Statement of Principles concerning goitre No. 23 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 goitre No. 23 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.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

GOITRE

No. 23 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 goitre No. 23 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. 21 of 2000 concerning goitre; and
   (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about goitre and death from goitre.

   (b) For the purposes of this Statement of Principles, "goitre" means an enlarged thyroid gland, which can be a diffuse enlargement, a solitary nodule or multiple nodules of the thyroid gland, and which persists for at least two weeks. Goitre causes a palpable or visible swelling in the
front of the neck, or is identified by imaging assessment. The diagnosis is not dependent on abnormal thyroid hormone levels.

This definition excludes congenital goitre, acute radiation thyroiditis, acute suppurative thyroiditis, Hashimoto's thyroiditis, dyshormogenetic goitre, Graves' disease, haemorrhage or infarction of the thyroid gland and malignant neoplasm of the thyroid gland.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that goitre and death from goitre 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 goitre or death from goitre with the circumstances of a person’s relevant service is:

(a) being iodine deficient within the six months before the clinical onset of goitre; or

(b) having iodine excess from consuming foods, dietary supplements or medications with a high content of iodine, within the six months before the clinical onset of goitre; or

(c) being treated with a drug or a drug from a class of drugs from the specified list, for a continuous period of at least six weeks, within the six months before the clinical onset of goitre; or

(d) being treated with amiodarone for a continuous period of at least four weeks, within the six months before the clinical onset of goitre; or

(e) being administered an iodine-containing radiographic contrast agent within the six months before the clinical onset of goitre; or

(f) smoking at least three pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of goitre, and where smoking has ceased, the clinical onset of goitre has occurred within three years of cessation; or
(g) having a specified form of thyroiditis at the time of the clinical onset of goitre; or

(h) having a chronic infiltrative or infectious disease of the thyroid gland at the time of the clinical onset of goitre; or

(i) for non-toxic thyroid adenoma and non-toxic multinodular goitre only, (i) having received a cumulative equivalent dose of at least 0.2 sieverts of ionising radiation to the thyroid gland (excluding radiiodine therapy) at least one year before the clinical onset of goitre; or

(ii) undergoing a course of therapeutic radiation for cancer, where the thyroid gland was in the field of radiation, at least one year before the clinical onset of goitre; or

(j) having chronic renal disease requiring renal transplantation or dialysis at the time of the clinical onset of goitre; or

(k) being iodine deficient within the six months before the clinical worsening of goitre; or

(l) having iodine excess from consuming foods, dietary supplements or medications with a high content of iodine, within the six months before the clinical worsening of goitre; or

(m) being treated with a drug or a drug from a class of drugs from the specified list, for a continuous period of at least six weeks, within the six months before the clinical worsening of goitre; or

(n) being treated with amiodarone for a continuous period of at least four weeks, within the six months before the clinical worsening of goitre; or

(o) being administered an iodine-containing radiographic contrast agent within the six months before the clinical worsening of goitre; or

(p) smoking at least three pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of goitre, and where smoking has ceased, the clinical worsening of goitre has occurred within three years of cessation; or

(q) having a specified form of thyroiditis at the time of the clinical worsening of goitre; or

(r) having a chronic infiltrative or infectious disease of the thyroid gland at the time of the clinical worsening of goitre; or

(s) for non-toxic thyroid adenoma and non-toxic multinodular goitre only, (i) having received a cumulative equivalent dose of at least 0.2 sieverts of ionising radiation to the thyroid gland (excluding...
radioiodine therapy) at least one year before the clinical worsening of goitre; or

(ii) undergoing a course of therapeutic radiation for cancer, where the thyroid gland was in the field of radiation, at least one year before the clinical worsening of goitre; or

(i) having chronic renal disease requiring renal transplantation or dialysis at the time of the clinical worsening of goitre; or

(u) inability to obtain appropriate clinical management for goitre.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(k) to 6(u) apply only to material contribution to, or aggravation of, goitre where the person’s goitre 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 chronic infiltrative or infectious disease" means:

(a) amyloidosis;
(b) haemochromatosis;
(c) Pneumocystis carinii infection;
(d) sarcoidosis;
(e) scleroderma;
(f) systemic lupus erythematosus; or
(g) tuberculosis;

"a drug or a drug from a class of drugs from the specified list" means:

(a) a medication containing iodine;
(b) carbamazepine;
(c) interferon alpha;
(d) interleukin-2;
(e) lithium carbonate;
(f) phenytoin;
(g) sorafenib;
(h) sunitinib; or
(i) valproic acid;

"a specified form of thyroiditis" means:
(a) Riedel's thyroiditis;
(b) silent thyroiditis; or
(c) subacute thyroiditis (de Quervain's thyroiditis, granulomatous thyroiditis or viral thyroiditis);

"being iodine deficient" means having an average intake of iodine of less than the recommended iodine intake for a continuous period of 30 days, or having a urinary iodine concentration of less than 100 micrograms per litre;

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

"having iodine excess" means having an average dietary intake of more than 1500 micrograms of iodine per day for a continuous period of three months, or having a urinary iodine excretion rate of greater than 800 micrograms per 24 hours;

"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;

"the recommended iodine intake" means 150 micrograms of iodine per day, or 220 micrograms per day for pregnant or lactating women.

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 8 May 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 Goitre

No. 23 of 2013

Veterans' Entitlements Act 1986
Statement of Principles concerning Goitre
No. 23 of 2013
Veterans’ Entitlements Act 1986

Compilation No. 1

Compilation date: 18/09/2017

Authorised Version F2017C00824 registered 18/09/2017
## Endnote 3—Legislation history

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Endnote 4—Amendment history

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No. 23 of 2013
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