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.

Right Mandible - Seborrheic Keratosis

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 21 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 July 2025;
- A pre-deployment medical examination by the medical officer, dated 20 November 2004;
- A deployed health record by the medical officer, role 1 facility, Solomon Islands, dated 14 June 2006;
- A post-deployment medical examination by the medical officer, dated 5 November 2009;
- A separation medical examination and skin check by the medical officer, dated 3 March 2016;
- An excision and histopathology (melanoma) by the plastic surgeon and pathologist, dated 12 January 2021;
- A sentinel lymph node biopsy report by the plastic surgeon and pathologist, dated 2 February 2021;
- A medical oncology consultation by the medical oncologist, dated 3 March 2021;
- A general practice consultation and referral by the general practitioner, dated 22 June 2021;
- A dermatology consultation and biopsy histopathology by the dermatologist and pathologist, dated 9 July 2021;
- A dermatology review by the dermatologist, dated 14 February 2022;
- A procedure note and histopathology (curettage and cryotherapy) by the dermatologist and pathologist, dated 30 March 2022.

Your service

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

14 February 2003 and 22 April 2016

Right Mandible - Seborrheic Keratosis

You have stated that your condition was caused by:

- *having sunlight exposure to unprotected skin at the affected site for at least 2,250 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones (latitude equivalent hours), before clinical onset*
- *for the Leser-Trélat sign only (sudden onset of >20 new seborrhoeic keratoses within 6 months), having a malignancy excluding non-melanotic malignant neoplasm of the skin, within 1 year before clinical*
- *taking a course of dabrafenib or vemurafenib for the treatment of cancer within 1 year before clinical onset*

Diagnosis: Seborrheic Keratosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 July 2025, and is supported by a dermatology consultation and biopsy histopathology by the dermatologist and pathologist, dated 9 July 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 Seborrhoeic Keratosis (Reasonable Hypothesis) (No. 19 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 sunlight exposure to unprotected skin at the affected site for at least 2,250 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones (latitude equivalent hours), before clinical onset*
- *for the Leser-Trélat sign only (sudden onset of >20 new seborrhoeic keratoses within 6 months), having a malignancy excluding non-melanotic malignant neoplasm of the skin, within 1 year before clinical*
- *taking a course of dabrafenib or vemurafenib for the treatment of cancer within 1 year 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 raised, rough brown spot on the right jawline that caught on your razor, at the same time as numerous new warty brown spots appeared on your chest and back on 22 June 2021.

The diagnosis was made by a dermatologist on 9 July 2021 on dermoscopy, which showed milia-like cysts, comedo-like openings and a cerebriform pattern typical of seborrhoeic keratosis, and was confirmed by punch biopsy of the right mandible lesion, which showed a papillomatous proliferation of basaloid keratinocytes with horn cysts, a flat base and a hyperkeratotic surface. This meets the Statement of Principles definition of seborrhoeic keratosis.

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

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 15 June 2021.

Right Mandible - Seborrheic Keratosis (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 21 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 July 2025;
- A pre-deployment medical examination by the medical officer, dated 20 November 2004;
- A deployed health record by the medical officer, role 1 facility, Solomon Islands, dated 14 June 2006;
- A post-deployment medical examination by the medical officer, dated 5 November 2009;
- A separation medical examination and skin check by the medical officer, dated 3 March 2016;
- An excision and histopathology (melanoma) by the plastic surgeon and pathologist, dated 12 January 2021;
- A sentinel lymph node biopsy report by the plastic surgeon and pathologist, dated 2 February 2021;
- A medical oncology consultation by the medical oncologist, dated 3 March 2021;
- A general practice consultation and referral by the general practitioner, dated 22 June 2021;
- A dermatology consultation and biopsy histopathology by the dermatologist and pathologist, dated 9 July 2021;
- A dermatology review by the dermatologist, dated 14 February 2022;
- A procedure note and histopathology (curettage and cryotherapy) by the dermatologist and pathologist, dated 30 March 2022.

Your service

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

14 February 2003 and 22 April 2016

Right Mandible - Seborrheic Keratosis (Worsening)

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

- *inability to obtain appropriate clinical management for seborrhoeic keratosis before clinical worsening*

Diagnosis: Seborrheic Keratosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 July 2025, and is supported by a dermatology consultation and biopsy histopathology by the dermatologist and pathologist, dated 9 July 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 Seborrhoeic Keratosis (Reasonable Hypothesis) (No. 19 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 seborrhoeic keratosis 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 raised, rough brown spot on the right jawline that caught on your razor, at the same time as numerous new warty brown spots appeared on your chest and back on 22 June 2021.

The diagnosis was made by a dermatologist on 9 July 2021 on dermoscopy, which showed milia-like cysts, comedo-like openings and a cerebriform pattern typical of seborrhoeic keratosis, and was confirmed by punch biopsy of the right mandible lesion, which showed a papillomatous proliferation of basaloid keratinocytes with horn cysts, a flat base and a hyperkeratotic surface. This meets the Statement of Principles definition of seborrhoeic keratosis.

After the condition arose, it was worsened during your service. The cryotherapy recommended on 9 July 2021 could not be obtained for more than six months because of waiting times, the distance to the nearest dermatology service and the need to coordinate procedures with surveillance for the melanoma that arose from your operational sun exposure.

This has then led to further investigations and the diagnosis of your condition of *Seborrheic Keratosis (Worsening)*. I have accepted your condition of *Seborrheic Keratosis (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 15 June 2021.

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