



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

**Statement of Principles**  
**concerning**  
**MICROSCOPIC POLYANGIITIS**  
**(Balance of Probabilities)**  
**(No. 91 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 18 October 2019

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 *microscopic polyangiitis (Balance of Probabilities)* (No. 91 of 2019).

## **2 Commencement**

This instrument commences on 18 November 2019.

## **3 Authority**

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

## **4 Repeal**

The Statement of Principles concerning microscopic polyangiitis No. 14 of 2011 (Federal Register of Legislation No. F2010L03262) made under subsection 196B(3) of the VEA is repealed.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 microscopic polyangiitis and death from microscopic polyangiitis.

### *Meaning of **microscopic polyangiitis***

- (2) For the purposes of this Statement of Principles, microscopic polyangiitis:
  - (a) means a necrotising non-granulomatous vasculitis with few or no immune deposits predominantly affecting small vessels (capillaries, venules or arterioles); and
  - (b) excludes polyarteritis nodosa, granulomatosis with polyangiitis (Wegener granulomatosis) and eosinophilic granulomatosis with polyangiitis (Churg-Strauss syndrome).

Note: Microscopic polyangiitis commonly manifests in the kidney as rapidly progressive crescentic glomerulonephritis, or in the lungs as pulmonary capillaritis. Antineutrophil cytoplasmic antibodies (ANCA) are usually present.

- (3) While microscopic polyangiitis attracts ICD-10-AM code M31.7, in applying this Statement of Principles the meaning of microscopic polyangiitis 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 microscopic polyangiitis*

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

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 microscopic polyangiitis and death from microscopic polyangiitis 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, microscopic polyangiitis or death from microscopic polyangiitis is connected with the circumstances of a person's relevant service:

- (1) inhaling respirable crystalline silica dust, at the time material containing crystalline silica was being:
  - (a) produced;
  - (b) excavated;
  - (c) drilled, cut or ground; or
  - (d) used in construction, manufacturing, cleaning or blasting;for a cumulative period of at least 5 000 hours before the clinical onset of microscopic polyangiitis;
- (2) having silicosis at the time of the clinical onset of microscopic polyangiitis;

- (3) being treated with a drug from the specified list of drugs at the time of the clinical onset of microscopic polyangiitis;

Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.

- (4) inhaling respirable crystalline silica dust, at the time material containing crystalline silica was being:
  - (a) produced;
  - (b) excavated;
  - (c) drilled, cut or ground; or
  - (d) used in construction, manufacturing, cleaning or blasting;for a cumulative period of at least 5 000 hours before the clinical worsening of microscopic polyangiitis;
- (5) having silicosis at the time of the clinical worsening of microscopic polyangiitis;
- (6) being treated with a drug from the specified list of drugs at the time of the clinical worsening of microscopic polyangiitis;

Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.

- (7) inability to obtain appropriate clinical management for microscopic polyangiitis.

## **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 subsection 9(4) to 9(7) apply only to material contribution to, or aggravation of, microscopic polyangiitis where the person's microscopic polyangiitis 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:

***microscopic polyangiitis***—see subsection 7(2).

***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 drugs*** means:

- (a) benzylthiouracil;
- (b) carbimazole;
- (c) hydralazine;
- (d) methimazole; or
- (e) propylthiouracil.

***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*.