

Statement of Principles

concerning

SUBCUTANEOUS LIPOMA  
(Reasonable Hypothesis)

(No. 82 of 2024)

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

Dated 18 October 2024.

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

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1 Definitions 6

1. Name

This is the Statement of Principles concerning *subcutaneous lipoma* *(Reasonable Hypothesis)* (No. 82 of 2024).

1. Commencement

This instrument commences on 19 November 2024.

1. Authority

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

1. Repeal

The Statement of Principles concerning lipoma (Reasonable Hypothesis) (No. 100 of 2015) (Federal Register of Legislation No. F2015L01315) made under subsection 196B(2) of the VEA is repealed.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 subcutaneous lipoma and death from subcutaneous lipoma.

Meaning of **subcutaneous lipoma**

* 1. For the purposes of this Statement of Principles, subcutaneous lipoma:
     1. means a benign neoplasm of mature adipose cells occurring in subcutaneous tissues, which is usually surrounded by a capsule; and
     2. excludes:
        1. breast lipoma;
        2. fat hyperplasia;
        3. liposarcoma; and
        4. prolapse of adipose tissue.
  2. While subcutaneous lipoma attracts ICD‑10‑AM code D17, in applying this Statement of Principles the meaning of subcutaneous lipoma 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 **subcutaneous lipoma**

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

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 subcutaneous lipoma and death from subcutaneous lipoma 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 subcutaneous lipoma or death from subcutaneous lipoma with the circumstances of a person's relevant service:

* 1. having alcohol use disorder at the time of the clinical onset of benign symmetrical lipomatosis;

Note: Benign symmetrical lipomatosis is also known as multiple symmetrical lipomatosis or Madelung disease, which usually manifests as multiple symmetrical fat deposits in the head, neck and shoulder area.

* 1. having blunt trauma to the affected site within the 3 years the before the clinical onset of encapsulated lipoma;
  2. inability to obtain appropriate clinical management for subcutaneous lipoma before clinical worsening.

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(3) applies only to material contribution to, or aggravation of, subcutaneous lipoma where the person's subcutaneous lipoma 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. ***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 defined in the Schedule 1 - Dictionary.

* + 1. ***subcutaneous lipoma***—see subsection 7(2).
    2. ***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.
    3. ***VEA*** means the *Veterans' Entitlements Act 1986*.