



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
MALIGNANT NEOPLASM OF THE
URETHRA
(Balance of Probabilities)
(No. 20 of 2025)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 18 February 2025.

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 *malignant neoplasm of the urethra (Balance of Probabilities)* (No. 20 of 2025).

2 Commencement

This instrument commences on 25 March 2025.

3 Authority

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

4 Repeal

The Statement of Principles concerning malignant neoplasm of the urethra (Balance of Probabilities) (No. 50 of 2016) (Federal Register of Legislation No. F2016L00581) made under subsection 196B(3) of the VEA is repealed.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 malignant neoplasm of the urethra and death from malignant neoplasm of the urethra.

Meaning of malignant neoplasm of the urethra

- (2) For the purposes of this Statement of Principles, malignant neoplasm of the urethra:
 - (a) means a primary malignant neoplasm arising from the epithelial cells lining the urethra; and
 - (b) includes:
 - (i) adenocarcinoma of the urethra;
 - (ii) carcinoma in situ of the urethra;
 - (iii) clear cell adenocarcinoma of the urethra;
 - (iv) malignant neoplasms of the urethral accessory glands;
 - (v) squamous cell carcinoma of the urethra;
 - (vi) urothelial cell carcinoma of the urethra;

- (vii) urethral diverticular carcinoma;
 - (viii) primary melanoma of the urethra; and
- (c) excludes:
- (i) carcinoid tumours;
 - (ii) haematolymphoid tumours including non-Hodgkin lymphoma and Hodgkin lymphoma;
 - (iii) malignant neoplasm of the urethral orifice of the bladder;
 - (iv) metastatic cancer from other primary sites including bladder, ureter and renal pelvis;
 - (v) soft tissue sarcoma.
- (3) While malignant neoplasm of the urethra attracts ICD-10-AM code C68.0 and C68.1, in applying this Statement of Principles the meaning of malignant neoplasm of the urethra 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 malignant neoplasm of the urethra

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

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 malignant neoplasm of the urethra and death from malignant neoplasm of the urethra 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, malignant neoplasm of the urethra or death from malignant neoplasm of the urethra is connected with the circumstances of a person's relevant service:

- (1) for squamous cell or mixed squamous and urothelial cell carcinomas only, having infection of the urethra with human papilloma virus (HPV) types 16 or 18 before clinical onset;
- (2) having received a cumulative equivalent dose of at least 0.5 sieverts of ionising radiation to the affected site at least 10 years before clinical onset;

Note: *cumulative equivalent dose* is defined in the Schedule 1 – Dictionary.

- (3) having a urethral diverticulum at the time of clinical onset;

Note: Urethral diverticulum can be acquired and has been associated with infection of the periurethral glands, urethral trauma (e.g. during vaginal delivery), urethral dilatation or catheterisation, and a history of vaginal or urethral surgery (often for stress incontinence).

- (4) inability to obtain appropriate clinical management for malignant neoplasm of the urethra 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(4) applies only to material contribution to, or aggravation of, malignant neoplasm of the urethra where the person's malignant neoplasm of the urethra 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:

cumulative equivalent dose means the total dose of ionising radiation received by the particular organ or tissue. The formula used to calculate the cumulative equivalent dose allows doses from multiple types of ionising radiation to be combined, by accounting for their differing biological effect. The unit of equivalent dose is the sievert. For the purposes of this Statement of Principles, the calculation of cumulative equivalent dose excludes doses received from normal background radiation, but includes therapeutic radiation, diagnostic radiation, cosmic radiation at high altitude, radiation from occupation-related sources and radiation from nuclear explosions or accidents.

malignant neoplasm of the urethra—see subsection 7(2).

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.

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*.