



Australian Government  
Repatriation Medical Authority

Statement of Principles  
concerning

**NEOPLASM OF THE PITUITARY GLAND**

**No. 53 of 2015**

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 neoplasm of the pituitary gland No. 53 of 2015.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 42 of 2004, as amended, concerning neoplasm of the pituitary gland; and
  - (b) determines in its place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **neoplasm of the pituitary gland** and **death from neoplasm of the pituitary gland**.
  - (b) For the purposes of this Statement of Principles, "**neoplasm of the pituitary gland**" means a primary neoplasm, either benign or malignant, arising from the cells of the pituitary gland. This definition excludes soft tissue sarcoma, carcinoid tumour, non-Hodgkin's lymphoma and Hodgkin's lymphoma.
  - (c) Neoplasm of the pituitary gland attracts ICD-10-AM code C75.1, D35.2 or D44.3.

- (d) In the application of this Statement of Principles, the definition of "**neoplasm of the pituitary gland**" is that given at paragraph 3(b) above.

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

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **neoplasm of the pituitary gland** and **death from neoplasm of the pituitary gland** 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 *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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **neoplasm of the pituitary gland** or **death from neoplasm of the pituitary gland** with the circumstances of a person's relevant service is:
- (a) having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the pituitary gland at least five years before the clinical onset of neoplasm of the pituitary gland; or
  - (b) for ACTH secreting pituitary adenomas only, undergoing bilateral adrenalectomy before the clinical worsening of neoplasm of the pituitary gland; or
  - (c) inability to obtain appropriate clinical management for neoplasm of the pituitary gland.

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

7. Paragraphs **6(b)** and **6(c)** apply only to material contribution to, or aggravation of, neoplasm of the pituitary gland where the person's neoplasm of the pituitary 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:

**"ACTH"** means adrenocorticotrophic hormone (or corticotropin), a hormone secreted by the anterior pituitary gland that stimulates the secretion of corticosteroids from the adrenal cortex;

**"bilateral adrenalectomy"** means excision of both adrenal glands;

**"cumulative equivalent dose"** means the total dose of ionising radiation received by the particular organ or tissue. The formula used to calculate the cumulative equivalent dose allows doses from multiple types of ionising radiation to be combined, by accounting for their differing biological effect. The unit of equivalent dose is the sievert. For the purposes of this Statement of Principles, the calculation of cumulative equivalent dose excludes doses received from normal background radiation, but includes therapeutic radiation, diagnostic radiation, cosmic radiation at high altitude, radiation from occupation-related sources and radiation from nuclear explosions or accidents;

**"death from neoplasm of the pituitary gland"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's neoplasm of the pituitary 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), Eighth Edition, effective date of 1 July 2013, copyrighted by the Independent Hospital Pricing Authority, and having ISBN 978-1-74128-213-9;

**"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;

**"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 120A of the VEA or section 338 of the MRCA applies.

**Date of effect**

**11.** This Instrument takes effect from 30 March 2015.

Dated this **twenty-seventh** day of **February**  
2015

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

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**PROFESSOR NICHOLAS SAUNDERS AO**  
**CHAIRPERSON**