



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
ACOUSTIC NEUROMA
(Reasonable Hypothesis)
(No. 96 of 2019)

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

Dated 18 October 2019

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

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO
Chairperson

Contents

1	Name	3
2	Commencement	3
3	Authority	3
4	Repeal	3
5	Application.....	3
6	Definitions.....	3
7	Kind of injury, disease or death to which this Statement of Principles relates	3
8	Basis for determining the factors	4
9	Factors that must exist.....	4
10	Relationship to service	4
11	Factors referring to an injury or disease covered by another Statement of Principles.....	5
Schedule 1 - Dictionary		6
1	Definitions.....	6

1 Name

This is the Statement of Principles concerning *acoustic neuroma (Reasonable Hypothesis)* (No. 96 of 2019).

2 Commencement

This instrument commences on 18 November 2019.

3 Authority

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

4 Repeal

The Statement of Principles concerning acoustic neuroma No. 29 of 2011 (Federal Register of Legislation No. F2011L00735) made under subsections 196B(2) and (8) of the VEA is repealed.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 acoustic neuroma and death from acoustic neuroma.

*Meaning of **acoustic neuroma***

- (2) For the purposes of this Statement of Principles, acoustic neuroma:
- (a) means a benign neoplasm arising from Schwann cells of the vestibular or cochlear nerve; and
 - (b) excludes acoustic neuroma associated with a tumour predisposition syndrome, such as neurofibromatosis or schwannomatosis.

Note 1: Acoustic neuroma is also known as vestibular schwannoma.

Note 2: Typical presenting symptoms are progressive hearing loss and tinnitus. Imbalance, dizziness, vertigo, facial paraesthesia, and headache can also occur.

- (3) While acoustic neuroma attracts ICD-10-AM code D33.3, in applying this Statement of Principles the meaning of acoustic neuroma 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 acoustic neuroma

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

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 acoustic neuroma and death from acoustic neuroma 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 acoustic neuroma or death from acoustic neuroma with the circumstances of a person's relevant service:

- (1) having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the affected vestibular or cochlear nerve at least five years before the clinical onset of acoustic neuroma;

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

- (2) inability to obtain appropriate clinical management for acoustic neuroma.

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(2) applies only to material contribution to, or aggravation of, acoustic neuroma where the person's

acoustic neuroma 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:

acoustic neuroma—see subsection 7(2).

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 the *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.

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

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*.