



Statement of Principles concerning hypothyroidism No. 29 of 2013

made under subsection 196B(2) of the

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 18 September 2017

Includes amendments up to: Veterans' Entitlements (Statements of Principles—Cumulative Equivalent Dose) Amendment Determination 2017 (No. 58 of 2017) (F2017L01067)

The day of commencement of this Amendment Determination is 18 September 2017.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

About this compilation

This compilation

This is a compilation of the *Statement of Principles concerning hypothyroidism No. 29 of 2013* that shows the text of the law as amended and in force on 18 September 2017.

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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.



Australian Government
Repatriation Medical Authority

Statement of Principles concerning

HYPOTHYROIDISM

No. 29 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 hypothyroidism No. 29 of 2013.

Determination

2. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the VEA).

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **hypothyroidism** and **death from hypothyroidism**.
 - (b) For the purposes of this Statement of Principles, "**hypothyroidism**" means an acquired functional disorder in which the thyroid gland does not provide adequate amounts of thyroid hormone to meet the requirements of peripheral tissues, with documented laboratory findings of low serum free thyroxine or triiodothyronine

concentrations, sustained for a continuous period of at least three months, and with clinical symptoms or signs of inadequate thyroid function.

This definition includes primary hypothyroidism due to dysfunction of the thyroid gland, and central hypothyroidism due to decreased secretion of thyroid hormone from a functionally normal thyroid gland due to hypothalamic or pituitary disease. This definition excludes transient hypothyroidism during recovery from non-thyroidal illness, congenital iodine-deficiency syndrome and congenital hypothyroidism, Hashimoto's thyroiditis, sick euthyroid syndrome and subclinical hypothyroidism.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **hypothyroidism** and **death from hypothyroidism** 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 **hypothyroidism** or **death from hypothyroidism** with the circumstances of a person's relevant service is:
 - (a) being iodine deficient within the six months before the clinical onset of hypothyroidism; or
 - (b) having iodine excess from consuming foods, dietary supplements or medications with a high content of iodine, within the six months before the clinical onset of hypothyroidism; or
 - (c) being administered an iodine-containing radiographic contrast agent within the six months before the clinical onset of hypothyroidism; or
 - (d) being treated with an iodine-containing drug for a continuous period of at least four weeks, within the six months before the clinical onset of hypothyroidism; or
 - (e) being pregnant or in the twelve months postpartum at the time of the clinical onset of hypothyroidism; or

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- (f) having a specified form of thyroiditis within the six months before the clinical onset of hypothyroidism; or
 - (g) undergoing a course of therapeutic radiation for cancer, where the thyroid gland was in the field of radiation, before the clinical onset of hypothyroidism; or
 - (h) having received a cumulative equivalent dose of at least ten sieverts of ionising radiation to the thyroid gland, before the clinical onset of hypothyroidism; or
 - (i) receiving radioactive iodine (¹³¹I) treatment before the clinical onset of hypothyroidism; or
 - (j) having subtotal or total thyroidectomy, or neck surgery involving the thyroid gland, before the clinical onset of hypothyroidism; or
 - (k) being treated with a drug or a drug from a class of drugs from the specified list, for a continuous period of at least six weeks, within the six months before the clinical onset of hypothyroidism; or
 - (l) having a chronic infiltrative or infectious disease of the thyroid gland at the time of the clinical onset of hypothyroidism; or
 - (m) having a primary or secondary malignant neoplasm of the thyroid gland at the time of the clinical onset of hypothyroidism; or
 - (n) having hypopituitarism at the time of the clinical onset of hypothyroidism; or
 - (o) having chronic renal disease requiring renal transplantation or dialysis at the time of the clinical onset of hypothyroidism; or
 - (p) being iodine deficient within the six months before the clinical worsening of hypothyroidism; or
 - (q) having iodine excess from consuming foods, dietary supplements or medications with a high content of iodine, within the six months before the clinical worsening of hypothyroidism; or
 - (r) being administered an iodine-containing radiographic contrast agent within the six months before the clinical worsening of hypothyroidism; or
 - (s) being treated with an iodine-containing drug for a continuous period of at least four weeks, within the six months before the clinical worsening of hypothyroidism; or
 - (t) being pregnant or in the twelve months postpartum at the time of the clinical worsening of hypothyroidism; or
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- (u) having a specified form of thyroiditis within the six months before the clinical worsening of hypothyroidism; or
 - (v) undergoing a course of therapeutic radiation for cancer, where the thyroid gland was in the field of radiation, before the clinical worsening of hypothyroidism; or
 - (w) having received a cumulative equivalent dose of at least ten sieverts of ionising radiation to the thyroid gland, before the clinical worsening of hypothyroidism; or
 - (x) receiving radioactive iodine (¹³¹I) treatment before the clinical worsening of hypothyroidism; or
 - (y) having subtotal or total thyroidectomy, or neck surgery involving the thyroid gland, before the clinical worsening of hypothyroidism; or
 - (z) being treated with a drug or a drug from a class of drugs from the specified list, for a continuous period of at least six weeks, within the six months before the clinical worsening of hypothyroidism; or
 - (aa) having a chronic infiltrative or infectious disease of the thyroid gland at the time of the clinical worsening of hypothyroidism; or
 - (bb) having a primary or secondary malignant neoplasm of the thyroid gland at the time of the clinical worsening of hypothyroidism; or
 - (cc) having hypopituitarism at the time of the clinical worsening of hypothyroidism; or
 - (dd) having chronic renal disease requiring renal transplantation or dialysis at the time of the clinical worsening of hypothyroidism; or
 - (ee) inability to obtain appropriate clinical management for hypothyroidism.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(p) to 6(ee)** apply only to material contribution to, or aggravation of, hypothyroidism where the person's hypothyroidism 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 chronic infiltrative or infectious disease" means:

- (a) amyloidosis;
- (b) haemochromatosis;
- (c) *Pneumocystis carinii* infection;
- (d) sarcoidosis;
- (e) scleroderma;
- (f) systemic lupus erythematosus; or
- (g) tuberculosis;

"a drug or a drug from a class of drugs from the specified list" means:

- (a) aminoglutethimide;
- (b) antithyroid drugs;
- (c) carbamazepine;
- (d) didanosine;
- (e) dopamine and dopamine agonists;
- (f) ethionamide;
- (g) interferon alpha;
- (h) lithium carbonate;
- (i) oxcarbazepine;
- (j) rexinoids;
- (k) ritonavir;
- (l) somastostatin analogues;
- (m) sorafenib;
- (n) stavudine;
- (o) sulphonamides;
- (p) sulphonylurea;
- (q) sunitinib;
- (r) thalidomide; or
- (s) valproic acid;

"a specified form of thyroiditis" means:

- (a) Riedel's thyroiditis;
- (b) silent thyroiditis; or
- (c) subacute thyroiditis (de Quervain's thyroiditis, granulomatous thyroiditis or viral thyroiditis);

"being iodine deficient" means having an average intake of iodine of less than the recommended iodine intake for a continuous period of 30 days, or having a urinary iodine concentration of less than 100 micrograms per litre;

"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.

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

"having iodine excess" means having an average dietary intake of more than 1500 micrograms of iodine per day for a continuous period of three months, or having a urinary iodine excretion rate of greater than 800 micrograms per 24 hours;

"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;

"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;

"the recommended iodine intake" means 150 micrograms of iodine per day, or 220 micrograms per day for pregnant or lactating women.

Date of effect

10. This Instrument takes effect from 8 May 2013.

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

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
<i>Statement of Principles concerning hypothyroidism No. 29 of 2013</i>	2 May 2013 F2013L00728	8 May 2013	
<i>Veterans' Entitlements (Statements of Principles—Cumulative Equivalent Dose) Amendment Determination 2017 (No. 58 of 2017)</i>	22 August 2017 F2017L01067	18 September 2017	

Endnote 4—Amendment history

Endnote 4—Amendment history

Provision affected	How affected
Clause 9 – ' "cumulative equivalent dose".....'	rs. Instrument No. 58 of 2017