

Statement of Principles concerning BENIGN PROSTATIC HYPERPLASIA (Reasonable Hypothesis) (No. 13 of 2025)

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

Dated 17 December 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 *benign prostatic hyperplasia* (Reasonable Hypothesis) (No. 13 of 2025).

2 Commencement

This instrument commences on 28 January 2025.

3 Authority

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

4 Repeal

The Statement of Principles concerning benign prostatic hyperplasia (Reasonable Hypothesis) (No. 17 of 2016) (Federal Register of Legislation No. F2016L00240) made under subsection 196B(2) of the VEA is repealed.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 benign prostatic hyperplasia and death from benign prostatic hyperplasia.

Meaning of benign prostatic hyperplasia

- (2) For the purposes of this Statement of Principles, benign prostatic hyperplasia:
 - (a) means a benign hyperplasia of the prostate glandular and stromal tissue which can cause obstruction of urine outflow; and
 - (b) excludes:
 - (i) malignant neoplasm of the prostate;
 - (ii) overactive bladder; and
 - (iii) prostatitis.

Note: Obstruction of urine outflow may present as increased urgency, increased urinary frequency, poor flow or dribbling.

- (3) While benign prostatic hyperplasia attracts ICD-10-AM code N40, in applying this Statement of Principles the meaning of benign prostatic hyperplasia 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 benign prostatic hyperplasia

(5) For the purposes of this Statement of Principles, benign prostatic hyperplasia, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's benign prostatic hyperplasia.

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 benign prostatic hyperplasia and death from benign prostatic hyperplasia 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 benign prostatic hyperplasia or death from benign prostatic hyperplasia with the circumstances of a person's relevant service:

(1) inability to undertake any physical activity greater than 3 METs for at least the 5 years before clinical onset;

Note: MET (metabolic equivalent) is a unit of measure of the level of physical capability of the cardiorespiratory system. For example, 1 MET = cardiorespiratory effort associated with a person sitting, 3-4 METs = cardiorespiratory effort associated with a person walking at average walking pace (5 km/h) or light gardening.

- (2) having chronic inflammatory prostatitis within the 8 years before clinical onset;
- (3) inability to obtain appropriate clinical management for benign prostatic hyperplasia 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 factor set out in subsection 9(3) applies only to material contribution to, or aggravation of, benign prostatic hyperplasia where the person's benign prostatic hyperplasia 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:

benign prostatic hyperplasia—see subsection 7(2).

MRCA means the Military Rehabilitation and Compensation Act 2004.

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.