

Statement of Principles

concerning

GANGLION
(Reasonable Hypothesis)

(No. 7 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

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 5

Schedule 1 - Dictionary 6

1 Definitions 6

1. Name

This is the Statement of Principles concerning *ganglion* *(Reasonable Hypothesis)* (No. 7 of 2025).

1. Commencement

 This instrument commences on 28 January 2025.

1. Authority

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

1. Repeal

The Statement of Principles concerning ganglion (Reasonable Hypothesis) (No. 71 of 2016) (Federal Register of Legislation No. F2016L01356) made under subsections 196B(2) and (8) of the VEA is repealed.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 ganglion and death from ganglion.

Meaning of **ganglion**

* 1. For the purposes of this Statement of Principles, ganglion:
		1. means a benign, cystic lesion overlying a joint or tendon, consisting of a thin fibrous capsule with no epithelial lining enclosing clear mucinous fluid, which may be accompanied by pain, weakness and loss of function; and
		2. excludes:
			1. cyst of bursa;
			2. epidermoid cyst;
			3. ganglion in yaws;
			4. synovial cyst; and
			5. Tarlov cyst.

Note: Ganglion cysts occur most commonly in the wrist, hand, or foot, but can also form in the elbow, shoulder, hip, knee, ankle, or spine.

* 1. While ganglion attracts ICD‑10‑AM code M67.4, in applying this Statement of Principles the meaning of ganglion is that given in subsection (2).
	2. 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 **ganglion**

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

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

* 1. having acute trauma due to a significant physical force applied to the affected joint or tendon within the 1 year before clinical onset;
	2. inability to obtain appropriate clinical management for ganglion 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(2) applies only to material contribution to, or aggravation of, ganglion where the person's ganglion 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. ***ganglion***—see subsection 7(2).
		2. ***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.
		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 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*.