



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
ADENOCARCINOMA OF THE KIDNEY
No. 9 of 2013

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 adenocarcinoma of the kidney No. 9 of 2013.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 87 of 2001 concerning adenocarcinoma of the kidney; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **adenocarcinoma of the kidney** and **death from adenocarcinoma of the kidney**.
 - (b) For the purposes of this Statement of Principles, "**adenocarcinoma of the kidney**" means a primary malignant neoplasm arising from the renal tubular epithelium. It is also known as renal cell carcinoma, renal adenocarcinoma, hypernephroma or clear cell carcinoma. This definition includes renal medullary carcinoma and excludes soft tissue sarcoma, carcinoid tumour, non-Hodgkin's lymphoma and Hodgkin's lymphoma.
 - (c) Adenocarcinoma of the kidney attracts ICD-10-AM code C64.

- (d) In the application of this Statement of Principles, the definition of **"adenocarcinoma of the kidney"** 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 **adenocarcinoma of the kidney** and **death from adenocarcinoma of the kidney** 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 **adenocarcinoma of the kidney** or **death from adenocarcinoma of the kidney** with the circumstances of a person's relevant service is:
- (a) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of adenocarcinoma of the kidney, and
 - (i) smoking commenced at least five years before the clinical onset of adenocarcinoma of the kidney; and
 - (ii) where smoking has ceased, the clinical onset of adenocarcinoma of the kidney has occurred within 20 years of cessation; or
 - (b) being in an atmosphere with a visible tobacco smoke haze in an enclosed space:
 - (i) for at least 10 000 hours before the clinical onset of adenocarcinoma of the kidney, and
 - (ii) where the first exposure to that atmosphere commenced at least five years before the clinical onset of adenocarcinoma of the kidney; and
 - (iii) where the last exposure to that atmosphere occurred within the 20 years before the clinical onset of adenocarcinoma of the kidney; or
 - (c) inhaling respirable asbestos fibres in an enclosed space at the time material containing respirable asbestos fibres was being applied, removed, dislodged, cut or drilled:
 - (i) for a cumulative period of at least 1 000 hours before the clinical onset of adenocarcinoma of the kidney; and

- (ii) the first inhalation of respirable asbestos fibres commenced at least five years before the clinical onset of adenocarcinoma of the kidney; or
- (d) inhaling respirable asbestos fibres in an open environment at the time material containing respirable asbestos fibres was being applied, removed, dislodged, cut or drilled:
 - (i) for a cumulative period of at least 3 000 hours before the clinical onset of adenocarcinoma of the kidney; and
 - (ii) the first inhalation of respirable asbestos fibres commenced at least five years before the clinical onset of adenocarcinoma of the kidney; or
- (e) being obese for a continuous period of at least three years before the clinical onset of adenocarcinoma of the kidney; or
- (f) having end stage renal disease before the clinical onset of adenocarcinoma of the kidney; or
- (g) having hypertension for a period of at least two years before the clinical onset of adenocarcinoma of the kidney; or
- (h) an inability to consume an average of at least 200 grams per day of any combination of fruits and vegetables, for a period of at least five consecutive years within the 25 years before the clinical onset of adenocarcinoma of the kidney; or
- (i) being exposed to arsenic as specified before the clinical onset of adenocarcinoma of the kidney, where the first exposure to arsenic occurred at least ten years before the clinical onset of adenocarcinoma of the kidney; or
- (j) inhaling cadmium fumes:
 - (i) for at least four hours per day on more days than not, for at least four years or for a cumulative period of at least 3 000 hours, before the clinical onset of adenocarcinoma of the kidney; and
 - (ii) the first inhalation of fumes occurred at least five years before the clinical onset of adenocarcinoma of the kidney; or
- (k) inhaling, ingesting or having cutaneous contact with trichloroethylene for a cumulative period of at least 1 000 hours before the clinical onset of adenocarcinoma of the kidney, where the first exposure occurred at least ten years before the clinical onset of adenocarcinoma of the kidney; or
- (l) having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the kidney at least five years before the clinical onset of adenocarcinoma of the kidney; or
- (m) consuming a non-steroidal anti-inflammatory drug, except for aspirin, on at least 15 days per month for at least ten years before the clinical onset of adenocarcinoma of the kidney; or

- (n) for renal medullary carcinoma only, having sickle cell disorder before the clinical onset of adenocarcinoma of the kidney; or
- (o) inability to obtain appropriate clinical management for adenocarcinoma of the kidney.

Factors that apply only to material contribution or aggravation

- 7. Paragraph 6(o) applies only to material contribution to, or aggravation of, adenocarcinoma of the kidney where the person's adenocarcinoma of the kidney 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:

"being exposed to arsenic as specified" means:

- (a) consuming drinking water with an average arsenic concentration of at least 50 micrograms per litre for a cumulative period of at least ten years;
- (b) consuming drinking water resulting in a cumulative total arsenic exposure equivalent to having consumed drinking water containing at least 50 micrograms per litre for at least ten years; or
- (c) having clinical evidence of chronic arsenic toxicity;

"being obese" means an increase in body weight by way of fat accumulation which results in 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;

"cadmium fumes" means combustion products, aerosols, vapours or dust arising through industrial processes or from workplace practices that involve the refining, manufacture or use of cadmium;

"cumulative equivalent dose" means the total dose of ionising radiation received by the particular organ or tissue. The formula used to calculate the cumulative equivalent dose allows doses from multiple types of ionising radiation to be combined, by accounting for their differing biological effect. The unit of equivalent dose is the sievert. For the purposes of this Statement of Principles, the calculation of cumulative equivalent dose excludes doses received from normal background radiation, but includes therapeutic radiation, diagnostic radiation, cosmic radiation at high altitude, radiation from occupation related sources and radiation from nuclear explosions or accidents;

"death from adenocarcinoma of the kidney" in relation to a person includes death from a terminal event or condition that was contributed to by the person's adenocarcinoma of the kidney;

"end stage renal disease" means renal disease of sufficient severity to require dialysis or renal transplantation;

"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 Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 154 5;

"pack-years of cigarettes, or the equivalent thereof in other tobacco products" means a calculation of consumption where one pack-year of cigarettes equals twenty 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;

"respirable asbestos fibres" means asbestos fibres less than five micrometres in diameter;

"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 9 January 2013.

Dated this *fourteenth* day of *December* 2012

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

PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON