



Statement of Principles concerning cardiomyopathy (Balance of Probabilities) (No. 58 of 2024)

made under subsection 196B(3) of the

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 19 May 2025

Includes amendments: Amendment Statement of Principles concerning
cardiomyopathy (Balance of Probabilities)
(No. 54 of 2025) (F2025L00510)

The day of commencement of this Amendment Statement of Principles concerning
cardiomyopathy is 19 May 2025.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

About this compilation

This compilation

This is a compilation of the *Statement of Principles concerning cardiomyopathy (Balance of Probabilities)* (No. 58 of 2024) that shows the text of the law as amended and in force on 19 May 2025.

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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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1 Name

This is the Statement of Principles concerning *cardiomyopathy (Balance of Probabilities)* (No. 58 of 2024).

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 cardiomyopathy and death from cardiomyopathy.

*Meaning of **cardiomyopathy***

- (2) For the purposes of this Statement of Principles, cardiomyopathy:
- (a) means a heterogeneous group of acquired diseases of the heart muscle (myocardium) involving mechanical or electrical dysfunction; and
 - (b) includes:
 - (i) dilated cardiomyopathy;
 - (ii) restrictive cardiomyopathy;
 - (iii) myocarditis with persistent mechanical or electrical dysfunction;
 - (iv) hypertrophic cardiomyopathy;
 - (v) arrhythmogenic cardiomyopathy;
 - (vi) hypertensive cardiomyopathy; and
 - (vii) takotsubo (stress) cardiomyopathy; and
 - (c) excludes:
 - (i) exercise-induced cardiac remodelling (athlete's heart);

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- (ii) myocardial abnormality caused by ischaemic heart disease or valvular disease; and
 - (iii) pericardial disease including pericarditis.

Note: *acquired diseases of the heart muscle*, *arrhythmogenic cardiomyopathy* and *takotsubo cardiomyopathy* are defined in the Schedule 1 - Dictionary.

- (3) While cardiomyopathy attracts ICD-10-AM codes I42, I43 or O90.3, in applying this Statement of Principles the meaning of cardiomyopathy 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 cardiomyopathy

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

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 cardiomyopathy and death from cardiomyopathy 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, cardiomyopathy or death from cardiomyopathy is connected with the circumstances of a person's relevant service:

- (1) undergoing a course of radiotherapy for cancer, where the heart was in the field of radiation, before clinical onset or clinical worsening;
- (2) having myocarditis before clinical onset or at the time of clinical worsening;

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- (2a) having infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) before clinical onset or clinical worsening;

Note: SARS-CoV-2 is the virus which causes coronavirus disease 2019 (COVID-19).

- (3) having infection with *Trypanosoma cruzi* (Chagas disease) before clinical onset or clinical worsening;
- (4) having infection with human immunodeficiency virus before clinical onset or clinical worsening;
- (5) having phaeochromocytoma or paraganglioma at the time of clinical onset or clinical worsening;

Note: *paraganglioma* and *phaeochromocytoma* are defined in the Schedule 1 – Dictionary.

- (6) having infiltration of the myocardium due to:

- (a) amyloidosis;
- (b) iron overload (haemosiderosis); or
- (c) sarcoidosis;

at the time of clinical onset or clinical worsening;

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

- (7) having a primary or metastatic neoplasm infiltrating the myocardium at the time of clinical onset or clinical worsening;
- (8) having one of the following endocrine disorders:

- (a) acromegaly;
- (b) adrenal insufficiency;
- (c) Cushing syndrome;
- (d) diabetes mellitus;
- (e) hyperthyroidism, including goitre or Graves disease that has resulted in hyperthyroidism;
- (f) hypoparathyroidism;
- (g) hypothyroidism, including Hashimoto thyroiditis that has resulted in hypothyroidism;
- (h) primary hyperaldosteronism; or
- (i) thyrotoxicosis;

at the time of clinical onset or clinical worsening;

Note: *acromegaly* and *primary hyperaldosteronism* are defined in the Schedule 1 – Dictionary.

- (9) being obese at the time of clinical onset or clinical worsening;

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

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- (10) having a clinically apparent nutritional deficiency involving:
- (a) carnitine;
 - (b) selenium (Keshan disease); or
 - (c) thiamine (wet beriberi);
- at the time of clinical onset or clinical worsening;
- (11) having chronic renal failure at the time of clinical onset or clinical worsening as indicated by any of the following:
- (a) a glomerular filtration rate of less than 15 mL/min/1.73 m² for a period of at least 3 months; or
 - (b) undergoing chronic dialysis for renal failure;
- (12) having cirrhosis of the liver before clinical onset or clinical worsening;
- (13) taking one of the following medications within the 3 months before clinical onset or clinical worsening:
- (a) 5-fluorouracil (non-topical);
 - (b) alemtuzumab;
 - (c) amphotericin B;
 - (d) anagrelide;
 - (e) bevacizumab;
 - (f) cisplatin;
 - (g) clozapine;
 - (h) cobimetinib;
 - (i) cyclophosphamide;
 - (j) dasatinib;
 - (k) exogenous catecholamine;
 - (l) ifosfamide;
 - (m) imatinib;
 - (n) interferon alpha;
 - (o) isotretinoin or tretinoin;
 - (p) lithium;
 - (q) methylphenidate;
 - (r) mitomycin C;
 - (s) olanzapine;
 - (t) osimertinib;
 - (u) paclitaxel (when used in combination with doxorubicin);
 - (v) sunitinib;
 - (w) tacrolimus;
 - (x) trabectedin;
 - (y) trametinib;
 - (z) trastuzumab; or
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(aa) zidovudine;

- (14) taking a medication that cannot be ceased or substituted in the long term and which is associated in the individual with the development/worsening of cardiomyopathy during medication therapy; and either:
- (a) the improvement of cardiomyopathy within days or weeks of discontinuing or tapering medication therapy; or
 - (b) the redevelopment/worsening of cardiomyopathy on rechallenge with the same medication; and

where the medication was being taken within the 3 months before clinical onset or clinical worsening;

- (15) being treated with an anthracycline within the 25 years before clinical onset or clinical worsening;

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

- (16) taking chloroquine or hydroxychloroquine daily for at least the 2 years before clinical onset or clinical worsening;

- (17) for males only, consuming an average of at least 80 grams of alcohol per day for a continuous period of at least 5 years, before clinical onset or clinical worsening;

Note: Alcohol consumption is calculated utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink.

- (18) for females only, consuming an average of at least 40 grams of alcohol per day for a continuous period of at least 5 years, before clinical onset or clinical worsening;

Note: Alcohol consumption is calculated utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink.

- (19) using one of the following illicit drugs at the time of clinical onset or clinical worsening:

- (a) amphetamines or amphetamine derivatives, including 3, 4-methylenedioxymethamphetamine (Ecstasy);
- (b) anabolic-androgenic steroids; or
- (c) cocaine;

- (20) being poisoned with cobalt, as demonstrated by haematological or biochemical evidence, at the time of clinical onset or clinical worsening;

(21) being in the last trimester of pregnancy or being within the six months immediately postpartum at the time of clinical onset or clinical worsening;

(22) undertaking intense physical activity of at least 6 METs at the time of clinical worsening;

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

(23) experiencing a severe stressful event that causes an intense emotional or psychological response within the 14 days before the clinical onset or clinical worsening of takotsubo cardiomyopathy;

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

(24) having:

- (a) an injury or illness requiring admission to an intensive care unit or artificial ventilation;
- (b) major trauma; or
- (c) septicaemia;

within the 14 days before the clinical onset or clinical worsening of takotsubo cardiomyopathy;

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

Note 2: **takotsubo cardiomyopathy** is defined in the Schedule 1 - Dictionary.

(25) having a cerebrovascular accident (stroke) or subarachnoid haemorrhage within the 14 days before the clinical onset or clinical worsening of takotsubo cardiomyopathy;

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

(26) being envenomated by a:

- (a) bee or wasp;
- (b) jellyfish such as the box jellyfish or *Pelagia noctiluca* (mauve stinger);
- (c) scorpion;
- (d) snake; or
- (e) spider such as a funnel web spider, red back or katipō (black widow) spider;

within the 24 hours before the clinical onset or clinical worsening of takotsubo cardiomyopathy;

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

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- (27) having hypertension for at least the 5 years before the clinical onset of hypertensive cardiomyopathy, or at the time of the clinical worsening of hypertensive cardiomyopathy;
 - (28) inability to obtain appropriate clinical management for cardiomyopathy before clinical worsening.

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 clinical worsening aspects of the factors set out in section 9 apply only to material contribution to, or aggravation of, cardiomyopathy where the person's cardiomyopathy 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:

acquired diseases of the heart muscle means a disease of the heart muscle acquired during or after adolescence, and not caused by genetic mutations.

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

anthracycline means a class of cell-cycle non-specific drugs used in cancer chemotherapy derived from *Streptomyces peucetius* var. *caesius*, and includes daunorubicin (daunomycin), doxorubicin (adriamycin), epirubicin, idarubicin, valrubicin and mitoxantrone.

arrhythmogenic cardiomyopathy means an arrhythmogenic heart muscle disorder with structural abnormalities of the myocardium and clinical presentation with arrhythmia.

artificial ventilation means a method to assist or replace spontaneous breathing, which may involve a mechanically-controlled ventilator, manually-assisted bag ventilation of an intubated patient, or expired air resuscitation.

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

Note: ***BMI*** is 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.

cardiomyopathy—see subsection 7(2).

iron overload means an accumulation of excess iron in tissues and organs, which has been confirmed by elevated ferritin or transferrin saturation levels. Causes include haemochromatosis and blood transfusions.

MET means a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute, or 1.0 kcal/kg of body weight per hour, or resting metabolic rate.

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

paraganglioma means a neoplasm of chromaffin tissue which is associated with excess secretion of catecholamines, and is located in an extra-adrenal sympathetic ganglion.

phaeochromocytoma means a neoplasm of chromaffin tissue which is associated with excess secretion of catecholamines, and is located in the adrenal medulla.

primary hyperaldosteronism means a syndrome associated with excess production of the major adrenal mineralocorticoid, aldosterone, and commonly caused by adrenal adenoma or unilateral or bilateral adrenal hyperplasia.

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.

takotsubo cardiomyopathy, also known as stress cardiomyopathy, means a type of acute non-ischaemic cardiomyopathy in which there is a sudden temporary weakening of the myocardium, with ballooning of the left ventricular apex and a hypercontractile left ventricular base.

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 how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and “(md not incorp)” is added to the amendment history.

Endnote 2—Abbreviation key

ad = added or inserted	orig = original
am = amended	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
amdt = amendment	pres = present
c = clause(s)	prev = previous
C[x] = Compilation No. x	(prev...) = previously
Ch = Chapter(s)	Pt = Part(s)
def = definition(s)	r = regulation(s)/rule(s)
Dict = Dictionary	reloc = relocated
disallowed = disallowed by Parliament	renum = renumbered
Div = Division(s)	rep = repealed
exp = expires/expired or ceases/ceased to have effect	rs = repealed and substituted
F = Federal Register of Legislation	s = section(s)/subsection(s)
gaz = gazette	Sch = Schedule(s)
LA = <i>Legislation Act 2003</i>	Sdiv = Subdivision(s)
LIA = <i>Legislative Instruments Act 2003</i>	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
o = order(s)	<u>underlining</u> = whole or part not commenced or to be commenced
Ord = Ordinance	

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
<i>Statement of Principles concerning cardiomyopathy (Balance of Probabilities) (No. 58 of 2024)</i>	24 June 2024 F2024L00761	23 July 2024	
<i>Amendment Statement of Principles concerning cardiomyopathy (Balance of Probabilities) (No. 54 of 2025)</i>	16 April 2025 F2025L00510	19 May 2025	

Endnote 4—Amendment history

Provision affected	How affected
Section 2.....	rep LA s 48D
Section 4.....	rep LA s 48C
Subsection 9(2a).....	ad No. 54 of 2025