Statement of Principles concerning malignant neoplasm of the endometrium (Reasonable Hypothesis) (No. 11 of 2016)

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 malignant neoplasm of the endometrium (Reasonable Hypothesis) (No. 11 of 2016) 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.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

MALIGNANT NEOPLASM OF THE ENDOMETRIUM
(Reasonable Hypothesis)
(No. 11 of 2016)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the Veterans’ Entitlements Act 1986.

Dated 4 March 2016
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1 Name
This is the Statement of Principles concerning malignant neoplasm of the endometrium (Reasonable Hypothesis) (No. 11 of 2016).

2 Commencement
This instrument commences on 4 April 2016.

3 Authority
This instrument is made under subsection 196B(2) of the Veterans’ Entitlements Act 1986.

4 Revocation
The Statement of Principles concerning malignant neoplasm of the endometrium No. 99 of 2007, as amended, made under subsections 196B(2) and (8) of the VEA is revoked.

5 Application
This instrument applies to a claim to which section 120A of the VEA or section 338 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 malignant neoplasm of the endometrium and death from malignant neoplasm of the endometrium.

Meaning of malignant neoplasm of the endometrium

(2) For the purposes of this Statement of Principles, malignant neoplasm of the endometrium means:

(a) a primary malignant neoplasm arising from the cells of the mucous membrane that lines the uterine cavity; and

(b) includes carcinoma in situ and carcinosarcoma (also known as malignant mesodermal mixed tumour); and
(c) excludes malignant neoplasm of the cervix, carcinoid tumour, soft tissue sarcoma of the uterus, non-Hodgkin's lymphoma and Hodgkin's lymphoma.

(3) While malignant neoplasm of the endometrium attracts ICD-10-AM code C54.1, in applying this Statement of Principles the meaning of malignant neoplasm of the endometrium is that given in subsection (2).


**Death from malignant neoplasm of the endometrium**

(5) For the purposes of this Statement of Principles, malignant neoplasm of the endometrium, in relation to a person, includes death from a terminal event or condition that was contributed to by the person’s malignant neoplasm of the endometrium.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

8 **Basis for determining the factors**

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that malignant neoplasm of the endometrium and death from malignant neoplasm of the endometrium 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 MRCA.

Note: *relevant service* is defined in the Schedule 1 – Dictionary.

9 **Factors that must exist**

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting malignant neoplasm of the endometrium or death from malignant neoplasm of the endometrium with the circumstances of a person’s relevant service:

(1) for females aged over 35 years only, being nulliparous at the time of the clinical onset of malignant neoplasm of the endometrium;

Note: *nulliparous* is defined in the Schedule 1 - Dictionary.
(2) using oestrogen-only hormone replacement therapy for at least three months before the clinical onset of malignant neoplasm of the endometrium, and where the use of oestrogen-only hormone replacement therapy has ceased, the clinical onset of malignant neoplasm of the endometrium has occurred within 30 years of cessation;

Note: oestrogen-only hormone replacement therapy is defined in the Schedule 1 - Dictionary.

(3) having cyclical combined hormone replacement therapy for a continuous period of at least two years before the clinical onset of malignant neoplasm of the endometrium, and where the use of cyclical combined hormone replacement therapy has ceased, the clinical onset of malignant neoplasm of the endometrium has occurred within ten years of cessation;

Note: cyclical combined hormone replacement therapy is defined in the Schedule 1 - Dictionary.

(4) having polycystic ovary syndrome at the time of the clinical onset of malignant neoplasm of the endometrium;

Note: polycystic ovary syndrome is defined in the Schedule 1 - Dictionary.

(5) for post-menopausal females only, undergoing treatment with tamoxifen for a period of at least three months before the clinical onset of malignant neoplasm of the endometrium, and where treatment has ceased, the clinical onset of malignant neoplasm of the endometrium has occurred within 20 years of that period;

(6) using the sequential oral contraceptive pill Oracon within the 20 years before the clinical onset of malignant neoplasm of the endometrium;

Note: sequential oral contraceptive pill Oracon is defined in the Schedule 1 - Dictionary.

(7) being overweight or obese for a period of at least five years within the 20 years before the clinical onset of malignant neoplasm of the endometrium;

Note: being overweight or obese is defined in the Schedule 1 - Dictionary.

(8) an inability to undertake any physical activity greater than three METs for at least ten years within the 30 years before the clinical onset of malignant neoplasm of the endometrium;

Note: MET is defined in the Schedule 1 - Dictionary.

(9) having an oestrogen-secreting ovarian tumour before the clinical onset of malignant neoplasm of the endometrium;

Note: oestrogen-secreting ovarian tumour is defined in the Schedule 1 - Dictionary.
(10) having diabetes mellitus for at least five years before the clinical onset of malignant neoplasm of the endometrium;

(11) for post-menopausal females with a history of a regular smoking habit as specified only, having not smoked for the ten years before the clinical onset of malignant neoplasm of the endometrium;

Note: regular smoking habit as specified is defined in the Schedule 1 - Dictionary.

(12) for carcinosarcoma only, having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the uterus at least two years before the clinical onset of malignant neoplasm of the endometrium; or

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

(13) inability to obtain appropriate clinical management for malignant neoplasm of the endometrium.

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(13) applies only to material contribution to, or aggravation of, malignant neoplasm of the endometrium where the person’s malignant neoplasm of the endometrium 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(2) 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 overweight or obese** means having a Body Mass Index (BMI) of 25 or greater.

**BMI** means \( W/H^2 \) 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.

**cyclical combined hormone replacement therapy** means the administration of oestrogen combined with the cyclical administration of progestogen for less than 15 days during each treatment cycle, to combat surgically induced or naturally occurring menopause.

**malignant neoplasm of the endometrium**—see subsection 7(2).

**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.

**MRCA** means the *Military Rehabilitation and Compensation Act 2004*.

**nulliparous** means having never given birth to a viable infant.
Schedule 1 - Dictionary

**oestrogen-only hormone replacement therapy** means the continuous, cyclical or intermittent administration of unopposed oestrogen, including diethylstilbestrol, to combat surgically induced or naturally occurring menopause.

**oestrogen-secreting ovarian tumour** means a tumour of the ovary which secretes oestrogen, including a granulosa cell tumour (a type of malignant neoplasm of the ovary).

**pack-years 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 7 300 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 cigarettes, pipe tobacco or cigars, smoked alone or in any combination.

**polycystic ovary syndrome** means a clinical symptom complex, also known as Stein-Leventhal syndrome, associated with polycystic ovaries and characterised by oligomenorrhea or amenorrhea, anovulation and hirsutism.

**regular smoking habit as specified** means having smoked at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products.

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

**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.

**sequential oral contraceptive pill Oracon** means a contraceptive pill containing a potent oestrogen (0.1 g ethinyloestradiol) and a weak progestogen (25 mg dimethisterone), in which oestrogen was given alone for the first 16 days of the cycle, followed by five to seven days of combined oestrogen plus progestogen.

**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.
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

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## Endnote 3—Legislation history

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