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# Technical Changes to Support Cervical Guideline Updates – Lab Engagement

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March 2025 Update



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## MARCH 2025 UPDATES

# UPDATE MARCH 2025 (1)

## POST-TREATMENT MANAGEMENT OF HSIL – TEST OF CURE

Participants will pass Test of Cure and return to routine 5-yearly screening with 2 consecutive annual HPV tests, where these tests can be any of the following:



**Co-test:**

HPV: Negative  
LBC: Negative



**Co-test:**

HPV: Negative  
LBC: pLSIL/LSIL



**Co-test:**

HPV: Negative  
LBC: Unsatisfactory



**HPV:**

HPV: Negative

NCSP determined that new Test of Cure rules will be applied retrospectively to participants who already had the 'ToC – In Progress' alert set prior to 14<sup>th</sup> Apr 2025. Their alert will be set to 'ToC Complete'.

Participants in scope are those where:



pHSIL or HSIL on Histology set the **'ToC – In Progress' alert** before 14<sup>th</sup> April 2025  
Note: Negative HPV tests on the same day as HSIL biopsies do not count as the 1<sup>st</sup> Neg HPV test

+



The **1<sup>st</sup> negative HPV test** was ≥ 9 months after the most recent histological high grade

+



The **2<sup>nd</sup> negative HPV test** was ≥ 9 months from the 1<sup>st</sup> negative HPV test

+



There has been no intervening abnormality, i.e.

- (p)HSIL/HSIL or Glandular on LBC or histology , or
- Oncogenic HPV detected

+



None of these alerts are set:

- Deceased
- Cancer
- Glandular (any)
- Hysterectomy
- Opted Out
- COMPASS trial



# UPDATE MARCH 2025 (2)

## POST –TREATMENT MANAGEMENT OF HSIL – TEST OF CURE

To enable labs to clearly identify this cohort of participants, a new alert will be introduced. The National Cervical Screening Program also recommend labs use the following Reason for Test codes to prevent these participants being billed for off protocol testing.

### New alert

A new '**Test of Cure Updated 2025**' alert will be displayed in screening histories for participants who have had their pathway recalculated, alongside the 'ToC – Complete' alert.

The alert will be episodic, meaning it will be removed once a new result is received for the participant, or the round closes. For those labs that cannot see clinical alerts in their NCSR screening histories, this may be a good opportunity to update your HL7.

### HPV Reason for Test & Cytology Reason for Test

The NCSP recommend that labs utilise the following **reason for test codes** for participants with the 'Test of Cure Updated 2025' alert.

#### HPV Reason for Test

##### **C2 Follow Up HPV test or C5 - HPV Test of Cure**

- For self collects and HPV Only clinician collected samples

##### **C3.1 - Co-test – Test of Cure**

- For co-tests requested by clinician

**Note:** Billing these participants as C1 – Primary HPV test will likely mean a Medicare rejection and then the ppt is invoiced by the laboratory. This is to be avoided as much as possible.

#### Cytology Reason for Test

##### **C5.1 - Co-test –Test of Cure**

- For co-tests requested by clinician

##### **C6 - Other (with No Charge)**

- Cytology only requests if PPT has the ToC - Update 2025 alert

##### **C7 - Reflex LBC after detection of oncogenic HPV in Test of Cure HPV test**

**Purpose:** The NCSP wishes to avoid impacted participants being billed for off-protocol testing, as they may have been advised to re-test based off the previous guidelines.





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## JANUARY 2025 UPDATES



# 1. CERVICAL GUIDELINE UPDATES: OVERVIEW

## Background

- The National Cervical Screening Program Guidelines *for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding* have been reviewed and updated by Cancer Council Australia (contracted by the Department of Health and Aged Care) to incorporate and support best clinical practice.
- The revised NCSP Program Guidelines and supporting resources are now available at – [Cervical Cancer Screening Guidelines | Cancer Council](#).
- Please note, the changes will not go live until April 2025 to allow time for all stakeholders to become familiar with the Guidelines and to make changes to supporting IT systems and business processes. The NSCR will also be working on updating its systems and processes in parallel, and the testing environment will become available 4 weeks prior to go-live. The 2022 guidelines are current during this interim period.
- As a result, the Cervical Protocol of Actions (PoA) have been updated by the Cervical Screening Section (CSS) to:
  - › Align with the revised Guidelines, and
  - › Include additional amendments, not directly related to the Guideline changes.

## Core Changes

- Updated & New Recommendations for:
  - › Test of Cure (ToC) management,
  - › Surveillance after treatment for Adenocarcinoma in Situ (AIS)/Glandular, and
  - › Post total hysterectomy ToC and AIS testing
- NSCR will implement new outbound follow up phone calls to participants on higher risk pathways.

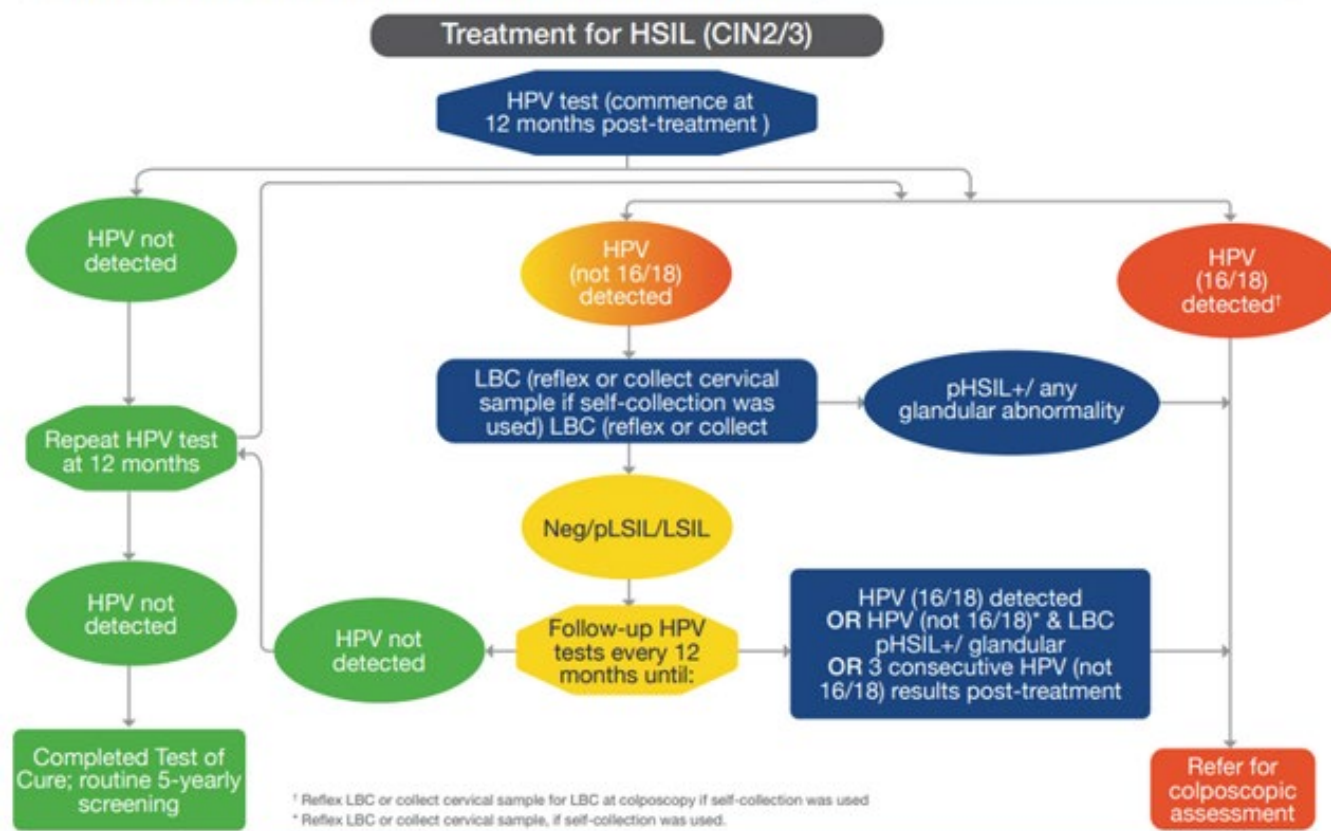
## Purpose of Pack

Provide a summary of technical changes to support updates to the cervical screening guidelines and new recommendations for laboratories, highlighting the key differences between current and future testing requirements, along with updates to participant alerts and result codes.



## 2. CHANGES TO TEST OF CURE (TOC) MANAGEMENT

### TEST OF CURE FOLLOWING TREATMENT FOR HIGH-GRADE SQUAMOUS ABNORMALITIES

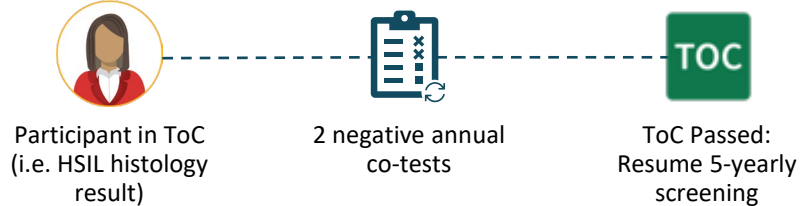




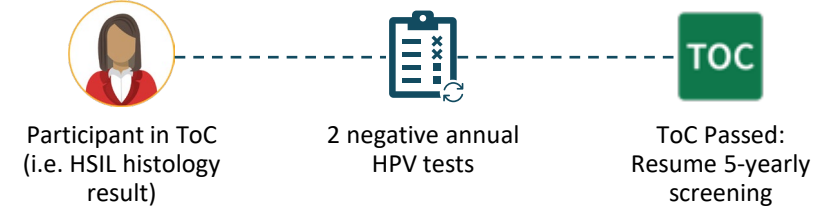
# CERVICAL GUIDELINE UPDATES: TOC MANAGEMENT (1)

## ToC Testing Requirements:

**Current:** 2 negative annual co-tests required to pass ToC and resume 5-yearly screening.



**Future:** 2 negative annual HPV tests required to pass ToC and resume 5-yearly screening. HPV tests can be provider- or self-collected.



## Co-Test Results Contributing to ToC:

**Current:** If co-testing is performed while ToC is in progress, only negative HPV with Negative cytology contributes to ToC passing.

HPV Result	LBC Result	Contribute to ToC?
Negative	No abnormality	✓
	pLSIL / LSIL	✗
	pHSIL / HSIL / Glandular Abnormality	✗
	Unsatisfactory	✗

**Future:** If co-testing is performed while ToC is in progress, negative HPV with Low Grade or Unsatisfactory\* cytology also contribute to ToC passing.

HPV Result	LBC Result	Contribute to ToC?
Negative	No abnormality	✓
	pLSIL / LSIL	✓
	pHSIL / HSIL / Glandular Abnormality	✗
	Unsatisfactory*	✓

\* Ideally unsatisfactory cytology would be repeated in 6 weeks, however the pathways will include the negative HPV in the 'TOC-complete' calculation





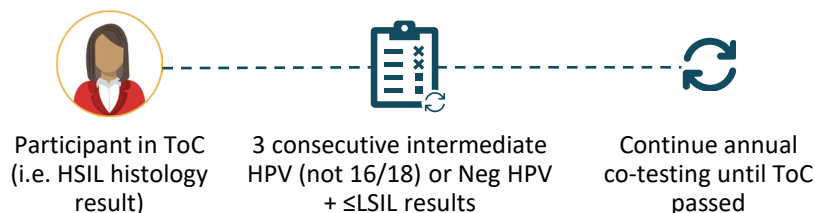
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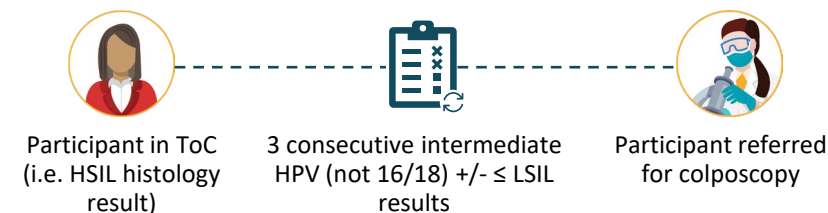
## CERVICAL GUIDELINE UPDATES: TOC MANAGEMENT (2)

### Consecutive Intermediate HPV (not 16/18) Results:

**Current:** Continues testing annually after 3 consecutive detections of HPV (not 16/18) while ToC is in progress.

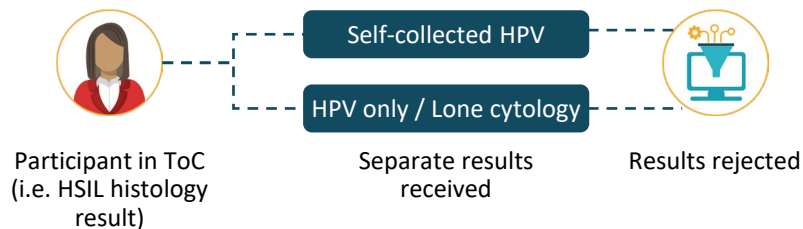


**Future:** Referred for colposcopy after 3 consecutive detections of HPV (not 16/18) while ToC is in progress.

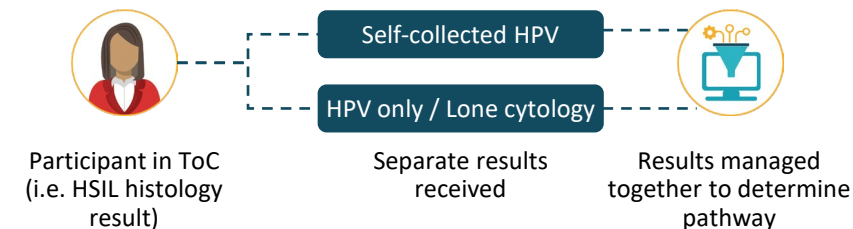


### Self-Collected HPV Tests & Subsequent Lone Cervical Cytology:

**Current:** Self-collected HPV tests, HPV only tests or lone LBC, with Co-test: TOC Reason Code are not accepted.

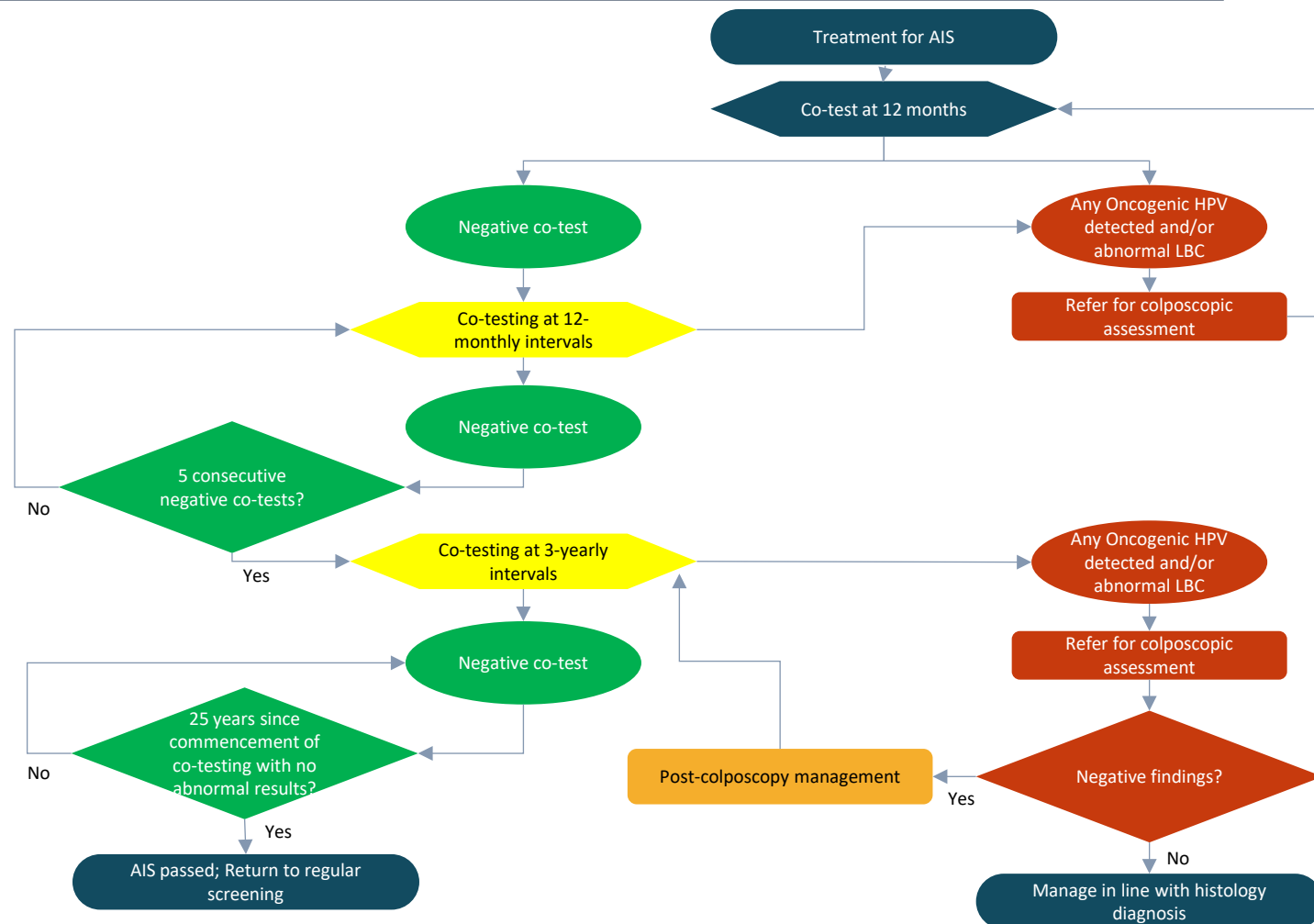


**Future:** New Reason Codes will allow self-collected HPV tests with subsequent lone LBC to be accepted and will contribute to ToC.



### 3. CHANGES TO MANAGEMENT OF PEOPLE TREATED FOR AIS

#### Management of People Treated for AIS



# CERVICAL GUIDELINE UPDATES: AIS / GLANDULAR

## AIS Testing Requirements & Exit:

**Current:** Co-test annually indefinitely.



### Note:

- If a participant receives a test result of oncogenic HPV or abnormal LBC during any annual or triennial screening phase, they should be referred to colposcopy.
- NCSR will use new and updated alerts that align with the revised guidelines to highlight the recommended treatment for a participant to labs. These are outlined in Section 4 (Additional Core Changes) of this document.
- For example, participants that are eligible for 3-yearly surveillance will be identified through the assignment of a new 'Glandular – 3-year co-test' alert.

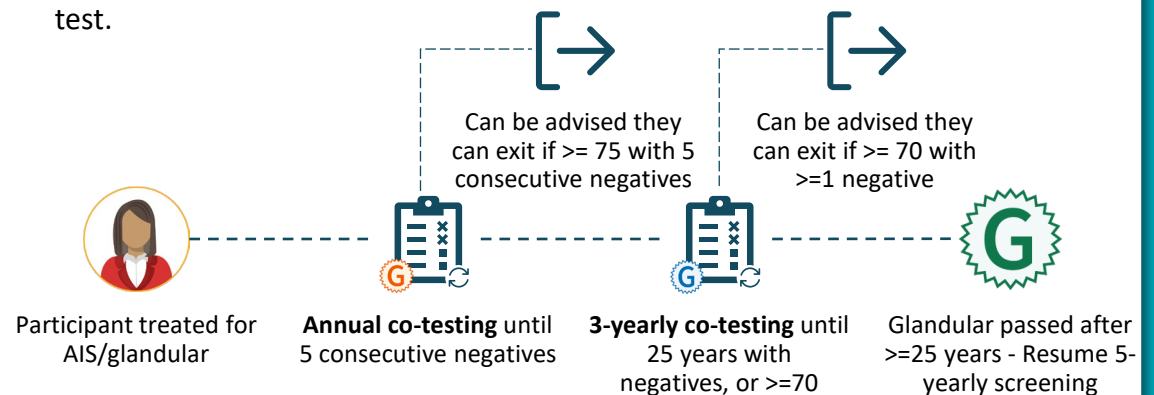
## Future:

### AIS Testing Requirements:

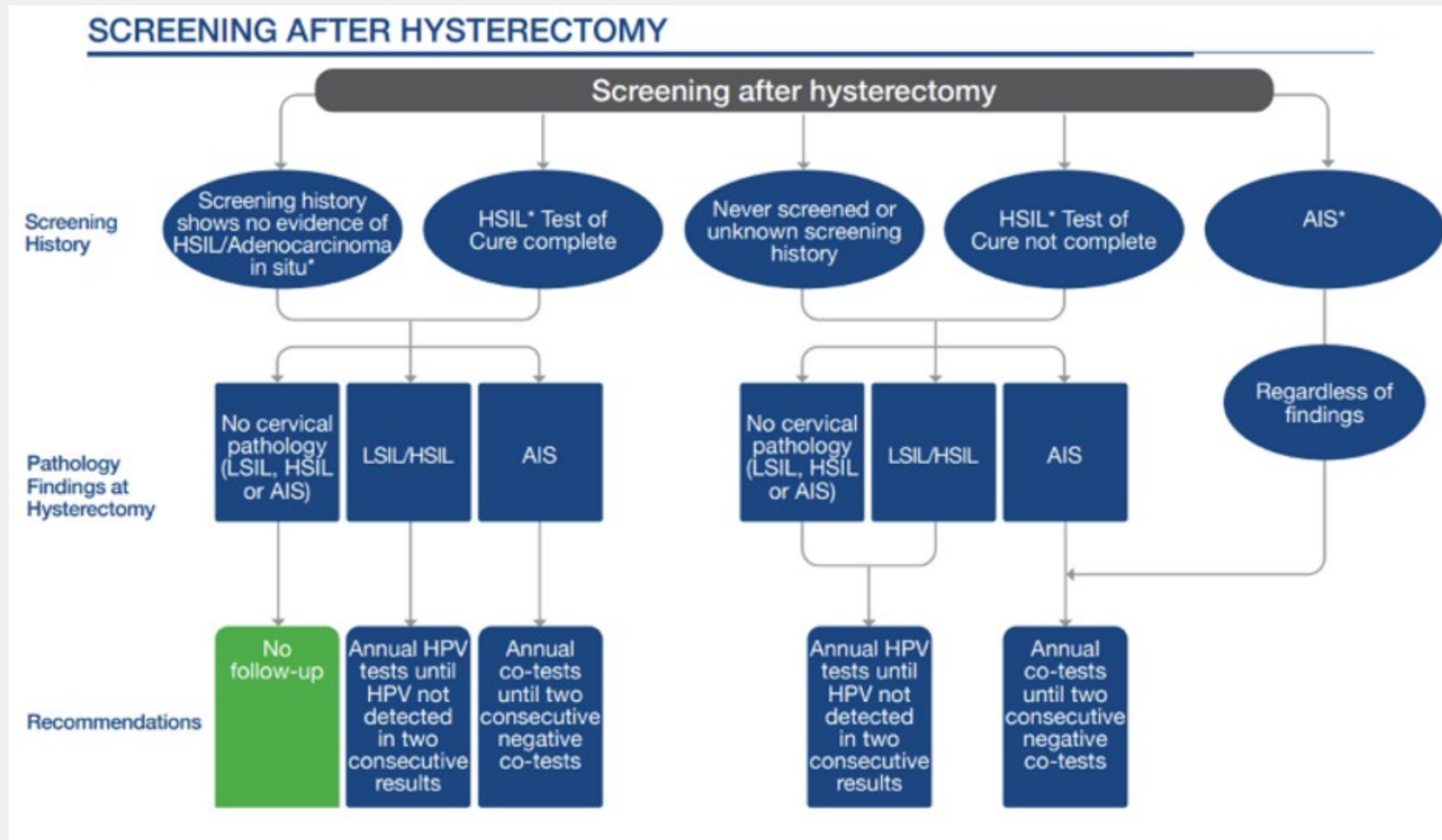
- Co-test annually until 5 consecutive negative co-tests (1-yearly schedule). Surveillance testing then extends to every 3 years (3-yearly schedule).
- At least 25 years of consecutive negative co-tests required to pass surveillance testing and resume 5-yearly testing (2031 onwards).

### AIS Exit: Participant can be advised they can exit the Program if...

- Testing on 1-yearly schedule and aged  $\geq 75$  upon receiving 5<sup>th</sup> consecutive negative co-test.
- Testing on 3-yearly schedule and aged  $\geq 70$  upon receiving at least 1 negative co-test.



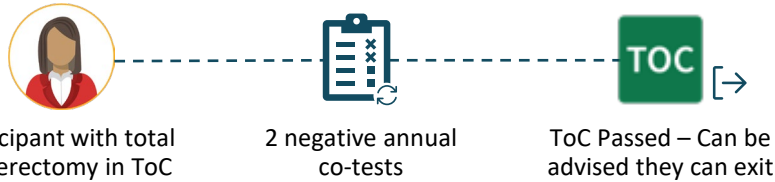
## 4. CHANGES TO POST TOTAL HYSTERECTOMY ToC & AIS TESTING



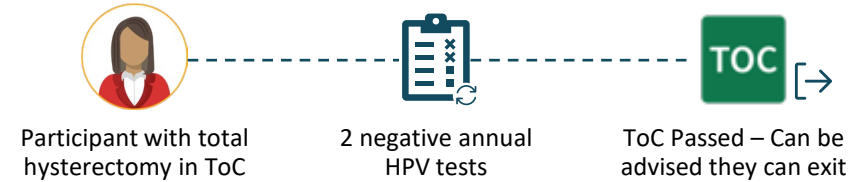
# CERVICAL GUIDELINE UPDATES: POST-HYSTERECTOMY ToC & AIS

## Post-Hysterectomy ToC Testing Requirements:

**Current:** 2 negative annual co-tests required to pass ToC.  
Participant can then be advised they can exit the Program.



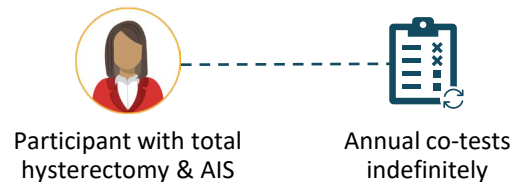
**Future:** 2 negative HPV tests (co-tests or HPV tests) required to pass ToC.  
Participant can then be advised they can exit the Program.



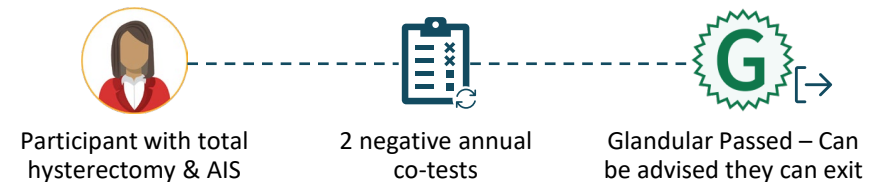
**Note:** This refers to participants who had a total hysterectomy from 1 March 2024 onwards, where the alert was set automatically, with historical HSIL (i.e. in ToC), or LSIL/HSIL identified during hysterectomy.

## Post-Hysterectomy AIS Testing Requirements:

**Current:** Co-test annually indefinitely.



**Future:** 2 negative co-tests required to complete surveillance.  
Participant can then be advised they can exit the Program.



**Note:** This refers to participants who had a total hysterectomy from 1 March 2024 onwards, where the alert was set automatically, with historical AIS (i.e. under surveillance post-AIS treatment), or AIS found during hysterectomy.





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## 5. ADDITIONAL CORE CHANGES













UPDATED ALERTS & RESULT CODES





## 5A. ADDITIONAL UPDATES - ALERTS

### Participant Alerts:

**Change Detail:** Alerts in the system will be updated so that the alerts available for ToC, AIS surveillance and Total Hysterectomy will be as follows:

Change Area	Alert	Icon (as on HCP portal)	Description
Test of Cure Management	ToC - In Progress		Participant is undergoing Test of Cure following treatment for HSIL.
	ToC - Completed		Participant has completed Test of Cure.
AIS/Glandular Surveillance	Glandular - 1 yearly co-testing 		Participant is co-testing annually following treatment for AIS, until they receive 5 consecutive negative annual co-tests.
	Glandular - 3 yearly co-testing 		Participant is co-testing every 3 years following 5 consecutive negative annual co-tests after being treated for AIS, until they receive 25 years of consecutive negative co-tests.
	Glandular - Completed 		Participant has completed their follow-up of completely excised AIS.
Post-Total Hysterectomy	Total Hysterectomy		Participant has had a total hysterectomy, and no further follow-up is required.
	Total Hysterectomy - No Prior Screening		Participant with no known screening history has had a total hysterectomy with no abnormality found on their hysterectomy specimen and is completing post-treatment management, until they receive 2 consecutive negative annual HPV tests.
	Total Hysterectomy - Ongoing Screening 		Participant has had a total hysterectomy and is completing ToC and/or AIS follow-up due to either historical abnormalities or abnormalities found during hysterectomy.

**Key:**  Modified  New

**Value:** To ensure the NCSR can highlight recommended treatment for a participant to labs and other stakeholders, as per the updated guidelines.







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## 5B. ADDITIONAL UPDATES – RESULT CODES

### Result Codes:

**Change Detail:** New and modified permissible values for ‘Reason for Test’ and ‘Recommendation’ will be available for use when sending results to the Register. Labs are also requested to cease to use some values, but not to remove them from information systems to facilitate the re-issue of old or amended reports.

#### HPV Reason for Test

- **C1** - Primary screening HPV test
- **C2** - Follow-up HPV test
- **C3.1** - Co-test - Test of cure
- **C3.2** - Co-test - Investigation of signs or symptoms
- **C3.3** - Co-test - Other, as recommended in guidelines
- **C4** - Other
- + **C5** - HPV Test of Cure

#### Reason for Cytology Test

- **C1** - Reflex LBC cytology after detection of oncogenic HPV in primary screening HPV test
- **C2** - Cytology after detection of oncogenic HPV in self-collected sample
- **C3** - Reflex LBC after detection of oncogenic HPV in follow-up HPV test
- **C4** - Cytology at colposcopy
- **C5.1** - Co-test - Test of cure
- **C5.2** - Co-test - Investigation of signs or symptoms
- **C5.3** - Co-test - Other, as recommended in guidelines
- **C6** - Other
- + **C7** - Reflex LBC test after detection of oncogenic HPV in Test of Cure
- **CP** - Conventional pap test to screen for cervical cancer precursors

#### HPV Recommendation

- **M0** - No recommendation
- **M1** - Rescreen in 5 years
- **M2** - Rescreen in 3 years
- **M3** - Repeat HPV in 12 months
- **M4** - Co-test in 12 months
- + **M5a** - Collect LBC at 6 weeks
- + **M5b** - Repeat HPV test within 6 weeks
- **M6** - Refer for colposcopic assessment
- **M7** - Test taken at time of colposcopy, no recommendation
- **M8** - Discharge from program
- **M9** - Other management recommendation
- + **M10** - Co-test in 3 years
- **MS** - Symptomatic - clinical management required
- **M5** - Re-test in 6 weeks
- **MP** - Rescreen in 2 years

**Key:** Modified    New    Cease to use. Advice is not to remove codes from laboratory information systems but update work instructions to not apply code after 14 April 2025.

**Value:** To ensure results can continue to contain relevant and accurate information upon implementation of the guidelines.





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## 5C. ADDITIONAL UPDATES – DEFERRAL OF RE-REFERRALS

### Deferral of Re-referrals:

**Change Detail:** An additional option is now available for managing cases where HPV (16/18) is detected, LBC results are negative, and colposcopy findings are normal. If the 12-month follow-up also shows HPV (16/18) detected with negative LBC, the HPV test can be repeated in another 12 months, rather than immediate referral for colposcopy.

#### Current:



Participant has had

- HPV (16/18), and
- Negative LBC, and
- Normal colposcopy



12-month follow up shows:

- HPV (16/18), and
- Negative LBC,



Participant referred  
for colposcopy  
immediately

#### Future:



Participant has had

- HPV (16/18), and
- Negative LBC, and
- Normal colposcopy



12-month follow up shows:

- HPV (16/18), and
- Negative LBC,



Participant can  
repeat HPV test in 12  
months

#### Note:

- The above change does not require any modifications from the laboratories.
- NCSR will handle this process via our routine follow-up practices, liaising directly with the relevant healthcare provider and amending the participant's care pathway as required.

