Statement of Principles concerning open-angle glaucoma No. 28 of 2012

made under subsection 196B(3) 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.
About this compilation

This compilation

This is a compilation of the Statement of Principles concerning open-angle glaucoma No. 28 of 2012 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.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
OPEN-ANGLE GLAUCOMA
No. 28 of 2012
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 open-angle glaucoma No. 28 of 2012.

Determination
2. The Repatriation Medical Authority under subsection 196B(3) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 70 of 2001, as amended by Instrument No. 24 of 2006, concerning open-angle glaucoma; and
   (b) determines in their place this Statement of Principles.

Kind of injury, disease or death
3. (a) This Statement of Principles is about open-angle glaucoma and death from open-angle glaucoma.
   (b) For the purposes of this Statement of Principles, "open-angle glaucoma" means a progressive neuropathy involving characteristic optic disc abnormalities and visual field defects, associated with an...
open iridocorneal angle and usually associated with raised intraocular pressure.

**Basis for determining the factors**

4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **open-angle glaucoma** and **death from open-angle glaucoma** can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, **open-angle glaucoma** or **death from open-angle glaucoma** is connected with the circumstances of a person’s relevant service is:

   (a) having glucocorticoid therapy as specified before the clinical onset of open-angle glaucoma, and where the glucocorticoid therapy as specified has ceased or decreased, the last dose of the therapy was received within the three months before the clinical onset of open-angle glaucoma; or

   (b) having a specified disorder of the affected eye or orbit at the time of the clinical onset of open-angle glaucoma; or

   (c) having neovascularisation of the iridocorneal angle of the affected eye due to a specified condition or procedure before the clinical onset of open-angle glaucoma; or

   (d) having trauma as specified to the affected eye before the clinical onset of open-angle glaucoma; or

   (e) having sympathetic ophthalmia at the time of the clinical onset of open-angle glaucoma; or

   (f) having intraocular surgery to the affected eye before the clinical onset of open-angle glaucoma; or

   (g) having non-intraocular surgery to the affected eye in the one month before the clinical onset of open-angle glaucoma; or

   (h) having received a cumulative equivalent dose of at least 20 sieverts of ionising radiation to the affected eye before the clinical onset of open-angle glaucoma; or
(i) undergoing a course of therapeutic radiation for cancer, where the affected eye was in the field of radiation, before the clinical onset of open-angle glaucoma; or

(j) having Cushing's syndrome within the 12 months before the clinical onset of open-angle glaucoma; or

(k) having Graves' disease at the time of the clinical onset of open-angle glaucoma; or

(l) having hypothyroidism at the time of the clinical onset of open-angle glaucoma; or

(m) having glucocorticoid therapy as specified before the clinical worsening of open-angle glaucoma, and where the glucocorticoid therapy as specified has ceased or decreased, the last dose of the therapy was received within the three months before the clinical worsening of open-angle glaucoma; or

(n) having a specified disorder of the affected eye or orbit at the time of the clinical worsening of open-angle glaucoma; or

(o) having neovascularisation of the iridocorneal angle of the affected eye due to a specified condition or procedure before the clinical worsening of open-angle glaucoma; or

(p) having trauma as specified to the affected eye before the clinical worsening of open-angle glaucoma; or

(q) having sympathetic ophthalmia at the time of the clinical worsening of open-angle glaucoma; or

(r) having intraocular surgery to the affected eye before the clinical worsening of open-angle glaucoma; or

(s) having non-intraocular surgery to the affected eye in the one month before the clinical worsening of open-angle glaucoma; or

(t) having received a cumulative equivalent dose of at least 20 sieverts of ionising radiation to the affected eye before the clinical worsening of open-angle glaucoma; or

(u) undergoing a course of therapeutic radiation for cancer, where the affected eye was in the field of radiation, before the clinical worsening of open-angle glaucoma; or

(v) having Cushing's syndrome within the 12 months before the clinical worsening of open-angle glaucoma; or

(w) having Graves' disease at the time of the clinical worsening of open-angle glaucoma; or
(x) having hypothyroidism at the time of the clinical worsening of open-angle glaucoma; or
(y) inability to obtain appropriate clinical management for open-angle glaucoma.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(m) to 6(y) apply only to material contribution to, or aggravation of, open-angle glaucoma where the person’s open-angle glaucoma 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:

"a high or very high potency topical glucocorticoid" means:
(a) betamethasone dipropionate 0.05%;
(b) betamethasone valerate 0.1%;
(c) clobetasol propionate 0.05%;
(d) diflucortolone valerate 0.1%;
(e) fluocinolone acetonide 0.025%; or
(f) another topical glucocorticoid of equivalent potency;

"a specified condition or procedure" means one of the following:
(a) carotid endarterectomy on the affected side;
(b) diabetic retinopathy of the affected eye;
(c) intraocular surgery to the affected eye;
(d) intraocular tumour involving the affected eye;
(e) ipsilateral carotid artery occlusive disease;
(f) radiotherapy involving the affected eye;
(g) retinal detachment in the affected eye;
(h) retinal vascular occlusive disease of the affected eye;
(i) retinal vasculitis of the affected eye; or
(j) any acquired condition causing posterior segment ischaemia of the affected eye;

"a specified disorder" means one of the following:
(a) a benign or malignant tumour;
(b) a cyst;
(c) a vascular malformation or vascular thrombosis;
(d) amyloidosis;
(e) choroidal effusion;
(f) elevated ipsilateral episcleral venous pressure;
(g) intraocular haemorrhage (including ghost cells);
(h) leakage of lens protein or lens particles (phacolytic glaucoma);
(i) scleritis or episcleritis; or
(j) uveitis;

"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 open-angle glaucoma" in relation to a person includes death from a terminal event or condition that was contributed to by the person’s open-angle glaucoma;

"equivalent glucocorticoid therapy" means a glucocorticoid in the following table, at the doses specified in the table, or a therapeutically equivalent dose of another glucocorticoid:

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<tr>
<th>Glucocorticoid</th>
<th>Minimum cumulative dose (milligrams)</th>
<th>Minimum average rate (milligrams/day)</th>
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<td>Dexamethasone</td>
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*Statement of Principles concerning Open-Angle Glaucoma*

No. 28 of 2012

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 18/09/2017

Authorised Version F2017C00771 registered 18/09/2017
"equivalent inhaled glucocorticoid" means:
(a) 8000 micrograms of triamcinolone;
(b) 1600 micrograms of budesonide;
(c) 1000 micrograms of fluticasone; or
(d) a therapeutically equivalent dose of another inhaled glucocorticoid;

"Graves' disease" means an autoimmune disorder of the thyroid usually associated with hyperthyroidism, goitre and exophthalmus;

"having glucocorticoid therapy as specified" means:
(a) taking:
   (i) hydrocortisone, orally or by injection, to a cumulative dose of at least 5000 milligrams, or
   (ii) equivalent glucocorticoid therapy, orally or by injection;
(b) inhaling at least 2000 micrograms of beclomethasone, or equivalent inhaled glucocorticoid, daily, for at least one month;
(c) using a topical ocular glucocorticoid to the affected eye, daily, for at least two weeks;
(d) using an intranasal glucocorticoid, daily, for at least one month;
(e) applying a high or very high potency topical glucocorticoid to at least 20 percent of total skin surface area, daily, for at least one month;
(f) applying a topical glucocorticoid to the face, daily, for at least one month;
(g) using glucocorticoid containing enemas, daily, for at least one month; or
(h) having an intraocular or periocular glucocorticoid injection to the affected eye;

"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;

"sympathetic ophthalmia" means the presence of uveitis in both eyes following:
(a) intraocular surgery to one eye; or
(b) trauma as specified to one eye;

"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;

"trauma as specified" means penetrating, blunt, chemical, thermal or
ionising radiation injury involving the affected eye that results in intraocular
inflammation, intraocular bleeding or other intraocular tissue disruption;

"uveitis" means inflammation of the vascular middle coat of the eye ball,
comprising the iris, ciliary body and choroid.

Application

10. This Instrument applies to all matters to which section 120B of the VEA or
section 339 of the MRCA applies.

Date of effect

11. This Instrument takes effect from 7 March 2012.
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.
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## Endnote 3—Legislation history

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Endnote 4—Amendment history

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