

Statement of Principles  
concerning

**CEREBRAL MENINGIOMA**

**No. 19 of 2009**

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 cerebral meningioma No. 19 of 2009.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 207 of 1995 concerning cerebral meningioma; and
  - (b) determines in its place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **cerebral meningioma** and **death from cerebral meningioma**.
  - (b) For the purposes of this Statement of Principles, "**cerebral meningioma**" means a primary benign or intermediate grade tumour of the cerebral meninges.
  - (c) Cerebral meningioma attracts ICD-10-AM code D32.0 or D32.9.
  - (d) In the application of this Statement of Principles, the definition of "**cerebral meningioma**" 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 **cerebral meningioma** and **death from cerebral meningioma** 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 **cerebral meningioma** or **death from cerebral meningioma** with the circumstances of a person's relevant service is:
  - (a) undergoing a course of therapeutic radiation to the head or neck region before the clinical onset of cerebral meningioma, where the first exposure to therapeutic radiation occurred at least two years before the clinical onset of cerebral meningioma; or
  - (b) having received a cumulative equivalent dose of 0.05 Sievert of atomic radiation to the brain, where this dose was accumulated at least five years before the clinical onset of cerebral meningioma; or
  - (c) inability to obtain appropriate clinical management for cerebral meningioma.

### **Factors that apply only to material contribution or aggravation**

7. Paragraph 6(c) applies only to material contribution to, or aggravation of, cerebral meningioma where the person's cerebral meningioma 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.

## Other definitions

### 9. For the purposes of this Statement of Principles:

**"a course of therapeutic radiation"** means one or more fractions (treatment portions) of ionising radiation administered with the aim of achieving palliation or cure with gamma rays, x-rays, alpha particles or beta particles;

**"atomic radiation"** means ionising radiation excluding:

- (a) natural background radiation;
- (b) therapeutic radiation; and
- (c) radiation from diagnostic procedures;

**"cumulative equivalent dose"** means the total equivalent dose of radiation from all types of ionising radiation. It accounts for the differences in biological effectiveness of various types of radiation and allows doses from different radiations to be combined. Each component is calculated by multiplying the absorbed dose in a particular tissue or organ for a given type of radiation by the radiation weighting factor for that radiation. The unit of equivalent dose is the Sievert;

**"death from cerebral meningioma"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's cerebral meningioma;

**"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), Sixth Edition, effective date of 1 July 2008, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 016 6;

**"relevant service"** means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

**"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.

**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 6 May 2009.

Dated this **twenty-fourth** day of  
**April** 2009

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed to this instrument )  
in the presence of: )

KEN DONALD  
CHAIRPERSON