Statement of Principles concerning carotid arterial disease No. 37 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 carotid arterial disease No. 37 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.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
CAROTID ARTERIAL DISEASE
No. 37 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 carotid arterial disease No. 37 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. 9 of 2003, as amended by Instrument No. 29 of 2003, concerning carotid arterial 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 carotid arterial disease and death from carotid arterial disease.
(b) For the purposes of this Statement of Principles, "carotid arterial disease" means:

(i) occlusion or stenosis of the common, internal or external carotid artery due to atherosclerosis, dissection or other pathological process involving that artery, and that requires treatment; or

(ii) aneurysm of the common, internal or external carotid artery.

(c) Carotid arterial disease attracts ICD-10-AM code I65.2, I70.8 or I72.0.

(d) In the application of this Statement of Principles, the definition of "carotid arterial 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 carotid arterial disease and death from carotid arterial 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 carotid arterial disease or death from carotid arterial disease with the circumstances of a person’s relevant service is:

(a) having hypertension before the clinical onset of carotid arterial disease; or

(b) having dyslipidaemia before the clinical onset of carotid arterial disease; or

(c) having diabetes mellitus before the clinical onset of carotid arterial disease; or

(d) smoking at least 15 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of carotid arterial disease, and where smoking has ceased, the clinical onset of carotid arterial disease has occurred within 30 years of cessation; or
(e) being in an atmosphere with a visible tobacco smoke haze in an enclosed space for at least 5000 hours before the clinical onset of carotid arterial disease, where the last exposure to that atmosphere occurred within the five years before the clinical onset of carotid arterial disease; or

(f) for dissection of the common, internal or external carotid artery only, having trauma to the neck or the base of the skull within the six months before the clinical onset of carotid arterial disease; or

(g) for aneurysm of the common, internal or external carotid artery only:
   (i) having trauma to the affected segment of the artery before the clinical onset of carotid arterial disease; or
   (ii) undergoing therapy with BCG vaccine, where this therapy has been administered within the five years before the clinical onset of carotid arterial disease; or

(h) undergoing a course of therapeutic radiation for cancer, where the affected artery was in the field of radiation, before the clinical onset of carotid arterial disease; or

(i) having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the affected artery before the clinical onset of carotid arterial disease; or

(j) having hyperhomocysteinaemia before the clinical onset of carotid arterial disease; or

(k) having infective or noninfective vasculitis of the affected segment of the artery at the time of the clinical onset of carotid arterial disease; or

(l) having a disorder from the specified list, involving the affected segment of the artery at the time of the clinical onset of carotid arterial disease; or

(m) having chronic renal disease before the clinical onset of carotid arterial disease; or

(n) having periodontitis for at least the two years before the clinical onset of carotid arterial disease; or

(o) being exposed to arsenic as specified before the clinical onset of carotid arterial disease; or

(p) having a neoplasm infiltrating the affected segment of the artery at the time of the clinical onset of carotid arterial disease; or
(q) for aneurysm or dissection of the common or internal carotid artery only, using a drug from the specified list within the four days before the clinical onset of carotid arterial disease; or

(r) for dissection of the internal carotid artery only, being within the one month postpartum at the time of the clinical onset of carotid arterial disease; or

(s) having hypertension before the clinical worsening of carotid arterial disease; or

(t) having dyslipidaemia before the clinical worsening of carotid arterial disease; or

(u) having diabetes mellitus before the clinical worsening of carotid arterial disease; or

(v) smoking at least 15 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of carotid arterial disease, and where smoking has ceased, the clinical worsening of carotid arterial disease has occurred within 30 years of cessation; or

(w) being in an atmosphere with a visible tobacco smoke haze in an enclosed space for at least 5000 hours before the clinical worsening of carotid arterial disease, where the last exposure to that atmosphere occurred within the five years before the clinical worsening of carotid arterial disease; or

(x) for dissection of the common, internal or external carotid artery only, having trauma to the neck or the base of the skull within the six months before the clinical worsening of carotid arterial disease; or

(y) for aneurysm of the common, internal or external carotid artery only:
   (i) having trauma to the affected segment of the artery before the clinical worsening of carotid arterial disease; or

   (ii) undergoing therapy with BCG vaccine, where this therapy has been administered within the five years before the clinical worsening of carotid arterial disease; or

(z) undergoing a course of therapeutic radiation for cancer, where the affected artery was in the field of radiation, before the clinical worsening of carotid arterial disease; or

(aa) having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the affected artery before the clinical worsening of carotid arterial disease; or
(bb) having hyperhomocysteinaemia before the clinical worsening of carotid arterial disease; or

(cc) having infective or noninfective vasculitis of the affected segment of the artery at the time of the clinical worsening of carotid arterial disease; or

(dd) having a disorder from the specified list, involving the affected segment of the artery at the time of the clinical worsening of carotid arterial disease; or

(ee) having chronic renal disease before the clinical worsening of carotid arterial disease; or

(ff) having periodontitis for at least the two years before the clinical worsening of carotid arterial disease; or

(gg) being exposed to arsenic as specified before the clinical worsening of carotid arterial disease; or

 hh) having a neoplasm infiltrating the affected segment of the artery at the time of the clinical worsening of carotid arterial disease; or

(ii) for aneurysm or dissection of the common or internal carotid artery only, using a drug from the specified list within the four days before the clinical worsening of carotid arterial disease; or

(jj) for dissection of the internal carotid artery only, being within the one month postpartum at the time of the clinical worsening of carotid arterial disease; or

(kk) an inability to undertake any physical activity greater than three METs for at least the five years before the clinical worsening of carotid arterial disease; or

(ll) inability to obtain appropriate clinical management for carotid arterial disease.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(s) to 6(ll) apply only to material contribution to, or aggravation of, carotid arterial disease where the person’s carotid arterial 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:

"a disorder from the specified list" means:

(a) autosomal dominant polycystic kidney disease;
(b) cystic medial necrosis;
(c) Ehlers-Danlos type IV syndrome;
(d) fibromuscular dysplasia;
(e) Marfan’s syndrome;
(f) Moyamoya disease/syndrome;
(g) osteogenesis imperfecta; or
(h) sickle-cell disorder;

"a drug from the specified list" means:

(a) amphetamine;
(b) cocaine;
(c) D-lysergic acid diethylamide (LSD);
(d) ergot compounds including ergometrine and ergotamine; or
(e) methamphetamine;

"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; or
(b) having clinical evidence of chronic arsenic toxicity;

"chronic renal disease" means irreversible kidney damage which leads to impaired renal function;

"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.

"cystic medial necrosis" means changes in the medial layer of the affected artery, consisting of degeneration and loss of elastic and muscle fibres and formation of multiple clefts of mucoid material;

"death from carotid arterial disease" in relation to a person includes death from a terminal event or condition that was contributed to by the person’s carotid arterial 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;

"Ehlers-Danlos type IV syndrome" means a disorder of connective tissue involving defects in the structure, synthesis or secretion of one type of procollagen and has prominent vascular manifestations;

"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;

"MET" means a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute, 1.0 kcal/kg of body weight per hour or resting metabolic rate;

"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;

"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 to the affected segment of the artery" means:
(a) a blunt injury resulting in soft tissue injury adjacent to the affected segment of the artery; or
(b) a penetrating injury, including surgery, to the affected segment of the artery;

"trauma to the neck or the base of the skull" means:
(a) a non-penetrating injury, involving extension, rotation, hyperflexion or compression of the neck;
(b) a penetrating injury, including surgery, to the affected segment of the artery; or
(c) an injury resulting in fracture or dislocation of the cervical spine;

"undergoing therapy with BCG vaccine" means treatment with the Bacille Calmette-Guerin vaccine for cancer. The Bacille Calmette-Guerin vaccine is made from a strain of Mycobacterium bovis.

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 2 May 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.
Statement of Principles concerning Carotid Arterial Disease

No. 37 of 2012

Veterans’ Entitlements Act 1986

Compilation No. 1

Compilation date: 18/09/2017

Authorised Version F2017C00801 registered 18/09/2017
## Endnote 3—Legislation history

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### Endnote 4—Amendment history

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