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.

Lower Lip - Actinic Cheilitis

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 10 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 10 September 2025;
- A camp medical officer's report (prisoner of war work party) by the burma-thailand railway, dated 31 December 1942;
- A repatriation medical examination by the medical officer, dated 15 September 1945;
- A dermatology treatment record (psoralen ultraviolet A therapy) by the dermatologist, Military hospital, dated 11 January 1965;
- A hospital admission and transplant operation report by the transplant surgeon and renal physician, dated 22 April 1969;
- A dermatology consultation by the dermatologist, dated 10 September 1970;
- A periodic health examination by the medical officer, dated 2 November 1970;
- An outpatient health record and referral by the unit medical officer, dated 22 March 1971;
- A dermatology consultation and histopathology report by the dermatologist and pathologist, dated 14 April 1971;
- A dermatology consultation and histopathology report by the dermatologist and pathologist, dated 18 September 1972;
- An operation report (vermilionectomy) by the plastic surgeon, dated 6 November 1972.

Your service

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

20 June 1941 and 30 June 1973

Lower Lip - Actinic Cheilitis

You have stated that your condition was caused by:

- *having sunlight exposure to unprotected skin at the affected site for a cumulative period of at least 4,500 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of solar keratosis*
- *undergoing organ or tissue transplantation, excluding corneal transplant, before the clinical onset of solar keratosis*
- *having PUVA therapy involving the affected site where: (a) the first PUVA treatment commenced at least 5 years before the clinical onset of solar keratosis; and (b) at least 50 PUVA treatments were administered before the clinical onset of solar keratosis*
- *taking hydroxyurea or voriconazole for at least the 3 months before the clinical onset of solar keratosis*

Diagnosis: Actinic Cheilitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 10 September 2025, and is supported by a dermatology consultation and histopathology report by the dermatologist and pathologist, dated 14 April 1971.

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

Statement of Principles concerning Solar Keratosis (Balance of Probabilities) (No. 80 of 2021)

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

I am satisfied that you have met the following factor:

- *having sunlight exposure to unprotected skin at the affected site for a cumulative period of at least 4,500 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of solar keratosis*
- *undergoing organ or tissue transplantation, excluding corneal transplant, before the clinical onset of solar keratosis*
- *having PUVA therapy involving the affected site where: (a) the first PUVA treatment commenced at least 5 years before the clinical onset of solar keratosis; and (b) at least 50 PUVA treatments were administered before the clinical onset of solar keratosis*
- *taking hydroxyurea or voriconazole for at least the 3 months before the clinical onset of solar keratosis*

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 persistently dry, rough and scaly lower lip with a

burning feeling in the sun, adherent white patches and blurring of the edge between the lip and the skin, which did not heal with lip balm on 22 March 1971.

The diagnosis was confirmed by punch biopsy of the lower lip on 14 April 1971, which showed proliferation of atypical keratinocytes in the lower epidermis with mild to moderate dysplasia and solar elastosis. This meets the Statement of Principles definition of solar keratosis: a cutaneous lesion characterised by the local proliferation of atypical (dysplastic) epidermal keratinocytes, related to ultraviolet light exposure. The clinical findings were typical of actinic cheilitis: diffuse scaling of the lower lip, adherent white patches and loss of definition of the vermilion border.

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

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 12 March 1971.

Lower Lip - Actinic Cheilitis (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 10 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 10 September 2025;
- A camp medical officer's report (prisoner of war work party) by the burma-thailand railway, dated 31 December 1942;
- A repatriation medical examination by the medical officer, dated 15 September 1945;
- A dermatology treatment record (psoralen ultraviolet A therapy) by the dermatologist, Military hospital, dated 11 January 1965;
- A hospital admission and transplant operation report by the transplant surgeon and renal physician, dated 22 April 1969;
- A dermatology consultation by the dermatologist, dated 10 September 1970;
- A periodic health examination by the medical officer, dated 2 November 1970;
- An outpatient health record and referral by the unit medical officer, dated 22 March 1971;
- A dermatology consultation and histopathology report by the dermatologist and pathologist, dated 14 April 1971;
- A dermatology consultation and histopathology report by the dermatologist and pathologist, dated 18 September 1972;
- An operation report (vermilionectomy) by the plastic surgeon, dated 6 November 1972.

Your service

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

20 June 1941 and 30 June 1973

Lower Lip - Actinic Cheilitis (Worsening)

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

- *inability to obtain appropriate clinical management for solar keratosis*

Diagnosis: Actinic Cheilitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 10 September 2025, and is supported by a dermatology consultation and histopathology report by the dermatologist and pathologist, dated 14 April 1971.

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

Statement of Principles concerning Solar Keratosis (Balance of Probabilities) (No. 80 of 2021)

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 solar keratosis*

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 persistently dry, rough and scaly lower lip with a burning feeling in the sun, adherent white patches and blurring of the edge between the lip and the skin, which did not heal with lip balm on 22 March 1971.

The diagnosis was confirmed by punch biopsy of the lower lip on 14 April 1971, which showed proliferation of atypical keratinocytes in the lower epidermis with mild to moderate dysplasia and solar elastosis. This meets the Statement of Principles definition of solar keratosis: a cutaneous lesion characterised by the local proliferation of atypical (dysplastic) epidermal keratinocytes, related to ultraviolet light exposure. The clinical findings were typical of actinic cheilitis: diffuse scaling of the lower lip, adherent white patches and loss of definition of the vermilion border.

After the condition arose, it was worsened during your service. After the biopsy of 14 April 1971 confirmed actinic cheilitis with dysplasia, cryotherapy and review in three months were planned.

This has then led to further investigations and the diagnosis of your condition of *Actinic Cheilitis (Worsening)*. I have accepted your condition of *Actinic Cheilitis (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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 18 September 1972.

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