregnancy, or within the 30 days postpartum, at the time of the clinical worsening of malignant neoplasm of the cerebral meninges;
- (7) being treated with a drug as specified within the ten years before the clinical worsening of malignant neoplasm of the cerebral meninges;

Note: *being treated with a drug as specified* is defined in the Schedule 1 - Dictionary.

- (8) inability to obtain appropriate clinical management for malignant neoplasm of the cerebral meninges.

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 factors set out in subsections 9(6) to 9(8) apply only to material contribution to, or aggravation of, malignant neoplasm of the cerebral meninges where the person's malignant neoplasm of the cerebral meninges 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(2) 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:

being overweight or obese means having a Body Mass Index (BMI) of 25 or greater.

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

being treated with a drug as specified means:

- (a) receiving medroxyprogesterone acetate at a dose rate of at least 15 milligrams per day for a continuous period of at least one year; or
- (b) taking daily cyproterone acetate at a dose rate of at least 15 milligrams per day for a continuous period of at least one year; or
- (c) taking daily chlormadinone acetate at a dose rate of at least 50 milligrams per day for a continuous period of at least one year; or
- (d) taking daily megestrol acetate at a dose rate of at least 50 milligrams per day for a continuous period of at least one year.

BMI means W/H^2 where:

W is the person's weight in kilograms; and
H is the person's height in metres.

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.

hormone replacement therapy means administration of estrogen preparations often in combination with progesterone to offset a hormone deficiency following surgically induced or naturally occurring menopause.

malignant neoplasm of the cerebral meninges—see subsection 7(2).

MRC Act 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 also defined in the Schedule 1 - Dictionary.

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*.