



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
MALIGNANT NEOPLASM OF THE
ENDOMETRIUM
(Balance of Probabilities)
(No. 32 of 2025)

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

Dated 18 February 2025.

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

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1 Name

This is the Statement of Principles concerning *malignant neoplasm of the endometrium (Balance of Probabilities)* (No. 32 of 2025).

2 Commencement

This instrument commences on 25 March 2025.

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 endometrium No. 12 of 2016 (Federal Register of Legislation No. F2016L00244) made under subsection 196B(3) and (8) of the VEA is repealed.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 endometrium and death from malignant neoplasm of the endometrium.

*Meaning of **malignant neoplasm of the endometrium***

- (2) For the purposes of this Statement of Principles, malignant neoplasm of the endometrium:
- (a) means a primary malignant neoplasm arising from the cells of the mucous membrane that line the uterine cavity; and
 - (b) includes;
 - (i) carcinoma in situ and
 - (ii) carcinosarcoma (also known as malignant mesodermal mixed tumour); and
 - (c) excludes;

- (i) malignant neoplasm of the cervix;
 - (ii) carcinoid tumour;
 - (iii) soft tissue sarcoma of the uterus;
 - (iv) non-Hodgkin's lymphoma; and
 - (v) Hodgkin's lymphoma.
- (3) While malignant neoplasm of the endometrium attracts ICD-10-AM code C54.1, in applying this Statement of Principles the meaning of malignant neoplasm of the endometrium 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 endometrium

- (5) For the purposes of this Statement of Principles, malignant neoplasm of the endometrium, 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 endometrium.

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

- (1) for females aged over 35 years only, having never been pregnant for more than 8 weeks, at the time of clinical onset;
- (2) using oestrogen-only hormone replacement therapy for at least 6 months before clinical onset, and where the use of oestrogen-only hormone replacement therapy has ceased, clinical onset has occurred within 20 years of cessation;

Note: *oestrogen-only hormone replacement therapy* is defined in the Schedule 1 - Dictionary.

- (3) having cyclical combined hormone replacement therapy where oestrogen is combined with cyclical administration of progesterone for less than 15 days during each treatment cycle, for a continuous period of at least 5 years before clinical onset. Where the use of cyclical combined hormone replacement therapy has ceased, clinical onset has occurred within 5 years of cessation;
- (4) for post-menopausal females only, undergoing treatment with tamoxifen for at least 3 months before clinical onset, and where treatment has ceased, clinical onset has occurred within 20 years of cessation.
- (5) being overweight or obese for a period of at least 10 years within the 20 years before clinical onset;
 Note: *being overweight or obese* is defined in the Schedule 1 - Dictionary.
- (6) having diabetes mellitus for at least 10 years before clinical onset;
- (7) an inability to undertake any physical activity greater than 3 METs for at least 10 years within the 30 years before clinical onset;
 Note: *MET* is defined in the Schedule 1 - Dictionary.
- (8) Having undergone treatment with Tibolone for at least 1 year before clinical onset, and where treatment has ceased, clinical onset has occurred within 10 years of cessation.
- (9) inability to obtain appropriate clinical management for malignant neoplasm of the endometrium 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 factor set out in subsection 9(9) applies only to material contribution to, or aggravation of, malignant neoplasm of the endometrium where the person's malignant neoplasm of the endometrium 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 overweight or obese means having a Body Mass Index (BMI) of 25 or greater.

Note; ***BMI*** is 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.

malignant neoplasm of the endometrium—see subsection 7(2).

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, 1.0 kcal/kg of body weight per hour or resting metabolic rate.

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

oestrogen-only hormone replacement therapy means the continuous, cyclical or intermittent administration of unopposed oestrogen, including diethylstilbestrol, to combat surgically induced or naturally occurring menopause.

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.

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*.