



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

**Statement of Principles**  
**concerning**  
**CENTRAL SEROUS**  
**CHORIORETINOPATHY**  
**(Balance of Probabilities)**  
**(No. 46 of 2018)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 27 April 2018

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

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**1 Name**

This is the Statement of Principles concerning *central serous chorioretinopathy (Balance of Probabilities)* (No. 46 of 2018).

**2 Commencement**

This instrument commences on 28 May 2018.

**3 Authority**

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

**4 Application**

This instrument applies to a claim to which section 120B of the VEA or section 339 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 central serous chorioretinopathy and death from central serous chorioretinopathy.

*Meaning of central serous chorioretinopathy*

- (2) For the purposes of this Statement of Principles, central serous chorioretinopathy:
- (a) means a serous detachment of the neurosensory retina affecting central vision; and
  - (b) includes acute, recurrent and chronic serous retinal detachment; and
  - (c) excludes retinal detachment due to a retinal tear (rhegmatogenous retinal detachment), and leakage through the retinal pigment epithelium caused by diseases of the choroid, including choroidal neovascularisation, choroidal vasculopathy, choroidal tumours, choroidal metastases and posterior uveitis.
- (3) While central serous chorioretinopathy attracts ICD-10-AM code H35.7, in applying this Statement of Principles the meaning of central serous chorioretinopathy is that given in subsection (2).

- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)*, Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

*Death from central serous chorioretinopathy*

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

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

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

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that central serous chorioretinopathy and death from central serous chorioretinopathy can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

## **8 Factors that must exist**

At least one of the following factors must exist before it can be said that, on the balance of probabilities, central serous chorioretinopathy or death from central serous chorioretinopathy is connected with the circumstances of a person's relevant service:

- (1) being treated with a corticosteroid, other than an inhaled corticosteroid, within the 30 days before the clinical onset of central serous chorioretinopathy;
- (2) taking a drug or a drug from a class of drugs from the specified list of drugs at the time of the clinical onset of central serous chorioretinopathy;
- (3) having Cushing syndrome in the one year before the clinical onset of central serous chorioretinopathy;
- (4) being in the second or third trimester of pregnancy at the time of the clinical onset of central serous chorioretinopathy;
- (5) having chronic renal failure at the time of the clinical onset of central serous chorioretinopathy;

Note: *chronic renal failure* is defined in the Schedule 1 - Dictionary.

- (6) being treated with a corticosteroid, other than an inhaled corticosteroid, within the 30 days before the clinical worsening of central serous chorioretinopathy;
- (7) taking a drug or a drug from a class of drugs from the specified list of drugs at the time of the clinical worsening of central serous chorioretinopathy;  
Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.
- (8) having Cushing syndrome in the one year before the clinical worsening of central serous chorioretinopathy;
- (9) being in the second or third trimester of pregnancy at the time of the clinical worsening of central serous chorioretinopathy;
- (10) having chronic renal failure at the time of the clinical worsening of central serous chorioretinopathy;  
Note: *chronic renal failure* is defined in the Schedule 1 - Dictionary.
- (11) inability to obtain appropriate clinical management for central serous chorioretinopathy.

## **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(6) to 8(11) apply only to material contribution to, or aggravation of, central serous chorioretinopathy where the person's central serous chorioretinopathy 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(3) 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:

**central serous chorioretinopathy**—see subsection 6(2).

**chronic renal failure** means:

- (a) having a glomerular filtration rate of less than 15 mL/min/1.73 m<sup>2</sup> for a period of at least three months; or
- (b) a need for renal replacement therapy (dialysis or transplantation) for treatment of complications of decreased glomerular filtration rate which would otherwise increase the risk of morbidity and mortality; or
- (c) undergoing chronic dialysis.

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

**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.

Note: **MRCA** and **VEA** are also defined in the Schedule 1 - Dictionary.

**specified list of drugs** means:

- (a) ephedrine;
- (b) fingolimod;
- (c) MEK (mitogen-activated protein kinase/extracellular signal-regulated kinase) inhibitors;
- (d) methylenedioxymethamphetamine (ecstasy);
- (e) nasal sympathomimetic decongestants;
- (f) ocriplasmin; or
- (g) pseudoephedrine.

**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*.