



War Pensions Number

VETERANS' ENTITLEMENTS APPEAL BOARD

Name: [REDACTED] Reference number: 2015/1

Service Number and Rank: [REDACTED], Communications - Radio Officer, RNZN

Address: [REDACTED]

Grounds of appeal: Appeal against decision of the Review Officer to decline to accept claimed condition as being service-related

Held: at Wellington on 24 August 2016

DECISION

1. This is an appeal by [REDACTED] (the **Appellant**) against the decisions of the Review Officer (**RO**) dated 12 and 13 October 2015 to uphold the Decision Officer's decisions of 12 March 2015 and decline to accept his conditions of **Colon Cancer, Prostate Cancer, Squamous Cell Carcinoma (SCC) and Basal Cell Carcinoma (BCC) Left Leg, and Thyroid Cancer** as being service-related under the Veterans' Support Act 2014 (**VSA**).
2. Noting that the Appellant had recently passed away, the Veterans' Entitlements Appeal Board (the **Board**) extended its condolences to his widow, who attended the Appeal hearing accompanied by Mr James Dell and the Appellant's representative, Mr Richard Terrill. Veterans' Affairs New Zealand (the **Respondent**) was represented by Mr Graeme Astle.

Background to the appeal

Decisions of the Decision Officer

3. On 12 March 2015 the Decision Officer declined to accept the Appellant's claimed condition of **Colon Cancer** as being service-related. The reason for her decision was: *"The relevant Statement of principle of Malignant Neoplasm of the Colorectum No.38 of 2013 Balance of Probabilities has been applied in considering this application. No Statement of principle factors were identified to relate this condition to service."*
4. On 12 March 2015 the Decision Officer declined to accept the Appellant's claimed condition of **Prostate Cancer** as being service-related. The reason for her decision was: *"The relevant Statement of principle of Malignant Neoplasm of the Prostate No.54 of 2014 Balance of Probabilities has been applied in considering this application. No Statement of principle factors were identified to relate this condition to service."*

5. On 12 March 2015 the Decision Officer declined to accept the Appellant's claimed condition of **SCC and BCC Left Leg** as being service-related. The reason for her decision was: *"The relevant Statement of principle (SOP) of Non-Melanotic Neoplasm of the Skin No 82 of 2007 Balance of probabilities has been applied in considering this application. No Statement of principle factors were identified to relate this condition to service."*
6. On 12 March 2015 the Decision Officer declined to accept the Appellant's claimed condition of **Thyroid Cancer** as being service-related. The reason for her decision was: *"The relevant Statement of principle (SOP) of Malignant Neoplasm of the Thyroid Gland No.40 of 2014 Balance of Probabilities has been applied in considering this application. No Statement of principle factors were identified to relate this condition to service."*

Decisions of the Review Officer

7. On 12 and 13 October 2015 the RO upheld the Decision Officer's decisions of 12 March 2015 and declined to accept his conditions of **Colon Cancer, Prostate Cancer and SCC and BCC Left Leg** as being service-related. The RO also upheld the decision of the Decision Officer of 12 March 2015 and declined to accept his condition of **Thyroid Cancer** *"as there is no evidence to show this is a current condition."*
8. In coming to the above-mentioned decisions, the RO noted that the Appellant had *"written in the Review of Decision application received on 7 August 2015: 'Evidence provided was not it appears taken into consideration S18 VSA 2014 should apply' "*, and the evidential provisions stated in sections 17(1), 17(4) and 18 of the VSA. The RO also noted that the Appellant had served in the Communications Branch of the Royal New Zealand Navy (**RNZN**) as a Radio Operator from 22 January 1969 until 15 June 1977 and that the Appellant had *"coverage under the VSA in respect of qualifying routine service only...."*
9. The RO further had regard to the information provided by the Appellant in his *"Disablement Pension application received 13 February 2015"*, in which he wrote how he believed that his service had caused, contributed to or aggravated his claimed conditions of Colon Cancer, Prostate Cancer, SCC and BCC Left Leg and Thyroid Cancer, as well as to medical documentation relating to each claimed condition. In considering the Appellant's claimed conditions of Colon Cancer, Prostate Cancer, and SCC and BCC Left Leg, the RO also had regard to emails from 2013 in which the Appellant sought information about high dose exposure to electric radiation. She also had regard to a letter dated 8 December 2014 from Mr Dell in which he referred, among other things, to *"[the Appellant's] being part of an aerial rigging party while serving on HMNZS WAIKATO in 1971"* and in which he described *"an event that involved [the Appellant] and commented on the dangers of radio frequency and electromagnetic radiation"*. The RO also considered documents provided by the Appellant and written by Mr Dell, namely *" 'Research and Summary of Possible Health Effects caused by ELF (Extra Low Frequency) and RF (Radio Frequency) Radiation', 'Synopsis BR222 Safe Operating Distance Guidelines and Revisions Research', and 'New Zealand Standards documents NZS 2772: Part 1:1999 "Appendix B. Medical Monitoring/Health Surveillance of persons Occupationally Exposed to RF (Informative)" "*.

Review decision - Colon Cancer

10. The RO determined that with regard to this condition the *"Statement of Principles Malignant Neoplasm of the Colorectum No 38 of 2013 (Balance of Probabilities) is the Statement of Principles that is currently applied (under the Veterans' Support Act 2014) for qualifying routine service"*, and that *"Factor 6(a) in [that Statement of Principle] appears applicable to the information provided in the medical reports in respect of adenoma - factor 6(a) 'having a colorectal adenoma before the clinical onset of neoplasm of the colorectum' "*. Having referred to the Statement of Principle (SoP) for Colorectal Adenoma No 36 of 2013, and having considered some of the factors specified in that SoP, the RO determined that *"the information available does not establish any of these factors in relation to [the Appellant's] qualifying service, and as such does not relate colorectal adenoma to the circumstances of [the Appellant's] service."* The RO also considered the other factors listed in Statement of Principles for Malignant Neoplasm of the Colorectum No 38 of 2013, having *"particular regard to factors that refer to ionising radiation and inhalation of respirable asbestos fibres"*, citing Factor 6(g), Factor 6(h) and Factor 6(i), and observing that *"the remaining factors refer to smoking habit; alcohol consumption; ulcerative colitis; Crohn's disease; familial adenomatous polyposis; physical activity and obesity in relation to qualifying service)." The RO concluded that "the material available does not meet the factor requirements to connect the colon cancer with the circumstances of [the Appellant's] qualifying routine service" and determined that "the decision dated 12 March 2015 of 'Decline to accept Colon Cancer as being service related' is upheld."*

Review decision - Prostate cancer

11. The RO determined that the *"Statement of Principles Malignant Neoplasm of the Prostate No 54 of 2014 (Balance of Probabilities) is the Statement of Principles currently applied under the Veterans' Support Act 2014 for qualifying routine service"*, and that *"the factor that must exist before it can be said that, on the balance of probabilities, a person's relevant service caused or materially contributed to or aggravated malignant neoplasm of the prostate (cancer of the prostate), is the inability to obtain appropriate clinical management for malignant neoplasm of the prostate in relation to the persons relevant service."* The RO further noted that *"there are no other factors."* The RO concluded that *"the factor in the Statement of Principles does not relate [to the Appellant's] prostate cancer to the circumstances of his qualifying service"*, and determined that *"the decision of 12 March 2015 to decline to accept Prostate Cancer as being service related is upheld."*

Review decision - SCC and BCC Left Leg

12. With regard to the Appellant's condition of SCC and BCC left leg, the RO observed that the Appellant's *"medical documentation notes that [the Appellant] had auburn hair and freckled skin (medical examination prior to enlistment)"* and that *"documentation in the Service medical file notes qualifying routine overseas included visits to Hawaii (Pearl Harbour); Hong Kong and Singapore."* The RO determined that *"The Statement of Principles for Non-Melanotic Neoplasm of the Skin No 82 of 2007 as amended by No 72 of 2011 (Balance of Probabilities) is the Statement of Principles currently applied under the Veterans' Support Act 2014 for qualifying routine service, for the conditions of SCC and BCC"*, and that *"the factors in the Statement of Principles, one of which must exist before it can be said that, on the balance of probabilities, non-melanotic cancer of the skin is*

connected with the circumstances of a person's relevant service, includes the following factors under section 6:

- (a) *having a solar UV exposure ratio of at least 1.2 for the affected area at the time of the clinical onset of non-melanotic malignant neoplasm of the skin; or*
- (b) *having sunlight exposure to unprotected skin at the affected site for at least 4500 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of non-melanotic neoplasm of the skin; or*
- (c) *having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the affected site at least ten years before the clinical onset of non-melanotic neoplasm of the skin.*

13. Having had regard to "all the factors listed, and in particular the ones noted above", the RO concluded that she was "unable to establish, from the material available, a factor as specified in the Statement of Principles with which to determine the non-melanotic cancer of the skin is connected with the circumstances of [the Appellant's] qualifying service". The RO determined "the decision of 12 March 2015 to decline the disabilities of Squamous Cell Carcinoma (SCC) and Basal Cell Carcinoma (BCC) Left Leg is upheld."

Review decision - Thyroid Cancer

14. With regard to the Appellant's claimed condition of Thyroid Cancer, and having noted how the Appellant "believes his service has caused, contributed to or aggravated this condition: RF radiation exposure. See attached statement", RO observed that the Appellant's General Practitioner, Dr Susan Blake had "noted the diagnosis of multi nodular goitre on the basis of histology reports and wrote: see attached notes thyroid cancer was suspected but not confirmed." The RO further observed that Dr Blake had noted in an accompanying letter dated 25 January 2015: "THYROID CANCER: he had a thyroid lump resected due to a suspicion of cancer but according to the records I have this was not cancer see op note 12/10/99." The RO then considered the Operating Note dated 12 October 1999 (Clinical Summary, Procedure, Impression) from Surgeon Mr James Shaw, in which he wrote: "This man had a large lump in the right lobe of his thyroid. Fine needle aspirate was unhelpful. In view of the large size of the lesion and concern regarding malignancy, he was advised to undergo lobectomy and frozen section, +/- completion thyroidectomy if this proved to be malignant...." The RO went on to note that Mr Shaw in the conclusion of his operating note had written: "Resection large lump right lobe of thyroid, which turned out to be benign", and that he had written further, in a letter dated 1 November 1999: "I saw this young man again on 22 October 1999. He has an excellent result following thyroidectomy. This showed a multi nodular goitre. I have reassured her (sic) about this. He remains on Thyroxine. We have checked his blood levels and I have arranged to see him in three months time."

15. The RO observed that medical documentation provided in respect of the Appellant's current medical conditions made no reference to cancer of the thyroid, that medical reports dated 23 April 2013 and 29 September 2014 both included lists of current medications, and that thyroxine was not included in the medications listed. She determined that "the medical evidence available does not confirm a diagnosis of cancer of the thyroid gland, nor is there any evidence of current disablement associated

with the thyroid gland." Noting that "evidence to confirm a diagnosis of the condition applied for is required in order to progress to a determination in respect of qualifying service under sections 14 and 15 of the Veterans' Support Act 2014", the RO determined that "there is no evidence to show [the Appellant] currently suffers from cancer of the thyroid gland or disablement due to a thyroid condition", and accordingly upheld the decision of 12 March 2015 to decline the condition of Thyroid Cancer "as there is no evidence to show this is a current condition."

Written submissions

16. On 18 November 2015 the Appellant gave notice of appeal to Veterans' Affairs New Zealand against the decision of the RO, contending that he "was exposed to RF radiation during an accident aboard ship at sea. SOPs don't refer to RF radiation as a causative factor. However international studies have proven this to be not so. See attached. Papers by Dr Noel Cherry and ABR2924 Rev 1 [and] statement relating to this accident by Cpl Dell RNZN....." Accompanying the Appellant's notice of appeal was a submission written by Mr Terrill in which he wrote: "[The Appellant] was during his period of service exposed to RF Radiation which, we believe caused or contributed to his claimed conditions. The Decision makers and the NRO [sic] have used the Australian Statements of Principles throughout. We contend that there is no statement of principle applying to these multiple conditions and their relationship to RF Radiation. Therefore section 15 of the Veterans' Support Act 2014 should have been employed in reaching a decision on these matters. We are stating that all his cancerous conditions are related to the fact that he was exposed to RF Radiation and in particular one accident in which he received extreme exposure." Mr Terrill referred to the documentation included with the notice of appeal, namely: a paper entitled 'Research and Summary of Possible Health Effects caused by ELF and RF Radiation' written by Jim Dell (Chief Petty Officer Communications RNZN Retired); references to various papers written by Dr Neil Cherry; Annex B to Chap 3 of ABR 2924 Rev 1 (November 2009); Synopsis BR222 Safe Operating Distance Guidelines and Revisions Research, by Jim Dell (Chief Petty Officer Communications RNZN); Appendix B to NZS 2772: part 1:1999; Radiofrequency (RF) Radiation by Kelly Classic, Certified Medical Physicist, and Evidence that Electromagnetic Radiation is Genotoxic: The implications for the epidemiology of cancer and cardiac, neurological and reproductive effects, by Dr Neil Cherry 2001. Mr Terrill advised that "it is our intention to call Mr Jim Dell, ONZM US Dip Radio Frequency Management, Cert Biomedical Technology...." to give evidence at the appeal. On 16 June 2016, Mr Terrill advised that "we have no further evidence to offer in this matter."
17. In response, the Respondent noted in its written submission dated 19 July 2016 that "no further evidence or submissions were filed on behalf of the Appellant in relation to this appeal", and highlighted a number of points "in relation to the National Review Officer's decisions of 12 and 13 October 2015 which is [sic] the subject of the appeals", including: that the Appellant had coverage under the Veterans' Support Act 2014 in respect of qualifying service only; that in relation to each claim, significant information had been provided, "including a copy of emails from 2013 in which the Appellant sought information in respect of high dose exposure to electronic radiation" and evidence of an incident involving the Appellant when he was part of an aerial rigging party whilst service on board HMNZS Waikato in 1971, and that the RO had considered the SoPs for three of the four conditions, namely, for Colon Cancer - SoP No 38 of 2013 relating to Malignant Neoplasm of the

Colorectum, factors 6(a), 6(h), and SoP No 36 of 2013 relating to Colorectal Adenoma; for Prostate Cancer - SoP No 54 of 2014 relating to Malignant Neoplasm of the Prostate; for BCC - SoP No 82 of 2007 (as amended by SoP No 72 of 2011) relating to Non-Melanotic Neoplasm of the Skin. Having observed that the RO had *"found that the material available in relation to each condition did not meet the respective factor requirements to connect the conditions with the circumstances of [the Appellant's] qualifying routine service"*, and that she had further *"found that there was no evidence to show this was a current condition"*, the Respondent submitted that the RO *"in reaching the determination to uphold the Decisions Officer's decision to decline the four claims has correctly interpreted the requirements of the SoPs covering Colon Cancer, Prostate Cancer, and Basal Cell Carcinoma, and correctly found that there was no current condition in relation to the claim for Thyroid Cancer."*

The appeal hearing

18. At the hearing of the appeal on 24 August 2016, Mr Terrill withdrew the appeal in so far as it related to the Appellant's claim for Thyroid Cancer. The Board accordingly proceeded with the appeal in so far as it related to the remaining claims of Colon Cancer, Prostate Cancer and SCC and BCC left Leg.
19. Mr Terrill reiterated his contention, stated in his written submission that as no statement of principle applied to the Appellant's multiple conditions, there was no applicable statement of principles and therefore, section 15 of the Veterans' Support Act 2014 should have applied. Mr Terrill drew to the Board's attention that all of the Appellant's cancerous conditions resulted from the same exposure, after advising that he had no further submissions to make, he invited James Anthony Dell, whom he described as *"an expert in the field of biomedical technology, a radio systems engineer who had 24 years in the RNZN"* to give evidence. Mr Dell referred to the significant amount of material that he had been provided to the Board and explained in some detail some of his personal experiences involving exposure to high levels of RF radiation, including on one occasion in 1965, whilst serving on board HMNZS ROYALIST, when visiting the submarine transmitter site at Naval Communications Station, Honolulu, and another in 2000, when serving on board HMNZS CANTERBURY where it was *"common to be close to the base of the aerial - within 1.5m"* where *"up to 3,000 watts were circulating around the base of the aerial."* Mr Dell also gave further evidence about the *"poor transmission systems"* that *"led to significant radiation in offices in Waiouru"* and the *"significant exposure to high level watt transmitters"* with *"RF transmitting in buildings"*, noting that *"high power does penetrate the body through heat - the guys were radiated by non ionising radiation."*
20. In response, Mr Astle reiterated what he had submitted in his written submissions, to the effect that the RO's decisions were correctly based on the SoPs identified and that the RO had also correctly applied the SoPs to the Appellant's three cancer conditions. Mr Astle further submitted that, even were the Board to accept the proposition put forward by Mr Terrill i.e. that section 15 of the VSA applies, an hypothesis that is reasonable within the meaning of that section had not been raised.

Appeals under the Veterans' Support Act

21. Under the VSA, a review decision may be appealed by the person who applied for the review or by VANZ. An appeal made to the Board is a *de novo* appeal, and the Board is not bound by any findings of fact made by the decision maker whose decision is the subject of the appeal. Appeals are required to be heard and determined without regard to legal or procedural technicalities. When hearing an appeal, the Board may, among other things, receive any evidence or information that, in its opinion, may assist it to determine the appeal, whether or not that evidence or information would be admissible in a court of law. The Board may determine an appeal without hearing oral evidence from the Appellant. The Board is required, among other things, to comply with the principles of natural justice, and in accordance with the following principles: the principle of providing veterans, their spouses and partners, their children, and their dependants with fair entitlements; the principle of promoting equal treatment of equal claims; the principle of taking a benevolent approach to the claims; and the principle of determining claims in accordance with substantial justice and the merits of the claim, and not in accordance with any technicalities, legal forms, or legal rules of evidence. The Board, by majority vote, must confirm, modify or revoke the review decision, or make any other decision that is appropriate to the case. If the Board revokes the decision it is required to substitute its decision for that of the RO or require VANZ to make the decision again in accordance with directions it gives to VANZ.
22. Under regulation 53 of the Veterans' Support Regulations 2014, if a veteran dies before his or her appeal has been determined, the appeal may be continued by his or her personal representative or by any other suitable person.

Statements of Principle (SoPs)

23. The Australian SoPs that are applicable in New Zealand and apply for the purposes of the VSA are listed in Schedule 1 of the Veterans' Support Regulations 2014. The production in proceedings of a SoP or amendment of a SoP, certified by the Chief of Defence Force as applying in New Zealand, is, in the absence of proof to the contrary, sufficient evidence that the SoP applies in New Zealand.
24. SoPs are usually structured in the following manner. In the clause of the SoP named 'Kind of injury, disease or death', the Repatriation Medical Authority (**RMA**) states that it has formed the view that there is sound medical-scientific evidence that indicates that a particular kind of injury/disease/condition can be related to service. The clause of the SoP named 'Basis for determining the factors' provides in effect that at least one of the factors in clause 6 must be related to the person's service. The clause named 'Factors' sets out the factors that must exist in a particular case for a claim to succeed. The clause contains factors relating to both the 'clinical onset' and 'clinical worsening' of the injury or disease. If a factor concerns the 'clinical onset' it relates to *cause*. If a factor relates to 'clinical worsening', it relates to *material contribution or aggravation of a pre-existing injury/disease/condition*. The clause named 'Factors that only apply to material contribution or aggravation' makes it clear that those factors that concern clinical worsening (including the 'inability to obtain appropriate clinical management' factor) apply only to material contribution to, or aggravation of, the injury/disease/condition if the injury/disease/condition pre-existed the relevant service.

25. For every kind of injury or disease, the RMA makes two SoPs: a 'reasonable hypothesis' SoP (which effectively says there is sound medical scientific that a particular injury/disease/condition can be connected to service), and a 'balance of probabilities' SoP (which says it is more probable than not that a particular injury/disease/condition can be connected to service.)

The appeal decision

26. Having had regard to regulation 53 of the Veterans' Support Regulations 2014, the Board determined that, notwithstanding the passing of the Appellant, it had jurisdiction to proceed to determine the appeal.

27. Section 14 of the VSA sets out the sequential steps to be taken in deciding whether to accept a claim under the VSA. This section stipulates that the first step is to consider all the available material that is relevant and decide whether the material is consistent with an hypothesis that the veteran's injury, illness, or death was service-related. If the material is consistent with such an hypothesis then the second step in the process is to decide whether there is a SoP that applies. If there is no SoP that applies, then section 15 applies. If there is a SoP that applies, the third step is to decide whether the hypothesis is consistent with the SoP. If it is consistent with the SoP, the claim must be accepted unless there are reasonable grounds for believing that the veteran's injury, illness, or death was not service-related.

28. The Board did not accept the proposition put forward by Mr Terrill that "*because there was no statement of principle applying to the Appellant's multiple conditions [of Colon Cancer, Prostate Cancer and SCC and BCC Left Leg and, as argued prior to the withdrawal of the appeal relating to this condition at the appeal hearing, Thyroid Cancer]section 15 of the Veterans' Support Act 2014 should have been employed in reaching a decision on these matters.*" On analysing the structure of SoPs, it was apparent to the Board that each SoP related to a specific kind of injury or illness and did not contemplate the aggregation of other kinds of injuries and diseases in the manner being suggested by Mr Terrill. For the reasons expressed below, the Board determined that neither the Decision Officer nor the RO should have applied section 15 of the VSA "*in reaching a decision on these matters*". In light of this finding, the Board was of the view that it was not necessary to proceed to consider how section 15 might have applied in the circumstances of this case. The Board accordingly did not do so.

29. The Board noted that the RO (correctly in its view) had identified that the Appellant had qualifying service for the purposes of the VSA i.e. qualifying routine service with regard to his service in the RNZN during the period 22 January 1969 until 15 June 1977. The Board also noted that the RO (again, correctly in its view) had decided that the following SoPs for the respective conditions were applicable: for Colon Cancer - SoP No 38 of 2013 relating to Malignant Neoplasm of the Colorectum - factors 6(a), 6(h) and 6(i), and SoP No 36 of 2013 relating to Colorectal Adenoma; for Prostate Cancer - No 54 of 2014 relating to Malignant Neoplasm of the Prostate, and for Squamous Cell Carcinoma and Basal Cell Carcinoma - SoP No 82 of 2007 (as amended by SoP No 72 of 2011) relating to Non-Melanotic Neoplasm of the Skin.

30. The Board noted that the material provided by both the Appellant and Mr Dell in the dossier of evidence, as well as the additional information provided at the appeal hearing by Mr Dell and the Appellant's widow (including her evidence about the state of the copper wiring at Waiouru), was very informative and clearly showed that Mr Dell and the Appellant had each been exposed to high levels of RF radiation at various times during their respective service. The Board considered however that the material presented fell short of providing a scientific basis upon which to index exposure to RF radiation to the Appellant's diagnosed and claimed cancers. The Board observed that the radiation to which the Appellant had been exposed was non-ionising radiation. The Board further observed that the RMA had specifically considered and recognised (subject to specified conditions), the linkage to service of exposure both to ionising radiation in factor 6(g) of SoP No 38 of 2013 relating to the condition of Malignant Neoplasm of the Colorectum Factor and to ionising radiation in factor 6(c) of SoP No 82 of 2007 (as amended by SoP No 72 of 2011) relating to the condition of Non-Melanotic Malignant Neoplasm of the Skin. This suggested to the Board that the RMA had considered the effects of different types of radiation but that, as it had made no reference in the relevant SoP factors to exposure to RF radiation, it had not been able to determine that sound medical-scientific evidence existed to enable the inclusion of exposure to RF (non-ionising) radiation as a factor to establish that any of the particular cancers suffered by the Appellant can be service related.
31. Having considered carefully all the evidence before it, the Board concurred with the conclusions of the RO: for Colon Cancer - that *"the material available does not meet factor requirements to connect the colon cancer with the circumstances of [the Appellant's] qualifying routine service"*; for Prostate Cancer - that *"the factor in the Statement of Principles does not relate [the Appellant's] prostate cancer to the circumstances of his qualifying service"*, and for SCC and BCC (Left Leg) - that there was no *"factor as specified in the Statement of Principles with which to determine the non-melanotic cancer of the skin is connected with the circumstances of [the Appellant's] qualifying service."* Accordingly, the Board determined that the hypothesis that the Appellant's conditions of Colon Cancer, Prostate Cancer and SCC and BCC (Left Leg) were service-related was not consistent with the SoP.
32. The Board had specific regard to all the principles specified in section 10(b) of the VSA, and the overarching benevolent intent of the VSA. After having careful regard to all the material and evidence before it, the Board determined to **confirm** the decisions of the RO dated 12 and 13 October 2015 to *"uphold the decision of 12 March 2015 and decline to accept **Colon Cancer** as being service-related under the Veterans' Support Act 2014"*; to *"uphold the decision of 12 March 2015 and decline to accept **Prostate Cancer** as being service-related under the Veterans' Support Act 2014"*, and to *"uphold the decision of 12 March 2015 and decline to accept **Squamous Cell Carcinoma (SCC) and Basal Cell Carcinoma (BCC) Left Leg** as being service-related under the Veterans' Support Act 2014."*

The appeal is dismissed

John W. I

Ms Rebecca Ewert, Chairperson



Dr Chris Holdaway, Member



Ms Raewyn Anderson, Member



Dr Hillary Gray, Member

27 September 2016