



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
MALIGNANT NEOPLASM OF THE COLON
AND RECTUM
(Reasonable Hypothesis)
(No. 19 of 2022)

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

Dated 24 December 2021

The Common Seal of the
Repatriation Medical Authority
was affixed to this instrument
at the direction of:

Professor Terence Campbell AM
Chairperson

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1 Name

This is the Statement of Principles concerning *malignant neoplasm of the colon and rectum (Reasonable Hypothesis)* (No. 19 of 2022).

2 Commencement

This instrument commences on 31 January 2022.

3 Authority

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

4 Repeal

The Statement of Principles concerning malignant neoplasm of the colorectum No. 37 of 2013 (Federal Register of Legislation No. F2013L01134) made under subsections 196B(2) and (8) of the VEA is repealed.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 malignant neoplasm of the colon and rectum and death from malignant neoplasm of the colon and rectum.

Meaning of malignant neoplasm of the colon and rectum

- (2) For the purposes of this Statement of Principles, malignant neoplasm of the colon and rectum:
- (a) means a primary malignant neoplasm arising from the epithelial cells of the colon or rectum; and
 - (b) excludes soft tissue sarcoma, carcinoid tumour, non-Hodgkin lymphoma and Hodgkin's lymphoma.

Note 1: The colon extends from the colonic caecum (including the ileocaecal junction and vermiform appendix) to the sigmoid colon (not including the rectosigmoid junction).

Note 2: The rectum extends from the rectosigmoid junction to the junction of the rectum with the anal canal.

- (3) While malignant neoplasm of the colon and rectum attracts ICD-10-AM code C18, C19 or C20, in applying this Statement of Principles the meaning of malignant neoplasm of the colon and rectum 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 colon or rectum***

- (5) For the purposes of this Statement of Principles, malignant neoplasm of the colon or rectum, 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 colon or rectum.

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 malignant neoplasm of the colon or rectum and death from malignant neoplasm of the colon or rectum 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 malignant neoplasm of the colon or rectum or death from malignant neoplasm of the colon or rectum with the circumstances of a person's relevant service:

- (1) having familial adenomatous polyposis before the clinical onset of malignant neoplasm of the colon or rectum;
- (2) having a colorectal adenoma involving the affected part of the colon or rectum before the clinical onset of malignant neoplasm of the colon or rectum;
- (3) being prevented from accessing clinical screening for colorectal precancerous lesions or colorectal cancer in accordance with contemporary medical standards of the time, within the 5 years before the clinical onset of malignant neoplasm of the colon or rectum, and:

- (a) if clinical screening has subsequently resumed, there has been no normal test result; and
- (b) the opportunity for subsequent clinical screening has not been declined;

Note: *colorectal precancerous lesions* is defined in the Schedule 1 - Dictionary.

- (4) being prevented from accessing appropriate treatment for colorectal precancerous lesions in accordance with contemporary medical standards of the time, within the 5 years before the clinical onset of malignant neoplasm of the colon or rectum;

Note: *colorectal precancerous lesions* is defined in the Schedule 1 - Dictionary.

- (5) having inflammatory bowel disease involving the colon or rectum for at least 3 years before the clinical onset of malignant neoplasm of the colon or rectum;
- (6) undergoing a course of therapeutic radiation for cancer, where the affected part of the colon or rectum was in the field of radiation, before the clinical onset of malignant neoplasm of the colon or rectum;
- (7) having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the colon or rectum at least 5 years before the clinical onset of malignant neoplasm of the colon or rectum;

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

- (8) inhaling respirable asbestos fibres in an enclosed space, at the time material containing asbestos was being applied, removed, cut, drilled, dislodged or disturbed:
 - (a) for a cumulative period of at least 1,000 hours before the clinical onset of malignant neoplasm of the colon or rectum; and
 - (b) where the first inhalation of asbestos fibres commenced at least 5 years before the clinical onset of malignant neoplasm of the colon or rectum;

Note: Disturbance of debris or dust contaminated with asbestos fibres already present in an enclosed space may result in exposure to respirable asbestos fibres.

- (9) inhaling respirable asbestos fibres in an open environment, at the time material containing asbestos was being applied, removed, cut, drilled, dislodged or disturbed:
 - (a) for a cumulative period of at least 3,000 hours before the clinical onset of malignant neoplasm of the colon or rectum; and
 - (b) where the first inhalation of asbestos fibres commenced at least 5 years before the clinical onset of malignant neoplasm of the colon or rectum;

Note: Disturbance of debris or dust contaminated with asbestos fibres already present in an open environment may result in exposure to respirable asbestos fibres.

- (10) having smoked tobacco products:
- (a) in an amount of at least 15 pack-years before the clinical onset of malignant neoplasm of the colon or rectum; and
 - (b) commencing at least 5 years before the clinical onset of malignant neoplasm of the colon or rectum; and
- if smoking has ceased before the clinical onset of malignant neoplasm of the colon or rectum, then that onset occurred within 30 years of cessation;
- Note: *one pack-year* is defined in the Schedule 1 - Dictionary.
- (11) consuming at least 250 kilograms of alcohol before the clinical onset of malignant neoplasm of the colon or rectum;
- Note: Alcohol consumption is calculated utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink.
- (12) being overweight or obese for at least 5 years within the 30 years before the clinical onset of malignant neoplasm of the colon or rectum;
- Note: *being overweight or obese* is defined in the Schedule 1 - Dictionary.
- (13) having diabetes mellitus for at least 5 years before the clinical onset of malignant neoplasm of the colon or rectum;
- (14) having a solid organ transplant at least 5 years before the clinical onset of malignant neoplasm of the colon or rectum;
- (15) having chronic schistosomiasis involving the affected part of the colon or rectum for at least 5 years before the clinical onset of malignant neoplasm of the colon or rectum;
- (16) having a ureterosigmoidostomy involving the affected part of the sigmoid colon at least 5 years before the clinical onset of malignant neoplasm of the colon or rectum;
- (17) having psoriasis at the time of the clinical onset of malignant neoplasm of the colon or rectum;
- (18) having sarcoidosis at the time of the clinical onset of malignant neoplasm of the colon or rectum;
- (19) having bilateral oophorectomy at least 5 years before the clinical onset of malignant neoplasm of the colon or rectum;
- (20) having bilateral orchiectomy at least 5 years before the clinical onset of malignant neoplasm of the colon or rectum;
- (21) having androgen deprivation therapy at least 5 years before the clinical onset of malignant neoplasm of the colon or rectum;

- (22) inability to consume an average of at least 20 grams per day of fibre in food for at least 5 consecutive years within the 25 years before the clinical onset of malignant neoplasm of the colon or rectum;

Note: *fibre in food* is defined in the Schedule 1 - Dictionary.

- (23) inability to consume an average of at least 100 millilitres per day of dairy milk for at least 5 consecutive years within the 25 years before the clinical onset of malignant neoplasm of the colon or rectum;

- (24) for malignant neoplasm of the colon only:

- (a) inability to undertake any physical activity greater than 3 METs for at least 10 consecutive years within the 30 years before the clinical onset of malignant neoplasm of the colon;

Note: *MET* is defined in the Schedule 1 - Dictionary.

- (b) having acromegaly before the clinical onset of malignant neoplasm of the colon;

Note: *acromegaly* is defined in the Schedule 1 - Dictionary.

- (c) consuming an average of at least 100 grams per day of red meat, for at least 10 years within the 25 years before the clinical onset of malignant neoplasm of the colon;

Note: *red meat* is defined in the Schedule 1 - Dictionary.

- (d) consuming an average of at least 25 grams per day of processed meat product, for at least 10 years within the 25 years before the clinical onset of malignant neoplasm of the colon;

Note: *processed meat product* is defined in the Schedule 1 - Dictionary.

- (e) inability to consume an average of at least 100 grams per day of any combination of fruit and vegetables, for at least the 5 years before the clinical onset of malignant neoplasm of the colon; or

- (f) having a cholecystectomy at least 5 years before the clinical onset of malignant neoplasm of the colon;

- (25) inability to obtain appropriate clinical management for malignant neoplasm of the colon or rectum.

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(25) applies only to material contribution to, or aggravation of, malignant neoplasm of the colon or rectum where the person's malignant neoplasm of the colon or rectum 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:

acromegaly means a chronic disease of adults resulting from excess production of growth hormone after closure of the epiphyses.

being overweight or obese means:

- (a) having a Body Mass Index (BMI) of 25 or greater; or
- (b) for males, having a waist circumference exceeding 94 centimetres; or
- (c) for females, having a waist circumference exceeding 80 centimetres.

Note: **BMI** is also defined in the Schedule 1 - Dictionary.

BMI means W/H^2 where:

- (a) W is the person's weight in kilograms; and
- (b) H is the person's height in metres.

colorectal precancerous lesions means changes to colorectal cells that make them more likely to develop into cancer, and includes colorectal adenomas and non-adenomatous epithelial dysplasia.

cumulative equivalent dose means the total dose of ionising radiation received by the particular organ or tissue from external exposure, internal exposure or both, apart from normal background radiation exposure in Australia, calculated in accordance with the methodology set out in *Guide to calculation of 'cumulative equivalent dose' for the purpose of applying ionising radiation factors contained in Statements of Principles determined under Part XIA of the Veterans' Entitlements Act 1986 (Cth)*, Australian Radiation Protection and Nuclear Safety Agency, as in force on 2 August 2017.

Note 1: Examples of circumstances that might lead to exposure to ionising radiation include being present during or subsequent to the testing or use of nuclear weapons, undergoing diagnostic or therapeutic medical procedures involving ionising radiation, and being a member of an aircrew, leading to increased levels of exposure to cosmic radiation.

Note 2: For the purpose of dose reconstruction, dose is calculated as an average over the mass of a specific tissue or organ. If a tissue is exposed to multiple sources of ionising radiation, the various dose estimates for each type of radiation must be combined.

fibre in food means complex carbohydrates of plant origin consumed as vegetables, fruits or cereals which resist digestion by gastrointestinal enzymes in the gastrointestinal tract, and include plant cell walls and non-starch polysaccharides from sources other than cell walls, including cellulose and pectins.

malignant neoplasm of the colon and rectum—see subsection 7(2).

MET means a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute, or 1.0 kcal/kg of body weight per hour, or resting metabolic rate.

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

one pack-year means the amount of tobacco consumed in smoking 20 cigarettes per day for a period of 1 year, or an equivalent amount of tobacco products.

Note 1: An equivalent amount of tobacco products is 7,300 grams of smoking tobacco by weight, either in cigarettes, pipe tobacco or cigars, or a combination of same. For pipe tobacco, cigars or combinations of multiple tobacco types, 1 gram of tobacco is considered to be equal to one cigarette.

Note 2: Pack-years are calculated by dividing the number of cigarettes smoked per day by 20 and multiplying this number by the number of years the person has smoked. For example, smoking 10 cigarettes per day for 10 years is equal to 5 pack-years, and smoking 40 cigarettes per day for 10 years is equal to 20 pack-years.

processed meat product means preserved or cured meats, including ham, frankfurters, salami and bacon.

red meat means all types of mammalian meat, including beef, veal, pork, lamb, mutton, horse and goat.

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 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*.