

Statement of Principles  
concerning

**MALIGNANT NEOPLASM OF THE THYROID  
GLAND**

**No. 10 of 2006**

for the purposes of the

*Veterans' Entitlements Act 1986*  
and

*Military Rehabilitation and Compensation Act 2004*

**Title**

1. This Instrument may be cited as Statement of Principles concerning malignant neoplasm of the thyroid gland No. 10 of 2006.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 34 of 1998; and
  - (b) determines in their place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **malignant neoplasm of the thyroid gland** and **death from malignant neoplasm of the thyroid gland**.
  - (b) For the purposes of this Statement of Principles, "**malignant neoplasm of the thyroid gland**" means a primary malignancy arising from the cells of the thyroid gland. This definition includes papillary, follicular, medullary, and anaplastic thyroid carcinomas but excludes soft tissue sarcoma, carcinoid tumour, non-Hodgkin's lymphoma and Hodgkin's lymphoma.

- (c) Malignant neoplasm of the thyroid gland attracts ICD-10-AM code C73.
- (d) In the application of this Statement of Principles, the definition of “**malignant neoplasm of the thyroid gland**” is that given at paragraph 3(b) above.

#### **Basis for determining the factors**

- 4. 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 *Military Rehabilitation and Compensation Act 2004* (the MRCA).

#### **Factors that must be related to service**

- 5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

#### **Factors**

- 6. The factor that 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 is:
  - (a) for papillary, follicular and anaplastic thyroid carcinomas only,
    - (i) undergoing a course of therapeutic radiation to the head or neck region before the clinical onset of malignant neoplasm of the thyroid gland, where the first exposure occurred at least ten years before the clinical onset of malignant neoplasm of the thyroid gland; or
    - (ii) undergoing a course of therapeutic radiation to the head or neck region before the clinical onset of malignant neoplasm of the thyroid gland, where the first exposure occurred at least five years before the clinical onset of malignant neoplasm of the thyroid gland and the last exposure occurred when aged less than 20 years; or
    - (iii) having received a cumulative equivalent dose of at least 0.5 Sievert of atomic radiation to the thyroid gland, where this dose was accumulated at least ten years before the

clinical onset of malignant neoplasm of the thyroid gland;  
or

- (iv) having received a cumulative equivalent dose of at least 0.1 Sievert of atomic radiation to the thyroid gland, where this dose was accumulated at least five years before the clinical onset of malignant neoplasm of the thyroid gland and when aged less than 20 years; or
  - (v) having received a cumulative equivalent dose of at least 0.5 Sievert of ionising radiation to the thyroid gland, from internal deposition of radioactive nuclides, at least ten years before the clinical onset of malignant neoplasm of the thyroid gland; or
  - (vi) having received a cumulative equivalent dose of at least 0.1 Sievert of ionising radiation to the thyroid gland, from internal deposition of radioactive nuclides, at least five years before the clinical onset of malignant neoplasm of the thyroid gland and when aged less than 20 years; or
  - (vii) having a thyroid adenoma at least one year before the clinical onset of malignant neoplasm of the thyroid gland;  
or
  - (viii) having a goitre, or enlargement of the thyroid gland due to thyroiditis or Graves' disease at least one year before the clinical onset of malignant neoplasm of the thyroid gland;  
or
- (b) inability to obtain appropriate clinical management for malignant neoplasm of the thyroid gland.

### **Factors that apply only to material contribution or aggravation**

7. Paragraph 6(b) 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 not arising out of) the person's relevant service.

### **Inclusion of Statements of Principles**

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles

apply in accordance with the terms of that Statement of Principles as in force from time to time.

## **Other definitions**

9. For the purposes of this Statement of Principles:

**“a course of therapeutic radiation”** means one or more fractions (treatment portions) of ionising radiation administered with the aim of achieving palliation or cure with gamma rays, x-rays, alpha particles or beta particles;

**“atomic radiation”** means ionising radiation excluding:

- (i) natural background radiation;
- (ii) therapeutic radiation; and
- (iii) radiation from diagnostic procedures;

**“cumulative equivalent dose”** means the total equivalent dose of radiation from all types of ionising radiation. It accounts for the differences in biological effectiveness of various types of radiation and allows doses from different radiations to be combined. Each component is calculated by multiplying the absorbed dose in a particular tissue or organ for a given type of radiation by the radiation weighting factor for that radiation. The unit of equivalent dose is the Sievert (Sv);

**“death from 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;

**“ICD-10-AM code”** means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM), Fourth Edition, effective date of 1 July 2004, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 594 1;

**“relevant service”** means:

- (a) eligible war service (other than operational service) under the VEA; or
- (b) defence service (other than hazardous service) under the VEA; or
- (c) peacetime service under the MRCA;

**“terminal event”** means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function;

**“thyroid adenoma”** means a benign epithelial tumour of the thyroid in which the cells form recognisable glandular structures or in which cells are clearly derived from glandular epithelium.

**Application**

- 10.** This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.

**Date of effect**

- 11.** This Instrument takes effect from 8 March 2006.

Dated this *twenty-third* day of *February*  
2006

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed to this instrument )  
in the presence of: )

KEN DONALD  
CHAIRPERSON