



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
MALIGNANT NEOPLASM OF THE
GALLBLADDER
(Balance of Probabilities)
(No. 37 of 2024)

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

Dated 26 April 2024.

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

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1 Name

This is the Statement of Principles concerning *malignant neoplasm of the gallbladder (Balance of Probabilities)* (No. 37 of 2024).

2 Commencement

This instrument commences on 28 May 2024.

3 Authority

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

4 Repeal

The Statement of Principles concerning malignant neoplasm of the gallbladder (No. 90 of 2015) (Federal Register of Legislation No. F2015L00922) made under subsections 196B(3) and (8) of the VEA is repealed.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 malignant neoplasm of the gallbladder and death from malignant neoplasm of the gallbladder.

*Meaning of **malignant neoplasm of the gallbladder***

- (2) For the purposes of this Statement of Principles, malignant neoplasm of the gallbladder:
 - (a) means a primary malignant neoplasm arising from the epithelial cells of the gallbladder; and
 - (b) includes:
 - (i) adenocarcinoma of the gallbladder;
 - (ii) adenosquamous carcinoma of the gallbladder;
 - (iii) carcinoma of the gallbladder;
 - (iv) clear cell carcinoma of the gallbladder;
 - (v) poorly cohesive carcinoma of the gallbladder;

- (vi) squamous carcinoma of the gallbladder; and
 - (vii) carcinoma in situ of the gallbladder; and
- (c) excludes:
- (i) soft tissue sarcoma;
 - (ii) malignant neoplasm of the bile duct;
 - (iii) neuroendocrine carcinoma of the gallbladder;
 - (iv) non-Hodgkin lymphoma; and
 - (v) Hodgkin lymphoma.
- (3) While malignant neoplasm of the gallbladder attracts ICD-10-AM code C23, in applying this Statement of Principles the meaning of malignant neoplasm of the gallbladder 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 gallbladder

- (5) For the purposes of this Statement of Principles, malignant neoplasm of the gallbladder, 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 gallbladder.

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 malignant neoplasm of the gallbladder and death from malignant neoplasm of the gallbladder 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, malignant neoplasm of the gallbladder or death from malignant neoplasm of the gallbladder is connected with the circumstances of a person's relevant service:

- (1) having cholelithiasis before clinical onset;

- (2) having a chronic biliary infection of *Salmonella typhi* or *Salmonella paratyphi* detected on at least 2 separate occasions, at least a month apart, and within 2 years before clinical onset;

Note: A biliary infection by *Salmonella* can be ascertained by detection of specific antibodies in serum or detection of *Salmonella sp.* in stool samples.

- (3) having primary sclerosing cholangitis before clinical onset;
Note: *primary sclerosing cholangitis* is defined in the Schedule 1 – Dictionary.
- (4) having had an intravascular injection of Thorotrast (thorium dioxide) before clinical onset;
- (5) being obese for at least 10 years within the 20 years before clinical onset;
Note: *being obese* is defined in the Schedule 1 – Dictionary.
- (6) having diabetes mellitus for at least 10 years before clinical onset;
- (7) having chronic infection with hepatitis B or C virus before clinical onset;
Note: *chronic infection with hepatitis B or C virus* is defined in the Schedule 1 - Dictionary.
- (8) inability to obtain appropriate clinical management for malignant neoplasm of the gallbladder before clinical worsening.

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 factor set out in subsection 9(8) applies only to material contribution to, or aggravation of, malignant neoplasm of the gallbladder where the person's malignant neoplasm of the gallbladder 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:

being obese means:

- (a) having a Body Mass Index (BMI) of 30 or greater; or
- (b) for males, having a waist circumference exceeding 102 centimetres; or
- (c) for females, having a waist circumference exceeding 88 centimetres.

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

BMI means W/H^2 where:

- (a) W is the person's weight in kilograms; and
- (b) H is the person's height in metres.

chronic infection with hepatitis B or C virus means infection with hepatitis B or C virus resulting in a chronic infection of at least six months duration, and which must be confirmed by laboratory testing for hepatitis B or C serological or nucleic acid markers.

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

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

primary sclerosing cholangitis means an autoimmune disorder characterised by a progressive, inflammatory, sclerosing process in the bile ducts.

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.

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*.