



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

**Statement of Principles**  
**concerning**  
**MYELODYSPLASTIC NEOPLASM**  
**(SYNDROME)**  
**(Balance of Probabilities)**  
**(No. 77 of 2024)**

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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 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 *myelodysplastic neoplasm (syndrome) (Balance of Probabilities)* (No. 77 of 2024).

## 2 Commencement

This instrument commences on 19 November 2024.

## 3 Authority

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

## 4 Repeal

The Statement of Principles concerning myelodysplastic syndrome (No. 74 of 2015) (Federal Register of Legislation No. F2015L00906) made under subsection 196B(3) and (8) of the VEA is repealed.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 myelodysplastic neoplasm (syndrome) and death from myelodysplastic neoplasm (syndrome).

### *Meaning of myelodysplastic neoplasm (syndrome)*

- (2) For the purposes of this Statement of Principles, myelodysplastic neoplasm (syndrome):
  - (a) means a clonal haematopoietic stem cell neoplasm characterised by morphologic dysplasia  $\geq 10\%$  in at least one cell line of erythroid, granulocyte, or megakaryocyte lines; persistent cytopaenia; progressively ineffective haematopoiesis; and increased risk of acute myeloid leukaemia; and
  - (b) includes:
    - (i) morphologically defined myelodysplastic neoplasm including myelodysplastic neoplasm with low blasts;

- hypoplastic myelodysplastic neoplasm; and
- myelodysplastic neoplasm with increased blasts; and
- (ii) myelodysplastic neoplasms with defined genetic abnormalities including myelodysplastic neoplasm with low blasts and 5q deletion; myelodysplastic neoplasm with low blasts and SF3B1 mutation; myelodysplastic neoplasm with biallelic TP53 inactivation; and
- (c) excludes:
  - (i) leukaemia including acute myeloid leukaemia;
  - (ii) myeloproliferative neoplasms including chronic myeloid leukaemia, chronic neutrophilic leukaemia, chronic eosinophilic leukaemia, polycythaemia vera, essential thrombocythaemia, primary myelofibrosis, and juvenile myelomonocytic leukaemia;
  - (iii) aplastic anaemia; and
  - (iv) Myelodysplastic/myeloproliferative neoplasms in the overlap category, including myelodysplastic/myeloproliferative neoplasm with neutrophilia; and myelodysplastic/myeloproliferative neoplasm with SF3B1 mutation and thrombocytosis; and myelodysplastic/myeloproliferative neoplasm not otherwise specified.

Note: Myelodysplastic neoplasms are also called myelodysplastic syndromes and myelodysplastic disorders

- (3) While myelodysplastic neoplasm (syndrome) attracts ICD-10-AM codes D46 and C94.6, in applying this Statement of Principles the meaning of myelodysplastic neoplasm (syndrome) 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 myelodysplastic neoplasm (syndrome)*

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

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 myelodysplastic

neoplasm (syndrome) and death from myelodysplastic neoplasm (syndrome) 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, myelodysplastic neoplasm (syndrome) or death from myelodysplastic neoplasm (syndrome) is connected with the circumstances of a person's relevant service:

- (1) smoking at least 15 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before clinical onset, and:
  - (a) smoking commenced at least 10 years before clinical onset; and
  - (b) where smoking has ceased, clinical onset has occurred within 10 years of cessation;

Note: *one pack-year* is defined in the Schedule 1 – Dictionary.

- (2) being treated with one of the following drugs:
  - (a) a topoisomerase II inhibitor, including etoposide, and doxorubicin; or
  - (b) an alkylating agent including cyclophosphamide, chlorambucil, mechlorethamine, melphalan, nitrosoureas, cisplatin, carboplatin; or
  - (c) taxanes including paclitaxel, and docetaxel;

before clinical onset, where treatment commenced at least 6 months before clinical onset, and where the treatment has ceased, within 20 years of cessation;

- (3) having received a cumulative equivalent dose of at least 0.05 sievert of ionising radiation to the bone marrow at least 2 years before clinical onset;

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

- (4) being exposed to benzene:
  - (a) for a cumulative total of at least 2,500 hours within a continuous period of ten years before clinical onset; and
  - (b) where the first exposure in that period occurred at least ten years before clinical onset;
  - (c) where the last exposure in that period occurred within the 30 years before clinical onset;

Note: *being exposed to benzene* is defined in the Schedule 1 - Dictionary.

- (5) receiving greater than 10 ppm-years of cumulative exposure to benzene before clinical onset and;

- (a) where the first exposure occurred at least 10 years before clinical onset and:
- (b) where the last exposure occurred within the 30 years before clinical onset;

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

- (6) completing a course of therapy for malignant neoplasm before clinical onset, where the first exposure occurred at least 6 months before clinical onset, and where that therapy has ceased, clinical onset occurred within 10 years of cessation;
- (7) inability to obtain appropriate clinical management for myelodysplastic neoplasm (syndrome) 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(7) applies only to material contribution to, or aggravation of, myelodysplastic neoplasm (syndrome) where the person's myelodysplastic neoplasm (syndrome) 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:

**8-hour time-weighted average** means the averaging of different exposure levels to benzene during an average exposure period equivalent to eight hours.

**being exposed to benzene means:**

- (a) having cutaneous contact with liquids containing benzene greater than 1% by volume;
- (b) ingesting liquids containing benzene greater than 1% by volume; or
- (c) inhaling benzene vapour where such exposure occurs at an ambient 8-hour time-weighted average benzene concentration exceeding five parts per million.

Note: **8-hour time-weighted average** is defined in the Schedule 1 - Dictionary.

**cumulative equivalent dose** means the total dose of ionising radiation received by the particular organ or tissue. The formula used to calculate the cumulative equivalent dose allows doses from multiple types of ionising radiation to be combined, by accounting for their differing biological effect.

The unit of equivalent dose is the sievert. For the purposes of this Statement of Principles, the calculation of cumulative equivalent dose excludes doses received from normal background radiation, but includes therapeutic radiation, diagnostic radiation, cosmic radiation at high altitude, radiation from occupation-related sources and radiation from nuclear explosions or accidents.

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

**myelodysplastic neoplasm (syndrome)**—see subsection 7(2).

**one pack-year** means the amount of tobacco consumed in smoking 20 cigarettes per day for a period of 1 year, or an equivalent amount of tobacco products.

Note 1: An equivalent amount of tobacco products is 7,300 grams of smoking tobacco by weight, either in cigarettes, pipe tobacco or cigars, or a combination of same. For pipe tobacco, cigars or combinations of multiple tobacco types, 1 gram of tobacco is considered to be equal to one cigarette.

Note 2: Pack-years are calculated by dividing the number of cigarettes smoked per day by 20 and multiplying this number by the number of years the person has smoked. For example, smoking 10 cigarettes per day for 10 years is equal to 5 pack-years, and smoking 40 cigarettes per day for 10 years is equal to 20 pack-years.

**ppm-years** means parts per million multiplied by years of exposure.

**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*.