



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

**Statement of Principles**  
**concerning**  
**HYPOPITUITARISM**  
**(Balance of Probabilities)**  
**(No. 12 of 2019)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 21 December 2018

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 'Nicholas Saunders'.

Professor Nicholas Saunders AO  
Chairperson

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**1 Name**

This is the Statement of Principles concerning *hypopituitarism (Balance of Probabilities)* (No. 12 of 2019).

**2 Commencement**

This instrument commences on 28 January 2019.

**3 Authority**

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

**4 Repeal**

The Statement of Principles concerning hypopituitarism No. 77 of 2009 (Federal Register of Legislation No. F2013C00178) made under subsections 196B(3) and (8) of the VEA is repealed.

**5 Application**

This instrument applies to a claim to which section 120B of the VEA or section 339 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 hypopituitarism and death from hypopituitarism.

*Meaning of hypopituitarism*

- (2) For the purposes of this Statement of Principles, hypopituitarism:
- (a) means an endocrine disease characterised by biochemically-documented deficient production of one or more pituitary hormones, sufficient to produce clinical symptoms and signs, and to necessitate pituitary hormone replacement therapy, as a result of loss, damage or dysfunction of pituitary hormone-secreting cells in the pituitary gland, hypothalamus or pituitary stalk; and
  - (b) excludes heritable and congenital forms of hypopituitarism.

Note 1: Pituitary hormones are growth hormone, follicle stimulating hormone (FSH), luteinising hormone, adrenocorticotrophic hormone (ACTH), thyroid stimulating hormone (TSH), prolactin, oxytocin and antidiuretic hormone (ADH).

Note 2: The clinical presentation of hypopituitarism can be acute or chronic, and the order and amount of the specific hormone deficiency depends on the nature and speed of damage to the hypothalamic–pituitary region.

- (3) While hypopituitarism attracts ICD-10-AM code E23.0, in applying this Statement of Principles the meaning of hypopituitarism 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 hypopituitarism*

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

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

### **8 Basis for determining the factors**

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that hypopituitarism and death from hypopituitarism can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, hypopituitarism or death from hypopituitarism is connected with the circumstances of a person's relevant service:

- (1) having an autoimmune disorder involving the pituitary gland at the time of the clinical onset of hypopituitarism;
- (2) having a disorder from the specified list of infiltrative, inflammatory or granulomatous disorders, involving the pituitary gland or hypothalamus, at the time of the clinical onset of hypopituitarism;

Note: *specified list of infiltrative, inflammatory or granulomatous disorders* is defined in the Schedule 1 - Dictionary.

- (3) having infection with human immunodeficiency virus before the clinical onset of hypopituitarism;

- (4) having a viral, bacterial, fungal or protozoal infection of the pituitary gland, hypothalamus, brain or cerebral meninges, within the five years before the clinical onset of hypopituitarism;
- (5) having Hantavirus haemorrhagic fever with renal syndrome within the five years before the clinical onset of hypopituitarism;

Note: *Hantavirus haemorrhagic fever with renal syndrome* is defined in the Schedule 1 - Dictionary.

- (6) having moderate to severe traumatic brain injury within the ten years before the clinical onset of hypopituitarism;
- (7) having a subarachnoid haemorrhage within the ten years before the clinical onset of hypopituitarism;
- (8) having haemorrhage or ischaemia involving the pituitary gland or hypothalamus within the ten years before the clinical onset of hypopituitarism;

Note: Haemorrhage or ischaemia of the pituitary gland includes pituitary apoplexy.

- (9) having severe peripartum or postpartum haemorrhage before the clinical onset of hypopituitarism;
- (10) having surgery involving the pituitary gland, or intracranial surgery, within the ten years before the clinical onset of hypopituitarism;
- (11) undergoing a course of therapeutic radiation for cancer, where the pituitary or hypothalamus was in the field of radiation, before the clinical onset of hypopituitarism;
- (12) having a space occupying lesion that involves, or impinges on, the pituitary gland or hypothalamus at the time of the clinical onset of hypopituitarism;

- (13) being treated with an immune checkpoint inhibitor, or an interferon, within the one year before the clinical onset of hypopituitarism;

Note: *immune checkpoint inhibitor* is defined in the Schedule 1 - Dictionary.

- (14) for lymphocytic hypophysitis only, being pregnant within the six months before the clinical onset of hypopituitarism;

Note: *lymphocytic hypophysitis* is defined in the Schedule 1 - Dictionary.

- (15) having an autoimmune disorder involving the pituitary gland at the time of the clinical worsening of hypopituitarism;
- (16) having a disorder from the specified list of infiltrative, inflammatory or granulomatous disorders, involving the pituitary gland or hypothalamus, at the time of the clinical worsening of hypopituitarism;

Note: *specified list of infiltrative, inflammatory or granulomatous disorders* is defined in the Schedule 1 - Dictionary.

- (17) having infection with human immunodeficiency virus before the clinical worsening of hypopituitarism;
- (18) having a viral, bacterial, fungal or protozoal infection of the pituitary gland, hypothalamus, brain or cerebral meninges, within the five years before the clinical worsening of hypopituitarism;
- (19) having Hantavirus haemorrhagic fever with renal syndrome within the five years before the clinical worsening of hypopituitarism;  
 Note: *Hantavirus haemorrhagic fever with renal syndrome* is defined in the Schedule 1 - Dictionary.
- (20) having moderate to severe traumatic brain injury within the ten years before the clinical worsening of hypopituitarism;
- (21) having a subarachnoid haemorrhage within the ten years before the clinical worsening of hypopituitarism;
- (22) having haemorrhage or ischaemia involving the pituitary gland or hypothalamus within the ten years before the clinical worsening of hypopituitarism;  
 Note: Haemorrhage or ischaemia of the pituitary gland includes pituitary apoplexy.
- (23) having severe peripartum or postpartum haemorrhage before the clinical worsening of hypopituitarism;
- (24) having surgery involving the pituitary gland, or intracranial surgery, within the ten years before the clinical worsening of hypopituitarism;
- (25) undergoing a course of therapeutic radiation for cancer, where the pituitary or hypothalamus was in the field of radiation, before the clinical worsening of hypopituitarism;
- (26) having a space occupying lesion that involves, or impinges on, the pituitary gland or hypothalamus at the time of the clinical worsening of hypopituitarism;
- (27) being treated with an immune checkpoint inhibitor, or an interferon, within the one year before the clinical worsening of hypopituitarism;  
 Note: *immune checkpoint inhibitor* is defined in the Schedule 1 - Dictionary.
- (28) for lymphocytic hypophysitis only, being pregnant within the six months before the clinical worsening of hypopituitarism;  
 Note: *lymphocytic hypophysitis* is defined in the Schedule 1 - Dictionary.
- (29) inability to obtain appropriate clinical management for hypopituitarism.

## 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(15) to (9)(29) apply only to material contribution to, or aggravation of, hypopituitarism where the person's hypopituitarism 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(3) 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:

***Hantavirus haemorrhagic fever with renal syndrome*** means a clinical syndrome of acute shock, vascular leakage, thrombocytopaenia, hypotension and acute renal failure caused by hantaviruses from the family Bunyaviridae, which is endemic in parts of Asia and Europe. This definition includes, but is not limited to, Korean haemorrhagic fever, epidemic haemorrhagic fever and nephropathia epidemica.

***hypopituitarism***—see subsection 7(2).

***immune checkpoint inhibitor*** means a form of cancer immunotherapy that uses monoclonal antibodies targeting the immune checkpoint proteins. Examples include, but are not limited to, ipilumab, tremelimumab, nivolumab and pembrolizumab.

***iron overload*** means an accumulation of excess iron in tissues and organs which has been confirmed by elevated ferritin or transferrin saturation levels.

Note: Causes include, but are not limited to, haemochromatosis and blood transfusions.

***lymphocytic hypophysitis*** means an autoimmune condition in which the pituitary gland becomes infiltrated by lymphocytes, resulting in pituitary enlargement and impaired function.

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

***relevant service*** means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

***specified list of infiltrative, inflammatory or granulomatous disorders*** means:

- (a) a primary or metastatic neoplasm;
- (b) amyloidosis;
- (c) Castleman disease;
- (d) Crohn's disease;
- (e) eosinophilic granuloma;
- (f) germinoma;
- (g) giant cell granuloma;
- (h) granulomatosis with polyangiitis (Wegener granulomatosis);
- (i) histiocytosis;
- (j) iron overload;
- (k) sarcoidosis; or



- (l) Takayasu arteritis.

Note: *iron overload* is 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*.