

Statement of Principles

concerning

MULTIPLE OSTEOCHONDROMATOSIS
(Reasonable Hypothesis)

(No. 43 of 2023)

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

Dated 24 April 2023.

|  |
| --- |
| The Common Seal of theRepatriation Medical Authoritywas affixed to this instrumentat the direction of: |
| Professor Terence Campbell AMChairperson |

Contents

1 Name 3

2 Commencement 3

3 Authority 3

4 Repeal 3

5 Application 3

6 Definitions 3

7 Kind of injury, disease or death to which this Statement of Principles relates 3

8 Basis for determining the factors 4

9 Factors that must exist 4

10 Relationship to service 4

11 Factors referring to an injury or disease covered by another Statement of Principles 4

Schedule 1 - Dictionary 6

1 Definitions 6

1. Name

This is the Statement of Principles concerning *multiple osteochondromatosis* *(Reasonable Hypothesis)* (No. 43 of 2023).

1. Commencement

 This instrument commences on 23 May 2023.

1. Authority

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

1. Repeal

The Statement of Principles concerning multiple osteochondromatosis No. 43 of 2015 (Federal Register of Legislation No. F2015L00008) made under subsection 196B(2) of the VEA is repealed.

1. 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.

1. Definitions

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

1. Kind of injury, disease or death to which this Statement of Principles relates
	1. This Statement of Principles is about multiple osteochondromatosis and death from multiple osteochondromatosis.

Meaning of **multiple osteochondromatosis**

* 1. For the purposes of this Statement of Principles, multiple osteochondromatosis:
		1. means a genetic disorder of bone growth which typically involves the presence of multiple, benign cartilage-capped bone tumours (osteochondromas or exostoses) that grow outward from the metaphyses of long bones; and
		2. excludes synovial osteochondromatosis and enchondromatosis.
	2. While multiple osteochondromatosis attracts ICD‑10‑AM code Q78.6, in applying this Statement of Principles the meaning of multiple osteochondromatosis is that given in subsection (2).
	3. 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 **multiple osteochondromatosis**

* 1. For the purposes of this Statement of Principles, multiple osteochondromatosis,in relation to a person, includes death from a terminal event or condition that was contributed to by the person's multiple osteochondromatosis.

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

1. Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that multiple osteochondromatosis and death from multiple osteochondromatosis 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.

1. 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 multiple osteochondromatosis or death from multiple osteochondromatosis with the circumstances of a person's relevant service:

* 1. inability to obtain appropriate clinical management for multiple osteochondromatosis.
1. 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(1) applies only to material contribution to, or aggravation of, multiple osteochondromatosis where the person's multiple osteochondromatosis was suffered or contracted before or during (but did not arise out of) the person's relevant service.
2. 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
	1. In this instrument:
		1. ***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.
		2. ***multiple osteochondromatosis***—see subsection 7(2).
		3. ***relevant service*** means:
			1. operational service under the VEA;
			2. peacekeeping service under the VEA;
			3. hazardous service under the VEA;
			4. British nuclear test defence service under the VEA;
			5. warlike service under the MRCA; or
			6. non-warlike service under the MRCA.

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

* + 1. ***terminal event*** means the proximate or ultimate cause of death and includes the following:
			1. pneumonia;
			2. respiratory failure;
			3. cardiac arrest;
			4. circulatory failure; or
			5. cessation of brain function.
		2. ***VEA*** means the *Veterans' Entitlements Act 1986*.