



# **Statement of Principles concerning hypopituitarism (Balance of Probabilities) (No. 12 of 2019)**

made under subsection 196B(3) of the  
*Veterans' Entitlements Act 1986*

## **Compilation No. 1**

**Compilation date:** 26 July 2021

**Includes amendments up to:** Amendment Statement of Principles concerning hypopituitarism (Balance of Probabilities) (No. 82 of 2021) (F2021L00892)

The day of commencement of this Amendment Statement of Principles concerning hypopituitarism is 26 July 2021.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

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## About this compilation

### **This compilation**

This is a compilation of the *Statement of Principles concerning hypopituitarism (Balance of Probabilities)* (No. 12 of 2019) that shows the text of the law as amended and in force on 26 July 2021.

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](http://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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.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**  
**HYPOPITUITARISM**  
**(Balance of Probabilities)**  
**(No. 12 of 2019)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 21 December 2018

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*Statement of Principles concerning*  
*Hypopituitarism (Balance of Probabilities) (No. 12 of 2019)*  
*Veterans' Entitlements Act 1986*

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**1 Name**

This is the Statement of Principles concerning *hypopituitarism (Balance of Probabilities)* (No. 12 of 2019).

**3 Authority**

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

**5 Application**

This instrument applies to a claim to which section 120B of the VEA or section 339 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 hypopituitarism and death from hypopituitarism.

*Meaning of hypopituitarism*

- (2) For the purposes of this Statement of Principles, hypopituitarism:
- (a) means an endocrine disease characterised by biochemically-documented deficient production of one or more pituitary hormones, sufficient to produce clinical symptoms and signs, or to necessitate pituitary hormone replacement therapy, as a result of loss or damage to pituitary hormone-secreting cells in the pituitary gland, hypothalamus or pituitary stalk; and
  - (b) excludes heritable and congenital forms of hypopituitarism.

Note 1: Pituitary hormones are growth hormone, follicle stimulating hormone (FSH), luteinising hormone, adrenocorticotrophic hormone (ACTH), thyroid stimulating hormone (TSH), prolactin, oxytocin and antidiuretic hormone (ADH).

Note 2: The clinical presentation of hypopituitarism can be acute or chronic, and the order and amount of the specific hormone deficiency depends on the nature and speed of damage to the hypothalamic-pituitary region.

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- (3) While hypopituitarism attracts ICD-10-AM code E23.0, in applying this Statement of Principles the meaning of hypopituitarism is that given in subsection (2).
  - (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)*, Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

#### *Death from hypopituitarism*

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

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

### **8 Basis for determining the factors**

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that hypopituitarism and death from hypopituitarism can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

### **9 Factors that must exist**

At least one of the following factors must exist before it can be said that, on the balance of probabilities, hypopituitarism or death from hypopituitarism is connected with the circumstances of a person's relevant service:

- (1) having an autoimmune disorder involving the pituitary gland at the time of the clinical onset of hypopituitarism;
- (2) having a disorder from the specified list of infiltrative, inflammatory or granulomatous disorders, involving the pituitary gland or hypothalamus, at the time of the clinical onset of hypopituitarism;

Note: *specified list of infiltrative, inflammatory or granulomatous disorders* is defined in the Schedule 1 - Dictionary.

- (3) having infection with human immunodeficiency virus before the clinical onset of hypopituitarism;

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- (4) having a viral, bacterial, fungal or protozoal infection of the pituitary gland, hypothalamus, brain or cerebral meninges, within the five years before the clinical onset of hypopituitarism;
  - (5) having Hantavirus haemorrhagic fever with renal syndrome within the five years before the clinical onset of hypopituitarism;

Note: *Hantavirus haemorrhagic fever with renal syndrome* is defined in the Schedule 1 - Dictionary.

- (6) having moderate to severe traumatic brain injury within the ten years before the clinical onset of hypopituitarism;
- (7) having a subarachnoid haemorrhage within the ten years before the clinical onset of hypopituitarism;
- (8) having haemorrhage or ischaemia involving the pituitary gland or hypothalamus within the ten years before the clinical onset of hypopituitarism;

Note: Haemorrhage or ischaemia of the pituitary gland includes pituitary apoplexy.

- (9) having severe peripartum or postpartum haemorrhage before the clinical onset of hypopituitarism;
- (10) having surgery involving the pituitary gland, or intracranial surgery, within the ten years before the clinical onset of hypopituitarism;
- (11) undergoing a course of therapeutic radiation for cancer, where the pituitary or hypothalamus was in the field of radiation, before the clinical onset of hypopituitarism;
- (12) having a space occupying lesion that involves, or impinges on, the pituitary gland or hypothalamus at the time of the clinical onset of hypopituitarism;

- (13) being treated with an immune checkpoint inhibitor, or an interferon, within the one year before the clinical onset of hypopituitarism;

Note: *immune checkpoint inhibitor* is defined in the Schedule 1 - Dictionary.

- (14) for lymphocytic hypophysitis only, being pregnant within the six months before the clinical onset of hypopituitarism;

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

- (15) having an autoimmune disorder involving the pituitary gland at the time of the clinical worsening of hypopituitarism;

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- (16) having a disorder from the specified list of infiltrative, inflammatory or granulomatous disorders, involving the pituitary gland or hypothalamus, at the time of the clinical worsening of hypopituitarism;

Note: *specified list of infiltrative, inflammatory or granulomatous disorders* is defined in the Schedule 1 - Dictionary.

- (17) having infection with human immunodeficiency virus before the clinical worsening of hypopituitarism;
- (18) having a viral, bacterial, fungal or protozoal infection of the pituitary gland, hypothalamus, brain or cerebral meninges, within the five years before the clinical worsening of hypopituitarism;
- (19) having Hantavirus haemorrhagic fever with renal syndrome within the five years before the clinical worsening of hypopituitarism;
- Note: *Hantavirus haemorrhagic fever with renal syndrome* is defined in the Schedule 1 - Dictionary.
- (20) having moderate to severe traumatic brain injury within the ten years before the clinical worsening of hypopituitarism;
- (21) having a subarachnoid haemorrhage within the ten years before the clinical worsening of hypopituitarism;
- (22) having haemorrhage or ischaemia involving the pituitary gland or hypothalamus within the ten years before the clinical worsening of hypopituitarism;
- Note: Haemorrhage or ischaemia of the pituitary gland includes pituitary apoplexy.
- (23) having severe peripartum or postpartum haemorrhage before the clinical worsening of hypopituitarism;
- (24) having surgery involving the pituitary gland, or intracranial surgery, within the ten years before the clinical worsening of hypopituitarism;
- (25) undergoing a course of therapeutic radiation for cancer, where the pituitary or hypothalamus was in the field of radiation, before the clinical worsening of hypopituitarism;
- (26) having a space occupying lesion that involves, or impinges on, the pituitary gland or hypothalamus at the time of the clinical worsening of hypopituitarism;
- (27) being treated with an immune checkpoint inhibitor, or an interferon, within the one year before the clinical worsening of hypopituitarism;

Note: *immune checkpoint inhibitor* is defined in the Schedule 1 - Dictionary.



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- (28) for lymphocytic hypophysitis only, being pregnant within the six months before the clinical worsening of hypopituitarism;

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

- (29) inability to obtain appropriate clinical management for hypopituitarism.

## **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(15) to (9)(29) apply only to material contribution to, or aggravation of, hypopituitarism where the person's hypopituitarism 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(3) 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.

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# Schedule 1 - Dictionary

Note: See Section 6

## 1 Definitions

In this instrument:

***Hantavirus haemorrhagic fever with renal syndrome*** means a clinical syndrome of acute shock, vascular leakage, thrombocytopaenia, hypotension and acute renal failure caused by hantaviruses from the family Bunyaviridae, which is endemic in parts of Asia and Europe. This definition includes, but is not limited to, Korean haemorrhagic fever, epidemic haemorrhagic fever and nephropathia epidemica.

***hypopituitarism***—see subsection 7(2).

***immune checkpoint inhibitor*** means a form of cancer immunotherapy that uses monoclonal antibodies targeting the immune checkpoint proteins. Examples include, but are not limited to, ipilumab, tremelimumab, nivolumab and pembrolizumab.

***iron overload*** means an accumulation of excess iron in tissues and organs which has been confirmed by elevated ferritin or transferrin saturation levels.

Note: Causes include, but are not limited to, haemochromatosis and blood transfusions.

***lymphocytic hypophysitis*** means an autoimmune condition in which the pituitary gland becomes infiltrated by lymphocytes, resulting in pituitary enlargement and impaired function.

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

***relevant service*** means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA.

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

***specified list of infiltrative, inflammatory or granulomatous disorders*** means:

- (a) a primary or metastatic neoplasm;
- (b) amyloidosis;
- (c) Castleman disease;
- (d) Crohn's disease;
- (e) eosinophilic granuloma;
- (f) germinoma;
- (g) giant cell granuloma;

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- (h) granulomatosis with polyangiitis (Wegener granulomatosis);
  - (i) histiocytosis;
  - (j) iron overload;
  - (k) sarcoidosis; or
  - (l) Takayasu arteritis.

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

***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**

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**

<b>Name</b>	<b>Registration</b>	<b>Commencement</b>	<b>Application, saving and transitional provisions</b>
<i>Statement of Principles concerning hypopituitarism (Balance of Probabilities) (No. 12 of 2019)</i>	3 January 2019 F2019L00012	28 January 2019	
<i>Amendment Statement of Principles concerning hypopituitarism (Balance of Probabilities) (No. 82 of 2021)</i>	29 June 2021 F2021L00892	26 July 2021	

**Endnote 4—Amendment history**

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<b>Provision affected</b>	<b>How affected</b>
Section 2.....	rep LA s 48D
Section 4.....	rep LA s 48C
Section 7(2)(a).....	am No. 82 of 2021

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