



Australian Government  
Repatriation Medical Authority

Statement of Principles  
concerning

**NON-ANEURYSMAL AORTIC  
ATHEROSCLEROTIC DISEASE**

**No. 15 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 non-aneurysmal aortic atherosclerotic disease No. 15 of 2012.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 68 of 1998, as amended by Instrument No. 26 of 2002, concerning non-aneurysmal aortic atherosclerotic disease; and
  - (b) determines in their place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **non-aneurysmal aortic atherosclerotic disease** and **death from non-aneurysmal aortic atherosclerotic disease**.
  - (b) For the purposes of this Statement of Principles, "**non-aneurysmal aortic atherosclerotic disease**" means the presence of atherosclerosis in the aorta, which causes either:
    - (i) a partial or complete occlusion of the abdominal aorta with clinical manifestations of claudication in the lower back,

buttocks, hips, thighs or calves, or reduced pulsation in the femoral arteries, or pallor and coldness of the lower extremities;  
or

- (ii) a penetrating ulcer of the aorta with clinical manifestations of sudden onset of chest or back pain, or haemodynamic instability, or intramural haematoma, or false aortic aneurysm, or aortic rupture.
- (c) Non-aneurysmal aortic atherosclerotic disease attracts ICD-10-AM code I70.0 or I74.0.
- (d) In the application of this Statement of Principles, the definition of "**non-aneurysmal aortic atherosclerotic disease**" 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 **non-aneurysmal aortic atherosclerotic disease** and **death from non-aneurysmal aortic atherosclerotic disease** 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 **non-aneurysmal aortic atherosclerotic disease** or **death from non-aneurysmal aortic atherosclerotic disease** with the circumstances of a person's relevant service is:
  - (a) smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
  - (b) having hypertension before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
  - (c) having dyslipidaemia before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
  - (d) having diabetes mellitus before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
  - (e) undergoing a course of therapeutic radiation for cancer, where the aorta was in the field of radiation, before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or

- (f) having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the aorta before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
- (g) having hyperhomocysteinaemia before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
- (h) having chronic renal disease before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
- (i) having periodontitis for at least the two years before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
- (j) having a clinically significant depressive disorder for at least five years, before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
- (k) being in an atmosphere with a visible tobacco smoke haze in an enclosed space for at least 5000 hours before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
- (l) smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (m) having hypertension before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (n) having dyslipidaemia before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (o) having diabetes mellitus before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (p) undergoing a course of therapeutic radiation for cancer, where the aorta was in the field of radiation, before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (q) having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the aorta before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (r) having hyperhomocysteinaemia before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (s) having chronic renal disease before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (t) having periodontitis for at least the two years before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (u) having a clinically significant depressive disorder for at least five years, before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (v) being in an atmosphere with a visible tobacco smoke haze in an enclosed space for at least 5000 hours before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or

- (w) inability to obtain appropriate clinical management for non-aneurysmal aortic atherosclerotic disease.

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

7. Paragraphs **6(l) to 6(w)** apply only to material contribution to, or aggravation of, non-aneurysmal aortic atherosclerotic disease where the person's non-aneurysmal aortic atherosclerotic 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;

**"clinically significant"** means sufficient to warrant ongoing management, which may involve regular visits (for example, at least monthly), to a psychiatrist, counsellor or general practitioner;

**"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 non-aneurysmal aortic atherosclerotic disease"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's non-aneurysmal aortic atherosclerotic 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-year 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) 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;

**"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 120A of the VEA or section 338 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