



Australian Government
Department of Veterans' Affairs

Policy Development Branch

SOP Bulletin No. 223

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THE FOLLOWING RMA SOPS TAKE EFFECT ON 26 JULY 2021

New conditions	Nil
Revocations & Replacements	Familial adenomatous polyposis Solar keratosis
Amendments	Hypopituitarism Diabetes mellitus

NOTEWORTHY FEATURES

Familial adenomatous polyposis	Revocation – 77 & 78 of 2021 Replaces 55 & 56 of 2013
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- There are no material changes to the SOP for this very rarely claimed genetic disorder.

Solar keratosis**Revocation – 79 & 80 of 2021**

Replaces 65 & 66 of 2013

- The definition has been amended. It now includes sun-damaged skin adjacent to a solar keratosis lesion. The term “field cancerisation” has been introduced in the revised SOP definition. This term covers multiple solar keratoses in an area of chronic actinic (solar) skin damage and this is now explicitly covered by the SOP. In practice this won't have any effect on the way claims are handled. The change does effectively acknowledge that broader areas of skin beyond individual keratotic lesions may be involved and that treatment may be given for an area of skin rather than discrete lesions (e.g. topical fluorouracil (Efudix) cream). Skin cancers remain covered by separate SOPs.
- The main hours of sun-exposure factor is unchanged.
- New RH only factors has been added for: having episodes of sunburn; and exposure to light from arc-welding.
- The previous immunosuppressive drug factor has been replaced by a factor for organ or tissue transplant.
- There are new RH and BOP factors for taking hydroxyurea (a cancer chemotherapy agent) or voriconazole (an antifungal agent).
- A previous RH only factor for exposure to bipyridyl compounds associated with paraquat manufacture has been removed.

Hypopituitarism**Amendment – 81 & 82 of 2021**

Amends 90 & 91 of 2018

- There has been a minor change to the definition to remove the word “dysfunction”. Hypopituitarism arises from loss of or damage to pituitary cells, but not from pituitary dysfunction. This anomaly in the definition was noted in the course of preparing the new companion SOPs for hypogonadism.

- In both the RH and BOP SOPs, immune checkpoint inhibitors and interferons have been added as causal factors for type 1 diabetes (interferon alpha was already covered) and as worsening factors for diabetes generally.
 - Immune checkpoint inhibitors are used to treat various forms of cancer. The more commonly used drugs include ipilumab, nivolumab and pembrolizumab.
 - Interferons (alpha, beta and gamma) are used to treat some cancers, viral infections and autoimmune diseases.
- The RH SOP has an existing factor for Coxsackie B virus infection within 3 years before diabetes onset. The amendment deletes an associated definition for “having infection with a Coxsackie B virus”. This removes the requirement for having laboratory evidence of such infection from the SOP. This is in keeping with recent practice by the RMA to leave such evidentiary considerations up to the decision maker.
 - Coxsackie B viruses are a group of enteroviruses that can have a range of presentations. Typically they cause minor gastrointestinal upset and fever. They may also cause headaches and upper respiratory infections and in more severe cases can cause myocarditis, pericarditis or meningitis.
 - In someone with a febrile gastrointestinal/respiratory tract illness there are a large number of infectious agents that could cause the condition. It would not be reasonable in such a case to conclude that the illness was due to a Coxsackie B virus, and not some other infection, without laboratory or specialist confirmation at the time of illness.
 - Laboratory confirmation would be in the form of serology, cell culture or polymerase chain reaction (PCR) testing. The relevant specialist is an infectious diseases physician.
 - The development of diabetes mellitus within 3 years after an illness from an unidentified infection is not evidence that a Coxsackie B virus was responsible.

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