

National Cervical Screening Program 2025 Updates to Clinical Guidelines

These changes will take effect from 14 April 2025

The National Cervical Screening Program (NCSP) Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding have now been updated to incorporate and support best clinical practice. The updated NCSP Guidelines and supporting resources are now available at:

[National Cervical Screening Program Guidelines](#)

What are the changes?

Inclusion of self-collection option

Screening participants with HPV (not 16/18) detected on a self-collected sample who do not return for a follow-up test 9 months or more after their initial Cervical Screening Test, can now be offered a self-collected HPV¹ test as follow-up, rather than a co-test².

Post-treatment management of high grade squamous intraepithelial lesion (HSIL) – Test of Cure (ToC)

People treated for histologically confirmed HSIL are recommended to have annual HPV tests (rather than co-tests) until tests are negative on two consecutive occasions, at which point they can return to routine screening.

These changes are being applied retrospectively to everyone on a ToC pathway. You/your patient) may have already satisfied the criteria to pass ToC and will automatically be moved onto the routine 5-yearly screening pathway.

Participants

Please check with the National Cancer Screening Register (NCSR) before booking a Cervical Screening Test, as your screening recommendations may have changed.

You can contact the NCSR on 1800 627 701.

Healthcare Providers

As usual, please check the patient's screening history via the NCSR portal before booking a Cervical Screening Test. This will advise you of the patient's recommended pathway and whether they require further testing or can return to routine 5-yearly tests.

Transitional arrangements will be put in place for a period of time to account for participants who are tested in accordance with historical recommendations. In these instances ToC should be ordered on the pathology form.

Pathology Labs

Any requests for ToC where the person appears to now be on a routine pathway (due to application of the new guidelines to historical ToC tests) should be charged as requested (ToC) to allow for a transition to the new guidelines and avoid unexpected costs to the participant. The NCSR will apply a new alert flag to these individuals to advise you that they were on a ToC pathway but have now met the requirements of the new Guidelines.

**NATIONAL
CERVICAL SCREENING
PROGRAM**

A joint Australian, State and Territory Government Program

1. A self-collected test is a Cervical Screening Test done via a pathology sample taken from the vagina and tested for human papillomavirus (HPV) only.

2. A co-test is a Cervical Screening Test done via a pathology sample taken from the cervix and tested for both HPV and liquid based cytology (LBC).

Surveillance after adenocarcinoma in situ (AIS)

Follow-up testing after completely excised AIS (annual co-tests) can be extended to 3-yearly testing if all co-tests have been negative for 5 years, and can cease 25 years after completely excised AIS if all tests have been negative, the recommendation depends on the screening participant's age:

- Those aged less than 70 years can return to routine screening.
- Those aged 70 years or older can exit screening if they have had at least one co-test when aged 70 years or older, with no oncogenic HPV detected and LBC report of negative.

After total hysterectomy

For most patients, those with a screening history that shows no evidence of biopsy confirmed AIS or HSIL or who have completed ToC for HSIL, no further testing will be required.

For those who have any cervical pathology (Low-grade intraepithelial lesion (LSIL) or HSIL) identified in the hysterectomy specimen, those who have never had a screening test and those who have not yet completed ToC following biopsy confirmed HSIL, will require annual HPV testing until oncogenic HPV is not detected on two consecutive occasions.

For those who have a history of biopsy confirmed AIS, or in whom AIS is identified in the hysterectomy specimen, annual co-tests are required until two consecutive tests are both negative.

Colposcopy-relevant changes

There is now an option to defer re-referral for those with HPV (16/18) detected, LBC report of negative, and normal colposcopy, if 12-month follow-up results are again HPV (16/18) detected and negative LBC. The HPV test could be repeated in another 12 months, rather than immediate referral to colposcopy.

To assist colposcopists in the situation where screening participants have HPV (16/18) detected but no LBC results are available prior to colposcopy (or there is no visible lesion on colposcopy); information has been provided about the likely underlying disease risk for different combinations of test results, screening history and age, based on data from the National Cervical Screening Register.

In some circumstances, recommendations now state that endocervical curettage could be considered by those who are confident and trained in the technique and have appropriate equipment.

The recommendation against diagnostic excision of the transformation zone (TZ) in the absence of high-grade cytology or histology has been clarified.

Loop electrosurgical excision procedure (LEEP) is now recommended in preference to cone biopsy in some circumstances, due to the evidence of reduced post-surgical complications. Compared with cone biopsy, LEEP is associated with a lower rate of post-surgery complications but has the same margin success rate. The evidence for effectiveness of cone biopsy or LEEP, however, has not changed.

Resources and Support for healthcare providers and labs

To help pathology laboratories and healthcare providers prepare for these changes, the following educational resources are available:

Pathology Support:

- Further lab-specific information on the changes can be found on the [NCSR website](#).
- To help pathology laboratories adapt to recent guideline updates please also see below recorded 25-minute [webinar](#).
- If you have questions after viewing this webinar, you can send them to ncspcommittees@health.gov.au.
- Please note that your questions may be edited for clarity and brevity.
- These [FAQs](#) will be updated on a weekly basis between February 17 and April 14, 2025.

Healthcare Provider Support:

- GPEx CPD-Accredited Modules - online modules are available to educate healthcare professionals on the National Cervical Screening Program: [Learn more](#)
- RACGP Webinars - held in February and March 2025. A recording of this webinar is available on the RACGP and NCSP websites.