

Statement of Principles
concerning

DEEP VEIN THROMBOSIS

No. 74 of 2008

for the purposes of the

Veterans' Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

Title

1. This Instrument may be cited as Statement of Principles concerning deep vein thrombosis No. 74 of 2008.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 5 of 2001, as amended by Instrument No. 38 of 2004, concerning deep vein thrombosis; and
 - (b) determines in their place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **deep vein thrombosis** and **death from deep vein thrombosis**.
 - (b) For the purposes of this Statement of Principles, "**deep vein thrombosis**" means an aggregation of blood factors, primarily platelets and fibrin with entrapment of cellular elements, that forms in the deep venous system, and causes vascular obstruction at the point of its formation, but excludes retinal, cerebral, pulmonary, hepatic, renal, portal and mesenteric thrombosis.
 - (c) Deep vein thrombosis attracts ICD-10-AM code I80.1, I80.2, I80.8, I82.2 or I82.8.

- (d) In the application of this Statement of Principles, the definition of "**deep vein thrombosis**" is that given at paragraph 3(b) above.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **deep vein thrombosis** and **death from deep vein thrombosis** 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 *Military Rehabilitation and Compensation Act 2004* (the MRCA).

Factors that must be related to service

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **deep vein thrombosis** or **death from deep vein thrombosis** with the circumstances of a person's relevant service is:
- (a) having surgery requiring a general, spinal or epidural anaesthetic, within the 180 days before the clinical onset of deep vein thrombosis; or
 - (b) having trauma to the affected vein within the 180 days before the clinical onset of deep vein thrombosis; or
 - (c) being immobile for at least four consecutive hours within the 30 days before the clinical onset of deep vein thrombosis; or
 - (d) being an inpatient in a hospital or a resident in a nursing home, within the 90 days before the clinical onset of deep vein thrombosis; or
 - (e) having :
 - (i) a significant head injury;
 - (ii) a spinal cord injury;
 - (iii) a fracture to the spinal column, pelvic bone, femur or tibia;
or
 - (iv) an injury to the affected limb requiring treatment with a cast,

within the 180 days before the clinical onset of deep vein thrombosis; or

- (f) having congestive cardiac failure within the 90 days before the clinical onset of deep vein thrombosis; or
- (g) having a malignant neoplasm at the time of the clinical onset of deep vein thrombosis; or
- (h) being treated with a cytotoxic agent for a malignant disease within the 90 days before the clinical onset of deep vein thrombosis; or
- (i) being treated with thalidomide or lenalidomide, for a malignant disease, within the 90 days before the clinical onset of deep vein thrombosis; or
- (j) having a myeloproliferative disease at the time of the clinical onset of deep vein thrombosis; or
- (k) having a space occupying lesion causing venous compression of:
 - (i) the affected vein; or
 - (ii) a vein draining the affected vein,at the time of the clinical onset of deep vein thrombosis; or
- (l) having systemic lupus erythematosus at the time of the clinical onset of deep vein thrombosis; or
- (m) having dysfibrinogenaemia at the time of the clinical onset of deep vein thrombosis; or
- (n) having Buerger's disease at the time of the clinical onset of deep vein thrombosis; or
- (o) having Behçet's disease at the time of the clinical onset of deep vein thrombosis; or
- (p) having hyperhomocystinaemia at the time of the clinical onset of deep vein thrombosis; or
- (q) having protein C deficiency, protein S deficiency, antithrombin III deficiency or activated protein C resistance, at the time of the clinical onset of deep vein thrombosis; or

- (r) having paroxysmal nocturnal haemoglobinuria at the time of the clinical onset of deep vein thrombosis; or
- (s) having antiphospholipid antibody syndrome at the time of the clinical onset of deep vein thrombosis; or
- (t) having a myocardial infarction within the 90 days before the clinical onset of deep vein thrombosis; or
- (u) having an aneurysm of the affected vein at the time of the clinical onset of deep vein thrombosis; or
- (v) having inflammatory bowel disease within the 90 days before the clinical onset of deep vein thrombosis; or
- (w) being obese at the time of the clinical onset of deep vein thrombosis; or
- (x) using combined oestrogen-progestin contraception for a period of at least three weeks within the 90 days before the clinical onset of deep vein thrombosis; or
- (y) having hormone replacement therapy for a period of at least three weeks within the 90 days before the clinical onset of deep vein thrombosis; or
- (z) being treated with a selective oestrogen receptor modulator within the 90 days before the clinical onset of deep vein thrombosis; or
- (aa) being treated with an anti-psychotic drug, including atypical agents, within the 90 days before the clinical onset of deep vein thrombosis; or
- (bb) having heparin-induced thrombocytopenia at the time of the clinical onset of deep vein thrombosis; or
- (cc) using erythropoietin within the 90 days before the clinical onset of deep vein thrombosis; or
- (dd) being pregnant or being within the 90 days postpartum, at the time of the clinical onset of deep vein thrombosis; or

- (ee) for deep vein thrombosis in a lower limb or the pelvis only, having paralysis of either or both lower limbs at the time of the clinical onset of deep vein thrombosis; or
- (ff) for deep vein thrombosis in a lower limb only, having varicose veins in the affected lower limb within the 90 days before the clinical onset of deep vein thrombosis; or
- (gg) for deep vein thrombosis in a lower limb only, having superficial vein thrombosis of the affected lower limb within the 90 days before the clinical onset of deep vein thrombosis; or
- (hh) for deep vein thrombosis in an upper limb only, engagement in exercise of the affected upper limb for a cumulative period of at least two hours within the seven days before the clinical onset of deep vein thrombosis; or
- (ii) inability to obtain appropriate clinical management for deep vein thrombosis.

Factors that apply only to material contribution or aggravation

7. Paragraph 6(ii) applies only to material contribution to, or aggravation of, deep vein thrombosis where the person's deep vein thrombosis was suffered or contracted before or during (but not arising out of) the person's relevant service.

Inclusion of Statements of Principles

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Other definitions

9. For the purposes of this Statement of Principles:

"a selective oestrogen receptor modulator" means a non-steroidal compound which exerts selective agonist or antagonist effects on various oestrogen target tissues and includes tamoxifen, raloxifene, toremifene and droloxifene;

"activated protein C resistance" means a condition where there is a reduced response to the anticoagulant activity of activated protein C and

is characterised by reduced prolongation of the activated partial thromboplastin time in response to added protein C;

"antiphospholipid antibody syndrome" means the presence of antiphospholipid antibodies or lupus anticoagulant antibodies plus one or more of the following clinical manifestations: venous thrombosis, arterial thrombosis, foetal loss or thrombocytopaenia;

"antithrombin III" means a protein of normal plasma and extravascular sites that inactivates thrombin and thus inhibits blood coagulation;

"Behçet's disease" means a chronic, inflammatory, multisystem, autoimmune disorder presenting with recurrent oral and genital ulcerations as well as ocular involvement;

"being immobile" means at least gross diminution of movement of a lower limb associated with sitting or reclining;

"being obese" means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of thirty or greater.

The $BMI = W/H^2$ and where:

W is the person's weight in kilograms and

H is the person's height in metres;

"congestive cardiac failure" means congestion in the peripheral circulation or congestion of the lungs or both, due to reduced stroke volume;

"death from deep vein thrombosis" in relation to a person includes death from a terminal event or condition that was contributed to by the person's deep vein thrombosis;

"dysfibrinogenaemia" means a condition where there is both normal and mutant fibrinogen in the blood plasma;

"exercise of the affected upper limb" means strenuous, repetitive activity that involved abduction of the shoulder or arm of the affected upper limb. Examples of activities include heavy gardening, sawing and chopping wood, painting, badminton, baseball, softball, handball, squash, tennis, volleyball, waterpolo, weight lifting, canoeing, judo, push-ups, rowing, swimming, wrestling and basketball;

"hormone replacement therapy" means administration of oestrogen preparations often in combination with progesterone to offset a hormone deficiency following surgically induced or naturally occurring menopause;

"hyperhomocystinaemia" means a condition characterised by an excess of homocystine in the blood;

"ICD-10-AM code" means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Sixth Edition, effective date of 1 July 2008, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 016 6;

"malignant neoplasm" means cancer of any part of the body, excluding non-metastatic non-melanotic malignant neoplasm of the skin. The cancer may be present but undiagnosed at the time of the clinical onset of deep vein thrombosis;

"myeloproliferative disease" means family of disorders, including polycythaemia vera, idiopathic myelofibrosis and essential thrombocytosis, characterised by increased blood cell production which arise in a clonal manner from abnormalities at the level of the haematopoietic stem cell;

"paralysis of either or both lower limbs" means loss or impairment of motor function of either or both lower limbs, occurring in conditions such as stroke or spinal cord injury;

"paroxysmal nocturnal haemoglobinuria" means a chronic acquired blood cell dysplasia in which there is proliferation of a clone of stem cells producing erythrocytes, platelets and granulocytes that are abnormally susceptible to lysis by complement; it is characterised by the presence of free haemoglobin in the urine, intravascular haemolysis and venous thrombosis;

"protein C deficiency" means a deficiency of a vitamin K dependent plasma protein that, when activated, inhibits the clotting cascade at the levels of factor V and factor VIII;

"protein S deficiency" means a deficiency of a vitamin K dependent plasma protein that inhibits blood clotting by serving as a cofactor for activated protein C;

"relevant service" means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

"significant head injury" means trauma to the head resulting in:

- (a) a skull fracture; or
- (b) loss of consciousness with retrograde amnesia; or
- (c) leakage of blood and/or cerebrospinal fluid from the external auditory canal or from the nostril;

"spinal cord injury" means an injury to the long tracts of the spinal cord resulting in motor or sensory deficits below the level of the lesion;

"superficial vein thrombosis" means thrombosis of the greater or lesser saphenous veins or their tributaries;

"terminal event" means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function;

"trauma to the affected vein" means injury to the affected vein by:

- (a) injection, cannulation or incision of the affected vein;
- (b) therapeutic radiation to the region of the affected vein; or
- (c) a crush injury to the affected vein.

Application

- 10.** This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

11. This Instrument takes effect from 5 November 2008.

Dated this *twenty-second* day of *October* 2008

The Common Seal of the)
Repatriation Medical Authority)
was affixed to this instrument)
in the presence of:)

KEN DONALD
CHAIRPERSON