



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

**EXPLANATORY STATEMENT**

**STATEMENT OF PRINCIPLES CONCERNING  
MALIGNANT NEOPLASM OF THE KIDNEY  
(REASONABLE HYPOTHESIS) (NO. 41 OF 2021)**

***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 kidney (Reasonable Hypothesis)* (No. 41 of 2021).

**Background**

2. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), repeals Instrument No. 9 of 2013 (Federal Register of Legislation No. F2013L00024) determined under subsections 196B(2) and (8) of the VEA concerning **adenocarcinoma of the kidney**.
3. The Authority is of the view that there is sound medical-scientific evidence that indicates that **malignant neoplasm of the kidney** and **death from malignant neoplasm of the kidney** 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 concerning **malignant neoplasm of the kidney (Reasonable Hypothesis)** (No. 41 of 2021). This Instrument will in effect replace the repealed Statement of Principles.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 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;
  - British nuclear test defence 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 malignant neoplasm of the kidney or death from malignant neoplasm of the kidney, 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 23 April 2020 concerning adenocarcinoma of the kidney 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 repealed Instrument. Comparing this Instrument and the repealed 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 name of the condition from 'adenocarcinoma of the kidney' to 'malignant neoplasm of the kidney';
  - new definition of 'malignant neoplasm of the kidney' in subsection 7(2);
  - revising the reference to 'ICD-10-AM code' in subsection 7(4);
  - revising the factor in subsection 9(2) concerning being overweight or obese, for clinical onset only;
  - revising the factor in subsection 9(3) concerning having smoked tobacco products, for clinical onset only;
  - new factor in subsection 9(4) concerning having been exposed to second-hand smoke, for clinical onset only;
  - revising the factor in subsection 9(5) concerning inhaling respirable asbestos fibres in an enclosed space, for clinical onset only;
  - revising the factor in subsection 9(6) concerning inhaling respirable asbestos fibres in an open environment, for clinical onset only;
  - revising the factor in subsection 9(7) concerning inhaling cadmium fumes, for clinical onset only;
  - revising the factor in subsection 9(8) concerning inhaling, ingesting or having cutaneous contact with trichloroethylene, for clinical onset only;
  - revising the factor in subsection 9(9) concerning being exposed to arsenic as specified, for clinical onset only, by the inclusion of a note;
  - revising the factor in subsection 9(10) concerning having received ionising radiation, for clinical onset only, by the inclusion of a note;
  - new factor in subsection 9(11) concerning having chronic kidney disease, for clinical onset only;
  - new factor in subsection 9(12) concerning having renal stone disease involving the affected kidney, for clinical onset only;
  - new factor in subsection 9(13) concerning having diabetes mellitus, for clinical onset only;
  - revising the factor in subsection 9(15) concerning an inability to consume fruits and vegetables, for clinical onset only;
  - new factor in subsection 9(16) concerning an inability to undertake physical activity, for clinical onset only;
  - new factor in subsection 9(17) concerning undergoing organ or tissue transplantation, excluding corneal transplant, for clinical onset only;
  - revising the factor in subsection 9(18) concerning taking a non-topical non-steroidal anti-inflammatory drug, excluding aspirin, for clinical onset only;
  - new factor in subsection 9(19) concerning using manual welding equipment for welding metal, for clinical onset only;

- deleting the factor concerning being in an atmosphere with a visible tobacco smoke haze in an enclosed space, for clinical onset only, as this is now covered by the factor in subsection 9(4) concerning having been exposed to second-hand smoke, for clinical onset only;
  - deleting the factor concerning having end stage renal disease, for clinical onset only, as this is now covered by the factor in subsection 9(11) concerning having chronic kidney disease, for clinical onset only;
  - new definitions of 'abnormality of kidney structure or function', 'being overweight or obese', 'chronic kidney disease', 'having been exposed to second-hand smoke', 'MET', 'MRCA', 'organ or tissue transplantation', 'pack-year' and 'VEA' in Schedule 1 - Dictionary;
  - revising the definitions of 'BMI' and 'relevant service' in Schedule 1 - Dictionary; and
  - deleting the definitions of 'being obese', 'end stage renal disease', 'pack-years of cigarettes, or the equivalent thereof in other tobacco products' and 'respirable asbestos fibres'.
8. The Authority has decided to revise the drafting style for factors which contain one or more of the elements of dose, duration, latency and cessation. Section 15AC of the *Acts Interpretation Act 1901* provides that a change to drafting style for the purpose of clearer expression of ideas does not necessarily mean that the ideas themselves have changed. In this Statement of Principles, there have been changes to the format and structure of the factors concerning having smoked tobacco products and having been exposed to second-hand smoke. The purpose of these revisions is to express the ideas using a clearer drafting style, rather than to change the ideas themselves. Nonetheless, if it is apparent that the ideas themselves have also changed, for example by a change in dose, then the factors should be read accordingly.
9. The Authority has decided to revise the format and structure of the definition of 'pack-year' contained within this Statement of Principles. The purpose of this revision is to express the definition using a clearer drafting style. The main idea of the definition remains unchanged. The intention of this definition is to assist claimants and their representatives with the calculation of the amount of tobacco which may have been smoked over a period of time, in recognition of the difficulties associated with quantifying the gross weight of tobacco which a person may have smoked. One pack-year assumes the smoking of one standard pack of cigarettes, containing 20 cigarettes (or the equivalent in other tobacco products) per day over a period of one calendar year, that is, 7,300 cigarettes. However, the Authority recognises that the amount of tobacco smoked over a period of time will vary between individuals, and that a person may smoke one pack-year of tobacco in a shorter or longer period of time than one calendar year. Consequently, the definition of 'pack-year' should not be read as imposing a strict requirement that claimants will have smoked precisely 20 cigarettes per day, or 7,300 cigarettes per calendar year.

### **Incorporation**

10. The definition of "cumulative equivalent dose" contained in the Schedule 1 - Dictionary incorporates the *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. This writing is incorporated pursuant to subsection 14(b) of the *Legislation Act 2003*.

11. A copy of this document is available to any person on the website of the Repatriation Medical Authority at [www.rma.gov.au](http://www.rma.gov.au) or from the Repatriation Medical Authority, GPO Box 1014, Brisbane, Queensland 4001, by contacting the Registrar on telephone (07) 3815 9404 or by email [info@rma.gov.au](mailto:info@rma.gov.au).

### **Consultation**

12. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to adenocarcinoma of the kidney in the Government Notices Gazette of 23 April 2020, 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, the Military Rehabilitation and Compensation 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 in relation to the investigation.

### **Human Rights**

13. 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**

14. The determining of this Instrument finalises the investigation in relation to adenocarcinoma of the kidney as advertised in the Government Notices Gazette of 23 April 2020.

### **References**

15. A list of references relating to the above condition is available on the Authority's website at: [www.rma.gov.au](http://www.rma.gov.au). Any other document referred to in this Statement of Principles is available on request to the Repatriation Medical Authority at the following address:

Email: [info@rma.gov.au](mailto:info@rma.gov.au)

Post: 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. 41 of 2021**

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

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(2) 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 connecting 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 and the Military Rehabilitation and Compensation 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 kidney;
  - 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 as a minimum exist, before it can be said that a reasonable hypothesis has been raised, connecting malignant neoplasm of the kidney with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
  - replaces Instrument No. 9 of 2013; and
  - reflects developments in the available sound medical-scientific evidence concerning malignant neoplasm of the kidney 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.