Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Colon Adenoma

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 April 2025;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 14 October 2006;
- An operation report by the urological surgeon, dated 2 November 2006;
- A renal medicine consultation by the renal physician and renal dietitian, dated 20 October 2008;
- A transplant discharge summary by the transplant unit, dated 17 May 2010;
- An endocrinology consultation by the endocrinologist, dated 24 January 2011;
- An MRI pituitary and endocrinology consultation by the endocrinologist, dated 6 March 2013;
- A discharge medical examination by the senior medical officer, dated 15 August 2014;
- A general practice consultation and faecal immunochemical test by the general practitioner, dated 12 June 2017;
- A colonoscopy and histopathology reports by the gastroenterologist and pathologist, dated 3 August 2017;
- A colonoscopy (histopathology and CT reports) by the gastroenterologist and radiologist, dated 9 October 2018;
- An endoscopic mucosal resection and histopathology reports by the gastroenterologist and pathologist, dated 20 November 2018.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

22 January 1990 and 15 August 2014

Colon Adenoma

You have stated that your condition was caused by:

- *having smoked tobacco products: (a) in an amount of at least 10 pack-years before the clinical onset of colorectal adenoma; and (b) commencing at least 5 years before the clinical onset of colorectal adenoma; and if smoking has ceased before the clinical onset of colorectal adenoma, then that onset occurred within 30 years of cessation*
- *consuming at least 250 kilograms of alcohol before the clinical onset of colorectal adenoma*
- *being overweight or obese for at least 5 years within the 30 years before the clinical onset of colorectal adenoma*
- *having diabetes mellitus for at least 5 years before the clinical onset of colorectal adenoma*
- *inability to consume an average of at least 20 grams per day of fibre in food, for at least 5 consecutive years within the 10 years before the clinical onset of colorectal adenoma*
- *having a solid organ transplant at least 5 years before the clinical onset of colorectal adenoma*
- *having a ureterosigmoidostomy involving the affected part of the colorectum at least 5 years before the clinical onset of colorectal adenoma*
- *for adenoma of the colon only: inability to undertake any physical activity greater than 3 METs for at least 10 consecutive years within the 30 years before the clinical onset of adenoma of the colon*
- *for adenoma of the colon only: having acromegaly before the clinical onset of adenoma of the colon*
- *for adenoma of the colon only: consuming an average of at least 100 grams per day of red meat, for at least 5 years within the 10 years before the clinical onset of adenoma of the colon*
- *for adenoma of the colon only: consuming an average of at least 25 grams per day of processed meat product, for at least 5 years within the 10 years before the clinical onset of adenoma of the colon*
- *for adenoma of the colon only: inability to consume an average of at least 100 grams per day of any combination of fruit and vegetables, for at least the 5 years before the clinical onset of adenoma of the colon*

Diagnosis: Colon Adenoma

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 April 2025, and is supported by a colonoscopy and histopathology reports by the gastroenterologist and pathologist, dated 3 August 2017.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Colorectal Adenoma (Reasonable Hypothesis) (No. 15 of 2022)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having smoked tobacco products: (a) in an amount of at least 10 pack-years before the clinical onset of colorectal adenoma; and (b) commencing at least 5 years before the clinical onset of colorectal adenoma; and if smoking has ceased before the clinical onset of colorectal adenoma, then that onset occurred within 30 years of cessation*
- *consuming at least 250 kilograms of alcohol before the clinical onset of colorectal adenoma*
- *being overweight or obese for at least 5 years within the 30 years before the clinical onset of colorectal adenoma*
- *having diabetes mellitus for at least 5 years before the clinical onset of colorectal adenoma*
- *inability to consume an average of at least 20 grams per day of fibre in food, for at least 5 consecutive years within the 10 years before the clinical onset of colorectal adenoma*
- *having a solid organ transplant at least 5 years before the clinical onset of colorectal adenoma*
- *having a ureterosigmoidostomy involving the affected part of the colorectum at least 5 years before the clinical onset of colorectal adenoma*
- *for adenoma of the colon only: inability to undertake any physical activity greater than 3 METs for at least 10 consecutive years within the 30 years before the clinical onset of adenoma of the colon*
- *for adenoma of the colon only: having acromegaly before the clinical onset of adenoma of the colon*
- *for adenoma of the colon only: consuming an average of at least 100 grams per day of red meat, for at least 5 years within the 10 years before the clinical onset of adenoma of the colon*
- *for adenoma of the colon only: consuming an average of at least 25 grams per day of processed meat product, for at least 5 years within the 10 years before the clinical onset of adenoma of the colon*
- *for adenoma of the colon only: inability to consume an average of at least 100 grams per day of any combination of fruit and vegetables, for at least the 5 years before the clinical onset of adenoma of the colon*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with intermittent dark blood mixed with the combined urine and stool effluent from your ureterosigmoidostomy, with mild left lower abdominal discomfort and a positive faecal immunochemical test on 12 June 2017.

The diagnosis was confirmed by colonoscopy and histopathology on 3 August 2017, showing a 15 mm sessile polyp at the left ureterosigmoid anastomosis with tubulovillous adenoma and low-grade dysplasia. This meets the Statement of Principles meaning of colorectal adenoma.

This has then led to further investigations and the diagnosis of your condition of *Colon Adenoma*. I have accepted your condition of *Colon Adenoma*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 12 June 2017.

Colon Adenoma (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 April 2025;
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- An endoscopic mucosal resection and histopathology reports by the gastroenterologist and pathologist, dated 20 November 2018.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

22 January 1990 and 15 August 2014

Colon Adenoma (Worsening)

You have stated that the worsening of your condition was caused by:

- *inability to obtain appropriate clinical management for colorectal adenoma*

Diagnosis: Colon Adenoma (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 April 2025, and is supported by a colonoscopy and histopathology reports by the gastroenterologist and pathologist, dated 3 August 2017.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Colorectal Adenoma (Reasonable Hypothesis) (No. 15 of 2022)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for colorectal adenoma*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with intermittent dark blood mixed with the combined urine and stool effluent from your ureterosigmoidostomy, with mild left lower abdominal discomfort and a positive faecal immunochemical test on 12 June 2017.

The diagnosis was confirmed by colonoscopy and histopathology on 3 August 2017, showing a 15 mm sessile polyp at the left ureterosigmoid anastomosis with tubulovillous adenoma and low-grade dysplasia. This meets the Statement of Principles meaning of colorectal adenoma.

After the condition arose, it was worsened during your service. Surveillance colonoscopy was not provided from 2014 to 2017, and removal of the adenoma was delayed for 14 months, during which it grew to 32 millimetres with high-grade dysplasia.

This has then led to further investigations and the diagnosis of your condition of *Colon Adenoma (Worsening)*. I have accepted your condition of *Colon Adenoma (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 12 June 2017.

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