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**TABLE 2 APPLICANT'S INFORMATION TO THE RMA, AS ADVISED BY THE APPLICANT**

RMA ID	Title
1.25	[REDACTED] - Request for review and submissions - malignant neoplasm of the breast and Combined Oral Contraceptive Pill - 29 November 2020
	Australian Institute of Health and Welfare 2018. Causes of death among serving and ex-serving Australian Defence Force personnel: 2002–2015. Cat. no. PHE 228. Canberra: AIHW. Available from: <a href="https://www.aihw.gov.au/getmedia/3e2b9b2e-937d-48cb-a5e9-c69814284d91/aihw-phe-228.pdf.aspx?inline=true">https://www.aihw.gov.au/getmedia/3e2b9b2e-937d-48cb-a5e9-c69814284d91/aihw-phe-228.pdf.aspx?inline=true</a>
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	Cogliano VJ, Baan R, Straif K, Grosse Y, et al (2011). Preventable exposures associated with human cancers. <i>J Natl Cancer Inst</i> , 103(24):1827-39.
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	Del Pup L, Codacci-Pisanelli G, Peccatori F (2019). Breast cancer risk of hormonal contraception: Counselling considering new evidence. <i>Crit Rev Oncol Hematol</i> , 137:123-130.
	Family Planning Victoria (FPV) (2020). List of Combined Hormonal Contraceptives available in Australia.
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	Kang M, Skinner R, Foran T (2007). Sex, contraception and health. <i>Aust Fam Physician</i> , 36(8):594-600.
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	Westhoff CL, Pike MC (2018). Hormonal contraception and breast cancer. <i>Contraception</i> , 98(3):171-173.
	Zolfaroli I, Tarín JJ, Cano A (2018). The action of estrogens and progestogens in the young female breast. <i>Eur J Obstet Gynecol Reprod Biol</i> , 230:204-207.

**TABLE 3 NEW INFORMATION KNOWN TO THE COUNCIL**

<b>Title</b>
Black A, Guilbert E, Costescu D, Dunn S, Fisher W, Kives S, Mirosh M, Norman WV, Pymar H, Reid R, Roy G, Varto H, Waddington A, Wagner MS, and Whelan AM (2017) 'No. 329-Canadian Contraception Consensus Part 4 of 4 Chapter 9: Combined Hormonal Contraception', <i>Journal of Obstetrics and Gynaecology Canada</i> , 39(4): 229-268.e5.
FSRH (Faculty of Sexual and Reproductive Healthcare) (2016, Amended 2019) <i>UK medical eligibility criteria for contraceptive use</i> , FSRH.
FSRH (Faculty of Sexual and Reproductive Healthcare) (2019, Amended 2020) <i>Combined hormonal contraception</i> , FSRH.
WHO (World Health Organization) (2015) <i>Medical eligibility criteria for contraceptive use</i> , WHO.

## **APPENDIX B:**

### **THE CONSTITUTED COUNCIL AND LEGISLATIVE FRAMEWORK OF THE REVIEW**

#### ***The Specialist Medical Review Council (SMRC)***

1. The SMRC is an independent statutory body responsible to the Minister for Veterans' Affairs (the Minister). Members of the SMRC are medical practitioners and medical scientists appointed as Councillors by the Minister.
2. The Minister must appoint one of the Councillors to be the Convener. If the Council does not include the Convener, the Convener must appoint one of the Councillors selected for the review to preside at all meetings as Presiding Councillor.
3. A Council consists of three to five Councillors selected by the Convener of the SMRC for a particular review on the basis of their expertise in the injury or disease relevant to the Statements of Principles subject to review. The composition of each Council changes from review to review depending on the issues relevant to the particular Statement of Principles under review.

## ***The Review Council***

4. **Professor Charles Guest is the Convener of the SMRC** and was Presiding Councillor for this review. His career has been in epidemiology and public health. His current appointment is at the School of Population and Global Health, University of Melbourne.
5. The other members of the Council were:

### **Associate Professor Meagan Brennan FRACGP FASBP PhD.**

Associate Professor Brennan is a senior breast physician and developer of clinical protocols with 31 years' experience. Her current positions are:

- Associate Professor, University of Notre Dame Australia;
- Editorial Board Member, *The Breast*, Elsevier Peer-reviewed medical journal, UK;
- Board of Examiners, Royal Australian College of General Practitioners;
- Clinical Associate Professor Sydney Medical School University of Sydney;
- Board of Examiners, Australasian Society of Breast Physicians; and
- Senior Staff Specialist Breast Physician, Westmead Breast Cancer Institute.

### **Dr Catriona Melville FRCOG, FRANZCOG, FFSRH.**

Dr Melville is a specialist in obstetrics, gynaecology and subspecialist in sexual and reproductive health with 27 years' experience. Her current positions are:

- Deputy Medical Director, MSI Australia, Queensland;
- Clinical Tutor, Faculty of Medicine, University of Queensland;
- Associate Editor, Australian and New Zealand Journal of Obstetrics and Gynaecology (RANZCOG);
- Deputy Chair, Sexual and Reproductive Health Special Interest Group RANZCOG, Australia; and
- Guideline Writing Group member, RANZCOG Australasian Abortion Care Guideline (2022 – ongoing).

## ***The Legislation***

6. The legislative scheme for the making of Statements of Principles is set out in Parts XIA and XIB of the VEA. Statements of Principles operate as templates. They are determined by the RMA, and set out those criteria (conditions or exposures), known as factors, that must as a minimum exist before it can be said that an injury, disease or death can be connected with service, on either or both of the two statutory tests, the reasonable hypothesis test and the balance of probabilities test.
7. Statements of Principles are ultimately applied by decision-makers in determining individual claims for benefits under the VEA and the MRCA.

## ***Sound Medical-Scientific Evidence***

8. The sound medical-scientific evidence is a subset of the available information. It comprises those articles which the Council considers:
  - a) are relevant to the matters within the proposed scope of review, and
  - b) satisfy the definition in the VEA of 'sound medical-scientific evidence'.
9. Sound medical-scientific evidence is defined in section 5AB(2) of the VEA as follows:

Information about a particular kind of injury, disease or death is taken to be sound medical-scientific evidence if:

a) the information:

- (i) is consistent with material relating to medical-science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or
- (ii) in accordance with generally accepted medical practice, would serve as the basis for the diagnosis and management of a medical condition; and

(b) in the case of information about how that kind of injury, disease or death may be caused—meets the applicable criteria for assessing causation currently applied in the field of epidemiology.

## ***Reasonable Hypothesis***

10. The reasonable hypothesis test is set out in section 196B(2) of the VEA which provides;

If the Authority is of the view that there is sound medical-scientific evidence that indicates that a particular kind of injury, disease or death can be related to:

- (a) operational service rendered by veterans; or
- (b) peacekeeping service rendered by members of Peacekeeping Forces; or
- (c) hazardous service rendered by members of the Forces; or
- (caa) British nuclear test defence service rendered by members of the Forces; or
- (ca) warlike or non-warlike service rendered by members;

the Authority must determine a Statement of Principles in respect of that kind of injury, disease or death setting out:

- (d) the factors that must as a minimum exist; and
- (e) which of those factors must be related to service rendered by a person;

before it can be said that a reasonable hypothesis has been raised connecting an injury, disease or death of that kind with the circumstances of that service

## ***Balance of Probabilities***

11. The balance of probabilities test is set out in section 196B(3) of the VEA which provides:

If the Authority is of the view that on the sound medical-scientific evidence available it is more probable than not that a particular kind of injury, disease or death can be related to:

- (a) eligible war service (other than operational service) rendered by veterans; or
- (b) defence service (other than hazardous service and British nuclear test defence service) rendered by members of the Forces; or
- (ba) peacetime service rendered by members;

the Authority must determine a Statement of Principles in respect of that kind of injury, disease or death setting out:

- (c) the factors that must exist; and
- (d) which of those factors must be related to service rendered by a person;

before it can be said that, on the balance of probabilities, an injury, disease or death of that kind is connected with the circumstances of that service.<sup>1</sup>

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<sup>1</sup> See sections 120, 120A and 120B of the VEA and sections 335, 338 and 339 of the MRCA.

**APPENDIX C:**

**TABLE 1 LIST OF ABBREVIATIONS**

<b>Abbreviation</b>	<b>Term</b>
MRCA	Military Rehabilitation and Compensation Act 2004
RMA	Repatriation Medical Authority
SMRC	Specialist Medical Review Council
VEA	Veterans' Entitlements Act 1986