



Australian Government
Repatriation Medical Authority

Statement of Principles concerning SARCOIDOSIS (Reasonable Hypothesis) (No. 60 of 2025)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 20 June 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 *sarcoidosis (Reasonable Hypothesis)* (No. 60 of 2025).

2 Commencement

This instrument commences on 21 July 2025.

3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 Repeal

The Statement of Principles concerning sarcoidosis (Reasonable Hypothesis) (No. 59 of 2016) (Federal Register of Legislation No. F2016L01144) made under subsections 196B(2) and (8) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120A of the VEA or section 338 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 sarcoidosis and death from sarcoidosis.

*Meaning of **sarcoidosis***

- (2) For the purposes of this Statement of Principles, sarcoidosis means a chronic, multisystem disorder characterised in affected organs by an accumulation of T lymphocytes and mononuclear phagocytes, non-caseating epithelioid granulomas, and derangement of the normal tissue architecture.
- (3) While sarcoidosis attracts ICD-10-AM code D86, in applying this Statement of Principles the meaning of sarcoidosis 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 sarcoidosis

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

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

8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that sarcoidosis and death from sarcoidosis 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 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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting sarcoidosis or death from sarcoidosis with the circumstances of a person's relevant service:

- (1) taking one of the following medications within the 5 years before clinical onset or clinical worsening;
- (a) BRAF/MEK inhibitors;
 - (b) immune checkpoint inhibitors;
 - (c) interferons.
- Note 1: BRAF/MEK inhibitor drugs include dabrafenib, lorlatinib, trametinib, and vemurafenib.
- Note 2: Immune checkpoint inhibitor drugs include ipilimumab, nivolumab, and pembrolizumab.
- Note 3: Interferon drugs include interferon alpha, interferon beta, peginterferon alpha, and peginterferon beta.
- (2) being treated for human immunodeficiency virus infection with antiretroviral drugs within the 2 years before clinical onset or clinical worsening;
- (3) having received an organ or tissue transplant, other than a corneal transplant, from a donor with sarcoidosis within the 2 years before clinical onset;
- (4) inability to obtain appropriate clinical management for sarcoidosis 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 factors set out in section 9 apply only to material contribution to, or aggravation of, sarcoidosis where the person's sarcoidosis 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(2) 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:

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

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.

Note: **MRCA** and **VEA** are defined in the Schedule 1 - Dictionary.

sarcoidosis—see subsection 7(2).

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*.