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.

Face - Non-Melanoma Malignant Neoplasm of the Skin

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 14 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 July 2025;
- A repatriation medical examination by the medical officer, dated 14 March 1946;
- A dermatology consultation by the dermatologist, dated 15 May 1992;
- A transplant operation report by the transplant surgeon, dated 12 June 1995;
- A radiation oncology treatment summary by the radiation oncologist, dated 21 March 2005;
- A CT facial bones report by the radiologist, dated 14 September 2012;
- A haematology consultation by the haematologist, dated 18 October 2016;
- A skin examination record by the general practitioner, dated 10 March 2023;
- Histopathology reports by the pathologist, dated 2 October 2023;
- An occupational exposure assessment by the occupational hygienist, dated 4 December 2023;
- An MRI report and plastic surgery consultation by the radiologist and plastic surgeon, dated 18 March 2024.

Your service

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

10 July 1941 and 1 March 1978

Face - Non-Melanoma Malignant Neoplasm of the Skin

You have stated that your condition was caused by:

- *being a prisoner of war of Japan before clinical onset*
- *having sunlight exposure to unprotected skin for a cumulative period of at least 2,250 latitude equivalent hours before clinical onset*
- *having at least 5 sunburns at the affected site at least 2 years before clinical onset*
- *having ultraviolet radiation exposure from an ultraviolet-emitting tanning device (excluding sunlamps) on at least 10 occasions at the affected site before clinical onset, at least 2 years before clinical onset*
- *having received a burn from an electric welding device on at least 10 occasions at the affected site, at least 10 years before clinical onset*
- *having PUVA therapy, where: the first PUVA treatment commenced at least 5 years before clinical onset; and*
- *having PUVA therapy, where: at least 50 PUVA treatments were administered before clinical onset*
- *having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the affected site at least 10 years before clinical onset*
- *undergoing a course of radiotherapy for cancer at the affected site, at least 5 years before clinical onset*
- *undergoing a course of radiotherapy for acne at the affected site, at least 5 years before clinical onset*
- *being infected by the same human papillomavirus type 16, 18 or 33 for at least 2 consecutive years before clinical onset of squamous cell carcinoma of the penis, vulva or perianal skin*
- *being infected with human immunodeficiency virus before clinical onset*
- *undergoing solid organ (excluding corneal transplant) or bone marrow transplantation at least 5 years before clinical onset*
- *taking one of the following medications within the 10 years before clinical onset: acalabrutinib*
- *taking one of the following medications within the 10 years before clinical onset: azathioprine*
- *taking one of the following medications within the 10 years before clinical onset: ciclosporin*
- *taking one of the following medications within the 10 years before clinical onset: elotuzumab*
- *taking one of the following medications within the 10 years before clinical onset: fingolimod*
- *taking one of the following medications within the 10 years before clinical onset: hydroxycarbimide (hydroxyurea)*

- *taking one of the following medications within the 10 years before clinical onset: ibrutinib*
- *taking one of the following medications within the 10 years before clinical onset: methotrexate*
- *taking one of the following medications within the 10 years before clinical onset: mycophenolate*
- *taking one of the following medications within the 10 years before clinical onset: ruxolitinib*
- *taking one of the following medications within the 10 years before clinical onset: siponimod*
- *taking one of the following medications within the 10 years before clinical onset: sirolimus*
- *taking one of the following medications within the 10 years before clinical onset: tacrolimus*
- *taking one of the following medications within the 10 years before clinical onset: tofacitinib*
- *taking one of the following medications within the 10 years before clinical onset: upadacitinib*
- *taking one of the following medications within the 10 years before clinical onset: ustekinumab*
- *taking one of the following medications within the 10 years before clinical onset: zanubrutinib*
- *taking one of the following medications within the 10 years before clinical onset: tumour necrosis factor-α inhibitors adalimumab, certolizumab, etanercept, golimumab, or infliximab; or*
- *taking one of the following medications within the 10 years before clinical onset: BRAF kinase inhibitors dabrafenib, encorafenib, vemurafenib*
- *taking ripretinib within the 10 years before clinical onset of squamous cell carcinoma of the skin*
- *taking ozanimod or ponesimod within the 10 years before clinical onset of basal cell carcinoma of the skin*
- *taking voriconazole continuously for at least 3 months, at least 6 months before clinical onset of squamous cell carcinoma of the skin*
- *taking a cumulative dose of at least 25 g of hydrochlorothiazide, at least 6 months before clinical onset of squamous cell carcinoma of the skin*
- *taking a cumulative dose of at least 50 g of hydrochlorothiazide, at least 6 months before clinical onset of basal cell carcinoma of the skin*
- *having autoimmune hepatitis at the time of clinical onset*
- *having inflammatory bowel disease at the time of clinical onset*
- *having psoriasis at the time of clinical onset*
- *having rheumatoid arthritis at the time of clinical onset*
- *having sarcoidosis at the time of clinical onset*
- *having chronic osteomyelitis with a sinus tract draining to the affected skin site at least 2 years before clinical onset*

- *having non-Hodgkin lymphoma before clinical onset*
- *having mature B-cell lymphoid leukaemia and small lymphocytic lymphoma before clinical onset*
- *having phimosis for a continuous period of at least 2 years before clinical onset of squamous cell carcinoma of the glans penis or prepuce of the penis*
- *having a scar at the affected site at least 5 years before clinical onset*
- *having ulceration at the affected site for a cumulative period of at least 6 months, at least 5 years before clinical onset*
- *having lichen sclerosus at the affected site, at least 5 years before clinical onset of squamous cell carcinoma of the penis, vulva or perianal skin*
- *having hidradenitis suppurativa at the affected site, at least 5 years before clinical onset of squamous cell carcinoma of the skin*
- *having chronic lymphoedema at the affected site, at least 5 years before clinical onset of squamous cell carcinoma of the skin*
- *smoking at least 15 cigarettes per day for at least 5 years, or the equivalent thereof in other tobacco products, at least 5 years before clinical onset of squamous cell carcinoma of the skin, and where smoking has ceased, clinical onset occurred within 20 years of cessation*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; consuming arsenic containing compounds (for example, Fowler's solution) for a cumulative period of at least 3 months; or*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; consuming drinking water with an average arsenic concentration of at least 50 micrograms per litre for a cumulative period of at least 2 years; or*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; inhaling, ingesting or having cutaneous contact with a pesticide containing arsenic, or arsenic in copper smelting operations, for a cumulative period of at least 1,000 hours; or*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; having clinical evidence of chronic arsenic toxicity*
- *having cutaneous contact at the affected site with coal-tar distillate, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset*
- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; creosote*
- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; shale oil*
- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; soot*

- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; mineral oil*

Diagnosis: Non-Melanoma Malignant Neoplasm of the Skin

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 July 2025, and is supported by histopathology reports by the pathologist, dated 2 October 2023.

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

Statement of Principles concerning Non-Melanoma Malignant Neoplasm of the Skin (Reasonable Hypothesis) (No. 78 of 2024)

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

I am satisfied that you have met the following factor:

- *being a prisoner of war of Japan before clinical onset*
- *having sunlight exposure to unprotected skin for a cumulative period of at least 2,250 latitude equivalent hours before clinical onset*
- *having at least 5 sunburns at the affected site at least 2 years before clinical onset*
- *having ultraviolet radiation exposure from an ultraviolet-emitting tanning device (excluding sunlamps) on at least 10 occasions at the affected site before clinical onset, at least 2 years before clinical onset*
- *having received a burn from an electric welding device on at least 10 occasions at the affected site, at least 10 years before clinical onset*
- *having PUVA therapy, where: the first PUVA treatment commenced at least 5 years before clinical onset; and*
- *having PUVA therapy, where: at least 50 PUVA treatments were administered before clinical onset*
- *having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the affected site at least 10 years before clinical onset*
- *undergoing a course of radiotherapy for cancer at the affected site, at least 5 years before clinical onset*
- *undergoing a course of radiotherapy for acne at the affected site, at least 5 years before clinical onset*
- *being infected by the same human papillomavirus type 16, 18 or 33 for at least 2 consecutive years before clinical onset of squamous cell carcinoma of the penis, vulva or perianal skin*
- *being infected with human immunodeficiency virus before clinical onset*

- *undergoing solid organ (excluding corneal transplant) or bone marrow transplantation at least 5 years before clinical onset*
- *taking one of the following medications within the 10 years before clinical onset: acalabrutinib*
- *taking one of the following medications within the 10 years before clinical onset: azathioprine*
- *taking one of the following medications within the 10 years before clinical onset: ciclosporin*
- *taking one of the following medications within the 10 years before clinical onset: elotuzumab*
- *taking one of the following medications within the 10 years before clinical onset: fingolimod*
- *taking one of the following medications within the 10 years before clinical onset: hydroxycarbimide (hydroxyurea)*
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- *taking one of the following medications within the 10 years before clinical onset: ustekinumab*
- *taking one of the following medications within the 10 years before clinical onset: zanubrutinib*
- *taking one of the following medications within the 10 years before clinical onset: tumour necrosis factor-α inhibitors adalimumab, certolizumab, etanercept, golimumab, or infliximab; or*
- *taking one of the following medications within the 10 years before clinical onset: BRAF kinase inhibitors dabrafenib, encorafenib, vemurafenib*
- *taking ripretinib within the 10 years before clinical onset of squamous cell carcinoma of the skin*

- *taking ozanimod or ponesimod within the 10 years before clinical onset of basal cell carcinoma of the skin*
- *taking voriconazole continuously for at least 3 months, at least 6 months before clinical onset of squamous cell carcinoma of the skin*
- *taking a cumulative dose of at least 25 g of hydrochlorothiazide, at least 6 months before clinical onset of squamous cell carcinoma of the skin*
- *taking a cumulative dose of at least 50 g of hydrochlorothiazide, at least 6 months before clinical onset of basal cell carcinoma of the skin*
- *having autoimmune hepatitis at the time of clinical onset*
- *having inflammatory bowel disease at the time of clinical onset*
- *having psoriasis at the time of clinical onset*
- *having rheumatoid arthritis at the time of clinical onset*
- *having sarcoidosis at the time of clinical onset*
- *having chronic osteomyelitis with a sinus tract draining to the affected skin site at least 2 years before clinical onset*
- *having non-Hodgkin lymphoma before clinical onset*
- *having mature B-cell lymphoid leukaemia and small lymphocytic lymphoma before clinical onset*
- *having phimosis for a continuous period of at least 2 years before clinical onset of squamous cell carcinoma of the glans penis or prepuce of the penis*
- *having a scar at the affected site at least 5 years before clinical onset*
- *having ulceration at the affected site for a cumulative period of at least 6 months, at least 5 years before clinical onset*
- *having lichen sclerosus at the affected site, at least 5 years before clinical onset of squamous cell carcinoma of the penis, vulva or perianal skin*
- *having hidradenitis suppurativa at the affected site, at least 5 years before clinical onset of squamous cell carcinoma of the skin*
- *having chronic lymphoedema at the affected site, at least 5 years before clinical onset of squamous cell carcinoma of the skin*
- *smoking at least 15 cigarettes per day for at least 5 years, or the equivalent thereof in other tobacco products, at least 5 years before clinical onset of squamous cell carcinoma of the skin, and where smoking has ceased, clinical onset occurred within 20 years of cessation*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; consuming arsenic containing compounds (for example, Fowler's solution) for a cumulative period of at least 3 months; or*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; consuming drinking water with an average arsenic concentration of at least 50 micrograms per litre for a cumulative period of at least 2 years; or*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; inhaling, ingesting or having cutaneous contact with a pesticide containing arsenic, or arsenic in*

copper smelting operations, for a cumulative period of at least 1,000 hours; or

- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; having clinical evidence of chronic arsenic toxicity*
- *having cutaneous contact at the affected site with coal-tar distillate, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset*
- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; creosote*
- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; shale oil*
- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; soot*
- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; mineral oil*

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 a rapidly enlarging, crusted, tender and bleeding nodule in the scar on your left cheek, and a slowly growing pearly lesion on the left side of your nose on 2 October 2023.

The diagnosis was confirmed on histopathology of biopsies taken on 2 October 2023: an invasive, well-differentiated keratinising squamous cell carcinoma of the left cheek arising in scarred, sun-damaged skin, and a nodular basal cell carcinoma of the left nasal ala. Both meet the Statement of Principles definition of non-melanoma malignant neoplasm of the skin.

This has then led to further investigations and the diagnosis of your condition of *Non-Melanoma Malignant Neoplasm of the Skin*. I have accepted your condition of *Non-Melanoma Malignant Neoplasm of the Skin*.

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 14 September 2023.

Face - Non-Melanoma Malignant Neoplasm of the Skin (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 14 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 July 2025;
- A repatriation medical examination by the medical officer, dated 14 March 1946;
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- A transplant operation report by the transplant surgeon, dated 12 June 1995;
- A radiation oncology treatment summary by the radiation oncologist, dated 21 March 2005;
- A CT facial bones report by the radiologist, dated 14 September 2012;
- A haematology consultation by the haematologist, dated 18 October 2016;
- A skin examination record by the general practitioner, dated 10 March 2023;
- Histopathology reports by the pathologist, dated 2 October 2023;
- An occupational exposure assessment by the occupational hygienist, dated 4 December 2023;
- An MRI report and plastic surgery consultation by the radiologist and plastic surgeon, dated 18 March 2024.

Your service

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

10 July 1941 and 1 March 1978

Face - Non-Melanoma Malignant Neoplasm of the Skin (Worsening)

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

- *inability to obtain appropriate clinical management for non-melanoma malignant neoplasm of the skin before clinical worsening*

Diagnosis: Non-Melanoma Malignant Neoplasm of the Skin (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 July 2025, and is supported by histopathology reports by the pathologist, dated 2 October 2023.

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

Statement of Principles concerning Non-Melanoma Malignant Neoplasm of the Skin (Reasonable Hypothesis) (No. 78 of 2024)

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 non-melanoma malignant neoplasm of the skin before clinical worsening*

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 a rapidly enlarging, crusted, tender and bleeding nodule in the scar on your left cheek, and a slowly growing pearly lesion on the left side of your nose on 2 October 2023.

The diagnosis was confirmed on histopathology of biopsies taken on 2 October 2023: an invasive, well-differentiated keratinising squamous cell carcinoma of the left cheek arising in scarred, sun-damaged skin, and a nodular basal cell carcinoma of the left nasal ala. Both meet the Statement of Principles definition of non-melanoma malignant neoplasm of the skin.

After the condition arose, it was worsened during your service. The squamous cell carcinoma of the left cheek was diagnosed on biopsy on 2 October 2023 and wide excision was recommended urgently.

This has then led to further investigations and the diagnosis of your condition of *Non-Melanoma Malignant Neoplasm of the Skin (Worsening)*. I have accepted your condition of *Non-Melanoma Malignant Neoplasm of the Skin (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 14 September 2023.

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.