



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
NEOPLASM OF THE PITUITARY GLAND
(Reasonable Hypothesis)
(No. 70 of 2024)

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

Dated 20 August 2024.

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

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1 Name

This is the Statement of Principles concerning *neoplasm of the pituitary gland (Reasonable Hypothesis)* (No. 70 of 2024).

2 Commencement

This instrument commences on 24 September 2024.

3 Authority

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

4 Repeal

The Statement of Principles concerning neoplasm of the pituitary gland No. 53 of 2015 (Federal Register of Legislation No. F2015L00259) made under subsection 196B(2) of the VEA is repealed.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 neoplasm of the pituitary gland and death from neoplasm of the pituitary gland.

Meaning of neoplasm of the pituitary gland

- (2) For the purposes of this Statement of Principles, neoplasm of the pituitary gland:
- (a) means a primary neoplasm, either benign or malignant, arising from the cells of the pituitary gland; and
 - (b) includes:
 - (i) tumours of the anterior pituitary (adenohypophysis);
 - (ii) tumours of the posterior pituitary (neurohypophysis); and
 - (iii) tumours of the pituitary stalk (infundibulum); and
 - (c) excludes:
 - (i) soft tissue sarcoma;

- (ii) carcinoid tumour;
 - (iii) non-Hodgkin lymphoma;
 - (iv) Hodgkin lymphoma;
 - (v) tumours of the hypothalamus;
 - (vi) tumours of the sella turcica of the sphenoid bone; and
 - (vii) tumours of the diaphragma sellae.
- (3) While neoplasm of the pituitary gland attracts ICD-10-AM codes C75.1, D35.2, or D44.3, in applying this Statement of Principles the meaning of neoplasm of the pituitary gland 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 neoplasm of the pituitary gland

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

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 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 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 neoplasm of the pituitary gland or death from neoplasm of the pituitary gland with the circumstances of a person's relevant service:

- (1) having undergone bilateral adrenalectomy for the treatment of Cushing syndrome due to a corticotroph pituitary adenoma before the clinical worsening of corticotroph pituitary adenoma;

Note 1: Bilateral adrenalectomy is the excision of both adrenal glands.

Note 2: Cushing disease is Cushing syndrome due to a corticotroph pituitary adenoma.

Note 3: A corticotroph is a cell of the anterior pituitary that secretes corticotropin (adrenocorticotrophic hormone (ACTH)), a hormone that stimulates secretion of corticosteroids from the adrenal cortex.

Note 4: An example of clinical worsening is Nelson syndrome.

- (2) taking one of the following gonadotropin-releasing hormone (GnRH) agonists at the time of pituitary apoplexy of a pre-existing pituitary adenoma:

- (a) goserelin;
- (b) leuprorelin/leuprolide;
- (c) nafarelin; or
- (d) triptorelin;

Note 1: Pituitary apoplexy is a clinical worsening of a pre-existing pituitary adenoma.

Note 2: Pituitary apoplexy is the sudden loss of blood supply to the pituitary gland, leading to tissue necrosis and loss of function.

- (3) taking one of the following hormones as part of a dynamic endocrine test, within the 4 days before pituitary apoplexy of a pre-existing pituitary adenoma:

- (a) gonadotropin-releasing hormone (GnRH)
- (b) growth hormone-releasing hormone (GHRH);
- (c) thyrotropin-releasing hormone (TRH); or
- (d) corticotropin-releasing hormone (CRH);

Note 1: Pituitary apoplexy is a clinical worsening of a pre-existing pituitary adenoma.

Note 2: Pituitary apoplexy is the sudden loss of blood supply to the pituitary gland, leading to tissue necrosis and loss of function.

Note 3: Dynamic endocrine tests assess the dynamic response of hormonal axes to aid diagnosis of endocrine disorders.

- (4) being obese for at least five years, at least 5 years before the clinical onset of pituitary adenoma;

Note 1: *being obese* is defined in the Schedule 1 dictionary.

- (5) inability to obtain appropriate clinical management for neoplasm of the pituitary gland before clinical worsening.

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 clinical worsening aspects of factors set out in section 9 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 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:

being obese means having a Body Mass Index (BMI) of 30 kg/m² or greater.

BMI means W/H^2 where:

- (a) W is the person's weight in kilograms; and
- (b) H is the person's height in metres.

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

neoplasm of the pituitary gland—see subsection 7(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.

Note: *MRCA* and *VEA* are 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*.