Statement of Principles concerning myelodysplastic syndrome (No. 74 of 2015)

made under subsection 196B(3) of the

Veterans' Entitlements Act 1986

Compilation No. 2

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 myelodysplastic syndrome No. 74 of 2015 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.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
MYELODYSPLASTIC SYNDROME
(No. 74 of 2015)

The Repatriation Medical Authority determines the following Statement of Principles.

Dated 19 June 2015
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1 Name
This is the Statement of Principles concerning myelodysplastic syndrome (No. 74 of 2015).

2 Commencement
This instrument commences on 20 July 2015.

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

4 Revocation
The Statement of Principles concerning myelodysplastic disorder No. 38 of 2006, as amended, made under subsections 196B(3) and (8) of the VEA is revoked.

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 syndrome and death from myelodysplastic syndrome.

Meaning of myelodysplastic syndrome
(2) For the purposes of this Statement of Principles, myelodysplastic syndrome:

(a) means one of a group of clonal haematopoietic stem cell disorders characterised by ineffective haematopoiesis, resulting in peripheral cytopaenias, and disordered maturation of one or more myeloid cell lines, with fewer than 20 percent myeloblasts in bone marrow or peripheral blood, and which is characterised by progressive marrow failure, and that may progress to acute myeloid leukaemia; and
(b) includes refractory cytopenia with unilineage dysplasia, refractory cytopenia with multilineage dysplasia, refractory anaemia with ring sideroblasts, and refractory anaemia with excess blasts.

Death from myelodysplastic syndrome

(3) For the purposes of this Statement of Principles, myelodysplastic syndrome, in relation to a person, includes death from a terminal event or condition that was contributed to by the person’s myelodysplastic 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 syndrome and death from myelodysplastic syndrome can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: relevant service is 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 syndrome or death from myelodysplastic 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 the clinical onset of myelodysplastic syndrome, and:

(a) smoking commenced at least ten years before the clinical onset of myelodysplastic syndrome; and
(b) where smoking has ceased, the clinical onset of myelodysplastic syndrome has occurred within ten years of cessation;

Note: pack-years of cigarettes, or the equivalent thereof in other tobacco products is defined in the Schedule 1 - Dictionary.

(2) being treated with a drug or a drug from a class of drugs from the specified list of drugs before the clinical onset of myelodysplastic syndrome, where the first exposure occurred at least six months before the clinical onset of myelodysplastic syndrome, and where that therapy has ceased, the clinical onset of myelodysplastic syndrome occurred within 20 years of cessation;

Note: specified list of drugs is defined in the Schedule 1 - Dictionary.
(3) having received a cumulative equivalent dose of at least 0.05 sievert of ionising radiation to the bone marrow at least two years before the clinical onset of myelodysplastic syndrome;

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

(4) undergoing treatment with radioactive iodine for cancer before the clinical onset of myelodysplastic syndrome, where the first exposure occurred at least two years before the clinical onset of myelodysplastic syndrome;

(5) undergoing treatment with radioactive phosphorus for a myeloproliferative neoplasm before the clinical onset of myelodysplastic syndrome, where the first exposure occurred at least two years before the clinical onset of myelodysplastic syndrome;

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

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

(7) receiving greater than ten ppm-years of cumulative exposure to benzene before the clinical onset of myelodysplastic syndrome, and:
   (a) where the first exposure occurred at least ten years before the clinical onset of myelodysplastic syndrome; and
   (b) where the last exposure occurred within the 30 years before the clinical onset of myelodysplastic syndrome;

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

(8) having aplastic anaemia at the time of the clinical onset of myelodysplastic syndrome;

(9) inability to obtain appropriate clinical management for myelodysplastic syndrome.

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(9) applies only to material contribution to, or aggravation of, myelodysplastic syndrome where the person’s myelodysplastic 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:

being exposed to benzene as specified 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 also defined in the Schedule 1 - Dictionary.

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.

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


myelodysplastic syndrome—see subsection 7(2).

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 mean either cigarettes, pipe tobacco or cigars, smoked alone or in any combination.

**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.

*specified list of drugs* means:

(a) a topoisomerase II inhibitor; or
(b) an alkylating agent.

*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*. 

*Schedule 1 - Dictionary*
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 Myelodysplastic Syndrome
(No. 74 of 2015)
Veterans' Entitlements Act 1986

Compilation No. 2
Compilation date: 18/09/2017

Authorised Version F2017C00816 registered 18/09/2017

Endnotes

Endnote 2—Abbreviation key

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### Endnote 3—Legislation history

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## Endnote 4—Amendment history

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