Statement of Principles concerning adenocarcinoma of the kidney No. 9 of 2013

made under subsection 196B(2) of the

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 18 September 2017
Includes amendments up to: Veterans' Entitlements (Statements of Principles—Cumulative Equivalent Dose) Amendment Determination 2017 (No. 58 of 2017) (F2017L01067)

The day of commencement of this Amendment Determination is 18 September 2017.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane
About this compilation

This compilation

This is a compilation of the *Statement of Principles concerning adenocarcinoma of the kidney No. 9 of 2013* that shows the text of the law as amended and in force on 18 September 2017.

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.
Statement of Principles
concerning

ADENOCARCINOMA OF THE KIDNEY

No. 9 of 2013

for the purposes of the

Veterans’ Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

Title
1. This Instrument may be cited as Statement of Principles concerning adenocarcinoma of the kidney No. 9 of 2013.

Determination
2. The Repatriation Medical Authority under subsection 196B(2) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 87 of 2001 concerning adenocarcinoma of the kidney; and
   (b) determines in its place this Statement of Principles.

Kind of injury, disease or death
3. (a) This Statement of Principles is about adenocarcinoma of the kidney and death from adenocarcinoma of the kidney.
   (b) For the purposes of this Statement of Principles, "adenocarcinoma of the kidney" means a primary malignant neoplasm arising from the
renal tubular epithelium. It is also known as renal cell carcinoma, renal adenocarcinoma, hypernephroma or clear cell carcinoma. This definition includes renal medullary carcinoma and excludes soft tissue sarcoma, carcinoid tumour, non-Hodgkin's lymphoma and Hodgkin's lymphoma.

(c) Adenocarcinoma of the kidney attracts ICD-10-AM code C64.
(d) In the application of this Statement of Principles, the definition of "adenocarcinoma of the kidney" is that given at paragraph 3(b) above.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that adenocarcinoma of the kidney and death from adenocarcinoma of the kidney can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the Military Rehabilitation and Compensation Act 2004 (the MRCA).

Factors that must be related to service

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting adenocarcinoma of the kidney or death from adenocarcinoma of the kidney with the circumstances of a person’s relevant service is:

(a) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of adenocarcinoma of the kidney, and

(i) smoking commenced at least five years before the clinical onset of adenocarcinoma of the kidney; and

(ii) where smoking has ceased, the clinical onset of adenocarcinoma of the kidney has occurred within 20 years of cessation; or

(b) being in an atmosphere with a visible tobacco smoke haze in an enclosed space:

(i) for at least 10 000 hours before the clinical onset of adenocarcinoma of the kidney, and
(ii) where the first exposure to that atmosphere commenced at least five years before the clinical onset of adenocarcinoma of the kidney; and

(iii) where the last exposure to that atmosphere occurred within the 20 years before the clinical onset of adenocarcinoma of the kidney; or

(c) inhaling respirable asbestos fibres in an enclosed space at the time material containing respirable asbestos fibres was being applied, removed, dislodged, cut or drilled:

(i) for a cumulative period of at least 1,000 hours before the clinical onset of adenocarcinoma of the kidney; and

(ii) the first inhalation of respirable asbestos fibres commenced at least five years before the clinical onset of adenocarcinoma of the kidney; or

(d) inhaling respirable asbestos fibres in an open environment at the time material containing respirable asbestos fibres was being applied, removed, dislodged, cut or drilled:

(i) for a cumulative period of at least 3,000 hours before the clinical onset of adenocarcinoma of the kidney; and

(ii) the first inhalation of respirable asbestos fibres commenced at least five years before the clinical onset of adenocarcinoma of the kidney; or

(e) being obese for a continuous period of at least three years before the clinical onset of adenocarcinoma of the kidney; or

(f) having end stage renal disease before the clinical onset of adenocarcinoma of the kidney; or

(g) having hypertension for a period of at least two years before the clinical onset of adenocarcinoma of the kidney; or

(h) an inability to consume an average of at least 200 grams per day of any combination of fruits and vegetables, for a period of at least five consecutive years within the 25 years before the clinical onset of adenocarcinoma of the kidney; or

(i) being exposed to arsenic as specified before the clinical onset of adenocarcinoma of the kidney, where the first exposure to arsenic occurred at least ten years before the clinical onset of adenocarcinoma of the kidney; or

(j) inhaling cadmium fumes:
(i) for at least four hours per day on more days than not, for at least four years or for a cumulative period of at least 3 000 hours, before the clinical onset of adenocarcinoma of the kidney; and

(ii) the first inhalation of fumes occurred at least five years before the clinical onset of adenocarcinoma of the kidney; or

(k) inhaling, ingesting or having cutaneous contact with trichloroethylene for a cumulative period of at least 1 000 hours before the clinical onset of adenocarcinoma of the kidney, where the first exposure occurred at least ten years before the clinical onset of adenocarcinoma of the kidney; or

(l) having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the kidney at least five years before the clinical onset of adenocarcinoma of the kidney; or

(m) consuming a non-steroidal anti-inflammatory drug, except for aspirin, on at least 15 days per month for at least ten years before the clinical onset of adenocarcinoma of the kidney; or

(n) for renal medullary carcinoma only, having sickle cell disorder before the clinical onset of adenocarcinoma of the kidney; or

(o) inability to obtain appropriate clinical management for adenocarcinoma of the kidney.

Factors that apply only to material contribution or aggravation

7. Paragraph 6(o) applies only to material contribution to, or aggravation of, adenocarcinoma of the kidney where the person’s adenocarcinoma of the kidney was suffered or contracted before or during (but not arising out of) the person’s relevant service.

Inclusion of Statements of Principles

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Other definitions

9. For the purposes of this Statement of Principles:

"being exposed to arsenic as specified" means:
(a) consuming drinking water with an average arsenic concentration of at least 50 micrograms per litre for a cumulative period of at least ten years;
(b) consuming drinking water resulting in a cumulative total arsenic exposure equivalent to having consumed drinking water containing at least 50 micrograms per litre for at least ten years; or
(c) having clinical evidence of chronic arsenic toxicity;

"being obese" means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of 30 or greater.

The BMI = W/H^2 and where:
W is the person’s weight in kilograms; and
H is the person’s height in metres;

"cadmium fumes" means combustion products, aerosols, vapours or dust arising through industrial processes or from workplace practices that involve the refining, manufacture or use of cadmium;

"cumulative equivalent dose" means the total dose of ionising radiation received by the particular organ or tissue from external exposure, internal exposure or both, apart from normal background radiation exposure in Australia, calculated in accordance with the methodology set out in 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;

Note 1: Examples of circumstances that might lead to exposure to ionising radiation include being present during or subsequent to the testing or use of nuclear weapons, undergoing diagnostic or therapeutic medical procedures involving ionising radiation, and being a member of an aircrew, leading to increased levels of exposure to cosmic radiation.

Note 2: For the purpose of dose reconstruction, dose is calculated as an average over the mass of a specific tissue or organ. If a tissue is exposed to multiple sources of ionising radiation, the various dose estimates for each type of radiation must be combined.

"death from adenocarcinoma of the kidney" in relation to a person includes death from a terminal event or condition that was contributed to by the person’s adenocarcinoma of the kidney;

"end stage renal disease" means renal disease of sufficient severity to require dialysis or renal transplantation;

"ICD-10-AM code" means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM),
Seventh Edition, effective date of 1 July 2010, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 154 5;

"pack-years of cigarettes, or the equivalent thereof in other tobacco products" means a calculation of consumption where one pack-year of cigarettes equals twenty tailor-made cigarettes per day for a period of one calendar year, or 7300 cigarettes. One tailor-made cigarette approximates one gram of tobacco or one gram of cigar or pipe tobacco by weight. One pack-year of tailor-made cigarettes equates to 7.3 kilograms of smoking tobacco by weight. Tobacco products means either cigarettes, pipe tobacco or cigars, smoked alone or in any combination;

"relevant service" means:
(a) operational service under the VEA;
(b) peacekeeping service under the VEA;
(c) hazardous service under the VEA;
(d) British nuclear test defence service under the VEA;
(e) warlike service under the MRCA; or
(f) non-warlike service under the MRCA;

"respirable asbestos fibres" means asbestos fibres less than five micrometres in diameter;

"terminal event" means the proximate or ultimate cause of death and includes:
(a) pneumonia;
(b) respiratory failure;
(c) cardiac arrest;
(d) circulatory failure; or
(e) cessation of brain function.

Application
10. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect
11. This Instrument takes effect from 9 January 2013.
Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes
Endnote 2—Abbreviation key
Endnote 3—Legislation history
Endnote 4—Amendment history

Abbreviation key—Endnote 2
The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4
Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Misdescribed amendments
A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.
Statement of Principles concerning Adenocarcinoma of the Kidney

No. 9 of 2013

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 18/09/2017

Authorised Version F2017C00752 registered 18/09/2017

Endnotes

Endnote 2—Abbreviation key

ad = added or inserted  
o = order(s)  
am = amended  
Ord = Ordinance  
amdt = amendment  
orig = original  
c = clause(s)  
par = paragraph(s)/subparagraph(s)  
C[x] = Compilation No. x  
/s = sub-subparagraph(s)  
Ch = Chapter(s)  
pres = present  
def = definition(s)  
(prev…) = previously  
Dict = Dictionary  
Pt = Part(s)  
disallowed = disallowed by Parliament  
r = regulation(s)/rule(s)  
exp = expires/expired or ceases/ceased to have effect  
reloc = relocated  
F = Federal Register of Legislation  
renum = renumbered  
gaz = gazette  
rs = repealed and substituted  
LA = Legislation Act 2003  
s = section(s)/subsection(s)  
LIA = Legislative Instruments Act 2003  
Sch = Schedule(s)  
(md) = misdescribed amendment can be given effect  
SLI = Select Legislative Instrument  
(md not incorp) = misdescribed amendment cannot be given effect  
SR = Statutory Rules  
mod = modified/modification  
Sub-Ch = Sub-Chapter(s)  
No. = Number(s)  
SubPt = Subpart(s)  
underlining = whole or part not commenced or to be commenced
## Endnote 3—Legislation history

<table>
<thead>
<tr>
<th>Name</th>
<th>Registration</th>
<th>Commencement</th>
<th>Application, saving and transitional provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement of Principles concerning adenocarcinoma of the kidney No. 9 of 2013</td>
<td>7 January 2013</td>
<td>9 January 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F2013L00024</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans' Entitlements (Statements of Principles—Cumulative Equivalent Dose) Amendment Determination 2017 (No. 58 of 2017)</td>
<td>22 August 2017</td>
<td>18 September 2017</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F2017L01067</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Endnote 4—Amendment history

<table>
<thead>
<tr>
<th>Provision affected</th>
<th>How affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clause 9 – ‘“cumulative equivalent dose”…..’</td>
<td>rs. Instrument No. 58 of 2017</td>
</tr>
</tbody>
</table>