



Australian Government  
Repatriation Medical Authority

Statement of Principles  
concerning

**ATHEROSCLEROTIC PERIPHERAL  
VASCULAR DISEASE**

**No. 24 of 2012**

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 atherosclerotic peripheral vascular disease No. 24 of 2012.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 66 of 2002 concerning atherosclerotic peripheral vascular disease; and
  - (b) determines in its place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **atherosclerotic peripheral vascular disease** and **death from atherosclerotic peripheral vascular disease**.
  - (b) For the purposes of this Statement of Principles, "**atherosclerotic peripheral vascular disease**" means partial or total occlusion of the arterial supply to the extremities caused by atherosclerosis and which results in any of the following clinical manifestations:
    - (i) intermittent claudication;

- (ii) rest pain;
  - (iii) reduced arterial pulsation;
  - (iv) bruit over a narrowed artery;
  - (v) signs of chronic limb ischaemia (subcutaneous atrophy, hair loss, thickened nails, smooth and shiny skin, coolness, pallor, cyanosis or dependent rubor);
  - (vi) ulceration;
  - (vii) necrosis;
  - (viii) gangrene;
  - (ix) ischaemic neuritis; or
  - (x) ankle-brachial systolic blood pressure index of 0.9 or less.
- (c) Atherosclerotic peripheral vascular disease attracts ICD-10-AM code I70.2.
- (d) In the application of this Statement of Principles, the definition of "**atherosclerotic peripheral vascular disease**" is that given at paragraph 3(b) above.

#### **Basis for determining the factors**

4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **atherosclerotic peripheral vascular disease** and **death from atherosclerotic peripheral vascular disease** can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, **atherosclerotic peripheral vascular disease** or **death from atherosclerotic peripheral vascular disease** is connected with the circumstances of a person's relevant service is:
- (a) smoking at least ten pack-years, or the equivalent thereof in other tobacco products, before the clinical onset of atherosclerotic peripheral vascular disease, and where smoking has ceased, the clinical onset of atherosclerotic peripheral vascular disease has occurred within ten years of cessation; or
  - (b) having diabetes mellitus before the clinical onset of atherosclerotic peripheral vascular disease; or
  - (c) having hypertension before the clinical onset of atherosclerotic peripheral vascular disease; or
  - (d) having dyslipidaemia before the clinical onset of atherosclerotic peripheral vascular disease; or

- (e) having hyperhomocysteinaemia before the clinical onset of atherosclerotic peripheral vascular disease; or
- (f) having chronic renal disease before the clinical onset of atherosclerotic peripheral vascular disease; or
- (g) having received a cumulative equivalent dose of at least 1.0 sievert of ionising radiation to the affected artery before the clinical onset of atherosclerotic peripheral vascular disease; or
- (h) undergoing a course of therapeutic radiation for cancer, where the affected artery was in the field of radiation, before the clinical onset of atherosclerotic peripheral vascular disease; or
- (i) smoking at least ten pack-years, or the equivalent thereof in other tobacco products, before the clinical worsening of atherosclerotic peripheral vascular disease, and where smoking has ceased, the clinical worsening of atherosclerotic peripheral vascular disease has occurred within ten years of cessation; or
- (j) having diabetes mellitus before the clinical worsening of atherosclerotic peripheral vascular disease; or
- (k) having hypertension before the clinical worsening of atherosclerotic peripheral vascular disease; or
- (l) having dyslipidaemia before the clinical worsening of atherosclerotic peripheral vascular disease; or
- (m) having hyperhomocysteinaemia before the clinical worsening of atherosclerotic peripheral vascular disease; or
- (n) having chronic renal disease before the clinical worsening of atherosclerotic peripheral vascular disease; or
- (o) having received a cumulative equivalent dose of at least 1.0 sievert of ionising radiation to the affected artery before the clinical worsening of atherosclerotic peripheral vascular disease; or
- (p) undergoing a course of therapeutic radiation for cancer, where the affected artery was in the field of radiation, before the clinical worsening of atherosclerotic peripheral vascular disease; or
- (q) inability to obtain appropriate clinical management for atherosclerotic peripheral vascular disease.

**Factors that apply only to material contribution or aggravation**

7. Paragraphs **6(i) to 6(q)** apply only to material contribution to, or aggravation of, atherosclerotic peripheral vascular disease where the person's atherosclerotic peripheral vascular disease 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:

**"chronic renal disease"** means irreversible kidney damage which leads to impaired renal function;

**"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;

**"death from atherosclerotic peripheral vascular disease"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's atherosclerotic peripheral vascular disease;

**"dyslipidaemia"** generally means evidence of a persistently abnormal lipid profile after the accurate evaluation of serum lipids following a 12 hour overnight fast, and estimated on a minimum of two occasions as:

- (a) a total cholesterol level greater than or equal to 5.5 millimoles per litre (mmol/L);
- (b) a triglyceride level greater than or equal to 2.0 mmol/L; or
- (c) a high density lipoprotein cholesterol level less than 1.0 mmol/L;

**"hyperhomocysteinaemia"** means a condition characterised by an excess of homocysteine 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), Seventh Edition, effective date of 1 July 2010, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 154 5;

**"pack-years of cigarettes, or the equivalent thereof in other tobacco products"** means a calculation of consumption where one pack-year of cigarettes equals 20 tailor-made cigarettes per day for a period of one calendar year, or 7300 cigarettes. One tailor-made cigarette approximates one gram of tobacco or one gram of cigar or pipe tobacco by weight. One pack-year of tailor-made cigarettes equates to 7.3 kilograms of smoking tobacco by weight. Tobacco products means either cigarettes, pipe tobacco or cigars smoked, alone or in any combination;

**"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;

**"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.

**Application**

- 10.** This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.

**Date of effect**

- 11.** This Instrument takes effect from 7 March 2012.

Dated this *twenty-fourth* day of *February* 2012

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

KEN DONALD  
CHAIRPERSON