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.

GIT - Diverticular Disease of the Colon

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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A rheumatology consultation by the rheumatologist, dated 14 March 2007;
- An outpatient health record by the medical officer, Garrison health centre, dated 11 May 2010;
- A high-resolution CT chest and cardiopulmonary exercise test by the respiratory physician, dated 15 September 2010;
- A renal medicine consultation by the renal physician, dated 8 April 2013;
- A colonoscopy report by the gastroenterologist, dated 4 June 2014;
- A dietetic assessment by the dietitian, dated 4 June 2014;
- A hospital admission and CT abdomen and pelvis report by the general surgeon and radiologist, dated 18 March 2016;
- A colonoscopy report and surgical consultation by the colorectal surgeon, dated 9 May 2016;
- A transplant discharge summary by the transplant nephrologist, dated 12 September 2017;
- An aeromedical evacuation record (role 1 facility) by the middle east, dated 14 October 2018;
- A CT abdomen and pelvis report by the radiologist, dated 14 October 2018;
- An operation report and histopathology by the colorectal surgeon and pathologist, dated 16 October 2018.

Your service

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

9 February 1986 and 29 November 2019

GIT - Diverticular Disease of the Colon

You have stated that your condition was caused by:

- *having a Body Mass Index (BMI) of 30 or greater (being obese) for at least the 5 years before clinical onset or clinical worsening*
- *having diabetes mellitus at the time of clinical onset or clinical worsening of diverticular bleeding*
- *inability to undertake any physical activity greater than 3 METs for at least the 5 years before clinical onset or clinical worsening*
- *having chronic renal failure at the time of clinical onset or clinical worsening as indicated by: (a) a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months; or (b) undergoing chronic dialysis for renal failure*
- *taking one of the following immunosuppressive medications within the 30 days before clinical onset of diverticular perforation, abscess or fistula: (a) corticosteroids other than inhaled or topical corticosteroids; (b) drugs used to prevent transplant rejection; (c) tumour necrosis factor-α inhibitors; (d) chemotherapeutic agents used for the treatment of cancer; (e) interleukin-6 inhibitors*
- *taking a nonsteroidal anti-inflammatory medication, excluding aspirin and paracetamol, for a continuous period of at least 4 weeks before clinical onset, where the last dose of the medication within that period was taken within the 7 days before clinical onset of diverticular bleeding, perforation, abscess or fistula*
- *taking an antiplatelet medication that blocks platelet adhesion or aggregation before clinical onset, where the last dose of the antiplatelet medication was taken within the 7 days before clinical onset of diverticular bleeding*
- *having smoked at least 10 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *inability to consume an average of at least 30 grams per day of fibre in food, for at least 5 consecutive years within the 10 years before clinical onset*

Diagnosis: Diverticular Disease of the Colon

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a hospital admission and CT abdomen and pelvis report by the general surgeon and radiologist, dated 18 March 2016.

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

Statement of Principles concerning Diverticular Disease of the Colon (Balance of Probabilities) (No. 52 of 2025)

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

I am satisfied that you have met the following factor:

- *having a Body Mass Index (BMI) of 30 or greater (being obese) for at least the 5 years before clinical onset or clinical worsening*
- *having diabetes mellitus at the time of clinical onset or clinical worsening of diverticular bleeding*
- *inability to undertake any physical activity greater than 3 METs for at least the 5 years before clinical onset or clinical worsening*
- *having chronic renal failure at the time of clinical onset or clinical worsening as indicated by: (a) a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months; or (b) undergoing chronic dialysis for renal failure*
- *taking one of the following immunosuppressive medications within the 30 days before clinical onset of diverticular perforation, abscess or fistula: (a) corticosteroids other than inhaled or topical corticosteroids; (b) drugs used to prevent transplant rejection; (c) tumour necrosis factor-α inhibitors; (d) chemotherapeutic agents used for the treatment of cancer; (e) interleukin-6 inhibitors*
- *taking a nonsteroidal anti-inflammatory medication, excluding aspirin and paracetamol, for a continuous period of at least 4 weeks before clinical onset, where the last dose of the medication within that period was taken within the 7 days before clinical onset of diverticular bleeding, perforation, abscess or fistula*
- *taking an antiplatelet medication that blocks platelet adhesion or aggregation before clinical onset, where the last dose of the antiplatelet medication was taken within the 7 days before clinical onset of diverticular bleeding*
- *having smoked at least 10 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *inability to consume an average of at least 30 grams per day of fibre in food, for at least 5 consecutive years within the 10 years before clinical onset*

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 left iliac fossa pain, fever, bloating, altered bowel habit and painful passage of fresh blood and clots per rectum, with the fatigue and breathlessness of acute anaemia on 18 March 2016.

The diagnosis was confirmed on CT of the abdomen and pelvis on 18 March 2016, which showed numerous sigmoid diverticula with acute diverticulitis and a 3.5 cm pericolic abscess, together with rectal bleeding requiring transfusion. Colonoscopy on 9 May 2016 showed multiple wide-mouthed sigmoid diverticula and excluded malignancy, and a colorectal surgeon confirmed diverticular disease of the sigmoid colon. This meets the Statement of Principles definition, which includes diverticulitis, diverticular abscess and diverticular bleeding.

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

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 18 March 2016.

GIT - Diverticular Disease of the Colon (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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A rheumatology consultation by the rheumatologist, dated 14 March 2007;
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- A colonoscopy report and surgical consultation by the colorectal surgeon, dated 9 May 2016;
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- A CT abdomen and pelvis report by the radiologist, dated 14 October 2018;
- An operation report and histopathology by the colorectal surgeon and pathologist, dated 16 October 2018.

Your service

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

9 February 1986 and 29 November 2019

GIT - Diverticular Disease of the Colon (Worsening)

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

- *having a Body Mass Index (BMI) of 25 or greater (being overweight) for at least the 5 years before clinical onset or clinical worsening*
- *having diabetes mellitus at the time of clinical onset or clinical worsening of diverticular bleeding*
- *inability to undertake any physical activity greater than 3 METs for at least the 5 years before clinical onset or clinical worsening*
- *having chronic renal failure at the time of clinical onset or clinical worsening as indicated by: (a) a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months; or (b) undergoing chronic dialysis for renal failure*
- *having smoked at least 10 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *having a solid organ transplant (excluding corneal transplant) before clinical worsening*
- *taking one of the following immunosuppressive medications within the 30 days before clinical worsening: (a) corticosteroids other than inhaled or topical corticosteroids; (b) drugs used to prevent transplant rejection; (c) tumour necrosis factor-α inhibitors; (d) chemotherapeutic agents used for the treatment of cancer; (e) interleukin-6 inhibitors*
- *taking a nonsteroidal anti-inflammatory medication, excluding aspirin and paracetamol, for a continuous period of at least 4 weeks before clinical worsening, where the last dose of the medication within that period was taken within the 7 days before clinical worsening*
- *taking an antiplatelet medication that blocks platelet adhesion or aggregation before clinical worsening, where the last dose of the antiplatelet medication was taken within the 7 days before clinical worsening*
- *taking an opioid for a continuous period of at least 4 weeks before clinical worsening, where the last dose of the opioid within that period was taken within the 7 days before clinical worsening*
- *having contact with a foreign object or extraneous material at the affected site at the time of clinical worsening*
- *inability to obtain appropriate clinical management for diverticular disease of the colon before clinical worsening*

Diagnosis: Diverticular Disease of the Colon (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a hospital admission and CT abdomen and pelvis report by the general surgeon and radiologist, dated 18 March 2016.

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

Statement of Principles concerning Diverticular Disease of the Colon (Reasonable Hypothesis) (No. 51 of 2025)

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

I am satisfied that you have met the following factor:

- *having a Body Mass Index (BMI) of 25 or greater (being overweight) for at least the 5 years before clinical onset or clinical worsening*
- *having diabetes mellitus at the time of clinical onset or clinical worsening of diverticular bleeding*
- *inability to undertake any physical activity greater than 3 METs for at least the 5 years before clinical onset or clinical worsening*
- *having chronic renal failure at the time of clinical onset or clinical worsening as indicated by: (a) a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months; or (b) undergoing chronic dialysis for renal failure*
- *having smoked at least 10 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *having a solid organ transplant (excluding corneal transplant) before clinical worsening*
- *taking one of the following immunosuppressive medications within the 30 days before clinical worsening: (a) corticosteroids other than inhaled or topical corticosteroids; (b) drugs used to prevent transplant rejection; (c) tumour necrosis factor-α inhibitors; (d) chemotherapeutic agents used for the treatment of cancer; (e) interleukin-6 inhibitors*
- *taking a nonsteroidal anti-inflammatory medication, excluding aspirin and paracetamol, for a continuous period of at least 4 weeks before clinical worsening, where the last dose of the medication within that period was taken within the 7 days before clinical worsening*
- *taking an antiplatelet medication that blocks platelet adhesion or aggregation before clinical worsening, where the last dose of the antiplatelet medication was taken within the 7 days before clinical worsening*
- *taking an opioid for a continuous period of at least 4 weeks before clinical worsening, where the last dose of the opioid within that period was taken within the 7 days before clinical worsening*
- *having contact with a foreign object or extraneous material at the affected site at the time of clinical worsening*
- *inability to obtain appropriate clinical management for diverticular disease of the colon 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 left iliac fossa pain, fever, bloating, altered bowel habit and painful passage of fresh blood and clots per rectum, with the fatigue and breathlessness of acute anaemia on 18 March 2016.

The diagnosis was confirmed on CT of the abdomen and pelvis on 18 March 2016, which showed numerous sigmoid diverticula with acute diverticulitis and a 3.5 cm pericolic abscess, together with rectal bleeding requiring transfusion. Colonoscopy on 9 May 2016 showed multiple wide-mouthed sigmoid diverticula and excluded malignancy, and a colorectal surgeon confirmed diverticular disease of the sigmoid colon. This meets the Statement of Principles definition, which includes diverticulitis, diverticular abscess and diverticular bleeding.

After the condition arose, it was worsened during your service. Your weight rose from a BMI of 26.1 before deployment to 31.4 at your post-deployment health assessment on 2 April 2009, after warlike service in the Middle East from 6 September 2008 to 21 March 2009 on high-calorie messing with no access to exercise outside the base. Type 2 diabetes was diagnosed on 11 May 2010. The interstitial lung disease that limited you to a peak of 2.6 METs from August 2010 is a manifestation of the systemic sclerosis linked to your warlike service in Iraq in 2005. The chronic renal failure followed a scleroderma renal crisis on 2 March 2013, a complication of the systemic sclerosis linked to warlike service in Iraq. You began smoking in recruit training in 1986 and increased to 25 cigarettes a day on warlike service in East Timor and Iraq, where cigarettes were cheap and smoking was used to manage stress and long hours. The kidney transplant of 12 September 2017 replaced kidneys destroyed by scleroderma renal crisis, the systemic sclerosis having been linked to warlike service in Iraq. Tacrolimus, mycophenolate and prednisolone were taken daily throughout the 30 days before the worsening, from 14 September 2018 to 14 October 2018, while you were on warlike service in the Middle East. While deployed on warlike service in the Middle East you took ibuprofen 400 mg three times a day from 20 August 2018 for knee pain, as no other analgesic suitable for a transplant recipient was available at the role 1 facility. Aspirin 100 mg daily was continued throughout your warlike service in the Middle East in 2018, with the last dose on 13 October 2018, the day before the worsening. Sustained-release tapentadol 100 mg twice daily was started on 15 August 2018, during warlike service in the Middle East, for knee and back pain from operational load carriage. A 2.8 cm fish bone from a meal served at the deployed dining facility on 3 October 2018, during warlike service in the Middle East, was found on CT on 14 October 2018 and in the resection specimen embedded in the perforated sigmoid diverticulum at the time of the worsening. During warlike service in the Middle East your diverticulitis went without imaging, surgical review or intravenous antibiotics from 6 October 2018 to 14 October 2018, because the role 1 facility had no such capability and evacuation was delayed by airframe availability.

This has then led to further investigations and the diagnosis of your condition of *Diverticular Disease of the Colon (Worsening)*. I have accepted your condition of *Diverticular Disease of the Colon (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 October 2018.

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