Statement of Principles concerning non-Hodgkin's lymphoma No. 28 of 2010

made under subsection 196B(2) of the

Veterans' Entitlements Act 1986

Compilation No. 5

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-Hodgkin's lymphona No. 28 of 2010* 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.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

NON-HODGKIN'S LYMPHOMA

No. 28 of 2010

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-Hodgkin's lymphoma No. 28 of 2010.

Determination

2. The Repatriation Medical Authority under subsection 196B(2) and (8) of the Veterans' Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 37 of 2003 concerning non-Hodgkin's lymphoma; and
   (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about non-Hodgkin's lymphoma and death from non-Hodgkin's lymphoma.
   (b) For the purposes of this Statement of Principles, "non-Hodgkin's lymphoma" means a heterogeneous group of malignant
lymphoproliferative diseases that originate from T and B lymphocytes, which lack Reed-Sternberg cells, and present as solid tumours of the immune system. This definition includes Burkitt's lymphoma, mycosis fungoides, adult T cell lymphoma/leukaemia and non-Hodgkin's lymphoma arising within parenchymal organs, and excludes myeloma, hairy cell leukaemia, Waldenström's macroglobulinaemia, and chronic lymphocytic leukaemia/small lymphocytic lymphoma.

**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-Hodgkin's lymphoma** and **death from non-Hodgkin's lymphoma** 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-Hodgkin's lymphoma** or **death from non-Hodgkin's lymphoma** with the circumstances of a person's relevant service is:

(a) being infected with human immunodeficiency virus at the time of the clinical onset of non-Hodgkin's lymphoma; or

(b) receiving systemic immunosuppressive drug therapy after undergoing solid organ or bone marrow transplantation, at the time of the clinical onset of non-Hodgkin's lymphoma; or

(c) having an autoimmune disease from the specified list before the clinical onset of non-Hodgkin's lymphoma; or

(d) undergoing treatment with a tumour necrosis factor-alpha antagonist, methotrexate, azathioprine or 6-mercaptopurine, for a continuous period of at least three months before the clinical onset of non-Hodgkin's lymphoma, where the first exposure occurred at least one year before the clinical onset of non-Hodgkin's lymphoma, and where that exposure has ceased, the clinical onset of non-Hodgkin's lymphoma occurred within 10 years after cessation; or
(e) for Richter's syndrome only, having chronic lymphoid leukaemia/small lymphocytic lymphoma at the time of the clinical onset of non-Hodgkin's lymphoma; or

(f) for adult T-cell leukaemia-lymphoma only, being infected with human T-cell lymphotropic virus type-I at the time of the clinical onset of non-Hodgkin's lymphoma; or

(g) for gastric mucosa-associated lymphoid tissue lymphoma and splenic marginal zone lymphoma only, being infected with *Helicobacter pylori* at the time of the clinical onset of non-Hodgkin's lymphoma; or

(h) for Burkitt's lymphoma, primary central nervous system lymphomas and extranodal nasal natural killer-T cell lymphoma only, being infected with Epstein-Barr virus at the time of the clinical onset of non-Hodgkin's lymphoma; or

(i) for primary effusion lymphoma only, being infected with Kaposi's sarcoma herpesvirus at the time of the clinical onset of non-Hodgkin's lymphoma; or

(j) for small intestinal mucosa-associated lymphoid tissue lymphoma only, being infected with *Campylobacter jejuni* at the time of the clinical onset of non-Hodgkin's lymphoma; or

(k) for ocular adnexal mucosa-associated lymphoid tissue lymphoma only, being infected with *Chlamydia psittaci* at the time of the clinical onset of non-Hodgkin's lymphoma; or

(l) for cutaneous mucosa-associated lymphoid tissue lymphoma only, being infected with *Borrelia burgdorferi* or *Borrelia afzelii*, at the time of the clinical onset of non-Hodgkin's lymphoma; or

(m) being infected with hepatitis C virus at the time of the clinical onset of non-Hodgkin's lymphoma; or

(n) for B-cell lymphoma only, being infected with hepatitis B virus at the time of the clinical onset of non-Hodgkin's lymphoma; or

(o) for Burkitt's lymphoma only, being infected with *Plasmodium falciparum* at the time of the clinical onset of non-Hodgkin's lymphoma; or

(p) having Hodgkin's lymphoma within the 25 years before the clinical onset of non-Hodgkin's lymphoma; or

(q) inhaling, ingesting or having cutaneous contact with a phenoxy acid herbicide from the specified list, for a cumulative period of at least 1000 hours, within a consecutive period of 10 years, before the clinical onset of non-Hodgkin's lymphoma, where the first exposure occurred...
at least five years before the clinical onset of non-Hodgkin's lymphoma, and where that exposure has ceased, the clinical onset of non-Hodgkin's lymphoma occurred within 25 years after cessation; or

(r) being:

(i) on land in Vietnam, or
(ii) at sea in Vietnamese waters, or
(iii) on board a vessel and consuming potable water supplied on that vessel, when the water supply had been produced by evaporative distillation of estuarine Vietnamese waters,

for a cumulative period of at least 30 days, at least five years before the clinical onset of non-Hodgkin's lymphoma; or

(s) inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD), for a cumulative period of at least 1000 hours, within a consecutive period of 10 years, before the clinical onset of non-Hodgkin's lymphoma, where the first exposure occurred at least five years before the clinical onset of non-Hodgkin's lymphoma, and where that exposure has ceased, the clinical onset of non-Hodgkin's lymphoma occurred within 25 years after cessation; or

(t) being exposed to benzene:

(i) for a cumulative total of at least 2 500 hours within a continuous period of five years before the clinical onset of non-Hodgkin's lymphoma; and
(ii) where the first exposure in that period occurred at least five years before the clinical onset of non-Hodgkin's lymphoma; or

(ta) receiving greater than ten ppm-years of cumulative exposure to benzene before the clinical onset of non-Hodgkin's lymphoma, and where the first exposure occurred at least five years before the clinical onset of non-Hodgkin's lymphoma; or

(u) inhaling ethylene oxide vapour for a cumulative period of at least 2500 hours, within a consecutive period of 10 years, before the clinical onset of non-Hodgkin's lymphoma, where the first exposure occurred at least five years before the clinical onset of non-Hodgkin's lymphoma, and where that exposure has ceased, the clinical onset of non-Hodgkin's lymphoma occurred within 25 years after cessation; or

(v) being obese for a continuous period of at least five years within the 10 years before the clinical onset of non-Hodgkin's lymphoma; or
(va) having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the bone marrow at least five years before the clinical onset of non-Hodgkin's lymphoma; or

(w) inability to obtain appropriate clinical management for non-Hodgkin's lymphoma.

Factors that apply only to material contribution or aggravation

7. Paragraph 6(w) applies only to material contribution to, or aggravation of, non-Hodgkin's lymphoma where the person's non-Hodgkin's lymphoma 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 phenoxy acid herbicide from the specified list" means:

(a) 2,4-dichlorophenoxyacetic acid (2,4-D);
(b) 2,4,5-trichlorophenoxyacetic acid (2,4,5-T), or
(c) 2-methyl-4-chlorophenoxyacetic acid (MCPA);

"an autoimmune disease from the specified list" means:

(a) ankylosing spondylitis;
(b) autoimmune haemolytic anaemia;
(c) coeliac disease;
(d) dermatitis herpetiformis;
(e) dermatomyositis;
(f) Hashimoto's thyroiditis;
(g) idiopathic thrombocytopenic purpura;
(h) inflammatory bowel disease;
(i) polymyositis;
(j) psoriasis;
(k) rheumatoid arthritis;
(l) sarcoidosis;
(m) Sjogren's syndrome; or
systemic lupus erythematosus;

"being:

(i) on land in Vietnam, or
(ii) at sea in Vietnamese waters," means service in at least one of the areas and at the times described in Items 4 and 8 of Schedule 2 of the VEA;

"being exposed to benzene as specified" means:

(a) having cutaneous contact with liquids containing benzene greater than 1% by volume; or
(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;

"being obese" means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of 30 or greater. The BMI = W/H^2 and where:
W is the person's weight in kilograms and
H is the person's height in metres;

"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-Hodgkin's lymphoma" in relation to a person includes death from a terminal event or condition that was contributed to by the person's non-Hodgkin's lymphoma;
"8-hour time-weighted average" means the averaging of different exposure levels to benzene during an average exposure period equivalent to eight hours;

"estuarine Vietnamese waters" means at least one of the waterways or harbours in the relevant areas described in Items 4 and 8 of Schedule 2 of the VEA;

"inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD)" means:
(a) decanting or spraying;
(b) cleaning or maintaining equipment used to apply;
(c) being sprayed with;
(d) handling or sawing timber treated with;
(e) being in an environment shrouded in dust from timber treated with; or
(f) using cutting oils contaminated with one of the following chemicals:
   (i) 2,4,5-trichlorophenoxyacetic acid;
   (ii) 2,4,5-trichlorophenoxypropionic acid;
   (iii) 2,4,5-trichlorophenol;
   (iv) 2-(2,4,5-trichlorophenoxy)-ethyl 2,2-dichloropropionate;
   (v) o,o-dimethyl-o-(2,4,5-trichlorophenyl)-phosphorothioate;
   (vi) pentachlorophenol;
   (vii) 2,3,4,6-tetrachlorophenol;
   (viii) 2,4,6-trichlorophenol;
   (ix) 1,3,4-trichloro-2-(4-nitrophenoxy)benzene;
   (x) 2,4-dichloro-1-(4-nitrophenoxy)benzene; or
   (xi) 2,4-dichloro-1-(3-methoxy-4-nitrophenoxy)-benzene;

"potable water" means water used for drinking water, food preparation and beverage production;

"ppm-years" means parts per million multiplied by years of exposure;

"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;

"Richter's syndrome" means a form of high-grade large cell lymphoma, characterised by systemic symptoms, rapid tumour growth and extra-nodal involvement, which develops in patients with chronic lymphocytic leukaemia;
"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 12 May 2010.
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 3—Legislation history

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