



**Australian Government**  

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**Repatriation Medical Authority**

Twenty-third Annual Report  
2016/2017

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Minister for Veterans' Affairs  
Minister for Defence Personnel  
Minister Assisting the Prime Minister for Cyber Security  
Minister Assisting the Prime Minister for the Centenary of ANZAC  
Parliament House  
CANBERRA ACT 2600

Dear Minister

On behalf of the Repatriation Medical Authority, I am pleased to submit this report for the year ending 30 June 2017.

Yours sincerely

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO  
Chairperson

6 October 2017

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Level 8, 259 Queen Street, Brisbane 4000

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# Executive Statement by the Chairperson

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The Repatriation Medical Authority (the Authority) experienced another busy year in 2016-17. Mental health issues featured prominently in the Authority's deliberations over the year, along with ionising radiation and investigations which led to a further expansion of the diseases and injuries covered by Statements of Principles (SOPs). The Authority continued to review and refine its drafting standards for SOPs to ensure these legislative instruments are of the highest standard. It also continued to improve its website and records management practices to ensure its services for stakeholders are clear and accessible.

## Workloads

2016-17 was a productive year, with 43 investigations completed and 77 SOPs determined.

I have previously reported the Authority's success in reducing our large backlog of investigations through a range of initiatives over the 2013-14, 2014-15 and 2015-16 reporting periods. This success has enabled the Authority to notify 172 investigations and reviews this year, an unprecedented number. The backlog of investigations and reviews was kept around or below 60 over the course of most of the reporting period (compared to a peak of 150 at the end of 2012). There was a temporary increase in the number of outstanding investigations toward the later part of the reporting period, reflected in the number of investigations and reviews outstanding as at 30 June 2017. However this temporary backlog which arose from the review of the ionising radiation factor in 124 SOPs has now been resolved.

The reduced backlog has again enabled a significant reduction in the time required to complete an investigation or review of a SOP. The average time taken in 2016-17 has been reduced by more than 40%, from the previous year's average of 642 days to 365 days.

The Authority now has greater capacity to proactively incorporate the most up-to-date medical science as it becomes available. It can ensure consistency in factor terminology across conditions. The review of ionising radiation, work associated with the SOPs concerning suicide and attempted suicide, and a further eleven investigations of injuries or diseases not previously covered by SOPs demonstrate the positive benefit of this capacity.

## Mental health

Mental health issues have featured prominently in the Authority's deliberations during 2016-17. The most recent version of the mental health manual (*The Diagnostic and Statistical Manual of Mental Disorders* fifth edition - DSM-5) has now been incorporated into all of the Authority's mental health SOPs except those concerning bipolar disorder and personality disorder – the reviews of these remaining SOPs will be completed shortly.

## Mefloquine

The anti-malarial drug mefloquine has been the subject of extensive concern for many veterans and Australian Defence Force (ADF) members, particularly given its widespread use in East Timor and other recent deployments in tropical areas. The drug is now included as a causal factor in many

mental health conditions (depressive disorder, anxiety disorder, bipolar disorder, schizophrenia), as well as suicide and attempted suicide, and a range of other SOPs (14 conditions in total).

## Suicide

The Authority completed two reviews of the SOPs concerning suicide and attempted suicide over the reporting period. In July 2016 extensive changes were made to the SOPs for suicide and attempted suicide, with mefloquine use and a range of new causal factors being added. These included the death of a parent, attempted suicide of a parent, death of a sibling due to suicide, moderate to severe traumatic brain injury, and bariatric surgery.

A further focussed review was finalised in February 2017. The Authority re-examined whether timeframes within which exposure to various stressors needed to be experienced were appropriate. The Authority decided to remove (or extend) the timeframes. These changes took effect in March 2017.

In September 2016, the Senate referred issues associated with suicide by veterans and ex-service personnel to the Foreign Affairs, Defence and Trade References Committee for inquiry. The inquiry's terms of reference were wide-ranging, including consideration of the Authority's Statements of Principles. The Authority lodged two submissions to the inquiry, provided evidence at a public hearing in Canberra in February 2017 and subsequently provided further information in relation to Questions on Notice arising from that hearing.

## Stressors

The Authority has carefully considered the nature and importance of category 2 stressors. While such stressors are often less extreme than the life-threatening 1A and 1B stressors associated with military combat, they may be linked to common aspects of ADF service more often than is currently recognised. Issues such as problems with long-term/marital relationships, severe financial hardship or loss of employment, or bullying and conflict in the workplace can often be directly or indirectly service-related as a consequence of service life such as posting cycles, deployment or involuntary medical discharge.

## Ionising radiation

A significant area of work undertaken in 2016-17 related to the calculation of doses of exposure from ionising radiation. The Authority had become aware of concerns about internal radiation exposure, and of possible inconsistency in the calculation of individual exposures to ionising radiation (known as 'dose reconstruction').

The review involved examining 124 Statements of Principles covering 65 different conditions, and extensive liaison with the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). In April 2017 the Authority determined a new definition of 'cumulative equivalent dose' to be included in the 124 SOPs. A detailed **'Guide to calculation of 'cumulative equivalent dose' for the purpose of applying ionising radiation factors contained in Statements of Principles'** developed by ARPANSA specifically for the Authority was also to be incorporated into each of the SOPs. The review was not formally finalised until August 2017 due to the Authority undertaking consultation with key stakeholders.

## Re-appointments

I am pleased to advise that the Minister has reappointed me as Chairperson, as well as my colleagues Professor Flavia Cicuttini and Professor Gerard Byrne as Members for further terms of appointment from 1 July 2017. The technical work the Authority undertakes and the focus

on consistent outcomes benefits greatly from a stable membership, which we will again enjoy in 2017-18.

### **RMA Secretariat**

On behalf of my fellow Members, I would like to express our appreciation for the efforts of all of the staff of the RMA Secretariat in providing support and assistance to the Authority. Their commitment and expertise is essential to the operations of the Authority and much appreciated.

A handwritten signature in black ink, appearing to read 'N. Saunders', with a stylized flourish at the end.

Professor Nicholas Saunders AO

Chairperson

# Background and Function

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A move towards a formal review of the compensation program was prompted by the 1992 Auditor-General's report on the compensation provided to veterans and their dependants by the Department of Veterans' Affairs (DVA); the High Court case of Bushell; and the inquiry by the Senate Committee on Legal and Constitutional Affairs. The Veterans' Compensation Review Committee, chaired by Professor Peter Baume, took evidence from the veteran community and issued its report, 'A Fair Go' in March 1994.

The Authority arose from the recommendation of the Baume Committee that an expert medical committee be formed. It was considered that such a committee would assist in providing a more equitable and consistent system of determining claims for disability pensions for veterans and their dependants.

The Government announced the establishment of the Authority in the 1994/95 Federal Budget. The *Veterans' Entitlements Act 1986* (the VEA) was amended to reflect this announcement on 30 June 1994.

The functions of the Authority are specified in s 196B of the VEA. The major function of the Authority is to determine SOPs in respect of particular kinds of injury, disease or death, based on "sound medical scientific evidence" for the purpose of applying the applicable standards of proof relating to veterans' matters; the "reasonable hypothesis" standard and the "reasonable satisfaction" (or "balance of probabilities") standard.

The passage of the *Military Rehabilitation and Compensation Act 2004* (the MRCA) extended the application of SOPs to the consideration of claims to have injury, disease or death accepted as service-related under that Act for all service on or after 1 July 2004.

A SOP in respect of a particular kind of injury, disease or death which applies for the purposes of the "reasonable hypothesis" standard of proof details the factors that must as a minimum exist and which of those factors must be related to relevant service rendered by a person, before it can be said that a reasonable hypothesis has been raised connecting an injury, disease or death of that kind with the circumstances of that service.

A SOP which applies for the purposes of the "reasonable satisfaction" standard of proof sets out the factors that must exist, and which of those factors must be related to relevant service rendered by a person before it can be said that, on the balance of probabilities, an injury, disease or death of that kind is connected with the circumstances of that service.

The Authority is not concerned with individual claims or cases, but with the task of developing SOPs in order for the Repatriation Commission and Military Rehabilitation and Compensation Commission to assess claims for disability pension.

The function of the Authority is to conduct investigations either on its own initiative or when it receives a request under s 196E of the VEA in respect of a particular kind of injury, disease or death. Investigations may lead to the determination of a new SOP, an amendment of an existing SOP, or a decision not to determine or amend a SOP, depending upon whether the Authority is of the view that there is sufficient sound medical scientific evidence on which it can rely to determine a new, or amend an existing, SOP.



Sound medical scientific evidence is defined in s 5AB(2) of the VEA as follows:

“Information about a particular kind of injury, disease or death is taken to be sound medical-scientific evidence if:

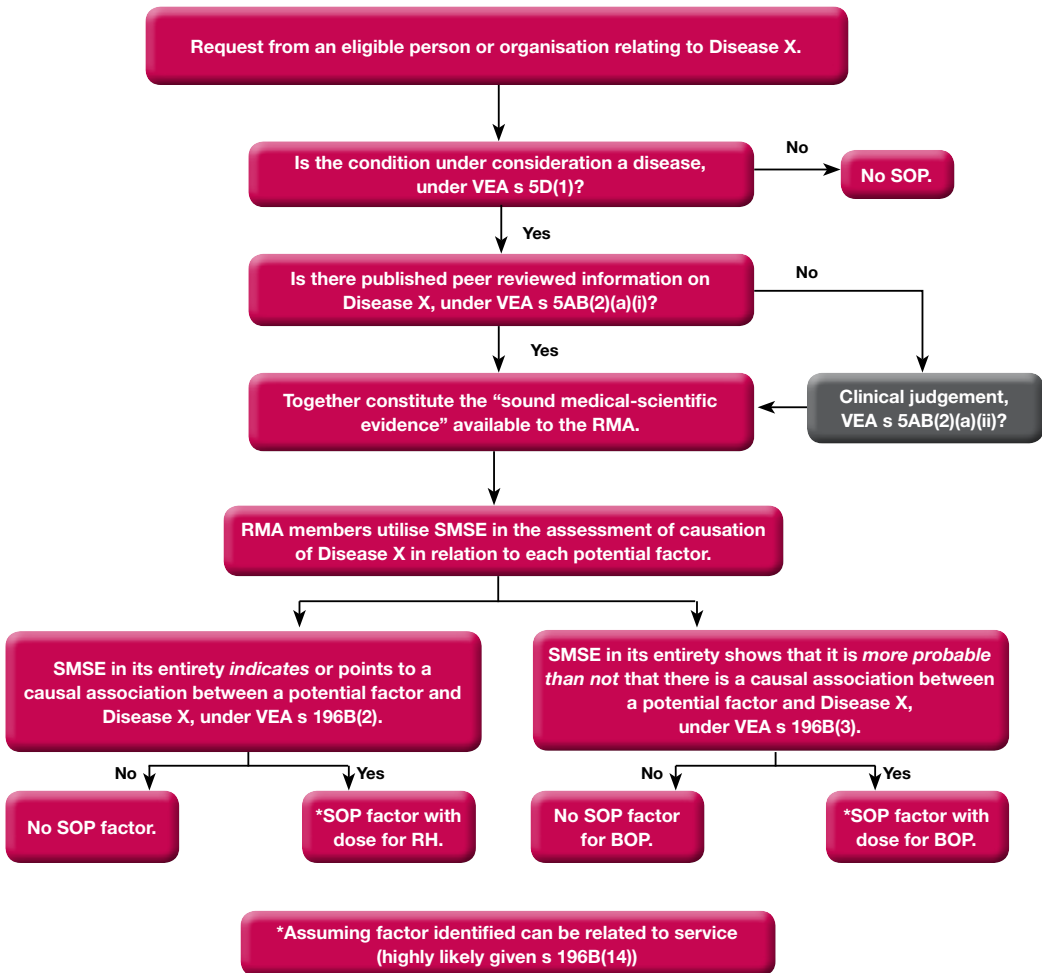
1. the information:
  - (i) is consistent with material relating to medical science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or
  - (ii) in accordance with generally accepted medical practice, would serve as the basis for the diagnosis and management of a medical condition; and
2. in the case of information about how that kind of injury, disease or death may be caused – meets the applicable criteria for assessing causation currently applied in the field of epidemiology.”

The *Veterans' Affairs Legislation Amendment (Statements of Principles and Other Measures) Act 2007*, which commenced in 2007, provided the Authority with the discretionary power to determine whether a review of the contents of an existing SOP would be undertaken in relation to some or all of the contents of the SOP.

A SOP is a legislative instrument for the purposes of the *Legislation Act 2003* (Legislation Act). The Legislation Act requires legislative instruments to be reissued within approximately ten years of determination, or automatically lapse (sunset) and cease to have legal effect except if extended by a resolution of Parliament or a certificate issued by the Attorney-General.

The flow chart (Figure 1) sets out the process of consideration adopted by the Authority in its determination of SOPs.

**Figure 1: Determination of Statements of Principles**



# The Authority

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## Members

The membership of the Repatriation Medical Authority comprises a Chairperson and four other members who are all eminent medical or scientific experts. Members work on a part-time basis and are appointed by the Minister for Veterans' Affairs. There is a legislative requirement for at least one member to have at least five years' experience in the field of epidemiology. Members hold office for such period, not exceeding five years, as is specified in the instrument of appointment. They are eligible for reappointment.

The members during the 2016/17 reporting period were Professors Nick Saunders AO (Chairperson), Gerard Byrne, Flavia Cicuttini, Jenny Doust and John Kaldor. The term of appointment for each of Professor Saunders, Professor Byrne and Professor Cicuttini ended on 30 June 2017. Each were reappointed for a further term by the Minister for Veterans' Affairs, as listed below.



**Professor Nicholas Saunders** AO, MD, Hon LLD, retired as Vice-Chancellor and President of the University of Newcastle, Australia in late 2011. He was previously Dean of the Faculty of Medicine, Nursing and Health Sciences at Monash University, Head of the Faculty of Health Sciences and Dean of the School of Medicine at Flinders University of South Australia, and Professor of Medicine at the University of Newcastle.

Professor Saunders has served on many national committees and councils relevant to higher education, research and health care. He is currently part-time Chief Commissioner of the Tertiary Education Quality and Standards Agency.

Professor Saunders' term of appointment is to 30 June 2021.



**Professor Gerard Byrne**, BSc(Med), MBBS (Hons), PhD, FRANZCP. Professor Byrne is Head of the Discipline of Psychiatry within the School of Clinical Medicine at the University of Queensland and Director of Geriatric Psychiatry at the Royal Brisbane and Women's Hospital. He chairs the Research Advisory Committee at the Royal Brisbane and Women's Hospital and is a member of the advisory board of the Clem Jones Centre for Ageing Dementia Research at the Queensland Brain Institute. Professor Byrne has active research interests in depression, anxiety and dementia in older people.

Professor Byrne's term of appointment is to 30 June 2022.



**Professor Flavia Cicuttini**, MBBS, PhD, FRACP, MSc (Lond), DLSHTM, FAFPHM. Professor Cicuttini is Head of Rheumatology, Alfred Hospital and Head of Musculoskeletal Unit, School of Epidemiology and Preventive Medicine, Monash University. Professor Cicuttini leads an active research group aimed at developing new approaches to the prevention and treatment of osteoarthritis.

Professor Cicuttini's term of appointment is to 30 June 2021.



**Professor Jenny Doust** BA, BEcons, BMBS, Grad Dip Clin Epi, PhD, FRACGP. Professor Doust is Professor of Clinical Epidemiology in the Centre for Research in Evidence Based Practice at Bond University and also works as a general practitioner in Brisbane. Her research areas of interest are the use of diagnostic, screening and monitoring tests in general practice and the problem of overdiagnosis. She is a member of the Medical Services Advisory Committee and the Diagnostic Imaging Clinical Committee of the Medicare Benefits Schedule (MBS) review.

Professor Doust's term of appointment is to 30 September 2020.



**Professor John Kaldor**, PhD. Professor Kaldor is a Professor of Epidemiology and NHMRC Senior Principal Research Fellow at the Kirby Institute, University of New South Wales, where he has worked for over 25 years. Previously Professor Kaldor was with the International Agency for Research on Cancer, in Lyon, France. He is a past President of the Australasian Epidemiological Association (1996-2000). Professor Kaldor has active research interests in public health interventions, particularly as they relate to infectious diseases.

Professor Kaldor's term of appointment is to 1 February 2019.

## Member remuneration

Since June 1998, the Remuneration Tribunal has determined the remuneration for the Chairperson and Members of the Authority.

The Chairperson and Members receive an annual retainer, and a daily allowance payable for attendance at meetings and other business of the Authority. The details of the rates payable during the reporting period are contained in Remuneration Tribunal Determinations 2015/20 as amended and 2016/18 (the latter Determination having effect from 8 December 2016). The Remuneration Tribunal reviews the rates annually. The provisions applying to travel on official business are contained in Remuneration Tribunal Determinations 2015/11 and 2016/07 (the latter Determination having effect from 28 August 2016).

## Meetings

The Authority held meetings in Brisbane during 2016/17 on the following dates:

2 August 2016	7 February 2017
11 & 12 October 2016	4 April 2017
6 & 7 December 2016	7 April 2017 (by teleconference)
	6 & 7 June 2017

In accordance with the legislation, minutes are kept of the proceedings of each meeting.

## RMA Secretariat

The staff (see Appendix 1 – RMA Secretariat staffing structure) necessary to assist the Authority consists of persons appointed or employed under the *Public Service Act 1999* and made available to the Authority by the Secretary of the DVA. For the year 2016/17, staffing of the Secretariat equated to 10.28 FTE (Full-Time Equivalent) positions. There are no Senior Executive Service positions in the RMA Secretariat.

## Website

The Authority website address is <http://www.rma.gov.au>. The website offers direct access to SOPs, Authority publications, and information on current investigations and reviews. The Legislation Act requires the Authority to prepare compilations of SOPs where a SOP is amended, and links to those compilation SOPs are provided on the Authority website, as well as to the Principal Instrument and each Amendment SOP.

Initially created in 2000, the Authority website continues to be refined and improved to increase the range, accessibility and timeliness of services to clients and stakeholders. Features of the website include:

- ease of access to view on smart phones and tablets;
- a comprehensive site map to enhance website navigation;
- a Frequently Asked Questions (FAQs) page;
- the facility to electronically lodge requests for investigation or review of SOPs, and submissions in relation to investigations and reviews being undertaken; and
- current and historical information, including SOPs, Explanatory Statements tabled in Parliament and other important documents regarding a disease or injury which are available on a single page specific to each condition.

During the reporting period significant improvements to the capacity to search the site for SOPs of interest were put in place. Website visitors can now search the website by SOP number, year of determination, the name of the condition or ICD code. Hundreds of commonly used terms for medical conditions can now be used to search to find the applicable SOP, and a further search facility added to the SOPs page enables visitors to search current SOPs by factor.

The website received more than 116 800 unique visits over the course of the 2016/17 year, a significant increase of almost 60% on the 74 000 website visitors reported over the previous year. As at 30 June 2017, there were 552 subscribers receiving updates, a 24% increase over the previous year. Subscribers to the website receive notification of all changes to the website, including outcomes of meetings, SOPs determined and investigations advertised or completed.

The Authority regards the website as its principal method of communicating information, distributing SOPs and related information, and interacting with stakeholders.

## Freedom of Information

Agencies subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS). Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements. The plan and other published information can be accessed on the Authority website at <http://www.rma.gov.au/foi/main.htm>.

No requests under the FOI Act were received during the reporting period.

**Table 1: Requests under the FOI Act**

	2016/17	2015/16	2014/15
Requests received	0	0	1
Information provided under s 196I <sup>1</sup>	1	0	0
Invalid requests	0	0	0
Requests granted	0	0	1
Requests refused (in full or part)	0	0	0
Requests completed <sup>2</sup>	1	0	1

- 1 Section 196I of the VEA which provides for eligible persons and organisations to access documents containing information considered by the Authority as part of an investigation, is the Authority's preferred mechanism for providing information and incurs no charge. In some cases not all aspects of a request can be addressed under s 196I.
- 2 Some requests completed may have been dealt with in a number of ways (e.g. some information requested being provided under s 196I, some information requested being refused in part as exempt and access granted to other information requested). Accordingly, the number of completed requests may not equate to the total numbers in each column.

# Statements of Principles

## Determinations

At its formal meetings during 2016/17, the Authority determined a total of 77 SOPs. The various categories of SOPs determined are set out in Table 2, and the specific SOPs revoked and determined are detailed in Appendix 2.

**Table 2: Statements of Principles**

Action	2016/17	2015/16	2014/15
Revoked SOPs <sup>1</sup>	46	78	122
Re-issued SOPs <sup>2</sup>	46	78	114
SOPs issued for new conditions	18	8	4
Amendment SOPs	13	18	5
Total number of SOPs determined	77	104	129 <sup>3</sup>

- 1 The figures cited refer only to SOPs which are the principal instrument, and do not include any amending instruments which may have also been revoked as a consequence of the principal instrument being revoked.
- 2 The definition of the kind of injury, disease or death with which the SOP is concerned may vary slightly from that of the previous (revoked) SOP.
- 3 This figure includes 6 instruments of revocation which were issued revoking Statements of Principles previously determined, on the basis that the kind of injury, disease or death with which the SOP was concerned could not be related to service.

Since its inception, the Authority has determined 2398 SOPs, with 334 particular kinds of injury or disease currently covered by SOPs.

## Investigations and reviews

Under s 196E of the VEA the Repatriation Commission, the Military Rehabilitation and Compensation Commission, an ex-service person or eligible dependant, an organisation representing veterans or their dependants, or persons eligible to make a claim under the MRCA may request the Authority to carry out an investigation in respect of a particular kind of injury, disease or death, or to review the contents of a SOP. The commencement of the *Veterans' Affairs Legislation Amendment (Statements of Principles and Other Measures) Act 2007*, which came into effect on 16 March 2007, allows the Authority, at its discretion, to review some, rather than all of the contents of a SOP, if it is so minded. Those reviews which the Authority determined should be restricted to some of the contents of the relevant SOP are referred to as "focussed reviews".

**Table 3: Overview of investigations and reviews**

Category	2016/17	2015/16	2014/15
Investigations notified <sup>1</sup>	10	10	4
Reviews notified <sup>2</sup>	32	21	19
Focussed reviews notified <sup>3</sup>	130 <sup>4</sup>	18	4
Total investigations and reviews notified	172	49	27
Total investigations and reviews completed <sup>5</sup>	43	59	74
Average time taken to complete (days) <sup>6</sup>	401 (365)	815 (642)	1036 (939)
Focussed reviews completed	6	16	7
Average time taken to complete focussed reviews (days) <sup>6</sup>	230	205	238
Investigations and reviews notified in previous reporting periods and yet to be completed <sup>7</sup>	7	7	25
Investigations and reviews notified in reporting period and yet to be completed <sup>7</sup>	102	33	25
Total investigations and reviews outstanding	109 <sup>4</sup>	40	50
Requests for investigation or review refused	10	30	14

- 1 An investigation is undertaken pursuant to s 196B(4) to determine whether a SOP may be determined.
- 2 A review is undertaken pursuant to s 196B(7), generally to consider the contents of a previously determined SOP. These figures refer only to reviews of all of the contents of the particular SOPs.
- 3 A focussed review is undertaken pursuant to s 196B(7A), at the discretion of the Authority, and is restricted to some of the contents of a previously determined SOP. Six (6) focussed reviews were subsequently re-advertised with a broadened scope of review, but the subsequent re-advertising has not been included in the number reported.
- 4 The large number of focussed reviews notified in 2016/17 was the result of the Authority's decision to review the term 'cumulative equivalent dose' referred to in the ionising radiation factor contained in 124 SOPs.
- 5 These figures include all investigations and reviews completed, including focussed reviews.
- 6 Time taken is measured from date of Gazette notice of investigation to date of effect of SOP determined, or to date of Gazette notice of Declaration that no SOP is to be determined, and expressed in days. This figure initially excludes focussed reviews. The average time taken for all investigations and reviews follows in brackets.
- 7 The investigations and reviews advertised but not finalised as at 30 June 2017 are detailed in Appendix 3.



**Table 4: Outcome of investigations and reviews**

Subject of investigation or review	Outcome
1. antiphospholipid syndrome	New Statements of Principles determined concerning antiphospholipid syndrome
2. ganglion	New Statements of Principles determined concerning ganglion
3. incisional hernia	New Statements of Principles determined concerning incisional hernia
4. Scheuermann's disease	New Statements of Principles determined concerning Scheuermann's disease
5. malignant neoplasm of the bladder <b>(phenoxyherbicides/dioxin (Agent Orange*))</b>	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning malignant neoplasm of the bladder
6. analgesic nephropathy	Previous Statements of Principles concerning analgesic nephropathy revoked and new Statements of Principles determined
7. fibromuscular dysplasia	Previous Statements of Principles concerning fibromuscular dysplasia revoked and new Statements of Principles determined
8. animal envenomation	Previous Statements of Principles concerning animal envenomation revoked and new Statements of Principles determined
9. schizophrenia	Previous Statements of Principles concerning schizophrenia revoked and new Statements of Principles determined
10. malignant neoplasm of the brain	Previous Statements of Principles concerning malignant neoplasm of the brain revoked and new Statements of Principles determined
11. acquired cataract	Previous Statements of Principles concerning acquired cataract revoked and new Statements of Principles determined
12. smallpox	Previous Statements of Principles concerning smallpox revoked and new Statements of Principles determined
13. bruxism	New Statements of Principles determined concerning bruxism
14. umbilical hernia	New Statements of Principles determined concerning umbilical hernia
15. female sexual dysfunction	New Statements of Principles determined concerning female sexual dysfunction
16. complex regional pain syndrome	New Statements of Principles determined concerning complex regional pain syndrome

Subject of investigation or review	Outcome
17. anxiety disorder <b>(the definition of anxiety disorder and mefloquine*)</b>	Amendment Statements of Principles concerning anxiety disorder determined
18. panic disorder <b>(the definition of panic disorder and mefloquine*)</b>	Amendment Statements of Principles concerning panic disorder determined
19. cirrhosis of the liver	Previous Statements of Principles concerning cirrhosis of the liver revoked and new Statements of Principles determined
20. haemorrhoids	Previous Statements of Principles concerning haemorrhoids revoked and new Statements of Principles determined
21. relapsing polychondritis	Previous Statements of Principles concerning relapsing polychondritis revoked and new Statements of Principles determined
22. hookworm disease	Previous Statements of Principles concerning hookworm disease revoked and new Statements of Principles determined
23. ascariasis	Previous Statements of Principles concerning ascariasis revoked and new Statements of Principles determined
24. hepatitis D	Previous Statements of Principles concerning hepatitis D revoked and new Statements of Principles determined
25. hepatitis B	Previous Statements of Principles concerning hepatitis B revoked and new Statements of Principles determined
26. otitic barotrauma <b>(change in the ambient barometric pressure*)</b>	Amendment Statements of Principles concerning otitic barotrauma determined
27. sinus barotrauma <b>(change in the ambient barometric pressure*)</b>	Amendment Statements of Principles concerning sinus barotrauma determined
28. malignant neoplasm of the prostate <b>(smoking cigarettes*)</b>	Amendment Statements of Principles concerning malignant neoplasm of the prostate determined

Subject of investigation or review	Outcome
29. malignant neoplasm of the oesophagus <b>(latency periods applying to ionising radiation*)</b>	Amendment Statement of Principles concerning malignant neoplasm of the oesophagus determined under s 196B(2)  Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statement of Principles concerning malignant neoplasm of the oesophagus determined under s 196B(3)
30. presbyopia	Previous Statements of Principles concerning presbyopia revoked and new Statements of Principles determined
31. spondylolisthesis and spondylolysis	Previous Statements of Principles concerning spondylolisthesis and spondylolysis revoked and new Statements of Principles determined
32. retrolisthesis	Previous Statements of Principles concerning spondylolisthesis and spondylolysis revoked and new Statements of Principles determined which include factors relating to retrolisthesis
33. suicide and attempted suicide <b>(timeframes limiting severe traumatic stressors and psychosocial stressors*)</b>	Amendment Statements of Principles concerning suicide and attempted suicide determined
34. Alzheimer-type dementia <b>(androgen deprivation therapy*)</b>	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning Alzheimer-type dementia
35. thromboangiitis obliterans	Previous Statements of Principles concerning thromboangiitis obliterans revoked and new Statements of Principles determined
36. bronchiectasis	Previous Statements of Principles concerning bronchiectasis revoked and new Statements of Principles determined
37. cardiac myxoma	Previous Statements of Principles concerning cardiac myxoma revoked and new Statements of Principles determined
38. immersion pulmonary oedema	New Statements of Principles determined concerning immersion pulmonary oedema
39. labral tear	Previous Statements of Principles concerning labral tear revoked and new Statements of Principles determined
40. accommodation disorder	Previous Statements of Principles concerning accommodation disorder revoked and new Statements of Principles determined

Subject of investigation or review	Outcome
41. sickle-cell disorder	Previous Statements of Principles concerning sickle-cell disorder revoked and new Statements of Principles determined
42. femoro-acetabular impingement syndrome	New Statements of Principles determined concerning femoroacetabular impingement syndrome
43. motor neurone disease <b>(traumatic brain injury &amp; blows to the head*)</b>	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning motor neurone disease

[\*] This investigation was restricted to the notified focus of the review of the relevant SOPs as indicated.

As at 30 June 2017, the Authority had received ten requests for review under s196E(1)(f) of the VEA in response to which it decided not to carry out an investigation. Seven decisions not to carry out a review were made under s 196CA. One decision, not to carry out an investigation, was made under s 196E in respect of three separate requests variously referring to repetitive strain injury, cumulative trauma disorder and occupational overuse syndrome as the Authority considered that the requests did not specify a ‘particular kind of injury, disease or death’ which the Authority could investigate. In each of these decisions, written reasons were provided to the person or organisation making the request.

In summary, the Authority commenced the 2016/17 year with 40 investigations outstanding. During the course of the year, the Authority notified 172 further investigations, completed 43 investigations and as at 30 June 2017 had 166 ongoing investigations. One hundred and twenty-four of those ongoing investigations concern a focussed review of the definition of ‘cumulative equivalent dose’ contained in SOPs covering 65 conditions which include an ionising radiation factor.

The Authority declined to undertake 10 investigations over the 12-month period.

## Distribution

The shift in the method of distributing SOPs has continued during the reporting period. Since the establishment of the Authority website, most individuals and/or organisations access the SOPs through the website. SOPs are distributed to 14 organisations and individuals. Of the 14 recipients, 10 receive paper copies and 4 receive CD copies.

Since 1 January 2005, all new SOPs determined by the Authority have been lodged with the Attorney-General’s Department for registration on the Federal Register of Legislation (FRL), and subsequent tabling in both Houses of Parliament. The FRL website (<http://www.legislation.gov.au>) is the repository of the authoritative version of the Authority’s determinations.

# Reviews by the Specialist Medical Review Council

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The VEA provides that the Repatriation Commission, the Military Rehabilitation and Compensation Commission, an ex-service person or an eligible dependant, an organisation representing veterans or a person eligible to make a claim under the MRCA may ask the Specialist Medical Review Council (SMRC) to review:

- some or all of the contents of a SOP; or
- a decision of the Authority not to make or amend a SOP in respect of a particular kind of injury, disease or death; or
- a decision by the Authority under s 196C(4) of the VEA not to carry out an investigation in respect of a particular kind of injury, disease or death.

## Reviews

In the period 1 July 2016 to 30 June 2017, the Authority received the following advice in relation to the status of reviews being conducted by the SMRC pursuant to s 196Y of the VEA:

### 1. Chronic multisymptom illness

In August 2014 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 55 and 56 of 2014, concerning chronic multisymptom illness. Notification of this review appeared in the Government Notices Gazette of 28 August 2014. As at 30 June 2017, the Authority had not been advised of the outcome of the review.

### 2. Malignant neoplasm of the prostate

In August 2014 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 53 and 54 of 2014, concerning malignant neoplasm of the prostate. Notification of this review appeared in the Government Notices Gazette of 25 August 2014. In the Government Notices Gazette of 21 September 2016, the SMRC notified its Declaration No. 30 in relation to this review.

Declaration 30 in relation to the review concerning malignant neoplasm of the prostate stated that:

1. In relation to the RMA Statements of Principles No. 53 malignant neoplasm of the prostate made under subsections 196B of the Veterans' Entitlements Act 1986 (the VEA), Specialist Medical Review Council (the Council) under subsection 196W(5) of the VEA:

DECLARES that there is insufficient sound medical-scientific evidence on which the RMA could have relied to amend the Statements of Principles to include factor/s for smoking cigarettes, or the equivalent thereof in other tobacco products and the clinical onset of malignant neoplasm of the prostate.

2. In relation to the Repatriation Medical Authority (the RMA) Statement of Principles No. 54 concerning malignant neoplasm of the prostate, made under subsection 196B of the VEA, the Council:

DECLARES under subsection 196W(5) of the VEA, that there is insufficient sound medical-

scientific evidence on which the RMA could have relied to amend the Statements of Principles to include factor(s) for smoking cigarettes, or the equivalent thereof in other tobacco products and the clinical onset of malignant neoplasm of the prostate; and

DECLARES, under subsection 196W(4)(c) that there is sufficient sound medical-scientific evidence on which the RMA could have relied to amend the Statements of Principles to include factor(s) for smoking cigarettes, or the equivalent thereof in other tobacco products and the clinical worsening of malignant neoplasm of the prostate; and

REMITTS and DIRECTS under subsection 196W(4)(d) the RMA to characterise a factor concerning smoking cigarettes, or the equivalent thereof in other tobacco products and the clinical worsening of malignant neoplasm of the prostate, taking into account whatever new information has become available since the SoPs were determined in 2014, and having particular regard to determining evidence-based thresholds for pack-years smoked, and where smoking has ceased, for years since smoking cessation.

On 2 December 2016 the Authority determined Amendment Statements of Principles concerning malignant neoplasm of the prostate Nos. 19 and 20 of 2017 in accordance with the above direction.

### **3. Lyme disease**

In June 2016 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 25 and 26 of 2016, concerning Lyme disease. Notification of this review appeared in the Government Notices Gazette of 10 June 2016. In the Government Notices Gazette of 10 February 2017, the SMRC advised that the review would not proceed. The SMRC notification stated that:

Section 196Y(1) of the Act specifies who may ask the Council to review some or all of the contents of a Statement of Principles.

The Council has determined that the request under section 196Y(1) was invalid as the Applicant did not meet any of the definitions for eligibility to seek review under section 196(1)(a)-(c). Accordingly, the Council will not proceed to carry out a review of the contents of Statements of Principles Nos. 25 and 26 of 2016 in respect to Lyme disease.

# Department of Veterans' Affairs

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Although the Authority is separate and independent of the DVA, the Department provided the Authority with assistance and support during the year.

As in previous years, for the purposes of ss 120A(2) and 120B(2) of the VEA, the Authority consulted with DVA in order to ascertain what kinds of injury, disease or death were the most frequently claimed and the number of claims outstanding. The Department also assisted the Authority by providing Corporate Services support in the areas of Human Resource and Payroll Services, Financial Services, Office Services and Information Technology Services.

# Ex-Service Organisations

The Authority continued its policy of regular meetings with leading office bearers and officials involved with the compensation claims system, as well as accepting invitations to attend congresses of the major Ex-Service Organisations (ESOs) throughout the year. These meetings enable an exchange of information about current issues being dealt with by the Authority and address matters of interest that may be raised by ESOs. Meetings where the Authority was represented are listed in Table 5 below.

**Table 5: Ex-Service Organisation meetings attended**

Ex-Service Organisation	Location	Date	Authority Representative/s
RSL – South Australian State Congress	Adelaide, SA	2 July 2016	Chairperson and Registrar
RSL – Victorian State Congress	Melbourne, VIC	6 July 2016	Chairperson and Registrar
Legacy – New South Wales	Sydney, NSW	8 July 2016	Principal Medical Officer
Legacy – National Pensions Committee Annual General Meeting	Canberra, ACT	22 August 2016	Chairperson and Registrar
RSL – National Veterans’ Advisory Council	Canberra, ACT	25 August 2016	Chairperson and Registrar
ESO Advocacy Forum – Tasmania	Hobart, TAS	16 September 2016	Registrar
ESO Advocacy Forum – New South Wales	Sydney, NSW	30 November 2016	Registrar and Principal Medical Officer
DVA/WCS/RMA Mefloquine Outreach Program	Townsville, QLD	13 December 2016	Registrar and Principal Medical Officer
RSL – ACT Branch Congress	Canberra, ACT	17 March 2017	Chairperson and Registrar
Vietnam Veterans’ Association National Congress	Canberra, ACT	18 May 2017	Chairperson and Registrar
RSL - Tasmanian State Congress	Launceston, TAS	20 May 2017	Chairperson and Registrar
RSL - NSW State Congress	Albury, NSW	24 May 2017	Chairperson and Registrar
ESO Advocacy Forum - ACT	Woden, ACT	16 June 2017	Registrar
RSL - Queensland State Congress	Brisbane, QLD	23 & 24 June 2017	Chairperson and Registrar



# Financial

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A summary of cash expenditure incurred by the Authority in 2016/17 with comparison to 2015/16 and 2014/15 is detailed in Table 6.

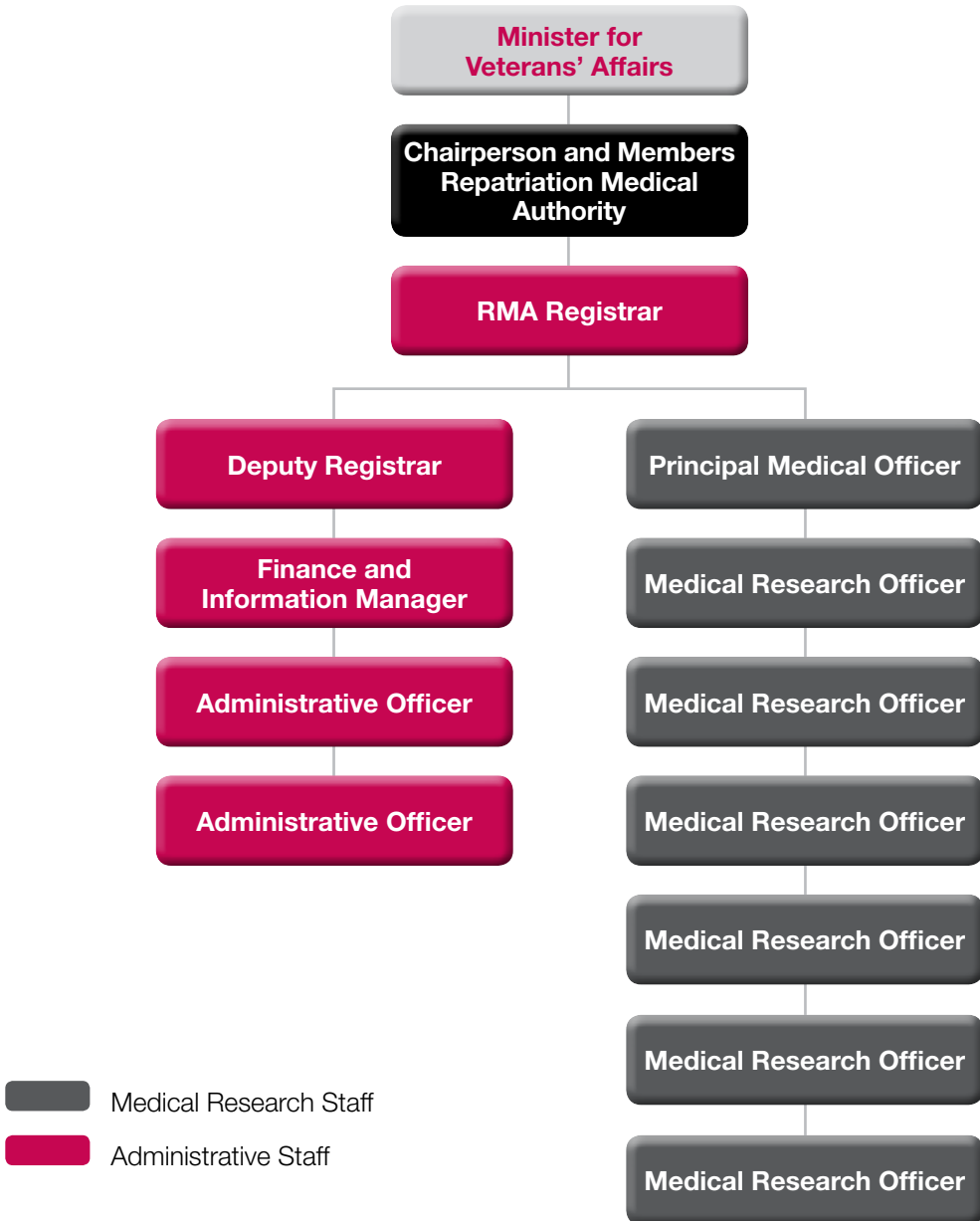
Financial information prepared on an accrual basis is included in the DVA Financial Statements.

**Table 6: Financial expenditure**

Item	2016/17	2015/16	2014/15
Salary and related expenses	\$1 757 581	\$1 599 544	\$1 630 471
Administrative expenses	\$107 987	\$119 589	\$151 978
Legal expenses	\$77 514	\$65 326	\$206 761
<b>Total expenditure</b>	<b>\$1 757 581</b>	<b>\$1 784 459</b>	<b>\$1 989 210</b>

# Appendices

## Appendix 1: RMA Secretariat staffing structure



Note: A number of the positions are staffed on a part-time basis.

## Appendix 2: Statements of Principles determined 2016/17

### 2016

Instrument No.	Title	Effective Date	Other Comments
69 & 70/2016	antiphospholipid syndrome	26/09/2016	New condition
71 & 72/2016	ganglion	26/09/2016	New condition
73 & 74/2016	incisional hernia	26/09/2016	New condition
75 & 76/2016	Scheuermann's disease	26/09/2016	New condition
77 & 78/2016	analgesic nephropathy	28/11/2016	77 revokes 29/2008 78 revokes 30/2008
79 & 80/2016	fibromuscular dysplasia	28/11/2016	79 revokes 60/2008 80 revokes 61/2008
81 & 82/2016	animal envenomation	28/11/2016	81 revokes 66/2008 82 revokes 67/2008
83 & 84/2016	schizophrenia	28/11/2016	83 revokes 15/2009 84 revokes 16/2009
85 & 86/2016	malignant neoplasm of the brain	28/11/2016	85 revokes 58/2008 86 revokes 59/2008
87 & 88/2016	acquired cataract	28/11/2016	87 revokes 39/2008 88 revokes 40/2008
89 & 90/2016	smallpox	28/11/2016	89 revokes 31/2008 90 revokes 32/2008
91 & 92/2016	bruxism	28/11/2016	New condition
93 & 94/2016	umbilical hernia	28/11/2016	New condition
95 & 96/2016	female sexual dysfunction	28/11/2016	New condition
97 & 98/2016	complex regional pain syndrome	28/11/2016	New condition
99 & 100/2016	anxiety disorder	28/11/2016	99 amends 102/2014 100 amends 103/2014
101 & 102/2016	panic disorder	28/11/2016	101 amends 68/2009 102 amends 69/2009

## 2017

Instrument No.	Title	Effective Date	Other Comments
1 & 2/2017	cirrhosis of the liver	23/01/2017	1 revokes 107/2007 2 revokes 108/2007
3 & 4/2017	haemorrhoids	23/01/2017	3 revokes 41/2008 4 revokes 42/2008
5 & 6/2017	relapsing polychondritis	23/01/2017	5 revokes 45/2008 6 revokes 46/2008
7 & 8/2017	hookworm disease	23/01/2017	7 revokes 64/2008 8 revokes 65/2008
9 & 10/2017	ascariasis	23/01/2017	9 revokes 62/2008 10 revokes 63/2008
11 & 12/2017	hepatitis D	23/01/2017	11 revokes 56/2008 12 revokes 57/2008
13 & 14/2017	hepatitis B	23/01/2017	13 revokes 52/2008 14 revokes 53/2008
15 & 16/2017	otitic barotrauma	23/01/2017	15 amends 35/2012 16 amends 36/2012
17 & 18/2017	sinus barotrauma	23/01/2017	17 amends 49/2010 18 amends 50/2010
19 & 20/2017	malignant neoplasm of the prostate	23/01/2017 (Reasonable Hypothesis) 21/09/2016 (Balance of Probabilities)	19 amends 53/2016 20 amends 54/2016
21/2017	malignant neoplasm of the oesophagus	23/01/2017	21 amends 120/2015
22 & 23/2017	presbyopia	27/03/2017	22 revokes 117/2007 23 revokes 118/2007
24 & 25/2017	spondylolisthesis & spondylolysis	27/03/2017	24 revokes 59/2015 25 revokes 60/2015
26 & 27/2017	suicide & attempted suicide	27/03/2017	26 amends 65/2016 27 amends 66/2016
28 & 29/2017	thromboangiitis obliterans	22/05/2017	28 revokes 7/2009 29 revokes 8/2009

<b>Instrument No.</b>	<b>Title</b>	<b>Effective Date</b>	<b>Other Comments</b>
30 & 31/2017	bronchiectasis	22/05/2017	30 revokes 17/2009 31 revokes 18/2009
32 & 33/2017	cardiac myxoma	22/05/2017	32 revokes 11/2009 33 revokes 12/2009
34 & 35/2017	immersion pulmonary oedema	22/05/2017	New condition

### Appendix 3: Outstanding investigations and reviews as at 30/06/2017

The following investigations and reviews were notified in the Government Notices Gazette on the date indicated, but had not been finalised as at 30 June 2017.

The Investigations listed in Table 7 refer to action undertaken by the Authority pursuant to s 196B(4) of the VEA to determine whether a SOP may be determined, that is, there is no existing SOP for the injury or disease.

Reviews and focussed reviews listed in Tables 8 and 9 refer to action undertaken by the Authority pursuant to ss 196B(7) and 196B(7A) of the VEA, respectively. The amendments to the VEA introduced in 2007 give the Authority the discretion to limit the scope of a review. The Authority refers to such reviews as “focussed reviews” and they are listed in Table 9. The large number of focussed reviews notified in 2016/17 and outstanding as at 30 June 2017 was the result of the Authority’s decision to review the term ‘cumulative equivalent dose’ referred to in the ionising radiation factor contained in 124 SOPs.

**Table 7: Outstanding investigations pursuant to s 196B(4)**

Investigations	Date of Gazettal
1. tooth wear	19/10/2016
2. Baker’s cyst	10/01/2017
3. benign paroxysmal positional vertigo	10/01/2017
4. popliteal entrapment syndrome	10/01/2017
5. Zika virus	10/01/2017
6. chemically-acquired brain injury caused by mefloquine, tafenoquine or primaquine	14/02/2017
7. ulnar nerve entrapment at the elbow	14/02/2017
8. central serous retinopathy	11/07/2017

**Table 8: Outstanding reviews pursuant to s 196B(7)**

Reviews	Instrument Nos.	Date of Gazettal
1. hepatitis C	54 & 55 of 2008	02/10/2015
2. rheumatoid arthritis	68 & 69 of 2008	03/05/2016
3. personality disorder	70 & 71 of 2008	03/05/2016
4. immune thrombocytopaenic purpura	72 & 73 of 2008	03/05/2016
5. alcohol use disorder	1 & 2 of 2009	03/05/2016
6. substance use disorder	3 & 4 of 2009	03/05/2016
7. chilblains	9 & 10 of 2009	03/05/2016
8. macular degeneration	13 & 14 of 2009	19/10/2016
9. cerebral meningioma	19 & 20 of 2009	19/10/2016
10. malignant neoplasm of the cerebral meninges	21 & 22 of 2009	19/10/2016
11. frostbite	23 & 24 of 2009	19/10/2016
12. immersion foot	25 & 26 of 2009	19/10/2016

Reviews	Instrument Nos.	Date of Gazettal
13. bipolar disorder	27 & 28 of 2009	19/10/2016
14. electrical injury	31 & 32 of 2009	19/10/2016
15. Cushing's syndrome	33 & 34 of 2009	19/10/2016
16. toxic maculopathy	39 & 40 of 2009	19/10/2016
17. migraine	56 & 57 of 2009	19/10/2016
18. influenza	58 & 59 of 2009	19/10/2016
19. malaria	60 & 61 of 2009	19/10/2016
20. bronchiolitis obliterans organising pneumonia	62 & 63 of 2009	19/10/2016
21. systemic sclerosis	64 & 65 of 2009	19/10/2016
22. localised sclerosis	66 & 67 of 2009	19/10/2016
23. panic disorder	68 & 69 of 2009	19/10/2016
24. malignant neoplasm of the ovary	70 & 71 of 2009	19/10/2016
25. scrub typhus	72 & 73 of 2009	19/10/2016
26. adrenal insufficiency	74 & 75 of 2009	19/10/2016
27. hypopituitarism	76 & 77 of 2009	19/10/2016
28. tension-type headache	1 & 2 of 2010	19/10/2016
29. herpes simplex	3 & 4 of 2010	19/10/2016
30. human immunodeficiency virus	5 & 6 of 2010	19/10/2016
31. human T-cell lymphotropic virus type-1	7 & 8 of 2010	19/10/2016
32. sinusitis	9 & 10 of 2010	19/10/2016
33. osteoarthritis	13 & 14 of 2010	19/10/2016
34. malignant neoplasm of the eye	15 & 16 of 2010	19/10/2016
35. accidental hypothermia	17 & 18 of 2010	19/10/2016
36. Guillain-Barre syndrome	59 & 60 of 2013	10/01/2017

**Table 9: Outstanding reviews pursuant to s 196B(7A)**

Focused Reviews	Instrument Nos.	Date of Gazettal
1. acoustic neuroma	29 & 30 of 2011	10/02/2017
2. acquired cataract	87 & 88 of 2016	10/02/2017
3. acute lymphoblastic leukaemia	75 & 76 of 2012	10/02/2017
4. acute myeloid leukaemia	71 & 72 of 2015	10/02/2017
5. adenocarcinoma of the kidney	9 & 10 of 2013	10/02/2017
6. Alzheimer-type dementia	22 of 2010	10/02/2017
7. angle-closure glaucoma	25 & 26 of 2012	10/02/2017
8. aortic stenosis	21 & 22 of 2013	10/02/2017
9. atherosclerotic peripheral vascular disease	23 & 24 of 2012	10/02/2017
10. benign neoplasm of the eye and adnexa	41 & 42 of 2016	10/02/2017

<b>Focussed Reviews</b>	<b>Instrument Nos.</b>	<b>Date of Gazettal</b>
11. cardiomyopathy	85 & 85 of 2015	10/02/2017
12. carotid arterial disease	37 & 38 of 2012	10/02/2017
13. cerebral meningioma	19 & 20 of 2009	10/02/2017
14. cerebrovascular accident	65 & 66 of 2015	10/02/2017
15. chronic gastritis and chronic gastropathy	25 & 26 of 2013	10/02/2017
16. chronic myeloid leukaemia	47 & 48 of 2014	10/02/2017
17. chronic pancreatitis	104 & 105 of 2011	10/02/2017
18. cirrhosis of the liver	1 of 2017	10/02/2017
19. erectile dysfunction	43 & 44 of 2013	10/02/2017
20. external burn	110 & 111 of 2015	10/02/2017
21. fibrosing interstitial lung disease	53 & 54 of 2013	10/02/2017
22. gastric ulcer and duodenal ulcer	61 & 62 of 2015	10/02/2017
23. goitre	23 & 24 of 2013	10/02/2017
24. Grave's disease	33 & 34 of 2013	10/02/2017
25. Hashimoto's thyroiditis	31 & 32 of 2013	10/02/2017
26. heart block	1 & 2 of 2014	10/02/2017
27. hypothyroidism	29 & 30 of 2013	10/02/2017
28. ischaemic heart disease	1 & 2 of 2016	10/02/2017
29. malignant neoplasm of the bile duct	69 & 70 of 2015	10/02/2017
30. malignant neoplasm of the bladder	96 & 97 of 2011	10/02/2017
31. malignant neoplasm of bone and articular cartilage	106 & 107 of 2011	10/02/2017
32. malignant neoplasms of the brain	85 & 86 of 2016	10/02/2017
33. malignant neoplasm of the breast	96 & 97 of 2014	10/02/2017
34. malignant neoplasm of the cerebral meninges	21 & 22 of 2009	10/02/2017
35. malignant neoplasm of the colorectum	37 & 38 of 2013	10/02/2017
36. malignant neoplasm of the endometrium	11 & 12 of 2016	10/02/2017
37. malignant neoplasm of the gallbladder	89 & 90 of 2015	10/02/2017
38. malignant neoplasm of the liver	21 & 22 of 2011	10/02/2017
39. malignant neoplasm of the lung	92 & 93 of 2014	10/02/2017
40. malignant neoplasm of the oesophagus	120 & 121 of 2015	10/02/2017
41. malignant neoplasm of the ovary	70 & 71 of 2009	10/02/2017
42. malignant neoplasm of the renal pelvis and ureter	98 & 99 of 2011	10/02/2017
43. malignant neoplasm of the salivary gland	57 & 58 of 2015	10/02/2017
44. malignant neoplasm of the stomach	58 & 59 of 2014	10/02/2017
45. malignant neoplasm of the thyroid gland	39 & 40 of 2014	10/02/2017
46. malignant neoplasm of unknown primary site	80 & 81 of 2014	10/02/2017
47. mesothelioma	104 & 105 of 2015	10/02/2017



<b>Focussed Reviews</b>	<b>Instrument Nos.</b>	<b>Date of Gazettal</b>
48. multiple sclerosis	100 of 2011	10/02/2017
49. myelodysplastic syndrome	73 & 74 of 2015	10/02/2017
50. myeloma	69 of 2012	10/02/2017
51. narcolepsy	7 & 8 of 2014	10/02/2017
52. neoplasm of the pituitary gland	53 of 2015	10/02/2017
53. non-aneurysmal aortic atherosclerotic disease	15 & 16 of 2012	10/02/2017
54. non-Hodgkin's lymphoma	28 of 2010	10/02/2017
55. non-melanotic malignant neoplasm of the skin	7 & 8 of 2016	10/02/2017
56. open-angle glaucoma	27 & 28 of 2012	10/02/2017
57. optochiasmatic arachnoiditis	57 & 58 of 2016	10/02/2017
58. osteomyelitis	90 & 91 of 2014	10/02/2017
59. otitis externa	58 & 59 of 2012	10/02/2017
60. otitis media	51 & 52 of 2014	10/02/2017
61. peritoneal adhesions	3 & 4 of 2016	10/02/2017
62. renal artery atherosclerotic disease	102 & 103 of 2011	10/02/2017
63. soft tissue sarcoma	5 & 6 of 2015	10/02/2017
64. tinnitus	33 & 34 of 2012	10/02/2017
65. trigeminal neuropathy	79 & 80 of 2015	10/02/2017

# Glossary of terms

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ADF	Australian Defence Force
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
BOP	Balance of Probabilities
DSM	Diagnostic and Statistical Manual of Mental Disorders
DVA	Department of Veterans' Affairs
ESO	Ex-Service Organisation
FAQs	Frequently Asked Questions
FOI	Freedom of Information
FRL	Federal Register of Legislation
FTE	Full-Time Equivalent
IPS	Information Publication Scheme
MRCA	<i>Military Rehabilitation and Compensation Act 2004</i>
RH	Reasonable Hypothesis
RMA	Repatriation Medical Authority
SMRC	Specialist Medical Review Council
SOP	Statement of Principles
VEA	<i>Veterans' Entitlements Act 1986</i>



