



Statement of Principles concerning non-aneurysmal aortic atherosclerotic disease No. 15 of 2012

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 non-aneurysmal aortic atherosclerotic disease No. 15 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

**NON-ANEURYSMAL AORTIC
ATHEROSCLEROTIC DISEASE**

No. 15 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 non-aneurysmal aortic atherosclerotic disease No. 15 of 2012.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 68 of 1998, as amended by Instrument No. 26 of 2002, concerning non-aneurysmal aortic atherosclerotic disease; and
 - (b) determines in their place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about **non-aneurysmal aortic atherosclerotic disease** and **death from non-aneurysmal aortic atherosclerotic disease**.

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- (b) For the purposes of this Statement of Principles, "**non-aneurysmal aortic atherosclerotic disease**" means the presence of atherosclerosis in the aorta, which causes either:
- (i) a partial or complete occlusion of the abdominal aorta with clinical manifestations of claudication in the lower back, buttocks, hips, thighs or calves, or reduced pulsation in the femoral arteries, or pallor and coldness of the lower extremities; or
 - (ii) a penetrating ulcer of the aorta with clinical manifestations of sudden onset of chest or back pain, or haemodynamic instability, or intramural haematoma, or false aortic aneurysm, or aortic rupture.
- (c) Non-aneurysmal aortic atherosclerotic disease attracts ICD-10-AM code I70.0 or I74.0.
- (d) In the application of this Statement of Principles, the definition of "**non-aneurysmal aortic atherosclerotic disease**" 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 **non-aneurysmal aortic atherosclerotic disease** and **death from non-aneurysmal aortic atherosclerotic disease** 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 **non-aneurysmal aortic atherosclerotic disease** or **death from non-aneurysmal aortic atherosclerotic disease** with the circumstances of a person's relevant service is:
- (a) smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or

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- (b) having hypertension before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
 - (c) having dyslipidaemia before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
 - (d) having diabetes mellitus before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
 - (e) undergoing a course of therapeutic radiation for cancer, where the aorta was in the field of radiation, before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
 - (f) having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the aorta before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
 - (g) having hyperhomocysteinaemia before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
 - (h) having chronic renal disease before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
 - (i) having periodontitis for at least the two years before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
 - (j) having a clinically significant depressive disorder for at least five years, before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
 - (k) being in an atmosphere with a visible tobacco smoke haze in an enclosed space for at least 5000 hours before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
 - (l) smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
 - (m) having hypertension before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
 - (n) having dyslipidaemia before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
 - (o) having diabetes mellitus before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
 - (p) undergoing a course of therapeutic radiation for cancer, where the aorta was in the field of radiation, before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or

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- (q) having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the aorta before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
 - (r) having hyperhomocysteinaemia before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
 - (s) having chronic renal disease before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
 - (t) having periodontitis for at least the two years before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
 - (u) having a clinically significant depressive disorder for at least five years, before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
 - (v) being in an atmosphere with a visible tobacco smoke haze in an enclosed space for at least 5000 hours before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
 - (w) inability to obtain appropriate clinical management for non-aneurysmal aortic atherosclerotic disease.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(l) to 6(w)** apply only to material contribution to, or aggravation of, non-aneurysmal aortic atherosclerotic disease where the person's non-aneurysmal aortic atherosclerotic disease 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:
- "chronic renal disease"** means irreversible kidney damage which leads to impaired renal function;
- "clinically significant"** means sufficient to warrant ongoing management, which may involve regular visits (for example, at least monthly), to a psychiatrist, counsellor or general practitioner;

"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 non-aneurysmal aortic atherosclerotic disease" in relation to a person includes death from a terminal event or condition that was contributed to by the person's non-aneurysmal aortic atherosclerotic disease;

"dyslipidaemia" generally means evidence of a persistently abnormal lipid profile after the accurate evaluation of serum lipids following a 12 hour overnight fast, and estimated on a minimum of two occasions as:

- (a) a total cholesterol level greater than or equal to 5.5 millimoles per litre (mmol/L);
- (b) a triglyceride level greater than or equal to 2.0 mmol/L; or
- (c) a high density lipoprotein cholesterol level less than 1.0 mmol/L;

"hyperhomocysteinaemia" means a condition characterised by an excess of homocysteine in the blood;

"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-year of cigarettes, or the equivalent thereof in other tobacco products" means a calculation of consumption where one pack-year of cigarettes equals 20 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;

"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 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.

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) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	
exp = expires/expired or ceases/ceased to have effect	reloc = relocated
F = Federal Register of Legislation	renum = renumbered
gaz = gazette	rep = repealed
LA = <i>Legislation Act 2003</i>	rs = repealed and substituted
LIA = <i>Legislative Instruments Act 2003</i>	s = section(s)/subsection(s)
(md) = misdescribed amendment can be given effect	Sch = Schedule(s)
(md not incorp) = misdescribed amendment cannot be given effect	Sdiv = Subdivision(s)
mod = modified/modification	SLI = Select Legislative Instrument
No. = Number(s)	SR = Statutory Rules
	Sub-Ch = Sub-Chapter(s)
	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
<i>Statement of Principles concerning non-aneurysmal aortic atherosclerotic disease No. 15 of 2012</i>	29 February 2012 F2012L00445	7 March 2012	
<i>Veterans' Entitlements (Statements of Principles—Cumulative Equivalent Dose) Amendment Determination 2017 (No. 58 of 2017)</i>	22 August 2017 F2017L01067	18 September 2017	

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Endnote 4—Amendment history

Provision affected	How affected
Clause 9 – ' "cumulative equivalent dose".....'	rs. Instrument No. 58 of 2017