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.

Left Temple - Basal Cell Carcinoma

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 20 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 20 March 2025;
- A repatriation medical examination by the medical officer, dated October 1945;
- A film badge record and dose reconstruction by the health physicist, dated 15 May 1956;
- A specialist consultation by the dermatologist, dated 14 June 1966;
- An infectious diseases consultation by the infectious diseases physician, dated 9 November 1986;
- A liver transplant discharge summary by the transplant hepatologist, dated 4 March 2008;
- A histopathology and radiation oncology report by the pathologist and radiation oncologist, dated 22 July 2010;
- A multidisciplinary medication review by the clinical pharmacologist, dated 10 February 2023;
- A full skin examination by the dermatologist, dated 12 February 2024;
- A histopathology (left temple) by the pathologist, dated 3 June 2024;
- An MRI face and orbits by the radiologist, dated 18 November 2024;
- An operation report and histopathology by the plastic surgeon, dated 9 December 2024.

Your service

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

14 July 1941 and 31 January 1974

Left Temple - Basal Cell Carcinoma

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: Basal Cell Carcinoma

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 20 March 2025, and is supported by a histopathology (left temple) by the pathologist, dated 3 June 2024.

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*
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- *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 shiny, pearly, slowly enlarging lump in the old scar at your left temple, which bled when you rubbed it and caught on your glasses.By November 2024 the lesion had ulcerated, bled frequently and was painful, and it extended towards the outer corner of the left eye on 20 May 2024.

The diagnosis was made on punch biopsy of the left temple on 3 June 2024, which showed nests of basaloid cells with peripheral palisading and retraction artefact arising from the epidermis, a nodular basal cell carcinoma. A dermatologist confirmed the diagnosis clinically, recording a pearly 9 millimetre nodule with arborising vessels within the old scar. This meets the Statement of Principles definition of non-melanoma malignant neoplasm of the skin, which includes basal cell carcinoma.

This has then led to further investigations and the diagnosis of your condition of *Basal Cell Carcinoma*. I have accepted your condition of *Basal Cell Carcinoma*.

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 13 May 2024.

Left Temple - Basal Cell Carcinoma (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 20 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 20 March 2025;
- A repatriation medical examination by the medical officer, dated October 1945;
- A film badge record and dose reconstruction by the health physicist, dated 15 May 1956;
- A specialist consultation by the dermatologist, dated 14 June 1966;
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- A liver transplant discharge summary by the transplant hepatologist, dated 4 March 2008;
- A histopathology and radiation oncology report by the pathologist and radiation oncologist, dated 22 July 2010;
- A multidisciplinary medication review by the clinical pharmacologist, dated 10 February 2023;
- A full skin examination by the dermatologist, dated 12 February 2024;
- A histopathology (left temple) by the pathologist, dated 3 June 2024;
- An MRI face and orbits by the radiologist, dated 18 November 2024;
- An operation report and histopathology by the plastic surgeon, dated 9 December 2024.

Your service

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

14 July 1941 and 31 January 1974

Left Temple - Basal Cell Carcinoma (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: Basal Cell Carcinoma (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 20 March 2025, and is supported by a histopathology (left temple) by the pathologist, dated 3 June 2024.

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 shiny, pearly, slowly enlarging lump in the old scar at your left temple, which bled when you rubbed it and caught on your glasses.By November 2024 the lesion had ulcerated, bled frequently and was painful, and it extended towards the outer corner of the left eye on 20 May 2024.

The diagnosis was made on punch biopsy of the left temple on 3 June 2024, which showed nests of basaloid cells with peripheral palisading and retraction artefact arising from the epidermis, a nodular basal cell carcinoma. A dermatologist confirmed the diagnosis clinically, recording a pearly 9 millimetre nodule with arborising vessels within the old scar. This meets the Statement of Principles definition of non-melanoma malignant neoplasm of the skin, which includes basal cell carcinoma.

After the condition arose, it was worsened during your service. The basal cell carcinoma was diagnosed on biopsy on 3 June 2024 and urgent Mohs surgery was recommended.

This has then led to further investigations and the diagnosis of your condition of *Basal Cell Carcinoma (Worsening)*. I have accepted your condition of *Basal Cell Carcinoma (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 13 May 2024.

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.