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.

Malignant Melanoma - Trunk

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 9 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 October 2025;
- A deployed health record by the medical officer, East Timor, dated 12 December 1999;
- A burns treatment record by the medical officer, RAAF base health centre, dated 18 August 2007;
- A deployed health record by the medical officer, Afghanistan, dated 26 June 2009;
- A specialist letter by the infectious diseases physician, dated 14 October 2009;
- An outpatient health record by the medical officer, RAAF base health centre, dated 3 March 2012;
- A transplant discharge summary by the transplant nephrologist, dated 10 November 2016;
- A respiratory and infectious diseases consultation by the infectious diseases physician, dated 21 March 2017;
- A neurology consultation by the neurologist, dated 9 April 2018;
- A haematology consultation by the haematologist, dated 12 September 2018;
- A haematology consultation and flow cytometry by the haematologist, dated 18 February 2020;
- A transplant skin surveillance by the dermatologist, dated 20 May 2020;
- A dermatology consultation by the dermatologist, dated 7 June 2021;
- A histopathology report by the pathologist, dated 14 June 2021;
- An operation report and histopathology by the surgical oncologist, dated 22 September 2021;
- A PET-CT report by the nuclear medicine physician, dated 5 October 2021.

Your service

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

20 January 1982 and 15 March 2016

Malignant Melanoma - Trunk

You have stated that your condition was caused by:

- *having at least 5 sunburns at the affected site at least 2 years before clinical onset*
- *having a burn scar involving the affected site at least 5 years 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 ultraviolet radiation exposure from an ultraviolet-emitting tanning device on at least 5 occasions before the clinical onset of malignant melanoma of the skin, where the first exposure occurred more than 2 years before clinical onset*
- *having PUVA therapy, where: (a) the first PUVA treatment commenced at least 10 years before clinical onset; and (b) at least 200 PUVA treatments were administered, before clinical onset*
- *undergoing solid organ (excluding corneal transplant) or bone marrow transplantation before clinical onset*
- *being treated with methotrexate or azathioprine within the 5 years before clinical*
- *being infected with human immunodeficiency virus before clinical onset*
- *having non-Hodgkin lymphoma at least one year before clinical onset*
- *having chronic lymphocytic leukaemia/small cell lymphoma at least one year before clinical onset*
- *having Parkinson's disease for at least 2 years before clinical onset*
- *for superficial spreading melanoma only, taking oral estradiol menopausal hormone therapy continuously for at least 6 months, more than 2 years before clinical onset*
- *taking voriconazole continuously for at least 1 year, more than 3 years before clinical onset*
- *being obese for at least 5 years within the 20 years before clinical onset*
- *consuming at least 30 grams of alcohol per day for at least one year, more than 5 years before clinical onset*
- *being employed as a firefighter for a cumulative period of at least 10 years, more than 5 years before clinical onset*
- *inhaling, ingesting or having cutaneous contact with dielectric (insulating) liquids containing polychlorinated biphenyls during the production or repair of capacitors, transformers, or electrical switches, for a cumulative period of at least 2,000 hours, completed at least 20 years before clinical onset*

Diagnosis: Trunk

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 October 2025, and is supported by a histopathology report by the pathologist, dated 14 June 2021.

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

Statement of Principles concerning Malignant Melanoma of the Skin (Reasonable Hypothesis) (No. 34 of 2024)

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

I am satisfied that you have met the following factor:

- *having at least 5 sunburns at the affected site at least 2 years before clinical onset*
- *having a burn scar involving the affected site at least 5 years 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 ultraviolet radiation exposure from an ultraviolet-emitting tanning device on at least 5 occasions before the clinical onset of malignant melanoma of the skin, where the first exposure occurred more than 2 years before clinical onset*
- *having PUVA therapy, where: (a) the first PUVA treatment commenced at least 10 years before clinical onset; and (b) at least 200 PUVA treatments were administered, before clinical onset*
- *undergoing solid organ (excluding corneal transplant) or bone marrow transplantation before clinical onset*
- *being treated with methotrexate or azathioprine within the 5 years before clinical*
- *being infected with human immunodeficiency virus before clinical onset*
- *having non-Hodgkin lymphoma at least one year before clinical onset*
- *having chronic lymphocytic leukaemia/small cell lymphoma at least one year before clinical onset*
- *having Parkinson's disease for at least 2 years before clinical onset*
- *for superficial spreading melanoma only, taking oral estradiol menopausal hormone therapy continuously for at least 6 months, more than 2 years before clinical onset*
- *taking voriconazole continuously for at least 1 year, more than 3 years before clinical onset*
- *being obese for at least 5 years within the 20 years before clinical onset*
- *consuming at least 30 grams of alcohol per day for at least one year, more than 5 years before clinical onset*
- *being employed as a firefighter for a cumulative period of at least 10 years, more than 5 years before clinical onset*

- *inhaling, ingesting or having cutaneous contact with dielectric (insulating) liquids containing polychlorinated biphenyls during the production or repair of capacitors, transformers, or electrical switches, for a cumulative period of at least 2,000 hours, completed at least 20 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 a changing pigmented lesion on the left upper back with occasional itch on 7 June 2021.

The diagnosis was confirmed by excision biopsy on 14 June 2021, which showed a superficial spreading melanoma arising from the melanocytes of the skin of the left upper back, Breslow thickness 1.4 mm, Clark level IV, not ulcerated, with a mitotic rate of 3 per mm2 and clear margins. This meets the Statement of Principles definition of malignant melanoma of the skin, a primary malignant neoplasm arising from the melanocytes, including superficial spreading melanoma.

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

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 7 June 2021.

Malignant Melanoma - Trunk (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 9 October 2025;
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- A PET-CT report by the nuclear medicine physician, dated 5 October 2021.

Your service

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

20 January 1982 and 15 March 2016

Malignant Melanoma - Trunk (Worsening)

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

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

Diagnosis: Trunk (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 October 2025, and is supported by a histopathology report by the pathologist, dated 14 June 2021.

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

Statement of Principles concerning Malignant Melanoma of the Skin (Reasonable Hypothesis) (No. 34 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 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 changing pigmented lesion on the left upper back with occasional itch on 7 June 2021.

The diagnosis was confirmed by excision biopsy on 14 June 2021, which showed a superficial spreading melanoma arising from the melanocytes of the skin of the left upper back, Breslow thickness 1.4 mm, Clark level IV, not ulcerated, with a mitotic rate of 3 per mm2 and clear margins. This meets the Statement of Principles definition of malignant melanoma of the skin, a primary malignant neoplasm arising from the melanocytes, including superficial spreading melanoma.

After the condition arose, it was worsened during your service. The recommended wide excision and sentinel node biopsy were delayed eleven weeks by the suspension of elective surgery and the coordination of immunosuppression made necessary by the transplant that followed HIV acquired on warlike service in Afghanistan.

This has then led to further investigations and the diagnosis of your condition of *Trunk (Worsening)*. I have accepted your condition of *Trunk (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 7 June 2021.

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