



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**OPTOCHIASMATIC ARACHNOIDITIS**  
**(Reasonable Hypothesis)**  
**(No. 57 of 2016)**

---

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

Dated 22 April 2016

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

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

Professor Nicholas Saunders AO  
Chairperson

# Contents

1	Name .....	3
2	Commencement .....	3
3	Authority .....	3
4	Application.....	3
5	Definitions.....	3
6	Kind of injury, disease or death to which this Statement of Principles relates .....	3
7	Basis for determining the factors .....	3
8	Factors that must exist.....	4
9	Relationship to service .....	5
10	Factors referring to an injury or disease covered by another Statement of Principles.....	5
<b>Schedule 1 - Dictionary .....</b>		<b>7</b>
1	Definitions.....	7

## **1 Name**

This is the Statement of Principles concerning *optochiasmatic arachnoiditis (Reasonable Hypothesis)* (No. 57 of 2016).

## **2 Commencement**

This instrument commences on 23 May 2016.

## **3 Authority**

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

## **4 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.

## **5 Definitions**

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

## **6 Kind of injury, disease or death to which this Statement of Principles relates**

- (1) This Statement of Principles is about optochiasmatic arachnoiditis and death from optochiasmatic arachnoiditis.

### *Meaning of optochiasmatic arachnoiditis*

- (2) For the purposes of this Statement of Principles, optochiasmatic arachnoiditis means chronic inflammation of the arachnoid membrane surrounding the optic chiasm and intracranial optic nerves, resulting in damage to these structures from fibrosis and the formation of adhesions, and typically presenting with progressive visual loss.

### *Death from optochiasmatic arachnoiditis*

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

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

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

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that optochiasmatic arachnoiditis and death from optochiasmatic arachnoiditis 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: *relevant service* is defined in the Schedule 1 – Dictionary.

## 8 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 optochiasmatic arachnoiditis or death from optochiasmatic arachnoiditis with the circumstances of a person’s relevant service:

- (1) having a bacterial, fungal or parasitic infection involving the leptomeninges surrounding the optic chiasm or intracranial optic nerves before the clinical onset of optochiasmatic arachnoiditis;  
Note: *leptomeninges* is defined in the Schedule 1 - Dictionary.
- (2) having a subarachnoid haemorrhage or bleeding into the subarachnoid space before the clinical onset of optochiasmatic arachnoiditis;
- (3) having surgery to an area in close proximity to the optic chiasm before the clinical onset of optochiasmatic arachnoiditis;
- (4) having a moderate to severe traumatic brain injury before the clinical onset of optochiasmatic arachnoiditis;
- (5) undergoing a course of therapeutic radiation for cancer, where the optic chiasm was in the field of radiation, before the clinical onset of optochiasmatic arachnoiditis;
- (6) having received a cumulative equivalent dose of at least ten sieverts of ionising radiation to the region of the optic chiasm before the clinical onset of optochiasmatic arachnoiditis;  
Note: *cumulative equivalent dose* is defined in the Schedule 1 - Dictionary.
- (7) having sarcoidosis or multiple sclerosis, involving inflammation of the leptomeninges surrounding the optic chiasm, before the clinical onset of optochiasmatic arachnoiditis;  
Note: *leptomeninges* is defined in the Schedule 1 - Dictionary.
- (8) having an intrathecal myelogram or intrathecal treatment with a substance from the specified list of substances before the clinical onset of optochiasmatic arachnoiditis;  
Note: *specified list of substances* is defined in the Schedule 1 - Dictionary.
- (9) having a bacterial, fungal or parasitic infection involving the leptomeninges surrounding the optic chiasm or intracranial optic nerves before the clinical worsening of optochiasmatic arachnoiditis;  
Note: *leptomeninges* is defined in the Schedule 1 - Dictionary.

- (10) having a subarachnoid haemorrhage or bleeding into the subarachnoid space before the clinical worsening of optochiasmatic arachnoiditis;
- (11) having surgery to an area in close proximity to the optic chiasm before the clinical worsening of optochiasmatic arachnoiditis;
- (12) having a moderate to severe traumatic brain injury before the clinical worsening of optochiasmatic arachnoiditis;
- (13) undergoing a course of therapeutic radiation for cancer, where the optic chiasm was in the field of radiation, before the clinical worsening of optochiasmatic arachnoiditis;
- (14) having received a cumulative equivalent dose of at least ten sieverts of ionising radiation to the region of the optic chiasm before the clinical worsening of optochiasmatic arachnoiditis;

Note: *cumulative equivalent dose* is defined in the Schedule 1 - Dictionary.

- (15) having sarcoidosis or multiple sclerosis, involving inflammation of the leptomeninges surrounding the optic chiasm, before the clinical worsening of optochiasmatic arachnoiditis;

Note: *leptomeninges* is defined in the Schedule 1 - Dictionary.

- (16) having an intrathecal myelogram or intrathecal treatment with a substance from the specified list of substances before the clinical worsening of optochiasmatic arachnoiditis;

Note: *specified list of substances* is defined in the Schedule 1 - Dictionary.

- (17) inability to obtain appropriate clinical management for optochiasmatic arachnoiditis.

## **9 Relationship to service**

- (1) The existence in a person of any factor referred to in section 8, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 8(9) to 8(17) apply only to material contribution to, or aggravation of, optochiasmatic arachnoiditis where the person's optochiasmatic arachnoiditis was suffered or contracted before or during (but did not arise out of) the person's relevant service.

## **10 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 8 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 5

## 1 Definitions

In this instrument:

***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.

***leptomeninges*** means the arachnoid mater and the pia mater, the two innermost layers of the cerebral meninges between which there is circulation of cerebrospinal fluid.

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

***optochiasmatic arachnoiditis***—see subsection 6(2).

***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.

***specified list of substances*** means:

- (a) iophendylate (Pantopaque or Myodil);
- (b) radioactive gold; or
- (c) thorium dioxide (Thorotrast).

***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*.