Statement of Principles concerning aortic aneurysm No. 9 of 2012

made under subsection 196B(2) of the

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 22 July 2019

Includes amendments up to: Amendment Statement of Principles concerning aortic aneurysm No. 71 of 2019 (F2019L00960)

The day of commencement of this Amendment Statement of Principles concerning aortic aneurysm is 22 July 2019.
About this compilation

This compilation

This is a compilation of the Statement of Principles concerning aortic aneurysm No. 9 of 2012 that shows the text of the law as amended and in force on 22 July 2019.

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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.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 Aortic Aneurysm

No. 9 of 2012

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 aortic aneurysm No. 9 of 2012.

Determination

2. The Repatriation Medical Authority under subsection 196B(2) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 66 of 1998 concerning aortic aneurysm; and
   (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

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

   (b) For the purposes of this Statement of Principles, "aortic aneurysm" means permanent dilatation of the wall of the aorta and excludes dissection of the aorta or false aneurysm of the aorta.
(c) Aortic aneurysm attracts ICD-10-AM code I71.1 to I71.6, I71.8 or I71.9.

(d) In the application of this Statement of Principles, the definition of "aortic aneurysm" is that given at paragraph 3(b) above.

Basis for determining the factors

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

(a) smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of aortic aneurysm; or

(b) where exposure to second-hand smoke has not ceased, being exposed to second-hand smoke for at least 1 000 hours before the clinical onset of aortic aneurysm; or

(ba) where exposure to second-hand smoke has ceased:

(i) being exposed to second-hand smoke for at least 1 000 hours, but less than 5 000 hours, before the clinical onset of aortic aneurysm, and the clinical onset of aortic aneurysm has occurred within five years of the last exposure to second-hand smoke; or

(ii) being exposed to second-hand smoke for at least 5 000 hours before the clinical onset of aortic aneurysm; or

(c) having hypertension before the clinical onset of aortic aneurysm; or

(d) having dyslipidaemia before the clinical onset of aortic aneurysm; or

(e) having Marfan syndrome, Ehler-Danlos type IV syndrome, cutis laxa or bicuspid aortic valve before the clinical onset of aortic aneurysm; or

(f) having cystic medial necrosis before the clinical onset of aortic aneurysm; or
(g) having infective aortitis before the clinical onset of aortic aneurysm; or

(h) undergoing therapy with BCG vaccine, where this therapy has been administered within the five years before the clinical onset of aortic aneurysm; or

(i) having tertiary syphilis before the clinical onset of aortic aneurysm; or

(j) having trauma to the aorta before the clinical onset of aortic aneurysm which has occurred at the site of the trauma; or

(k) having rheumatic aortitis due to a specified condition before the clinical onset of aortic aneurysm; or

(l) having Takayasu's arteritis or giant cell arteritis before the clinical onset of aortic aneurysm; or

(m) having coarctation of the aorta before the clinical onset of aortic aneurysm; or

(n) having hyperhomocysteinaemia before the clinical onset of aortic aneurysm; or

(o) smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of aortic aneurysm; or

(p) where exposure to second-hand smoke has not ceased, being exposed to second-hand smoke for at least 1 000 hours before the clinical worsening of aortic aneurysm; or

(pa) where exposure to second-hand smoke has ceased:
   (i) being exposed to second-hand smoke for at least 1 000 hours, but less than 5 000 hours, before the clinical worsening of aortic aneurysm, and the clinical worsening of aortic aneurysm has occurred within five years of the last exposure to second-hand smoke; or
   (ii) being exposed to second-hand smoke for at least 5 000 hours before the clinical worsening of aortic aneurysm; or

(q) having hypertension before the clinical worsening of aortic aneurysm; or

(r) having dyslipidaemia before the clinical worsening of aortic aneurysm; or

(s) having Marfan syndrome, Ehler-Danlos type IV syndrome, cutis laxa or bicuspid aortic valve before the clinical worsening of aortic aneurysm; or
(t) having cystic medial necrosis before the clinical worsening of aortic aneurysm; or
(u) having infective aortitis before the clinical worsening of aortic aneurysm; or
(v) undergoing therapy with BCG vaccine, where this therapy has been administered within the five years before the clinical worsening of aortic aneurysm; or
(w) having tertiary syphilis before the clinical worsening of aortic aneurysm; or
(x) having trauma to the aorta before the clinical worsening of aortic aneurysm which has occurred at the site of the trauma; or
(y) having rheumatic aortitis due to a specified condition before the clinical worsening of aortic aneurysm; or
(z) having Takayasu's arteritis or giant cell arteritis before the clinical worsening of aortic aneurysm; or
(aa) having coarctation of the aorta before the clinical worsening of aortic aneurysm; or
(bb) having hyperhomocysteinaemia before the clinical worsening of aortic aneurysm; or
(cc) having chronic bronchitis or emphysema before the clinical worsening of aortic aneurysm; or
(dd) inability to obtain appropriate clinical management for aortic aneurysm.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(o) to 6(dd) apply only to material contribution to, or aggravation of, aortic aneurysm where the person’s aortic aneurysm 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.
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Other definitions
9. For the purposes of this Statement of Principles:

"a specified condition" means:
(a) ankylosing spondylitis;
(b) Behcet's syndrome;
(c) inflammatory bowel disease;
(d) psoriatic arthropathy;
(e) reactive arthritis;
(f) relapsing polychondritis;
(g) rheumatoid arthritis; or
(h) systemic lupus erythematosus;

"being exposed to second-hand smoke" means being in an enclosed space and inhaling smoke from burning tobacco products or smoke that has been exhaled by a person who is smoking;

"coarctation of the aorta" means a localised malformation characterised by deformity of the aortic media, causing narrowing of the lumen of the aorta;

"cystic medial necrosis" means changes in the medial layer of the aorta, consisting of degeneration and loss of elastic and muscle fibres, and formation of multiple clefts of mucoid material;

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

"dyslipidaemia" generally means evidence of a persistently abnormal lipid profile after the accurate evaluation of serum lipids following a 12 hour overnight fast, and estimated on a minimum of two occasions as:
(a) a total cholesterol level greater than or equal to 5.5 millimoles per litre (mmol/L);
(b) a triglyceride level greater than or equal to 2.0 mmol/L; or
(c) a high density lipoprotein cholesterol level less than 1.0 mmol/L;

"Ehlers-Danlos type IV syndrome" means a disorder of connective tissue involving defects in the structure, synthesis or secretion of one type of procollagen and has prominent vascular manifestations;

"hyperhomocysteinaemia" means a condition characterised by an excess of homocysteine in the blood;

"ICD-10-AM code" means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Seventh Edition, effective date of 1 July 2010, copyrighted by the National
"infective aortitis" means the infection of the aortic wall by bacteria or fungi, and resultant inflammation within the aortic wall;

"pack-year 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 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;

"Takayasu's arteritis" means an inflammatory disease of the aorta and its major arteries often resulting in occlusion and involves a panarteritis;

"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;

"tertiary syphilis" means the last stage of syphilis which develops soon after the lesions of secondary syphilis resolve or many years later, and is characterised by destructive lesions involving many organs and tissues, such as mucocutaneous, musculoskeletal, cardiovascular or central nervous system lesions;

"trauma to the aorta" means damage to the wall of the aorta as a result of penetrating or blunt major thoracic or abdominal trauma;

"undergoing therapy with BCG vaccine" means treatment with the Bacille Calmette-Guerin vaccine for cancer. The Bacille Calmette-Guerin vaccine is made from a strain of Mycobacterium bovis.
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 11 January 2012.
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 Aortic Aneurysm

No. 9 of 2012

Veterans’ Entitlements Act 1986

Compilation No. 1

Compilation date: 22/07/2019

Authorised Version F2019C00583 registered 22/07/2019
Endnote 3—Legislation history

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## Endnote 4—Amendment history

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