



Australian Government  
Repatriation Medical Authority

Statement of Principles  
concerning

**MALIGNANT NEOPLASM OF THE LARYNX**

**No. 62 of 2013**

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 larynx No. 62 of 2013.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 2 of 2006 concerning malignant neoplasm of the larynx; and
  - (b) determines in its place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **malignant neoplasm of the larynx** and **death from malignant neoplasm of the larynx**.
  - (b) For the purposes of this Statement of Principles, "**malignant neoplasm of the larynx**" means a primary malignancy arising from the mucosa of the larynx. Anatomically, the larynx is defined as extending from the lower border of the hypopharynx to the upper border of the trachea. This definition excludes soft tissue sarcoma, carcinoid tumour, non-Hodgkin's lymphoma and Hodgkin's lymphoma.
  - (c) Malignant neoplasm of the larynx attracts ICD-10-AM code C32.

- (d) In the application of this Statement of Principles, the definition of "**malignant neoplasm of the larynx**" 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 larynx** and **death from malignant neoplasm of the larynx** 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 larynx** or **death from malignant neoplasm of the larynx** is connected with the circumstances of a person's relevant service is:
- (a) smoking at least five pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of malignant neoplasm of the larynx, and
    - (i) smoking commenced at least ten years before the clinical onset of malignant neoplasm of the larynx; and
    - (ii) where smoking has ceased, the clinical onset of malignant neoplasm of the larynx has occurred within 15 years of cessation; or
  - (b) being in an atmosphere with a visible tobacco smoke haze in an enclosed space:
    - (i) for at least 10 000 hours before the clinical onset of malignant neoplasm of the larynx; and
    - (ii) where the first exposure to that atmosphere commenced at least ten years before the clinical onset of malignant neoplasm of the larynx; and
    - (iii) where the last exposure to that atmosphere occurred within the 15 years before the clinical onset of malignant neoplasm of the larynx; or
  - (c) being exposed to mustard gas at least ten years before the clinical onset of malignant neoplasm of the larynx; or
  - (d) inhaling respirable asbestos fibres in an enclosed space:
    - (i) for a cumulative period of at least 2 000 hours before the clinical onset of malignant neoplasm of the larynx; and

- (ii) at the time material containing respirable asbestos fibres was being applied, removed, dislodged, cut or drilled; and
- (iii) the first inhalation of respirable asbestos fibres commenced at least ten years before the clinical onset of malignant neoplasm of the larynx; or
- (e) inhaling respirable asbestos fibres in an open environment:
  - (i) for a cumulative period of at least 4 000 hours before the clinical onset of malignant neoplasm of the larynx; and
  - (ii) at the time material containing respirable asbestos fibres was being applied, removed, dislodged, cut or drilled; and
  - (iii) the first inhalation of respirable asbestos fibres commenced at least ten years before the clinical onset of malignant neoplasm of the larynx; or
- (f) drinking at least 150 kilograms of alcohol before the clinical onset of malignant neoplasm of the larynx, where drinking alcohol commenced at least five years before the clinical onset of malignant neoplasm of the larynx; or
- (g) inhaling mist from a strong inorganic acid:
  - (i) for a cumulative period of at least 10 000 hours before the clinical onset of malignant neoplasm of the larynx; and
  - (ii) the first inhalation of mist from a strong inorganic acid commenced at least ten years before the clinical onset of malignant neoplasm of the larynx; or
- (h) undergoing stem cell or solid organ transplantation before the clinical onset of malignant neoplasm of the larynx; or
- (i) being infected with the human immunodeficiency virus before the clinical onset of malignant neoplasm of the larynx; or
- (j) inability to obtain appropriate clinical management for malignant neoplasm of the larynx.

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

7. Paragraph 6(j) applies only to material contribution to, or aggravation of, malignant neoplasm of the larynx where the person's malignant neoplasm of the larynx 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:

**"alcohol"** is measured by the alcohol consumption calculations utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink;

**"death from malignant neoplasm of the larynx"** 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 larynx;

**"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), Eighth Edition, effective date of 1 July 2013, copyrighted by the Independent Hospital Pricing Authority, and having ISBN 978-1-74128-213-9;

**"mist from a strong inorganic acid"** means a visible suspension of liquid sulphuric, nitric or hydrochloric acid in gas;

**"pack-years of cigarettes, or the equivalent thereof in other tobacco products"** means a calculation of consumption where one pack-year of cigarettes equals twenty tailor-made cigarettes per day for a period of one calendar year, or 7 300 cigarettes. One tailor-made cigarette approximates one gram of tobacco or one gram of cigar or pipe tobacco by weight. One pack-year of tailor-made cigarettes equates to 7.3 kilograms of smoking tobacco by weight. Tobacco products mean cigarettes, pipe tobacco or cigars, smoked alone or in any combination;

**"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;

**"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.

## 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 4 September 2013.

Dated this **twenty-sixth** day of **August** 2013

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:

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PROFESSOR NICHOLAS SAUNDERS AO  
CHAIRPERSON