



Statement of Principles concerning non-Hodgkin lymphoma (Balance of Probabilities) (No. 91 of 2018)

made under subsection 196B(3) of the

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 21 June 2021

Includes amendments up to: Amendment Statement of Principles concerning non-Hodgkin lymphoma (Balance of Probabilities) (No. 76 of 2021) (F2021L00612)

The day of commencement of this Amendment Statement of Principles concerning non-Hodgkin lymphoma is 21 June 2021.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

About this compilation

This compilation

This is a compilation of the *Statement of Principles concerning non-Hodgkin lymphoma (Balance of Probabilities) (No. 91 of 2018)* that shows the text of the law as amended and in force on 21 June 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). 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.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
NON-HODGKIN LYMPHOMA
(Balance of Probabilities)
(No. 91 of 2018)

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

Dated 26 October 2018

Statement of Principles concerning
Non-Hodgkin Lymphoma (Balance of Probabilities) (No. 91 of 2018)
Veterans' Entitlements Act 1986

1

Contents

1	Name	3
3	Authority	3
5	Application.....	3
6	Definitions.....	3
7	Kind of injury, disease or death to which this Statement of Principles relates	3
8	Basis for determining the factors	4
9	Factors that must exist.....	4
10	Relationship to service	6
11	Factors referring to an injury or disease covered by another Statement of Principles.....	6
Schedule 1 - Dictionary		7
1	Definitions.....	7

1 Name

This is the Statement of Principles concerning *non-Hodgkin lymphoma (Balance of Probabilities)* (No. 91 of 2018).

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 non-Hodgkin lymphoma and death from non-Hodgkin lymphoma.

Meaning of non-Hodgkin lymphoma

- (2) For the purposes of this Statement of Principles, non-Hodgkin lymphoma:
- (a) means a heterogeneous group of malignant lymphoproliferative diseases that originate from T and B lymphocytes, and present as solid tumours of the immune system that lack Reed-Sternberg cells; and
 - (b) includes Burkitt lymphoma, mycosis fungoides, adult T cell lymphoma/leukaemia and non-Hodgkin lymphoma arising within parenchymal organs; and
 - (c) excludes myeloma, hairy cell leukaemia, Waldenström macroglobulinaemia, acute lymphoblastic leukaemia and chronic lymphocytic leukaemia/small lymphocytic lymphoma.

Death from non-Hodgkin lymphoma

- (3) For the purposes of this Statement of Principles, non-Hodgkin lymphoma, in relation to a person, includes death from a terminal

event or condition that was contributed to by the person's non-Hodgkin lymphoma.

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 non-Hodgkin lymphoma and death from non-Hodgkin lymphoma 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, non-Hodgkin lymphoma or death from non-Hodgkin lymphoma is connected with the circumstances of a person's relevant service:

- (1) having infection with human immunodeficiency virus at the time of the clinical onset of non-Hodgkin lymphoma;
- (2) undergoing solid organ, stem cell or bone marrow transplantation before the clinical onset of non-Hodgkin lymphoma;
- (3) having an autoimmune disease from the specified list of autoimmune diseases before the clinical onset of non-Hodgkin lymphoma;

Note: *specified list of autoimmune diseases* is defined in the Schedule 1 - Dictionary.

- (4) for cutaneous T-cell lymphoma only, having psoriasis at the time of the clinical onset of non-Hodgkin lymphoma;
- (5) being treated with a drug from the specified list of systemic immunosuppressive drugs for a continuous period of at least three months before the clinical onset of non-Hodgkin lymphoma, and where that exposure has ceased, the clinical onset of non-Hodgkin lymphoma has occurred within ten years of cessation;

Note: *specified list of systemic immunosuppressive drugs* is defined in the Schedule 1 - Dictionary.

- (6) for Richter syndrome only, having chronic lymphoid leukaemia/small lymphocytic lymphoma at the time of the clinical onset of non-Hodgkin lymphoma;

Note: *Richter syndrome* is defined in the Schedule 1 - Dictionary.

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- (7) for adult T-cell leukaemia-lymphoma only, having infection with human T-cell lymphotropic virus type-1 at the time of the clinical onset of non-Hodgkin lymphoma;
 - (8) for gastric lymphoma only, having infection with *Helicobacter pylori* at the time of the clinical onset of non-Hodgkin lymphoma;
 - (9) having infection with Epstein-Barr virus before the clinical onset of non-Hodgkin lymphoma;
 - (10) for primary effusion lymphoma and Kaposi's sarcoma herpesvirus-positive diffuse large B-cell lymphoma not otherwise specified only, having infection with Kaposi's sarcoma herpesvirus at the time of the clinical onset of non-Hodgkin lymphoma;
 - (11) for small intestinal mucosa-associated lymphoid tissue lymphoma only, having infection with *Campylobacter jejuni* at the time of the clinical onset of non-Hodgkin lymphoma;
 - (12) for ocular adnexal mucosa-associated lymphoid tissue lymphoma only, having infection with *Chlamydia psittaci* at the time of the clinical onset of non-Hodgkin lymphoma;
 - (13) for cutaneous mucosa-associated lymphoid tissue lymphoma only, having infection with specified bacteria belonging to the *Borrelia burgdorferi* sensu lato complex at the time of the clinical onset of non-Hodgkin lymphoma;
- Note: *specified bacteria belonging to the Borrelia burgdorferi sensu lato complex* is defined in the Schedule 1 - Dictionary.
- (14) having infection with hepatitis C virus at the time of the clinical onset of non-Hodgkin lymphoma;
 - (15) for B-cell lymphoma only, having infection with hepatitis B virus at the time of the clinical onset of non-Hodgkin lymphoma;
 - (16) for Burkitt lymphoma only, having infection with *Plasmodium falciparum* at the time of the clinical onset of non-Hodgkin lymphoma;
 - (17) having Hodgkin's lymphoma before the clinical onset of non-Hodgkin lymphoma;
 - (18) being obese for at least ten years within the 20 years before the clinical onset of non-Hodgkin lymphoma;

Note: *being obese* is defined in the Schedule 1 – Dictionary.

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- (19) for diffuse large B-cell lymphoma only, having chronic inflammation as specified at the affected site for at least ten years before the clinical onset of non-Hodgkin lymphoma;

Note: *chronic inflammation as specified* is defined in the Schedule 1 – Dictionary.

- (20) for anaplastic large cell lymphoma of the breast only, having a breast implant at the time of the clinical onset of non-Hodgkin lymphoma;
- (21) inhaling, ingesting or having cutaneous contact with lindane on more days than not for a cumulative period of at least one year, at least five years before the clinical onset of non-Hodgkin lymphoma;

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

- (22) inhaling, ingesting or having cutaneous contact with pentachlorophenol:
- (a) for a cumulative period of at least 2 000 hours, within a consecutive period of ten years, before the clinical onset of non-Hodgkin lymphoma; and
- (b) where the first exposure occurred at least five years before the clinical onset of non-Hodgkin lymphoma;
- (23) inability to obtain appropriate clinical management for non-Hodgkin lymphoma.

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 factor set out in subsection 9(23) applies only to material contribution to, or aggravation of, non-Hodgkin lymphoma where the person's non-Hodgkin lymphoma 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.

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

being obese means having a Body Mass Index (BMI) of 30 or greater.

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

BMI means W/H^2 where:

W is the person's weight in kilograms; and

H is the person's height in metres.

chronic inflammation as specified means chronic suppuration or inflammation arising in settings such as pyothorax resulting from artificial pneumothorax for treatment of pulmonary or pleural tuberculosis, chronic osteomyelitis, metallic implant insertion, surgical mesh implantation and chronic skin venous ulcer.

lindane means a complex synthetic mixture in which the gamma-isomer of hexachlorocyclohexane is present.

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

non-Hodgkin lymphoma—see subsection 7(2).

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.

Richter syndrome means a form of high-grade large cell lymphoma, characterised by systemic symptoms, rapid tumour growth and extra-nodal involvement, which develops in patients with chronic lymphocytic leukaemia.

specified bacteria belonging to the *Borrelia burgdorferi sensu lato* complex means *Borrelia burgdorferi sensu stricto*, *Borrelia afzelii*, *Borrelia garinii*, *Borrelia spielmanii*, *Borrelia bavariensis*, *Borrelia bissettii*, *Borrelia lusitaniae*, *Borrelia valaisiana* or *Borrelia mayonii*.

specified list of autoimmune diseases means:

- (a) autoimmune haemolytic anaemia;
- (b) biliary cirrhosis;
- (c) coeliac disease;
- (d) dermatitis herpetiformis;
- (e) dermatomyositis;

- (f) Hashimoto's thyroiditis or chronic lymphocytic thyroiditis;
- (g) immune thrombocytopaenia;
- (h) inflammatory bowel disease;
- (i) myasthenia gravis;
- (j) polyarteritis nodosa;
- (k) polymyositis;
- (l) rheumatoid arthritis;
- (m) sarcoidosis;
- (n) Sjogren syndrome;
- (o) systemic lupus erythematosus; or
- (p) systemic sclerosis or localised sclerosis.

specified list of systemic immunosuppressive drugs means:

- (a) azathioprine;
- (b) methotrexate; or
- (c) 6-mercaptopurine.

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

Name	Registration	Commencement	Application, saving and transitional provisions
<i>Statement of Principles concerning non-Hodgkin lymphoma (Balance of Probabilities) (No. 91 of 2018)</i>	29 October 2018 F2018L01490	26 November 2018	
<i>Amendment Statement of Principles concerning non-Hodgkin lymphoma (Balance of Probabilities) (No. 76 of 2021)</i>	24 May 2021 F2021L00612	21 June 2021	

Endnote 4—Amendment history

Provision affected	How affected
Section 2.....	rep LA s 48D
Section 4.....	rep LA s 48C
Section 9(9).....	am No. 76 of 2021
