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 Temple - Basal 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 30 January 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 January 2025;
- A post-liberation medical examination by the medical officer, dated 28 September 1945;
- A ship's medical record by the surgeon, warship off Korea, dated 19 September 1951;
- A dermatology consultation and PUVA treatment chart by the dermatologist, dated 12 June 1978;
- A dermatology consultation by the dermatologist, dated 14 August 1997;
- A histopathology report (right parotid biopsy) dated 11 February 2010;
- A radiotherapy completion summary by the radiation oncologist, dated 23 March 2010;
- A renal transplant discharge summary by the renal physician, dated 5 May 2011;
- A haematology consultation by the haematologist, dated 22 June 2017;
- A transplant dermatology clinic record by the dermatologist, dated 14 February 2022;
- A histopathology report (right temple punch biopsy) dated 27 June 2022;
- A histopathology report (right shin biopsy) dated 18 January 2023;
- An MRI face and skull base report by the radiologist, dated 14 March 2023;
- A histopathology report (perianal biopsy) dated 9 August 2023;
- A histopathology report (prepuce biopsy) dated 22 November 2023;
- A histopathology report (scrotal biopsy) dated 15 February 2024.

Your service

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

2 April 1941 and 15 June 1978

Right Temple - Basal Cell Carcinoma

You have stated that your condition was caused by:

- *being a prisoner of war of Japan 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 at least 5 sunburns at the affected site at least 2 years before clinical onset*
- *having ultraviolet radiation exposure from an ultraviolet-emitting tanning device (excluding sunlamps) on at least 10 occasions at the affected site before clinical onset, at least 2 years before clinical onset*
- *having received a burn from an electric welding device on at least 10 occasions at the affected site, at least 10 years before clinical onset*
- *having PUVA therapy, where: the first PUVA treatment commenced at least 5 years before clinical onset; and*
- *having PUVA therapy, where: at least 50 PUVA treatments were administered before clinical onset*
- *having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the affected site at least 10 years before clinical onset*
- *undergoing a course of radiotherapy for cancer at the affected site, at least 5 years before clinical onset*
- *undergoing a course of radiotherapy for acne at the affected site, at least 5 years before clinical onset*
- *being infected by the same human papillomavirus type 16, 18 or 33 for at least 2 consecutive years before clinical onset of squamous cell carcinoma of the penis, vulva or perianal skin*
- *being infected with human immunodeficiency virus before clinical onset*
- *undergoing solid organ (excluding corneal transplant) or bone marrow transplantation at least 5 years before clinical onset*
- *taking one of the following medications within the 10 years before clinical onset: acalabrutinib*
- *taking one of the following medications within the 10 years before clinical onset: azathioprine*
- *taking one of the following medications within the 10 years before clinical onset: ciclosporin*
- *taking one of the following medications within the 10 years before clinical onset: elotuzumab*
- *taking one of the following medications within the 10 years before clinical onset: fingolimod*

- *taking one of the following medications within the 10 years before clinical onset: hydroxycarbimide (hydroxyurea)*
- *taking one of the following medications within the 10 years before clinical onset: ibrutinib*
- *taking one of the following medications within the 10 years before clinical onset: methotrexate*
- *taking one of the following medications within the 10 years before clinical onset: mycophenolate*
- *taking one of the following medications within the 10 years before clinical onset: ruxolitinib*
- *taking one of the following medications within the 10 years before clinical onset: siponimod*
- *taking one of the following medications within the 10 years before clinical onset: sirolimus*
- *taking one of the following medications within the 10 years before clinical onset: tacrolimus*
- *taking one of the following medications within the 10 years before clinical onset: tofacitinib*
- *taking one of the following medications within the 10 years before clinical onset: upadacitinib*
- *taking one of the following medications within the 10 years before clinical onset: ustekinumab*
- *taking one of the following medications within the 10 years before clinical onset: zanubrutinib*
- *taking one of the following medications within the 10 years before clinical onset: tumour necrosis factor-α inhibitors adalimumab, certolizumab, etanercept, golimumab, or infliximab; or*
- *taking one of the following medications within the 10 years before clinical onset: BRAF kinase inhibitors dabrafenib, encorafenib, vemurafenib*
- *taking ripretinib within the 10 years before clinical onset of squamous cell carcinoma of the skin*
- *taking ozanimod or ponesimod within the 10 years before clinical onset of basal cell carcinoma of the skin*
- *taking voriconazole continuously for at least 3 months, at least 6 months before clinical onset of squamous cell carcinoma of the skin*
- *taking a cumulative dose of at least 25 g of hydrochlorothiazide, at least 6 months before clinical onset of squamous cell carcinoma of the skin*
- *taking a cumulative dose of at least 50 g of hydrochlorothiazide, at least 6 months before clinical onset of basal cell carcinoma of the skin*
- *having autoimmune hepatitis at the time of clinical onset*
- *having inflammatory bowel disease at the time of clinical onset*
- *having psoriasis at the time of clinical onset*
- *having rheumatoid arthritis at the time of clinical onset*
- *having sarcoidosis at the time of clinical onset*

- *having chronic osteomyelitis with a sinus tract draining to the affected skin site at least 2 years before clinical onset*
- *having non-Hodgkin lymphoma before clinical onset*
- *having mature B-cell lymphoid leukaemia and small lymphocytic lymphoma before clinical onset*
- *having phimosis for a continuous period of at least 2 years before clinical onset of squamous cell carcinoma of the glans penis or prepuce of the penis*
- *having a scar at the affected site at least 5 years before clinical onset*
- *having ulceration at the affected site for a cumulative period of at least 6 months, at least 5 years before clinical onset*
- *having lichen sclerosus at the affected site, at least 5 years before clinical onset of squamous cell carcinoma of the penis, vulva or perianal skin*
- *having hidradenitis suppurativa at the affected site, at least 5 years before clinical onset of squamous cell carcinoma of the skin*
- *having chronic lymphoedema at the affected site, at least 5 years before clinical onset of squamous cell carcinoma of the skin*
- *smoking at least 15 cigarettes per day for at least 5 years, or the equivalent thereof in other tobacco products, at least 5 years before clinical onset of squamous cell carcinoma of the skin, and where smoking has ceased, clinical onset occurred within 20 years of cessation*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; consuming arsenic containing compounds (for example, Fowler's solution) for a cumulative period of at least 3 months; or*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; consuming drinking water with an average arsenic concentration of at least 50 micrograms per litre for a cumulative period of at least 2 years; or*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; inhaling, ingesting or having cutaneous contact with a pesticide containing arsenic, or arsenic in copper smelting operations, for a cumulative period of at least 1,000 hours; or*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; having clinical evidence of chronic arsenic toxicity*
- *having cutaneous contact at the affected site with coal-tar distillate, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset*
- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; creosote*
- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; shale oil*
- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before*

clinical onset of non-melanoma malignant neoplasm of the scrotal skin; soot

- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; mineral oil*

Diagnosis: Basal Cell Carcinoma

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 January 2025, and is supported by a histopathology report (right temple punch biopsy) dated 27 June 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 Non-Melanoma Malignant Neoplasm of the Skin (Reasonable Hypothesis) (No. 78 of 2024)

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

I am satisfied that you have met the following factor:

- *being a prisoner of war of Japan 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 at least 5 sunburns at the affected site at least 2 years before clinical onset*
- *having ultraviolet radiation exposure from an ultraviolet-emitting tanning device (excluding sunlamps) on at least 10 occasions at the affected site before clinical onset, at least 2 years before clinical onset*
- *having received a burn from an electric welding device on at least 10 occasions at the affected site, at least 10 years before clinical onset*
- *having PUVA therapy, where: the first PUVA treatment commenced at least 5 years before clinical onset; and*
- *having PUVA therapy, where: at least 50 PUVA treatments were administered before clinical onset*
- *having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the affected site at least 10 years before clinical onset*
- *undergoing a course of radiotherapy for cancer at the affected site, at least 5 years before clinical onset*
- *undergoing a course of radiotherapy for acne at the affected site, at least 5 years before clinical onset*
- *being infected by the same human papillomavirus type 16, 18 or 33 for at least 2 consecutive years before clinical onset of squamous cell carcinoma of the penis, vulva or perianal skin*

- *being infected with human immunodeficiency virus before clinical onset*
- *undergoing solid organ (excluding corneal transplant) or bone marrow transplantation at least 5 years before clinical onset*
- *taking one of the following medications within the 10 years before clinical onset: acalabrutinib*
- *taking one of the following medications within the 10 years before clinical onset: azathioprine*
- *taking one of the following medications within the 10 years before clinical onset: ciclosporin*
- *taking one of the following medications within the 10 years before clinical onset: elotuzumab*
- *taking one of the following medications within the 10 years before clinical onset: fingolimod*
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- *taking one of the following medications within the 10 years before clinical onset: BRAF kinase inhibitors dabrafenib, encorafenib, vemurafenib*
- *taking ripretinib within the 10 years before clinical onset of squamous cell carcinoma of the skin*

- *taking ozanimod or ponesimod within the 10 years before clinical onset of basal cell carcinoma of the skin*
- *taking voriconazole continuously for at least 3 months, at least 6 months before clinical onset of squamous cell carcinoma of the skin*
- *taking a cumulative dose of at least 25 g of hydrochlorothiazide, at least 6 months before clinical onset of squamous cell carcinoma of the skin*
- *taking a cumulative dose of at least 50 g of hydrochlorothiazide, at least 6 months before clinical onset of basal cell carcinoma of the skin*
- *having autoimmune hepatitis at the time of clinical onset*
- *having inflammatory bowel disease at the time of clinical onset*
- *having psoriasis at the time of clinical onset*
- *having rheumatoid arthritis at the time of clinical onset*
- *having sarcoidosis at the time of clinical onset*
- *having chronic osteomyelitis with a sinus tract draining to the affected skin site at least 2 years before clinical onset*
- *having non-Hodgkin lymphoma before clinical onset*
- *having mature B-cell lymphoid leukaemia and small lymphocytic lymphoma before clinical onset*
- *having phimosis for a continuous period of at least 2 years before clinical onset of squamous cell carcinoma of the glans penis or prepuce of the penis*
- *having a scar at the affected site at least 5 years before clinical onset*
- *having ulceration at the affected site for a cumulative period of at least 6 months, at least 5 years before clinical onset*
- *having lichen sclerosus at the affected site, at least 5 years before clinical onset of squamous cell carcinoma of the penis, vulva or perianal skin*
- *having hidradenitis suppurativa at the affected site, at least 5 years before clinical onset of squamous cell carcinoma of the skin*
- *having chronic lymphoedema at the affected site, at least 5 years before clinical onset of squamous cell carcinoma of the skin*
- *smoking at least 15 cigarettes per day for at least 5 years, or the equivalent thereof in other tobacco products, at least 5 years before clinical onset of squamous cell carcinoma of the skin, and where smoking has ceased, clinical onset occurred within 20 years of cessation*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; consuming arsenic containing compounds (for example, Fowler's solution) for a cumulative period of at least 3 months; or*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; consuming drinking water with an average arsenic concentration of at least 50 micrograms per litre for a cumulative period of at least 2 years; or*
- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; inhaling, ingesting or having cutaneous contact with a pesticide containing arsenic, or arsenic in*

copper smelting operations, for a cumulative period of at least 1,000 hours; or

- *being exposed to arsenic as detailed below, at least 10 years before clinical onset; having clinical evidence of chronic arsenic toxicity*
- *having cutaneous contact at the affected site with coal-tar distillate, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset*
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- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; shale oil*
- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; soot*
- *having cutaneous contact at the affected site with one of the following polycyclic aromatic hydrocarbons, for a cumulative period of at least 1,500 hours, at least 5 years before clinical onset of non-melanoma malignant neoplasm of the scrotal skin; mineral oil*

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 small, painless, pearly lump within the old scar on your right temple, which bled when you shaved over it on 27 June 2022.

The diagnosis was made by a dermatologist on 27 June 2022 from a 7 mm pearly, telangiectatic nodule within the right temple scar, and confirmed on punch biopsy, which showed nests of basaloid cells with peripheral palisading and retraction artefact in the dermis, a nodular basal cell carcinoma. This meets the Statement of Principles definition of non-melanoma malignant neoplasm of the skin.

This has then led to further investigations and the diagnosis of your condition of *Basal Cell Carcinoma*. I have accepted your condition of *Basal 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 6 June 2022.

Right Temple - Basal 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 30 January 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 January 2025;
- A post-liberation medical examination by the medical officer, dated 28 September 1945;
- A ship's medical record by the surgeon, warship off Korea, dated 19 September 1951;
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- A haematology consultation by the haematologist, dated 22 June 2017;
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- A histopathology report (perianal biopsy) dated 9 August 2023;
- A histopathology report (prepuce biopsy) dated 22 November 2023;
- A histopathology report (scrotal biopsy) dated 15 February 2024.

Your service

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

2 April 1941 and 15 June 1978

Right Temple - Basal Cell Carcinoma (Worsening)

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

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

Diagnosis: Basal Cell Carcinoma (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 January 2025, and is supported by a histopathology report (right temple punch biopsy) dated 27 June 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 Non-Melanoma Malignant Neoplasm of the Skin (Reasonable Hypothesis) (No. 78 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 non-melanoma 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 small, painless, pearly lump within the old scar on your right temple, which bled when you shaved over it on 27 June 2022.

The diagnosis was made by a dermatologist on 27 June 2022 from a 7 mm pearly, telangiectatic nodule within the right temple scar, and confirmed on punch biopsy, which showed nests of basaloid cells with peripheral palisading and retraction artefact in the dermis, a nodular basal cell carcinoma. This meets the Statement of Principles definition of non-melanoma malignant neoplasm of the skin.

After the condition arose, it was worsened during your service. Excision of the basal cell carcinoma was cancelled three times between August 2022 and January 2023 because of hospital admissions and the lack of a visiting plastic surgeon in your regional town, and the carcinoma grew from 7 to 19 mm with perineural spread, confirmed on MRI on 14 March 2023.

This has then led to further investigations and the diagnosis of your condition of *Basal Cell Carcinoma (Worsening)*. I have accepted your condition of *Basal 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 6 June 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.