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.

Renal 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 3 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 September 2025;
- An enlistment medical examination and haemoglobin electrophoresis by the medical officer, dated 15 January 1980;
- A preventive medicine report (water quality) by the environmental health officer, Somalia, dated 25 May 1993;
- A radiation oncology treatment summary by the radiation oncologist, dated 21 March 1997;
- A trauma admission and operation report by Role 3 hospital, East Timor, dated 14 January 2000;
- A renal medicine consultation by the renal physician, dated 12 December 2000;
- A periodic health examination and CT abdomen report by the medical officer and radiologist, dated 10 June 2003;
- A haemodialysis commencement and dietitian assessment by the renal physician and renal dietitian, dated 18 March 2008;
- A transplant operation report by the transplant surgeon, dated 26 August 2013;
- An ultrasound native kidneys report by the radiologist, dated 10 March 2021;
- An ultrasound native kidneys report by the radiologist, dated 4 May 2022;
- A CT abdomen and pelvis report by the radiologist, dated 21 September 2022;
- An operation report and histopathology report by the urologist and pathologist, dated 12 December 2022.

Your service

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

15 January 1980 and 30 June 2006

Renal Cell Carcinoma

You have stated that your condition was caused by:

- *having hypertension for a period of at least two years before the clinical onset of malignant neoplasm of the kidney*
- *being overweight or obese for at least three years within the 20 years before the clinical onset of malignant neoplasm of the kidney*
- *having smoked tobacco products: (a) in an amount of at least ten pack-years before the clinical onset of malignant neoplasm of the kidney; and (b) commencing at least five years before the clinical onset of malignant neoplasm of the kidney; and if smoking has ceased before the clinical onset of malignant neoplasm of the kidney, then that onset occurred within 30 years of cessation*
- *having been exposed to second-hand smoke: (a) for at least 10,000 hours before the clinical onset of malignant neoplasm of the kidney; and (b) commencing at least five years before the clinical onset of malignant neoplasm of the kidney; and if exposure to second-hand smoke has ceased before the clinical onset of malignant neoplasm of the kidney, then that onset occurred within 30 years of cessation*
- *inhaling respirable asbestos fibres in an enclosed space, at the time material containing asbestos was being applied, removed, cut, drilled, dislodged or disturbed: (a) for a cumulative period of at least 1,000 hours before the clinical onset of malignant neoplasm of the kidney; and (b) where the first inhalation of asbestos fibres commenced at least five years before the clinical onset of malignant neoplasm of the kidney*
- *inhaling respirable asbestos fibres in an open environment, at the time material containing asbestos was being applied, removed, cut, drilled, dislodged or disturbed: (a) for a cumulative period of at least 3,000 hours before the clinical onset of malignant neoplasm of the kidney; and (b) where the first inhalation of asbestos fibres commenced at least five years before the clinical onset of malignant neoplasm of the kidney*
- *inhaling cadmium fumes: (a) for a cumulative period of at least 3,000 hours before the clinical onset of malignant neoplasm of the kidney; and (b) where the first inhalation of fumes occurred at least five years before the clinical onset of malignant neoplasm of the kidney*
- *inhaling, ingesting or having cutaneous contact with trichloroethylene: (a) for a cumulative period of at least 1,000 hours, within a consecutive period of ten years, before the clinical onset of malignant neoplasm of the kidney; and (b) where the first exposure occurred at least five years before the clinical onset of malignant neoplasm of the kidney*

- *being exposed to arsenic as specified before the clinical onset of malignant neoplasm of the kidney, where the first exposure to arsenic occurred at least ten years before the clinical onset of malignant neoplasm of the kidney*
- *having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the kidney at least five years before the clinical onset of malignant neoplasm of the kidney*
- *having chronic kidney disease before the clinical onset of malignant neoplasm of the kidney*
- *having renal stone disease involving the affected kidney at least five years before the clinical onset of malignant neoplasm of the kidney*
- *having diabetes mellitus for at least five years before the clinical onset of malignant neoplasm of the kidney*
- *for renal medullary carcinoma only, having sickle cell disorder before the clinical onset of renal medullary carcinoma*
- *an inability to consume an average of at least 200 grams per day of any combination of fruits and vegetables, for a period of at least five consecutive years within the 20 years before the clinical onset of malignant neoplasm of the kidney*
- *an inability to undertake any physical activity greater than three METs for at least ten years within the 30 years before the clinical onset of malignant neoplasm of the kidney*
- *undergoing organ or tissue transplantation, excluding corneal transplant, before the clinical onset of malignant neoplasm of the kidney*
- *taking a non-topical non-steroidal anti-inflammatory drug, excluding aspirin, on at least 15 days per month for at least ten years before the clinical onset of malignant neoplasm of the kidney*
- *using manual welding equipment for welding metal: (a) for a cumulative period of at least 3,000 hours before the clinical onset of malignant neoplasm of the kidney; and (b) where that use began at least five years before the clinical onset of malignant neoplasm of the kidney*

Diagnosis: Renal Cell Carcinoma

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 September 2025, and is supported by an operation report and histopathology report by the urologist and pathologist, dated 12 December 2022.

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 Neoplasm of the Kidney (Reasonable Hypothesis) (No. 41 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 hypertension for a period of at least two years before the clinical onset of malignant neoplasm of the kidney*
- *being overweight or obese for at least three years within the 20 years before the clinical onset of malignant neoplasm of the kidney*
- *having smoked tobacco products: (a) in an amount of at least ten pack-years before the clinical onset of malignant neoplasm of the kidney; and (b) commencing at least five years before the clinical onset of malignant neoplasm of the kidney; and if smoking has ceased before the clinical onset of malignant neoplasm of the kidney, then that onset occurred within 30 years of cessation*
- *having been exposed to second-hand smoke: (a) for at least 10,000 hours before the clinical onset of malignant neoplasm of the kidney; and (b) commencing at least five years before the clinical onset of malignant neoplasm of the kidney; and if exposure to second-hand smoke has ceased before the clinical onset of malignant neoplasm of the kidney, then that onset occurred within 30 years of cessation*
- *inhaling respirable asbestos fibres in an enclosed space, at the time material containing asbestos was being applied, removed, cut, drilled, dislodged or disturbed: (a) for a cumulative period of at least 1,000 hours before the clinical onset of malignant neoplasm of the kidney; and (b) where the first inhalation of asbestos fibres commenced at least five years before the clinical onset of malignant neoplasm of the kidney*
- *inhaling respirable asbestos fibres in an open environment, at the time material containing asbestos was being applied, removed, cut, drilled, dislodged or disturbed: (a) for a cumulative period of at least 3,000 hours before the clinical onset of malignant neoplasm of the kidney; and (b) where the first inhalation of asbestos fibres commenced at least five years before the clinical onset of malignant neoplasm of the kidney*
- *inhaling cadmium fumes: (a) for a cumulative period of at least 3,000 hours before the clinical onset of malignant neoplasm of the kidney; and (b) where the first inhalation of fumes occurred at least five years before the clinical onset of malignant neoplasm of the kidney*
- *inhaling, ingesting or having cutaneous contact with trichloroethylene: (a) for a cumulative period of at least 1,000 hours, within a consecutive period of ten years, before the clinical onset of malignant neoplasm of the kidney; and (b) where the first exposure occurred at least five years before the clinical onset of malignant neoplasm of the kidney*
- *being exposed to arsenic as specified before the clinical onset of malignant neoplasm of the kidney, where the first exposure to arsenic occurred at least ten years before the clinical onset of malignant neoplasm of the kidney*
- *having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the kidney at least five years before the clinical onset of malignant neoplasm of the kidney*
- *having chronic kidney disease before the clinical onset of malignant neoplasm of the kidney*
- *having renal stone disease involving the affected kidney at least five years before the clinical onset of malignant neoplasm of the kidney*

- *having diabetes mellitus for at least five years before the clinical onset of malignant neoplasm of the kidney*
- *for renal medullary carcinoma only, having sickle cell disorder before the clinical onset of renal medullary carcinoma*
- *an inability to consume an average of at least 200 grams per day of any combination of fruits and vegetables, for a period of at least five consecutive years within the 20 years before the clinical onset of malignant neoplasm of the kidney*
- *an inability to undertake any physical activity greater than three METs for at least ten years within the 30 years before the clinical onset of malignant neoplasm of the kidney*
- *undergoing organ or tissue transplantation, excluding corneal transplant, before the clinical onset of malignant neoplasm of the kidney*
- *taking a non-topical non-steroidal anti-inflammatory drug, excluding aspirin, on at least 15 days per month for at least ten years before the clinical onset of malignant neoplasm of the kidney*
- *using manual welding equipment for welding metal: (a) for a cumulative period of at least 3,000 hours before the clinical onset of malignant neoplasm of the kidney; and (b) where that use began at least five years before the clinical onset of malignant neoplasm of the kidney*

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 no symptoms, and the tumour was found on surveillance ultrasound of your native kidneys on 4 May 2022.

The diagnosis was confirmed by histopathology of the left native radical nephrectomy specimen on 12 December 2022, which showed renal medullary carcinoma, a primary malignant neoplasm arising from the renal tubular epithelium, with loss of SMARCB1 (INI1) expression, invasion of the left renal vein and no nodal involvement (pT3a N0). This meets the Statement of Principles definition of malignant neoplasm of the kidney, which expressly includes renal medullary carcinoma, and excludes the listed non-epithelial tumours and cancer of the renal pelvis.

This has then led to further investigations and the diagnosis of your condition of *Renal Cell Carcinoma*. I have accepted your condition of *Renal 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 4 May 2022.

Renal 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 3 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 September 2025;
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- A CT abdomen and pelvis report by the radiologist, dated 21 September 2022;
- An operation report and histopathology report by the urologist and pathologist, dated 12 December 2022.

Your service

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

15 January 1980 and 30 June 2006

Renal Cell Carcinoma (Worsening)

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

- *inability to obtain appropriate clinical management for malignant neoplasm of the kidney*

Diagnosis: Renal Cell Carcinoma (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 September 2025, and is supported by an operation report and histopathology report by the urologist and pathologist, dated 12 December 2022.

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 Neoplasm of the Kidney (Reasonable Hypothesis) (No. 41 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 malignant neoplasm of the kidney*

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 no symptoms, and the tumour was found on surveillance ultrasound of your native kidneys on 4 May 2022.

The diagnosis was confirmed by histopathology of the left native radical nephrectomy specimen on 12 December 2022, which showed renal medullary carcinoma, a primary malignant neoplasm arising from the renal tubular epithelium, with loss of SMARCB1 (INI1) expression, invasion of the left renal vein and no nodal involvement (pT3a N0). This meets the Statement of Principles definition of malignant neoplasm of the kidney, which expressly includes renal medullary carcinoma, and excludes the listed non-epithelial tumours and cancer of the renal pelvis.

After the condition arose, it was worsened during your service. After the lesion was found on 4 May 2022, CT was delayed to 21 September 2022 and nephrectomy to 12 December 2022 by waiting lists and coordination between your transplant and urology teams, and the tumour grew from 2.4 cm to 4.6 cm and invaded the renal vein.

This has then led to further investigations and the diagnosis of your condition of *Renal Cell Carcinoma (Worsening)*. I have accepted your condition of *Renal 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 4 May 2022.

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.