Statement of Principles concerning cardiomyopathy (No. 85 of 2015)

made under subsection 196B(2) of the

Veterans' Entitlements Act 1986

Compilation No. 2

Compilation date: 24 September 2018

Includes amendments up to: Veterans' Entitlements (Statements of Principles—Category 1B Stressor) Amendment Determination 2018 (No. 87 of 2018) (F2018L01188)

The day of commencement of this Amendment Determination is 24 September 2018.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane
About this compilation

This compilation
This is a compilation of the Statement of Principles concerning cardiomyopathy (No. 85 of 2015) that shows the text of the law as amended and in force on 24 September 2018.

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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.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
CARDIOMYOPATHY
(No. 85 of 2015)

The Repatriation Medical Authority determines the following Statement of Principles.

Dated 19 June 2015
# Statement of Principles concerning Cardiomyopathy

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*Statement of Principles concerning Cardiomyopathy (No. 85 of 2015)*  
*Veterans’ Entitlements Act 1986*

Compilation No. 2  
Compilation date: 24/09/2018

Authorised Version F2018C00643 registered 24/09/2018
1 Name
This is the Statement of Principles concerning cardiomyopathy (No. 85 of 2015).

2 Commencement
This instrument commences on 20 July 2015.

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

4 Revocation
The Statement of Principles concerning cardiomyopathy No. 23 of 2007, and
the Statement of Principles concerning familial hypertrophic cardiomyopathy No. 35 of 2007, made under subsection 196B(2) of the VEA are 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 cardiomyopathy and death from cardiomyopathy.

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

(a) means a disease of the heart muscle (myocardium) associated with mechanical or electrical cardiac dysfunction, in the absence of coronary artery disease, hypertension and valvular disease sufficient to cause the observed myocardial abnormality; and

(b) includes familial hypertrophic cardiomyopathy and other forms of primary genetic cardiomyopathy, primary-mixed forms of dilated and restrictive cardiomyopathy, and takotsubo (stress)
cardiomyopathy, but excludes pericardial disease or rejection of a heart transplant.

Note: *familial hypertrophic cardiomyopathy* and *takotsubo cardiomyopathy* are defined in the Schedule 1 - Dictionary.

(3) While cardiomyopathy attracts ICD-10-AM code 099.4, 090.3, I42 or I43, in applying this Statement of Principles the meaning of cardiomyopathy is that given in subsection (2).


Death from *cardiomyopathy*

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

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 cardiomyopathy and death from cardiomyopathy 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 cardiomyopathy or death from cardiomyopathy with the circumstances of a person’s relevant service:

(1) being a prisoner of war of Japan before the clinical onset of cardiomyopathy;

(2) for males only, drinking at least 125 kilograms of alcohol within a continuous five year period before the clinical onset of cardiomyopathy;

Note: *alcohol* is defined in the Schedule 1 - Dictionary.
(3) for females only, drinking at least 75 kilograms of alcohol within a continuous five year period before the clinical onset of cardiomyopathy;

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

(4) having haematological or biochemical evidence of poisoning with cobalt at the time of the clinical onset of cardiomyopathy;

(5) having a hypersensitivity reaction of the myocardium to a drug at the time of the clinical onset of cardiomyopathy;

Note: hypersensitivity reaction of the myocardium to a drug is defined in the Schedule 1 - Dictionary.

(6) being treated with an anthracycline within the 25 years before the clinical onset of cardiomyopathy;

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

(7) being treated for cancer with a chemotherapeutic agent from the specified list of chemotherapeutic agents, within the three months before the clinical onset of cardiomyopathy;

Note: specified list of chemotherapeutic agents is defined in the Schedule 1 - Dictionary.

(8) receiving tacrolimus for organ transplantation within the three months before the clinical onset of cardiomyopathy;

(9) being treated daily with chloroquine or hydroxychloroquine for at least the one year before the clinical onset of cardiomyopathy;

(10) being treated with a drug or a drug from a class of drugs from Specified List of Drugs No. 1, within the two months before the clinical onset of cardiomyopathy;

Note: Specified List of Drugs No. 1 is defined in the Schedule 1 - Dictionary.

(11) using a drug from Specified List of Drugs No. 2 at the time of the clinical onset of cardiomyopathy;

Note: Specified List of Drugs No. 2 is defined in the Schedule 1 - Dictionary.

(12) having carbon monoxide poisoning within the 24 hours before the clinical onset of cardiomyopathy;

(13) being infected with human immunodeficiency virus before the clinical onset of cardiomyopathy;

(14) having infection-related myocarditis before the clinical onset of cardiomyopathy;
(15) having Whipple's disease at the time of the clinical onset of cardiomyopathy;

Note: *Whipple's disease* is defined in the Schedule 1 - Dictionary.

(16) having a disorder from the specified list of endocrine disorders at the time of the clinical onset of cardiomyopathy;

Note: *specified list of endocrine disorders* is defined in the Schedule 1 - Dictionary.

(17) having acquired generalised lipodystrophy at the time of the clinical onset of cardiomyopathy;

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

(18) having a catecholamine-secreting tumour at the time of the clinical onset of cardiomyopathy;

(19) having giant cell myocarditis, or a disease from the specified list of inflammatory connective tissue diseases, involving the heart, at the time of the clinical onset of cardiomyopathy;

Note: *specified list of inflammatory connective tissue diseases* is defined in the Schedule 1 - Dictionary.

(20) having a vasculitis from the specified list of systemic vasculitides, involving the heart, at the time of the clinical onset of cardiomyopathy;

Note: *specified list of systemic vasculitides* is defined in the Schedule 1 - Dictionary.

(21) having coeliac disease at the time of the clinical onset of cardiomyopathy;

(22) having an infiltrative disease affecting the myocardium at the time of the clinical onset of cardiomyopathy;

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

(23) undergoing a course of therapeutic radiation for cancer, where the heart was in the field of radiation, before the clinical onset of cardiomyopathy;

(24) having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the heart before the clinical onset of cardiomyopathy;

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

(25) having clinically apparent nutritional deficiency from the specified list of nutritional deficiencies at the time of the clinical onset of cardiomyopathy;

Note: *specified list of nutritional deficiencies* is defined in the Schedule 1 - Dictionary.
(26) being peripartum at the time of the clinical onset of cardiomyopathy;
    Note: being peripartum is defined in the Schedule 1 - Dictionary.

(27) being obese at the time of the clinical onset of cardiomyopathy;
    Note: being obese is defined in the Schedule 1 - Dictionary.

(28) having chronic renal failure at the time of the clinical onset of cardiomyopathy;
    Note: chronic renal failure is defined in the Schedule 1 - Dictionary.

(29) having cirrhosis of the liver before the clinical onset of cardiomyopathy;

(30) being envenomated by a scorpion, a funnel web spider, a spider belonging to the genus Latrodectus, or a specified jellyfish, within the 24 hours before the clinical onset of cardiomyopathy;
    Note: specified jellyfish is defined in the Schedule 1 - Dictionary.

(31) for familial hypertrophic cardiomyopathy only, where the clinical onset is first manifest as heart failure, cardiac arrhythmia or sudden cardiac death, undertaking physical activity of greater than five METs at the time of the clinical onset of cardiomyopathy;
    Note: familial hypertrophic cardiomyopathy and MET are defined in the Schedule 1 - Dictionary.

(32) for takotsubo cardiomyopathy only:
    (a) experiencing a category 1A stressor within the 30 days before the clinical onset of cardiomyopathy;
    (b) experiencing a category 1B stressor within the 30 days before the clinical onset of cardiomyopathy;
    (c) having:
        i) an injury or illness requiring admission to an intensive care unit or artificial ventilation;
        ii) major trauma; or
        iii) septicaemia;
        within the 30 days before the clinical onset of cardiomyopathy;
    or
    (d) having a cerebrovascular accident or subarachnoid haemorrhage within the 30 days before the clinical onset of cardiomyopathy;
    Note: category 1A stressor, category 1B stressor, artificial ventilation and takotsubo cardiomyopathy are defined in the Schedule 1 - Dictionary.

(33) for males only, drinking at least 125 kilograms of alcohol within a continuous five year period before the clinical worsening of cardiomyopathy;
    Note: alcohol is defined in the Schedule 1 - Dictionary.
(34) for females only, drinking at least 75 kilograms of alcohol within a continuous five year period before the clinical worsening of cardiomyopathy;

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

(35) having haematological or biochemical evidence of poisoning with cobalt at the time of the clinical worsening of cardiomyopathy;

(36) having a hypersensitivity reaction of the myocardium to a drug at the time of the clinical worsening of cardiomyopathy;

Note: hypersensitivity reaction of the myocardium to a drug is defined in the Schedule 1 - Dictionary.

(37) being treated with an anthracycline within the 25 years before the clinical worsening of cardiomyopathy;

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

(38) being treated for cancer with a chemotherapeutic agent from the specified list of chemotherapeutic agents, within the three months before the clinical worsening of cardiomyopathy;

Note: specified list of chemotherapeutic agents is defined in the Schedule 1 - Dictionary.

(39) receiving tacrolimus for organ transplantation within the three months before the clinical worsening of cardiomyopathy;

(40) being treated daily with chloroquine or hydroxychloroquine for at least the one year before the clinical worsening of cardiomyopathy;

(41) being treated with a drug or a drug from a class of drugs from Specified List of Drugs No. 1, within the two months before the clinical worsening of cardiomyopathy;

Note: Specified List of Drugs No. 1 is defined in the Schedule 1 - Dictionary.

(42) using a drug from Specified List of Drugs No. 2 at the time of the clinical worsening of cardiomyopathy;

Note: Specified List of Drugs No. 2 is defined in the Schedule 1 - Dictionary.

(43) having carbon monoxide poisoning within the 24 hours before the clinical worsening of cardiomyopathy;

(44) being infected with human immunodeficiency virus before the clinical worsening of cardiomyopathy;

(45) having infection-related myocarditis before the clinical worsening of cardiomyopathy;
having Whipple's disease at the time of the clinical worsening of cardiomyopathy;

Note: *Whipple's disease* is defined in the Schedule 1 - Dictionary.

having a disorder from the specified list of endocrine disorders at the time of the clinical worsening of cardiomyopathy;

Note: *specified list of endocrine disorders* is defined in the Schedule 1 - Dictionary.

having acquired generalised lipodystrophy at the time of the clinical worsening of cardiomyopathy;

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

having a catecholamine-secreting tumour at the time of the clinical worsening of cardiomyopathy;

having giant cell myocarditis, or a disease from the specified list of inflammatory connective tissue diseases, involving the heart, at the time of the clinical worsening of cardiomyopathy;

Note: *specified list of inflammatory connective tissue diseases* is defined in the Schedule 1 - Dictionary.

having a vasculitis from the specified list of systematic vasculitides, involving the heart, at the time of the clinical worsening of cardiomyopathy;

Note: *specified list of systemic vasculitides* is defined in the Schedule 1 - Dictionary.

having coeliac disease at the time of the clinical worsening of cardiomyopathy;

having an infiltrative disease affecting the myocardium at the time of the clinical worsening of cardiomyopathy;

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

undergoing a course of therapeutic radiation for cancer, where the heart was in the field of radiation, before the clinical worsening of cardiomyopathy;

having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the heart before the clinical worsening of cardiomyopathy;

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

having clinically apparent nutritional deficiency from the specified list of nutritional deficiencies at the time of the clinical worsening of cardiomyopathy;

Note: *specified list of nutritional deficiencies* is defined in the Schedule 1 - Dictionary.
(57) being peripartum at the time of the clinical worsening of cardiomyopathy;

Note: being peripartum is defined in the Schedule 1 - Dictionary.

(58) having chronic renal failure at the time of the clinical worsening of cardiomyopathy;

Note: chronic renal failure is defined in the Schedule 1 - Dictionary.

(59) having cirrhosis of the liver before the clinical worsening of cardiomyopathy;

(60) being envenomated by a scorpion, a funnel web spider, a spider belonging to the genus *Latrodectus*, or a specified jellyfish, within the 24 hours before the clinical worsening of cardiomyopathy;

Note: specified jellyfish is defined in the Schedule 1 - Dictionary.

(61) undertaking physical activity of greater than five METs at the time of the clinical worsening of cardiomyopathy;

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

(62) for takotsubo cardiomyopathy only:

(a) experiencing a category 1A stressor within the 30 days before the clinical worsening of cardiomyopathy;

(b) experiencing a category 1B stressor within the 30 days before the clinical worsening of cardiomyopathy;

(c) having:

i) an injury or illness requiring admission to an intensive care unit or artificial ventilation;

ii) major trauma; or

iii) septicaemia;

within the 30 days before the clinical worsening of cardiomyopathy; or

(d) having a cerebrovascular accident or subarachnoid haemorrhage within the 30 days before the clinical worsening of cardiomyopathy;

Note: category 1A stressor, category 1B stressor, artificial ventilation and takotsubo cardiomyopathy are defined in the Schedule 1 - Dictionary.

(63) inability to obtain appropriate clinical management for cardiomyopathy.
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(33) to 9(63) apply only to material contribution to, or aggravation of, cardiomyopathy where the person’s cardiomyopathy 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.

*anthracycline* means a class of cell-cycle non-specific drugs used in cancer chemotherapy derived from *Streptomyces peucetius var. caesius*, and includes daunorubicin (daunomycin), doxorubicin (adriamycin), epirubicin, idarubicin, valrubicin and mitoxantrone.

*artificial ventilation* means a method to assist or replace spontaneous breathing, which may involve a mechanically-controlled ventilator, manually-assisted bag ventilation of an intubated patient, or expired air resuscitation.

*being obese* means having 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.

*being peripartum* means being in the last trimester of pregnancy or being within the six months immediately postpartum.

*cardiomyopathy*—see subsection 7(2).

*category 1A stressor* means one of the following severe traumatic events:

(a) experiencing a life-threatening event;
(b) being subject to a serious physical attack or assault including rape and sexual molestation; or
(c) being threatened with a weapon, being held captive, being kidnapped, or being tortured.

*category 1B stressor* means one of the following severe traumatic events:

(a) killing or maiming a person;
(b) being an eyewitness to a person being killed or critically injured;
(c) being an eyewitness to atrocities inflicted on another person;
(d) participating in the clearance of a corpse or a critically injured casualty; or
(e) viewing a corpse or a critically injured casualty as an eyewitness.

Note: *corpse* and *eyewitness* are also defined in the Schedule 1 - Dictionary.
**chronic renal failure** means having a glomerular filtration rate of less than 60 mL/min/1.73 m$^2$ for a period of at least three months, or the presence of irreversible kidney damage.

**corpse** means the human remains or body parts of one or more persons who have met a violent or horrific death.

Note: Examples of a violent or horrific death may include death due to suicide, gunshot, improvised explosive devices, natural and technological disasters, terrorist attacks or motor vehicle accidents. Seeing a closed body bag or viewing a body in an open-casket coffin are excluded from this definition.

**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.

**eyewitness** means a person who experiences an incident first hand and can give direct evidence of it. This excludes persons exposed only to public broadcasting or mass media coverage of the incident.

**familial hypertrophic cardiomyopathy** means a genetic disease of cardiac muscle caused by a variety of mutations in genes encoding sarcomeric proteins. It is characterised by left ventricular hypertrophy and diastolic dysfunction, and may cause obstruction to left ventricular outflow and symptoms and signs of heart failure.

**hypersensitivity reaction of the myocardium to a drug** means eosinophilic myocarditis due to an allergic reaction, as indicated by:

(a) skin rash, fever, peripheral eosinophilia, ECG changes, tachycardia and elevated cardiac enzymes; or

(b) endomyocardial biopsy showing infiltration into the myocardium by eosinophils, multinucleated giant cells and leukocytes, occurring during drug therapy.
infiltrative disease means:
(a) a primary or metastatic neoplasm;
(b) amyloidosis;
(c) iron overload; or
(d) sarcoidosis.

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

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.

lipodystrophy means a condition due to defective metabolism of fat, resulting in the absence of subcutaneous fat.

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, or 1.0 kcal/kg of body weight per hour, or resting metabolic rate.


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.

specified jellyfish means a carybdeid ('box') jellyfish or Pelagia noctiluca.

specified list of chemotherapeutic agents means:
(a) 5-fluorouracil (non-topical);
(b) alemtuzumab;
(c) bevacizumab;
(d) cisplatin;
(e) cladribine;
(f) cyclophosphamide;
(g) dasatinib;
(h) denileukin difitox;
(i) gemcitabine;
(j) ifosfamide;
(k) imatinib;
(l) interferon alpha;
(m) interleukin-2;
(n) lapatinib;
(o) lenalidomide;
(p) mitomycin C;
(q) paclitaxel;
(r) pentostatin;
(s) sorafenib;
(t) sunitinib; or
(u) trastuzumab.

**Specified List of Drugs No. 1** means:
(a) amphotericin B;
(b) anagrelide;
(c) antiretroviral agents (zidovudine, didanosine, zalcitabine);
(d) clozapine;
(e) denileukin difitox;
(f) exogenous catecholamine;
(g) isotretinoin or tretinoin;
(h) itraconazole;
(i) lithium;
(j) mesalamine;
(k) methylphenidate; or
(l) olanzapine.

**Specified List of Drugs No. 2** means:
(a) amphetamines or amphetamine derivatives, including 3, 4-methylenedioxymethamphetamine (Ecstasy);
(b) androgenic-anabolic steroids; or
(c) cocaine.

**specified list of endocrine disorders** means:
(a) acromegaly;
(b) adrenal insufficiency;
(c) Cushing's syndrome;
(d) diabetes mellitus;
(e) Graves' disease;
(f) hyperthyroidism or thyrotoxicosis;
(g) hypoparathyroidism; or
(h) hypothyroidism or Hashimoto's thyroiditis.

**specified list of inflammatory connective tissue diseases** means:
(a) ankylosing spondylitis;
(b) dermatomyositis;
(c) inclusion body myositis;
(d) polymyositis;
(e) rheumatoid arthritis;
(f) scleroderma (progressive systemic sclerosis);
(g) Sjogren's syndrome; or
(h) systemic lupus erythematosus.
specified list of nutritional deficiencies means:
(a) beriberi (thiamine deficiency);
(b) carnitine deficiency;
(c) Keshan disease (selenium deficiency);
(d) pellagra (niacin deficiency); or
(e) scurvy (Vitamin C deficiency).

specified list of systemic vasculitides means:
(a) Behcet's disease;
(b) eosinophilic granulomatosis with polyangiitis (Churg Straus syndrome);
(c) giant cell (temporal) arteritis;
(d) granulomatosis with polyangiitis (Wegener's granulomatosis);
(e) mucocutaneous lymph node syndrome (Kawasaki disease);
(f) microscopic polyangiitis;
(g) polyarteritis nodosa; or
(h) Takayasu's arteritis.

takotsubo cardiomyopathy, also known as stress cardiomyopathy, means a type of acute non-ischaemic cardiomyopathy in which there is a sudden temporary weakening of the myocardium, with ballooning of the left ventricular apex and a hypercontractile left ventricular base.

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.

VEA means the Veterans' Entitlements Act 1986.

Whipple's disease means a systemic infectious disease caused by the bacterium *Tropheryma whippelii*, which primarily causes malabsorption, but may also affect any part of the body.
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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<td>Subpart(s)</td>
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<td>underlining</td>
<td>whole or part not commenced or to be commenced</td>
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Endnote 3—Legislation history

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<tr>
<th>Name</th>
<th>Registration</th>
<th>Commencement</th>
<th>Application, saving and transitional provisions</th>
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<td>Veterans’ Entitlements (Statements of Principles—Cumulative Equivalent Dose) Amendment Determination 2017 (No. 58 of 2017)</td>
<td>22 August 2017</td>
<td>18 September 2017</td>
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<td>Veterans’ Entitlements (Statements of Principles—Category 1B Stressor) Amendment Determination 2018 (No. 87 of 2018)</td>
<td>28 August 2018</td>
<td>24 September 2018</td>
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### Endnote 4—Amendment history

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<td>Schedule 1 – Dictionary – cumulative equivalent dose</td>
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<td>Schedule 1 – Dictionary – category 1B stressor</td>
<td>rs. No. 87 of 2018</td>
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<td>Schedule 1 – Dictionary – eyewitness</td>
<td>rs. No. 87 of 2018</td>
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<td>Schedule 1 – Dictionary – corpse</td>
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