



Australian Government
Department of Veterans' Affairs

Policy Development Branch

SOP Bulletin No. 237

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THE FOLLOWING RMA SOPS TAKE EFFECT ON 25 JULY 2023

New conditions	Nil
Revocations & Replacements	Paget disease of bone Pulmonary barotrauma Cervical intervertebral disc prolapse * Thoracolumbar intervertebral disc prolapse * Hodgkin lymphoma Peripheral neuropathy Malignant neoplasm of the stomach
Amendments	Nil

* The previous SOP for intervertebral disc prolapse has been split into these two SOPs.

NOTEWORTHY FEATURES

Paget disease of bone

Revocation – 62 & 63 of 2023

Replaces 58 & 59 of 2014

- ‘Paget’s disease of bone’ has now been changed to ‘Paget disease of bone’ (‘s has been removed).
- The definition has been revised with additional information on clinical presentations but SOP coverage remains unchanged.
- Inability to obtain appropriate clinical management is the only factor in both the RH and BOP SOPs.

Pulmonary barotrauma

Revocation – 64 & 65 of 2023

Replaces 15 & 16 of 2014

- The definition has been revised with inclusions and exclusions elaborated. The SOP now explicitly covers:
 - Iatrogenic pulmonary barotrauma; pulmonary barotrauma due to explosive blast injury; pulmonary barotrauma due to forceful coughing, vomiting, forceful Valsalva or Muller manoeuvres; pulmonary barotrauma of ascent; pulmonary barotrauma of descent; and pulmonary barotrauma due to abnormal pulmonary conditions.

It excludes:

- Decompression sickness (this is covered by the decompression illness SOP); arterial gas embolism due to decompression sickness; as well as pneumothorax, pneumopericardium, pneumoperitoneum and arterial gas embolism resulting from non-pressure causes.
- No factors have been removed.
- The pressure change factor now has a list of the relevant situations described with also a shorter latency period for RH (within 24 hours rather than three days as previously specified). For BOP, the latency period (within 24 hours) remains the same.
- The factor involving artificial ventilation now covers CPAP.
- Cannabis has now been added to the cocaine factor. The latency period from the time the substance is smoked/inhaled and the clinical onset has been changed from three days to within 24 hours for RH (latency period has not changed for BOP).
- Pulmonary barotrauma resulting from explosive blasts can be covered by this SOP’s factor ‘sustaining a blast injury involving the chest’ or the ‘Explosive Blast Injury’ SOP.

- There is a new factor for both RH and BOP – undertaking a Valsalva manoeuvre whilst engaging in specified activities/actions within 24 hours of the clinical onset of pulmonary barotrauma.

Cervical intervertebral disc prolapse

Revocation – 66 & 67 of 2023

Replaces 43 & 44 of 2016

- The Intervertebral Disc Prolapse SOP has now been separated into Cervical Intervertebral Disc Prolapse and Thoracolumbar Intervertebral Disc Prolapse.
- The definition has been revised but the only change to coverage is a limit to the cervical region. Diagnosis requires consistent clinical manifestations as well as imaging evidence. It has been acknowledged that imaging evidence is often obtained after the date of clinical onset. Definitions have been provided for both ‘clinical onset’ as well as ‘imaging evidence’ (previously simply referred to as ‘clinical evidence’).
- The factors involving physically carrying or lifting loads, driving a motor vehicle, and being obese were retained for Thoracolumbar Intervertebral Disc Prolapse but have been removed from Cervical Intervertebral Disc Prolapse.
- The factor involving flying in a powered aircraft as operational crew has been changed to flying in a helicopter as operational aircrew.
- The factor involving using a hand-held, vibrating, percussive, industrial tool has been removed for Cervical Intervertebral Disc Prolapse.

Thoracolumbar intervertebral disc prolapse

Revocation – 68 & 69 of 2023

Replaces 43 & 44 of 2016

- The Intervertebral Disc Prolapse SOP has now been separated into cervical intervertebral disc prolapse and thoracolumbar intervertebral disc prolapse.
- The definition has been revised but essentially is the same except for the specifying of the region- thoracolumbar. Diagnosis requires consistent clinical manifestations as well as imaging evidence.
- The factors involving physically carrying or lifting loads, driving a motor vehicle, and being obese have been retained for Thoracolumbar Intervertebral Disc Prolapse.
- The factor involving “flying in a powered aircraft as operational crew” was retained as “flying in an engine powered aircraft as operational crew” for RH. A new RH factor was also added involving “flying in a helicopter as operational aircrew” with the same hours and years specified within the “flying in a powered aircraft” factor.

- The BOP factors are slightly different- they involve “piloting an engine powered aircraft” and “flying in a helicopter as operational aircrew.”

Hodgkin lymphoma

Revocation – 70 & 71 of 2023

Replaces 35 & 36 of 2014

- ‘Hodgkin’s lymphoma’ has now been changed to ‘Hodgkin lymphoma’ (‘s has been removed).
- The definition has been reformatted, with inclusions and exclusions elaborated and there is a note regarding symptoms. However, SOP coverage remains unchanged.
- The latency period for the smoking factor has now slightly changed. For RH, it is now within 10 years of cessation.” Previously, it was within 15 years of cessation. For BOP, it is now 5 years compared with the previously specified 10 years.
- The obesity factor has now changed for both RH and BOP with it no longer requiring the person to be obese for a “continuous period of at least five years”. They can now simply be “obese for at least 5 years”.
- The factor involving infection with Epstein-Barr virus now specifies having “serological evidence.”
- The list of relevant autoimmune diseases for this SOP has been changed:
 - Removal of coeliac disease; dermatomyositis; primary biliary cirrhosis; and Wegener’s granulomatosis;
 - Added conditions - Behcet disease; giant cell arteritis; polyarteritis nodosa; and psoriasis.
- The factor for chronic lymphocytic leukaemia has been updated to match the revised SOP name – ‘mature B-cell lymphoid leukaemia’.
- There is a new factor involving having “an active tuberculosis disease” in RH.
- There have been RH factors removed for:
 - Organophosphate insecticides; and undergoing treatment with tumour necrosis factor antagonists, methotrexate or azathioprine.

Peripheral neuropathy

Revocation – 72 & 73 of 2023

Replaces 74 & 75 of 2014

- The definition has been revised with an expanded and lengthy exclusions list, including:
 - New exclusions for trauma-related neuropathies and chronic inflammatory demyelinating polyneuropathy (CIDP);

- The removal of the previous exclusions for nerve root disorders (radiculopathy) and plexus disorders (plexopathy). However:
 - The SOP requirement for non-traumatic pathology and the associated definition for “non-traumatic” means that nerve root compression due to intervertebral disc prolapse or spondylosis remain excluded from this SOP (but covered by the separate SOPs for those conditions).
 - Neurogenic thoracic outlet syndrome is specifically excluded.
 - Other compression or trauma-related radiculopathies or plexopathies are excluded.
- The existing systemic diseases factor has been split into 5 with additions to the autoimmune diseases list.
- The infections factor has been updated with a revised list (additions have been made).
- The alcohol dose factor now specifies a lower dose than previously (200kg of alcohol compared with 350kg).
- The factor involving “inhaling, ingesting or having cutaneous contact with a specified chemical’ has now been separated into two factors describing short and long term exposure (absorbing the previous volatile substances factor).
- The factor involving “being poisoned with an agent” now describes the need to have “demonstrated clinical, haematological or biochemical evidence” (also subsumes previous specified chemicals within 30 days factor).
- A new factor involving “having a nutritional deficiency” has also been added to RH.
- The specified drugs factors (two) have revised lists with additions and deletions
- There is a new generic drug factor added for both RH and BOP.
- Previously only RH had factors involving “stem cell or bone marrow transplantation within 12 months” and “acute carbon monoxide poisoning” but these have now also been added to BOP. There is no longer a time frame stipulated for the stem cell and bone marrow transplantation.
- Worsening factors have now been added.
- The factor for burn/electrical injury has now been removed.

Malignant neoplasm of the stomach	Revocation – 74 & 75 of 2023
	Replaces 58 & 59 of 2014

- The definition has been updated with exclusions expanded slightly (e.g. all neuroendocrine not just carcinoids).
- The factor related to non-cardia gastric carcinoma has now been changed so that infections with H. pylori, consumption of alcohol and undergoing partial gastrectomy are now all considered for all types of gastric carcinomas and not just non-cardia gastric carcinomas. Additionally, the partial gastrectomy factor has also been extended to BOP.

- The existing RH only factor involving “processed meat product” has been restricted to non-cardia stomach carcinomas only.
- The factor involving being obese has now been:
 - Extended to also cover those who are overweight in RH;
 - Added to BOP (but obesity only);
 - Restricted to cardia only in both RH and BOP.
- There are new factors for RH only:
 - Infection with Epstein Barr; having diabetes; inhaling respirable crystalline silica; and inhaling or ingesting opium.
- New factors for both RH and BOP include:
 - Having a gastric ulcer; an autoimmune disease; and taking a proton pump inhibitor (non cardia only).
- The RH factor involving “taking tamoxifen daily” has now been removed.

Contact for this bulletin:

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