



**Australian Government**  
**Department of Veterans' Affairs**

**Policy Development Branch**

## SOP Bulletin No. 219

22 March 2021

**THE FOLLOWING RMA SOPS TAKE EFFECT ON 5 APRIL, 2021**

|                                       |   |
|---------------------------------------|---|
| <b>New SOPs</b>                       | <b>Nil</b>  |
| <b>Revocations &amp; Replacements</b> | <b>Asthma<br/>Acute lymphoblastic leukaemia/lymphoblastic lymphoma<br/>Deep vein thrombosis<br/>Pulmonary thromboembolism</b> |
| <b>Amendments</b>                     | <b>Nil</b>  |

### **NOTEWORTHY FEATURES**

The RMA has moved from having second monthly to monthly meetings. This will result in smaller batches of SOPs being issued, but on a more frequent basis. This group of SOPs is the first batch to be issued following this change of schedule.

**Asthma****Revocation – 31 & 32 of 2021**

Replaces 60 &amp; 61 of 2012

- The definition has been updated in form but SOP coverage is unchanged.
- Tobacco smoking, which was previously a worsening only factor, has been added as an onset factor in both RH and BOP. New wording for smoking factors has been introduced in this SOP and this will now be the model for similar factors in other SOPs. The pack-year definition has also been updated.
- A passive smoking onset factor has been added for the RH SOP. Passive smoking remains a worsening only factor in the BOP SOP.
- Asthma is one of very few SOPs with a clinical worsening definition. That definition has been modified. The requirements of that definition need to be met, along with the usual requirement for there to have been worsening beyond the normal course of the disease, in order for clinical worsening to be a consideration.

**Acute lymphoblastic leukaemia/  
lymphoblastic lymphoma****Revocation – 33 & 34 of 2021**

Replaces 75 &amp; 76 of 2012, as amended

- The name of the SOP has changed, with lymphoblastic lymphoma now added to this SOP. It was previously covered by the non-Hodgkin lymphoma SOP. Acute lymphoblastic leukaemia and lymphoblastic lymphoma are clinical variants of the same disease process. This change is similar to one previously made to combine chronic lymphocytic leukaemia and small lymphocytic lymphoma in the same SOP. It reflects the changing classification over time of cancers of blood and blood forming organs.
- With this change, cases of lymphoblastic lymphoma lose access to a number of SOP factors that were in the NHL SOP, but also gain access to an ionising radiation factor with a significantly lower dose than the corresponding factor in the NHL SOP.
- There are no significant changes to the previous factors and no new factors.

- There is new SOP factor coverage for:
  - RH and BOP:
    - Sleep apnoea; and SARS-CoV-2 infection (Covid-19);
    - Being overweight (added to obesity factor);
    - Schizophrenia and PTSD (in a revised mental health factor);
    - Hepatitis C (in a combined factor with HIV);
  - RH only:
    - Active tuberculosis; and traumatic amputation.
- A previous factor for trauma to a vein has been removed.
- BOP factors have been removed (the RH factor is retained) for:
  - Therapeutic radiation; chronic bronchitis or emphysema (COPD); and cytomegalovirus infection.
- There are changes to factors covering:
  - Specified drugs – the drugs list has been modified;
  - Autoimmune disease – there is now a general autoimmune disease factor and a stand-alone factor for diabetes mellitus;
  - Cardiac disease – there are now separate factors for acute myocardial infarction and heart failure;
  - Exercise and upper limb DVT – the requirement for a cumulative period of exercise has been removed;
  - A hypercoagulable state as specified – there are changes to the associated definition and a previously separate factor for envenomation has been subsumed into this factor;
  - A specified injury or illness factor – the separate factor for being in a plaster cast or similar has been subsumed into this factor;
  - Restricted mobility – the associated definition has been revised;
  - Being a hospital inpatient or nursing home resident – the previous 7 day requirement has been reduced to 48 hrs;
  - Smoking – the new, revised factor format has been included (see asthma comments, above).

- This SOP has a factor for having a DVT, but also has most of the same factors as in the DVT SOP (as a DVT may not be identified in someone with a pulmonary thromboembolism).
- Factors from the DVT SOP that are not included are those for localised effects on veins (local infection, compression, radiation, and exercise for upper limb DVT). Otherwise, the factors are the same and so the additions and changes are also the same as for the DVT SOP (See above).

**Contact for this bulletin:**

[Dr Jon Kelley](#)