



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

**Statement of Principles**  
**concerning**  
**MALIGNANT NEOPLASM OF THE**  
**NASOPHARYNX**  
**(Reasonable Hypothesis)**  
**(No. 9 of 2020)**

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

Dated 28 February 2020

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 *malignant neoplasm of the nasopharynx (Reasonable Hypothesis)* (No. 9 of 2020).

## **2 Commencement**

This instrument commences on 23 March 2020.

## **3 Authority**

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

## **4 Repeal**

The Statement of Principles concerning malignant neoplasm of the nasopharynx No. 25 of 2011 (Federal Register of Legislation No. F2011L00740) made under subsection 196B(2) of the VEA is repealed.

## **5 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.

## **6 Definitions**

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

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

- (1) This Statement of Principles is about malignant neoplasm of the nasopharynx and death from malignant neoplasm of the nasopharynx.

### *Meaning of malignant neoplasm of the nasopharynx*

- (2) For the purposes of this Statement of Principles, malignant neoplasm of the nasopharynx:
  - (a) means a primary malignancy of the mucosa of the nasopharynx, which extends from the nares (nostrils) to that part of the pharynx which lies above the level of the soft palate; and
  - (b) excludes:
    - (i) carcinoid (neuroendocrine) tumour;
    - (ii) Hodgkin's lymphoma;
    - (iii) malignant neoplasm of the oral cavity, oropharynx and hypopharynx;
    - (iv) malignant neoplasm of the larynx;
    - (v) non-Hodgkin lymphoma; and

- (vi) soft tissue sarcoma.
- (3) While malignant neoplasm of the nasopharynx attracts ICD-10-AM code C11, in applying this Statement of Principles the meaning of malignant neoplasm of the nasopharynx 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 malignant neoplasm of the nasopharynx*

- (5) For the purposes of this Statement of Principles, malignant neoplasm of the nasopharynx, 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 nasopharynx.

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

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

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that malignant neoplasm of the nasopharynx and death from malignant neoplasm of the nasopharynx 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: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

## **9 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 malignant neoplasm of the nasopharynx or death from malignant neoplasm of the nasopharynx with the circumstances of a person's relevant service:

- (1) having infection with the Epstein-Barr virus before the clinical onset of malignant neoplasm of the nasopharynx;
- (2) having infection with human immunodeficiency virus before the clinical onset of malignant neoplasm of the nasopharynx;
- (3) smoking at least 15 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of malignant neoplasm of the nasopharynx, and:
- (a) smoking commenced at least 15 years before the clinical onset of malignant neoplasm of the nasopharynx; and

- (b) where smoking has ceased, the clinical onset of malignant neoplasm of the nasopharynx has occurred within 15 years of cessation;

Note: *pack-years of cigarettes, or the equivalent thereof in other tobacco products* is defined in the Schedule 1 - Dictionary.

- (4) consuming at least 500 kilograms of alcohol before the clinical onset of malignant neoplasm of the nasopharynx;

Note: Alcohol consumption is calculated utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

- (5) being exposed to mustard gas at least five years before the clinical onset of malignant neoplasm of the nasopharynx;

- (6) inhaling wood dust for at least four hours per day on more days than not for at least ten years or for a cumulative period of at least 7 500 hours before the clinical onset of malignant neoplasm of the nasopharynx;

Note: *inhaling wood dust* is defined in the Schedule 1 - Dictionary.

- (7) inhaling formaldehyde for a cumulative total of at least 750 hours:

- (a) at a level of at least one part per million; or  
(b) resulting in sensory irritation of the eyes or nose;

at least 15 years before the clinical onset of malignant neoplasm of the nasopharynx;

- (8) inhaling smoke from the combustion of wood, charcoal or coal while in an enclosed space, on more days than not for at least ten years or for a cumulative period of at least 7 500 hours, before the clinical onset of malignant neoplasm of the nasopharynx;

- (9) consuming an average of at least ten grams per week of Chinese-style salted fish for at least five consecutive years within the 20 years before the clinical onset of malignant neoplasm of the nasopharynx;

Note: *Chinese-style salted fish* is defined in the Schedule 1 - Dictionary.

- (10) consuming an average of at least 75 grams per week of preserved vegetables for at least five consecutive years within the 20 years before the clinical onset of malignant neoplasm of the nasopharynx;

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

- (11) an inability to consume an average of at least 100 grams per day of any combination of fresh fruit and vegetables for a period of at least five consecutive years within the 20 years before the clinical onset of malignant neoplasm of the nasopharynx;

- (12) having chronic sinusitis or chronic rhinitis before the clinical onset of malignant neoplasm of the nasopharynx;

- (13) inability to obtain appropriate clinical management for malignant neoplasm of the nasopharynx.

## **10 Relationship to service**

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factor set out in subsection 9(13) applies only to material contribution to, or aggravation of, malignant neoplasm of the nasopharynx where the person's malignant neoplasm of the nasopharynx was suffered or contracted before or during (but did not arise out of) the person's relevant service.

## **11 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 9 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 6

## 1 Definitions

In this instrument:

***Chinese-style salted fish*** means fish preserved by salting and is characterised by using less salt and a higher degree of fermentation during the drying process because of the relatively high outdoor temperature and moisture levels.

Note: Chinese-style salted fish is a traditional part of the diet in southern China, Hong Kong, Taiwan, Malaysia, Singapore, other areas of south-east Asia, and in Chinese communities in other countries.

***inhaling wood dust*** means being exposed to fine particulate material of wood origin from work entailing the sanding, planing, machining, sawing, repairing or manufacturing of timber products or performing other tasks in an area where such work is being performed.

***malignant neoplasm of the nasopharynx***—see subsection 7(2).

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

***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.

***preserved vegetables*** means vegetables preserved by salting, fermenting or pickling.

***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.

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

***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*.