



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

**Statement of Principles**  
**concerning**  
**NEOPLASM OF THE PITUITARY GLAND**  
**(Balance of Probabilities)**  
**(No. 71 of 2024)**

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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 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 (Balance of Probabilities)* (No. 71 of 2024).

## **2 Commencement**

This instrument commences on 24 September 2024.

## **3 Authority**

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

## **4 Repeal**

The Statement of Principles concerning neoplasm of the pituitary gland No. 54 of 2015 (Federal Register of Legislation No. F2015L00260) made under subsection 196B(3) of the VEA is repealed.

## **5 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.

## **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

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that neoplasm of the pituitary gland and death from neoplasm of the pituitary gland 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.

## 9 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, neoplasm of the pituitary gland or death from neoplasm of the pituitary gland is connected 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) 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(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 6

## 1 Definitions

In this instrument:

**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.

**neoplasm of the pituitary gland**—see subsection 7(2).

**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*.