



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**MALIGNANT NEOPLASM OF THE**  
**THYROID GLAND**  
**(Balance of Probabilities)**  
**(No. 40 of 2022)**

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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 29 April 2022

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:

Professor Terence Campbell AM  
Chairperson

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**1 Name**

This is the Statement of Principles concerning *malignant neoplasm of the thyroid gland (Balance of Probabilities)* (No. 40 of 2022).

**2 Commencement**

This instrument commences on 30 May 2022.

**3 Authority**

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

**4 Repeal**

The Statement of Principles concerning malignant neoplasm of the thyroid gland No. 40 of 2014 (Federal Register of Legislation No. F2014L00478) made under subsections 196B(3) and (8) of the VEA is repealed.

**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 malignant neoplasm of the thyroid gland and death from malignant neoplasm of the thyroid gland.

*Meaning of **malignant neoplasm of the thyroid gland***

- (2) For the purposes of this Statement of Principles, malignant neoplasm of the thyroid gland:
- (a) means a primary malignant neoplasm arising from the follicular epithelial cells of the thyroid gland; and
  - (b) includes:
    - (i) anaplastic thyroid cancer;
    - (ii) follicular thyroid cancer;
    - (iii) Hurthle cell thyroid cancer;
    - (iv) mixed medullary and follicular thyroid cancer;
    - (v) papillary thyroid cancer; and
    - (vi) thyroid neoplasms of uncertain malignant potential; and

- (c) excludes:
- (i) haematolymphoid tumours including Hodgkin's lymphoma and non-Hodgkin lymphoma;
  - (ii) mesenchymal tumours including soft tissue sarcoma; and
  - (iii) neuroendocrine tumours including medullary thyroid carcinoma.
- (3) While malignant neoplasm of the thyroid gland attracts ICD-10-AM code C73, in applying this Statement of Principles the meaning of malignant neoplasm of the thyroid gland 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 malignant neoplasm of the thyroid gland*

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

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 malignant neoplasm of the thyroid gland and death from malignant neoplasm of the thyroid gland 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, malignant neoplasm of the thyroid gland or death from malignant neoplasm of the thyroid gland is connected with the circumstances of a person's relevant service:

- (1) having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the thyroid gland at least 10 years before the clinical onset of malignant neoplasm of the thyroid gland;

Note: *cumulative equivalent dose* is defined in the Schedule 1 – Dictionary.

- (2) having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the thyroid gland by the age of 20 years and at

least 5 years before the clinical onset of malignant neoplasm of the thyroid gland;

Note: *cumulative equivalent dose* is defined in the Schedule 1 – Dictionary.

- (3) having iodine-131 (radioactive iodine) therapy at least 5 years before the clinical onset of malignant neoplasm of the thyroid gland;
- (4) being obese for at least 10 years before the clinical onset of malignant neoplasm of the thyroid gland;

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

- (5) having a thyroid condition from the specified list of thyroid conditions at the time of the clinical onset of malignant neoplasm of the thyroid gland;

Note: *specified list of thyroid conditions* is defined in the Schedule 1 – Dictionary.

- (6) having acromegaly before the clinical onset of malignant neoplasm of the thyroid gland;

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

- (7) undergoing organ or tissue transplantation, excluding corneal transplant, before the clinical onset of malignant neoplasm of the thyroid gland;

Note: *organ or tissue transplantation* is defined in the Schedule 1 – Dictionary.

- (8) inability to obtain appropriate clinical management for malignant neoplasm of the thyroid gland.

## **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(8) applies only to material contribution to, or aggravation of, malignant neoplasm of the thyroid gland where the person's malignant neoplasm of the thyroid gland 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:

**acromegaly** means a chronic disease of adults resulting from excess production of growth hormone after closure of the epiphyses.

**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:

- (a) W is the person's weight in kilograms; and
- (b) H is the person's height in metres.

**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.

**malignant neoplasm of the thyroid gland**—see subsection 7(2).

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

**organ or tissue transplantation** means the transplantation of:

- (a) all or part of an organ or tissue; or
- (b) a substance obtained from an organ or tissue.

**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 thyroid conditions** means:

- (a) goitre;
- (b) Graves disease;

- (c) Hashimoto thyroiditis;
- (d) hyperthyroidism; or
- (e) thyrotoxicosis.

***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*.