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.

Mid Back - Dysplastic Naevus

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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- An outpatient health record (sunburn) by the medical officer, dated 14 January 2004;
- A deployed health record and stool culture by the medical officer, Afghanistan, dated 22 June 2010;
- A rheumatology consultation by the rheumatologist, dated 11 October 2010;
- A periodic health examination and total body photography by the medical officer, dated 2 March 2011;
- An outpatient health record and dermoscopy by the medical officer, dated 29 August 2011;
- A histopathology report by the pathologist, dated 14 September 2011;
- A sequential digital dermoscopy by the dermatologist, dated 18 June 2014;
- A re-excision histopathology and dermatology letter by the dermatologist, dated 2 July 2014.

Your service

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

12 February 1998 and 14 June 2019

Mid Back - Dysplastic Naevus

You have stated that your condition was caused by:

- *having solar ultraviolet radiation exposure of the affected skin for a cumulative total of at least 1000 hours before the clinical onset of dysplastic naevus*
- *having at least 3 episodes of blistering sunburn of the affected skin before the clinical onset of dysplastic naevus*
- *having intermittent intense solar ultraviolet radiation exposure of normally covered skin, including the trunk, on at least 30 occasions within the 10 years before the clinical onset of dysplastic naevus*
- *residing or serving in a location with an average daily ultraviolet index of 7 or more for a cumulative total of at least 12 months within the 10 years before the clinical onset of dysplastic naevus*
- *taking an immunosuppressive drug, including methotrexate, azathioprine, ciclosporin or systemic corticosteroids at a dose of at least 7.5 milligrams of prednisolone per day, for at least 6 months within the 5 years before the clinical onset of dysplastic naevus*
- *having repeated friction, pressure or minor trauma to a pre-existing melanocytic naevus at the affected site, from equipment or clothing, for at least 3 months before the clinical onset of dysplastic naevus*

Diagnosis: Dysplastic Naevus

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a histopathology report by the pathologist, dated 14 September 2011.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having solar ultraviolet radiation exposure of the affected skin for a cumulative total of at least 1000 hours before the clinical onset of dysplastic naevus*
- *having at least 3 episodes of blistering sunburn of the affected skin before the clinical onset of dysplastic naevus*
- *having intermittent intense solar ultraviolet radiation exposure of normally covered skin, including the trunk, on at least 30 occasions within the 10 years before the clinical onset of dysplastic naevus*
- *residing or serving in a location with an average daily ultraviolet index of 7 or more for a cumulative total of at least 12 months within the 10 years before the clinical onset of dysplastic naevus*

- *taking an immunosuppressive drug, including methotrexate, azathioprine, ciclosporin or systemic corticosteroids at a dose of at least 7.5 milligrams of prednisolone per day, for at least 6 months within the 5 years before the clinical onset of dysplastic naevus*
- *having repeated friction, pressure or minor trauma to a pre-existing melanocytic naevus at the affected site, from equipment or clothing, for at least 3 months before the clinical onset of dysplastic naevus*

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 mole on your left mid back that was enlarging, darkening and itchy, catching on your pack straps and occasionally bleeding after load carriage on 29 August 2011.

The diagnosis was confirmed histologically on 14 September 2011, when excision biopsy of the left mid back lesion showed a compound melanocytic naevus with lentiginous junctional proliferation, bridging of rete ridges, shouldering, lamellar fibroplasia and moderate cytological atypia, without features of melanoma. Dermoscopy on 29 August 2011 had shown an 8 mm asymmetric lesion with an atypical network, and comparison with the mapped image of 2 March 2011 confirmed that it had arisen from a 3 mm benign naevus.

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

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 15 August 2011.

Mid Back - Dysplastic Naevus (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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- An outpatient health record (sunburn) by the medical officer, dated 14 January 2004;
- A deployed health record and stool culture by the medical officer, Afghanistan, dated 22 June 2010;
- A rheumatology consultation by the rheumatologist, dated 11 October 2010;
- A periodic health examination and total body photography by the medical officer, dated 2 March 2011;
- An outpatient health record and dermoscopy by the medical officer, dated 29 August 2011;
- A histopathology report by the pathologist, dated 14 September 2011;
- A sequential digital dermoscopy by the dermatologist, dated 18 June 2014;
- A re-excision histopathology and dermatology letter by the dermatologist, dated 2 July 2014.

Your service

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

12 February 1998 and 14 June 2019

Mid Back - Dysplastic Naevus (Worsening)

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

- *having solar ultraviolet radiation exposure of the affected skin for a cumulative total of at least 250 hours within the 2 years before the clinical worsening of dysplastic naevus*
- *having an episode of blistering sunburn of the affected skin within the 1 year before the clinical worsening of dysplastic naevus*
- *taking an immunosuppressive drug, including methotrexate, azathioprine, ciclosporin or systemic corticosteroids at a dose of at least 7.5 milligrams of prednisolone per day, for at least 6 months within the 2 years before the clinical worsening of dysplastic naevus*

- *having repeated friction, pressure or minor trauma to the affected naevus or excision site from equipment or clothing for at least 3 months before the clinical worsening of dysplastic naevus*
- *inability to obtain appropriate clinical management for dysplastic naevus*

Diagnosis: Dysplastic Naevus (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a histopathology report by the pathologist, dated 14 September 2011.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having solar ultraviolet radiation exposure of the affected skin for a cumulative total of at least 250 hours within the 2 years before the clinical worsening of dysplastic naevus*
- *having an episode of blistering sunburn of the affected skin within the 1 year before the clinical worsening of dysplastic naevus*
- *taking an immunosuppressive drug, including methotrexate, azathioprine, ciclosporin or systemic corticosteroids at a dose of at least 7.5 milligrams of prednisolone per day, for at least 6 months within the 2 years before the clinical worsening of dysplastic naevus*
- *having repeated friction, pressure or minor trauma to the affected naevus or excision site from equipment or clothing for at least 3 months before the clinical worsening of dysplastic naevus*
- *inability to obtain appropriate clinical management for dysplastic naevus*

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 mole on your left mid back that was enlarging, darkening and itchy, catching on your pack straps and occasionally bleeding after load carriage on 29 August 2011.

The diagnosis was confirmed histologically on 14 September 2011, when excision biopsy of the left mid back lesion showed a compound melanocytic naevus with lentiginous junctional proliferation, bridging of rete ridges, shouldering, lamellar fibroplasia and moderate cytological atypia, without features of melanoma. Dermoscopy on 29 August 2011 had shown an 8 mm

asymmetric lesion with an atypical network, and comparison with the mapped image of 2 March 2011 confirmed that it had arisen from a 3 mm benign naevus.

After the condition arose, it was worsened during your service. Within the 2 years before the worsening, from 18 June 2012 to 18 June 2014, you continued as a physical training instructor in northern Australia, instructing outdoors for about three hours a day, often in a singlet. In October 2013, while supervising a full-day outdoor endurance event in northern Australia, you sustained blistering sunburn across the back including the scar, treated at the base medical centre. Methotrexate 15 mg weekly for the reactive arthritis acquired in Afghanistan continued without interruption until December 2014, covering the whole of the 2 years before the worsening, from 18 June 2012 to 18 June 2014. From 18 March 2014 to 18 June 2014 you took part in a 12-week field exercise, carrying a pack and wearing webbing that rubbed directly on the excision scar daily, recorded as chafing on 18 June 2014. After the 2011 excision six-monthly dermatological surveillance was recommended, but it did not take place from February 2013 to June 2014 because you were on field postings and exercises with no access to a dermatologist or dermoscopy.

This has then led to further investigations and the diagnosis of your condition of *Dysplastic Naevus (Worsening)*. I have accepted your condition of *Dysplastic Naevus (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 June 2014.

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