



Statement of Principles concerning cirrhosis of the liver (Reasonable Hypothesis) (No. 1 of 2017)

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 cirrhosis of the liver (Reasonable Hypothesis) (No. 1 of 2017)* 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
CIRRHOSIS OF THE LIVER
(Reasonable Hypothesis)
(No. 1 of 2017)

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

Dated 20 December 2016

Statement of Principles concerning
Cirrhosis Of The Liver (Reasonable Hypothesis) (No. 1 of 2017)
Veterans' Entitlements Act 1986

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1 Name

This is the Statement of Principles concerning *cirrhosis of the liver (Reasonable Hypothesis)* (No. 1 of 2017).

2 Commencement

This instrument commences on 23 January 2017.

3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 Revocation

The Statement of Principles concerning cirrhosis of the liver No. 107 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 cirrhosis of the liver and death from cirrhosis of the liver.

Meaning of cirrhosis of the liver

- (2) For the purposes of this Statement of Principles, cirrhosis of the liver means a chronic condition of the hepatic parenchyma involving severe fibrosis in association with the formation of regenerative nodules.
- (3) While cirrhosis of the liver attracts ICD-10-AM code K70.3, K71.7 or K74.3-K74.6, in applying this Statement of Principles the meaning of cirrhosis of the liver is that given in subsection (2).

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- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)*, Ninth Edition, effective date of 1 July 2015, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-020-5.

Death from cirrhosis of the liver

- (5) For the purposes of this Statement of Principles, cirrhosis of the liver, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's cirrhosis of the liver.

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 cirrhosis of the liver and death from cirrhosis of the liver 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 cirrhosis of the liver or death from cirrhosis of the liver with the circumstances of a person's relevant service:

- (1) for males, consuming at least 110 kilograms of alcohol within any ten year period before the clinical onset of cirrhosis of the liver;

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

- (2) for females, consuming at least 55 kilograms of alcohol within any ten year period before the clinical onset of cirrhosis of the liver;

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

- (3) having received a cumulative equivalent dose of at least 0.4 sievert of ionising radiation to the liver before the clinical onset of cirrhosis of the liver;

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

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- (4) having chronic infection with the hepatitis B virus before the clinical onset of cirrhosis of the liver;
Note: *chronic infection with the hepatitis B virus* is defined in the Schedule 1 - Dictionary.
- (5) having chronic infection with the hepatitis C virus before the clinical onset of cirrhosis of the liver;
Note: *chronic infection with the hepatitis C virus* is defined in the Schedule 1 - Dictionary.
- (6) having chronic infection with the hepatitis D virus before the clinical onset of cirrhosis of the liver;
Note: *chronic infection with the hepatitis D virus* is defined in the Schedule 1 - Dictionary.
- (7) having infection with the hepatitis E virus before the clinical onset of cirrhosis of the liver;
Note: *infection with the hepatitis E virus* is defined in the Schedule 1 - Dictionary.
- (8) having chronic hepatitis before the clinical onset of cirrhosis of the liver;
Note: *chronic hepatitis* is defined in the Schedule 1 - Dictionary.
- (9) having autoimmune chronic active hepatitis before the clinical onset of cirrhosis of the liver;
Note: *autoimmune chronic active hepatitis* is defined in the Schedule 1 - Dictionary.
- (10) having steatohepatitis before the clinical onset of cirrhosis of the liver;
- (11) being infected with human immunodeficiency virus, in the presence of chronic infection with the hepatitis B virus or chronic infection with the hepatitis C virus, before the clinical onset of cirrhosis of the liver;
Note: *chronic infection with the hepatitis B virus* and *chronic infection with the hepatitis C virus* are defined in the Schedule 1 - Dictionary.
- (12) having evidence of chronic infection with schistosomiasis involving the liver before the clinical onset of cirrhosis of the liver;
- (13) having granulomatous liver disease before the clinical onset of cirrhosis of the liver;
Note: *granulomatous liver disease* is defined in the Schedule 1 - Dictionary.
- (14) having severe right-sided cardiac failure for a continuous period of at least six months, within the five years before the clinical onset of cirrhosis of the liver;
Note: *severe right-sided cardiac failure* is defined in the Schedule 1 - Dictionary.
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- (15) having veno-occlusive disease for a continuous period of at least six months, within the five years before the clinical onset of cirrhosis of the liver;

Note: *veno-occlusive disease* is defined in the Schedule 1 - Dictionary.

- (16) having a chronic partial or complete blockage to the passage of bile from the intrahepatic biliary system to the duodenum at the time of the clinical onset of cirrhosis of the liver;

- (17) having iron overload involving the liver at the time of the clinical onset of cirrhosis of the liver;

Note: *iron overload* is defined in the Schedule 1 - Dictionary.

- (18) having alpha-1 antitrypsin deficiency before the clinical onset of cirrhosis of the liver;

- (19) having Gaucher's disease before the clinical onset of cirrhosis of the liver;

- (20) having Wilson's disease before the clinical onset of cirrhosis of the liver;

- (21) having Budd-Chiari syndrome for a continuous period of at least six months, within the five years before the clinical onset of cirrhosis of the liver;

Note: *Budd-Chiari syndrome* is defined in the Schedule 1 - Dictionary.

- (22) consuming a daily average of at least 7.5 milligrams of vitamin A for a period of at least 18 months, or a cumulative dose of at least four grams, within the ten years before the clinical onset of cirrhosis of the liver;

- (23) being treated with methotrexate:

- (a) for at least the six months; or
(b) to a cumulative dose of methotrexate of at least 500 milligrams taken over at least a three month period, before the clinical onset of cirrhosis of the liver;

- (24) being treated with dideoxynucleoside-analogue drugs as specified for at least six months before the clinical onset of cirrhosis of the liver;

Note: *dideoxynucleoside-analogue drugs as specified* is defined in the Schedule 1 - Dictionary.

- (25) inhaling or having cutaneous contact with carbon tetrachloride for a cumulative period of at least 500 hours within the five years before the clinical onset of cirrhosis of the liver;

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- (26) inhaling a cumulative dose of at least 500 ppm-years of gaseous vinyl chloride before the clinical onset of cirrhosis of the liver;
Note: *ppm-years* is defined in the Schedule 1 - Dictionary.
- (27) inhaling gaseous vinyl chloride for a cumulative period of at least 1 000 hours while working in the production or processing of vinyl chloride monomer or polyvinyl chloride before the clinical onset of cirrhosis of the liver;
- (28) for males, consuming at least 110 kilograms of alcohol within any ten year period before the clinical worsening of cirrhosis of the liver;
Note: *alcohol* is defined in the Schedule 1 - Dictionary.
- (29) for females, consuming at least 55 kilograms of alcohol within any ten year period before the clinical worsening of cirrhosis of the liver;
Note: *alcohol* is defined in the Schedule 1 - Dictionary.
- (30) having received a cumulative equivalent dose of at least 0.4 sievert of ionising radiation to the liver before the clinical worsening of cirrhosis of the liver;
Note: *cumulative equivalent dose* is defined in the Schedule 1 - Dictionary.
- (31) having chronic infection with the hepatitis B virus before the clinical worsening of cirrhosis of the liver;
Note: *chronic infection with the hepatitis B virus* is defined in the Schedule 1 - Dictionary.
- (32) having chronic infection with the hepatitis C virus before the clinical worsening of cirrhosis of the liver;
Note: *chronic infection with the hepatitis C virus* is defined in the Schedule 1 - Dictionary.
- (33) having chronic infection with the hepatitis D virus before the clinical worsening of cirrhosis of the liver;
Note: *chronic infection with the hepatitis D virus* is defined in the Schedule 1 - Dictionary.
- (34) having infection with the hepatitis E virus before the clinical worsening of cirrhosis of the liver;
Note: *infection with the hepatitis E virus* is defined in the Schedule 1 - Dictionary.
- (35) having chronic hepatitis before the clinical worsening of cirrhosis of the liver;
Note: *chronic hepatitis* is defined in the Schedule 1 - Dictionary.

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- (36) having autoimmune chronic active hepatitis before the clinical worsening of cirrhosis of the liver;
Note: *autoimmune chronic active hepatitis* is defined in the Schedule 1 - Dictionary.
- (37) having steatohepatitis before the clinical worsening of cirrhosis of the liver;
- (38) being infected with human immunodeficiency virus, in the presence of chronic infection with the hepatitis B virus or chronic infection with the hepatitis C virus, before the clinical worsening of cirrhosis of the liver;
Note: *chronic infection with the hepatitis B virus* and *chronic infection with the hepatitis C virus* are defined in the Schedule 1 - Dictionary.
- (39) having evidence of chronic infection with schistosomiasis involving the liver before the clinical worsening of cirrhosis of the liver;
- (40) having granulomatous liver disease before the clinical worsening of cirrhosis of the liver;
Note: *granulomatous liver disease* is defined in the Schedule 1 - Dictionary.
- (41) having severe right-sided cardiac failure for a continuous period of at least six months, within the five years before the clinical worsening of cirrhosis of the liver;
Note: *severe right-sided cardiac failure* is defined in the Schedule 1 - Dictionary.
- (42) having veno-occlusive disease for a continuous period of at least six months, within the five years before the clinical worsening of cirrhosis of the liver;
Note: *veno-occlusive disease* is defined in the Schedule 1 - Dictionary.
- (43) having a chronic partial or complete blockage to the passage of bile from the intrahepatic biliary system to the duodenum at the time of the clinical worsening of cirrhosis of the liver;
- (44) having iron overload involving the liver at the time of the clinical worsening of cirrhosis of the liver;
Note: *iron overload* is defined in the Schedule 1 - Dictionary.
- (45) having alpha-1 antitrypsin deficiency before the clinical worsening of cirrhosis of the liver;
- (46) having Gaucher's disease before the clinical worsening of cirrhosis of the liver;
- (47) having Wilson's disease before the clinical worsening of cirrhosis of the liver;
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- (48) having Budd-Chiari syndrome for a continuous period of at least six months, within the five years before the clinical worsening of cirrhosis of the liver;

Note: *Budd-Chiari syndrome* is defined in the Schedule 1 - Dictionary.

- (49) consuming a daily average of at least 7.5 milligrams of vitamin A for a period of at least 18 months, or a cumulative dose of at least four grams, within the ten years before the clinical worsening of cirrhosis of the liver;

- (50) being treated with methotrexate:

- (a) for at least the six months; or
(b) to a cumulative dose of methotrexate of at least 500 milligrams taken over at least a three month period, before the clinical worsening of cirrhosis of the liver;

- (51) being treated with dideoxynucleoside-analogue drugs as specified for at least six months before the clinical worsening of cirrhosis of the liver;

Note: *dideoxynucleoside-analogue drugs as specified* is defined in the Schedule 1 - Dictionary.

- (52) inhaling or having cutaneous contact with carbon tetrachloride for a cumulative period of at least 500 hours within the five years before the clinical worsening of cirrhosis of the liver;

- (53) inhaling a cumulative dose of at least 500 ppm-years of gaseous vinyl chloride before the clinical worsening of cirrhosis of the liver;

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

- (54) inhaling gaseous vinyl chloride for a cumulative period of at least 1 000 hours while working in the production or processing of vinyl chloride monomer or polyvinyl chloride before the clinical worsening of cirrhosis of the liver;

- (55) inability to obtain appropriate clinical management for cirrhosis of the liver.

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 factors set out in subsections 9(28) to 9(55) apply only to material contribution to, or aggravation of, cirrhosis of the liver where the

person's cirrhosis of the liver 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:

alcohol is measured by the alcohol consumption calculations utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

autoimmune chronic active hepatitis means a chronic disorder of autoimmunity characterised by continuing hepatocellular necrosis and inflammation and seroimmunologic abnormalities.

Budd-Chiari syndrome means symptomatic obstruction or occlusion of the hepatic veins or hepatic portion of the inferior vena cava, characterised by hepatomegaly, abdominal pain and tenderness, ascites, mild jaundice, and eventually, portal hypertension and liver failure.

chronic hepatitis means symptomatic, biochemical or infectious agent biomarker evidence of continuing or relapsing hepatocellular necrosis and hepatic inflammation for at least six months.

chronic infection with the hepatitis B virus means infection with the hepatitis B virus resulting in a chronic infection of at least six months duration and which must be confirmed by laboratory testing for hepatitis B serological or nucleic acid markers, or both.

chronic infection with the hepatitis C virus means infection with the hepatitis C virus resulting in a chronic infection of at least six months duration and which must be confirmed by laboratory testing for hepatitis C serological or nucleic acid markers, or both.

chronic infection with the hepatitis D virus means infection with the hepatitis D virus resulting in a chronic infection of at least six months duration and which must be confirmed by laboratory testing for hepatitis D serological or nucleic acid markers, or both.

cirrhosis of the liver—see subsection 7(2).

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.

dideoxynucleoside-analogue drugs as specified means didanosine, stavudine or zalcitabine.

granulomatous liver disease means an inflammatory liver disease characterised by granuloma formation in the liver and associated with many disorders such as sarcoidosis, infections (tuberculosis, brucellosis, syphilis), and adverse drug reactions.

infection with the hepatitis E virus means infection with the hepatitis E virus resulting in an infection of at least six months duration and which must be confirmed by laboratory testing for hepatitis E serological or nucleic acid markers, or both.

iron overload means an accumulation of excess iron in tissues and organs which has been confirmed by elevated ferritin or transferrin saturation levels. Causes include haemochromatosis and blood transfusions.

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

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.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

severe right-sided cardiac failure means a reduced ability of the right ventricle to process venous return, evidenced by marked venous and liver congestion and extensive peripheral oedema.

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*.

veno-occlusive disease means symptomatic occlusion of the sublobular branches of the hepatic veins or the small hepatic venules.

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

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	
exp = expires/expired or ceases/ceased to have effect	reloc = relocated
F = Federal Register of Legislation	renum = renumbered
gaz = gazette	rep = repealed
LA = <i>Legislation Act 2003</i>	rs = repealed and substituted
LIA = <i>Legislative Instruments Act 2003</i>	s = section(s)/subsection(s)
(md) = misdescribed amendment can be given effect	Sch = Schedule(s)
(md not incorp) = misdescribed amendment cannot be given effect	Sdiv = Subdivision(s)
mod = modified/modification	SLI = Select Legislative Instrument
No. = Number(s)	SR = Statutory Rules
	Sub-Ch = Sub-Chapter(s)
	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
<i>Statement of Principles concerning cirrhosis of the liver (Reasonable Hypothesis) (No. 1 of 2017)</i>	4 Jan 2017 F2017L00002	23 January 2017	
<i>Veterans' Entitlements (Statements of Principles—Cumulative Equivalent Dose) Amendment Determination 2017 (No. 58 of 2017)</i>	22 August 2017 F2017L01067	18 September 2017	

Endnote 4—Amendment history

Provision affected	How affected
Schedule 1 – Dictionary – 'cumulative equivalent dose'.....'	rs. No. 58 of 2017
