Australian Government

NATIONAL CANCER SCREENING REGISTER

Technical Changes to Support Cervical Guideline Updates – Lab Engagement

NATIONAL CANCER SCREENING REGISTER

February 2025

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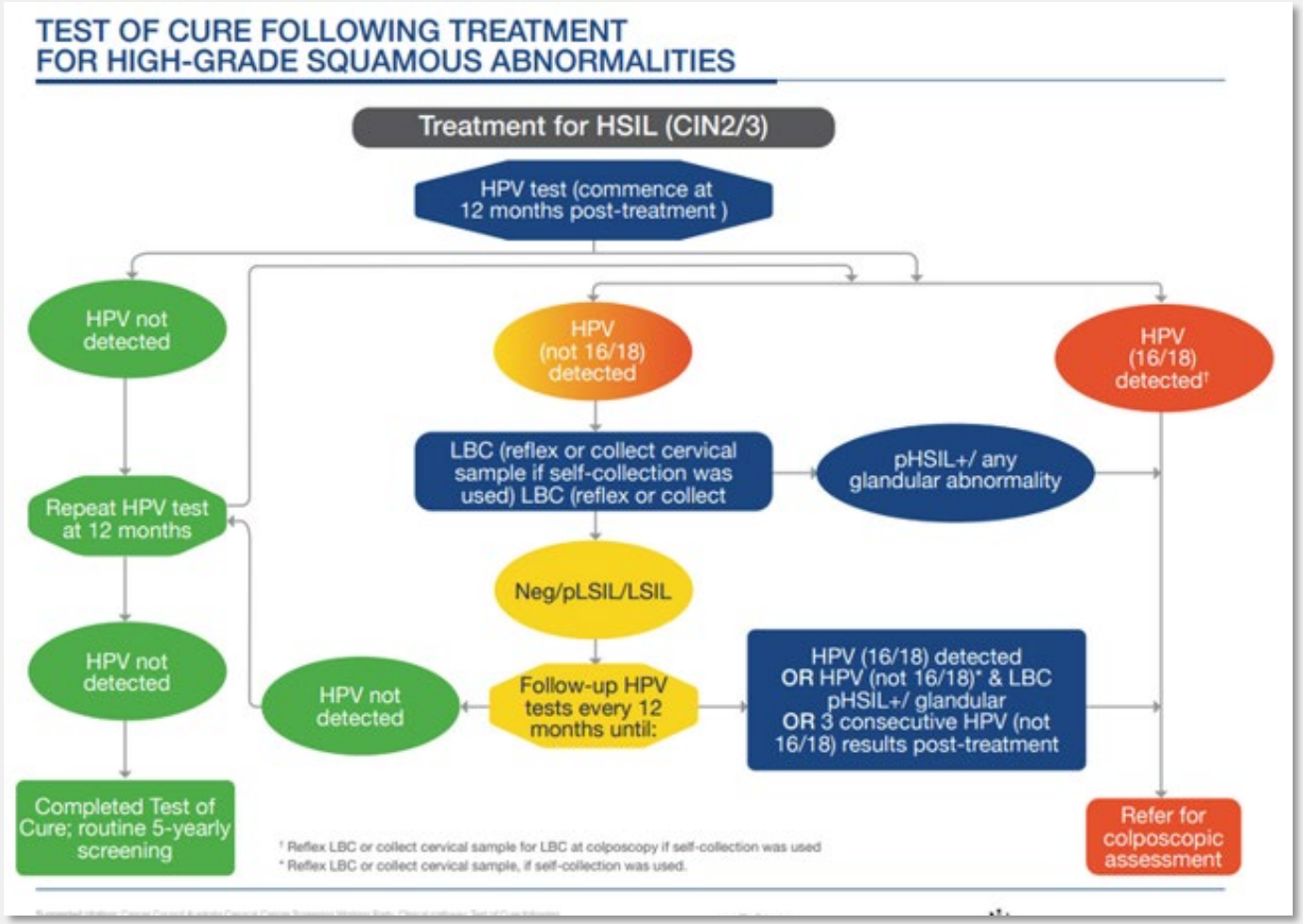
1. CERVICAL GUIDELINE UPDATES: OVERVIEW

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 • NCSR 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



CERVICAL GUIDELINE UPDATES: TOC MANAGEMENT (1)

ToC Testing Requirements:

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

Participant in ToC (i.e. HSIL histology result) → 2 negative annual co-tests → ToC Passed: 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.

Participant in ToC (i.e. HSIL histology result) → 2 negative annual HPV tests → ToC Passed: Resume 5-yearly screening

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

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.

Participant in ToC (i.e. HSIL histology result)

3 consecutive intermediate HPV (not 16/18) or Neg HPV + ≤LSIL results

Continue annual co-testing until ToC passed

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

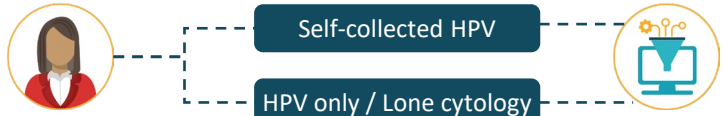
Participant in ToC (i.e. HSIL histology result)

3 consecutive intermediate HPV (not 16/18) +/- ≤ LSIL results

Participant referred for colposcopy

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.

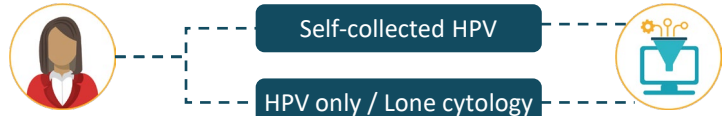


Participant in ToC (i.e. HSIL histology result)

Separate results received

Results rejected

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



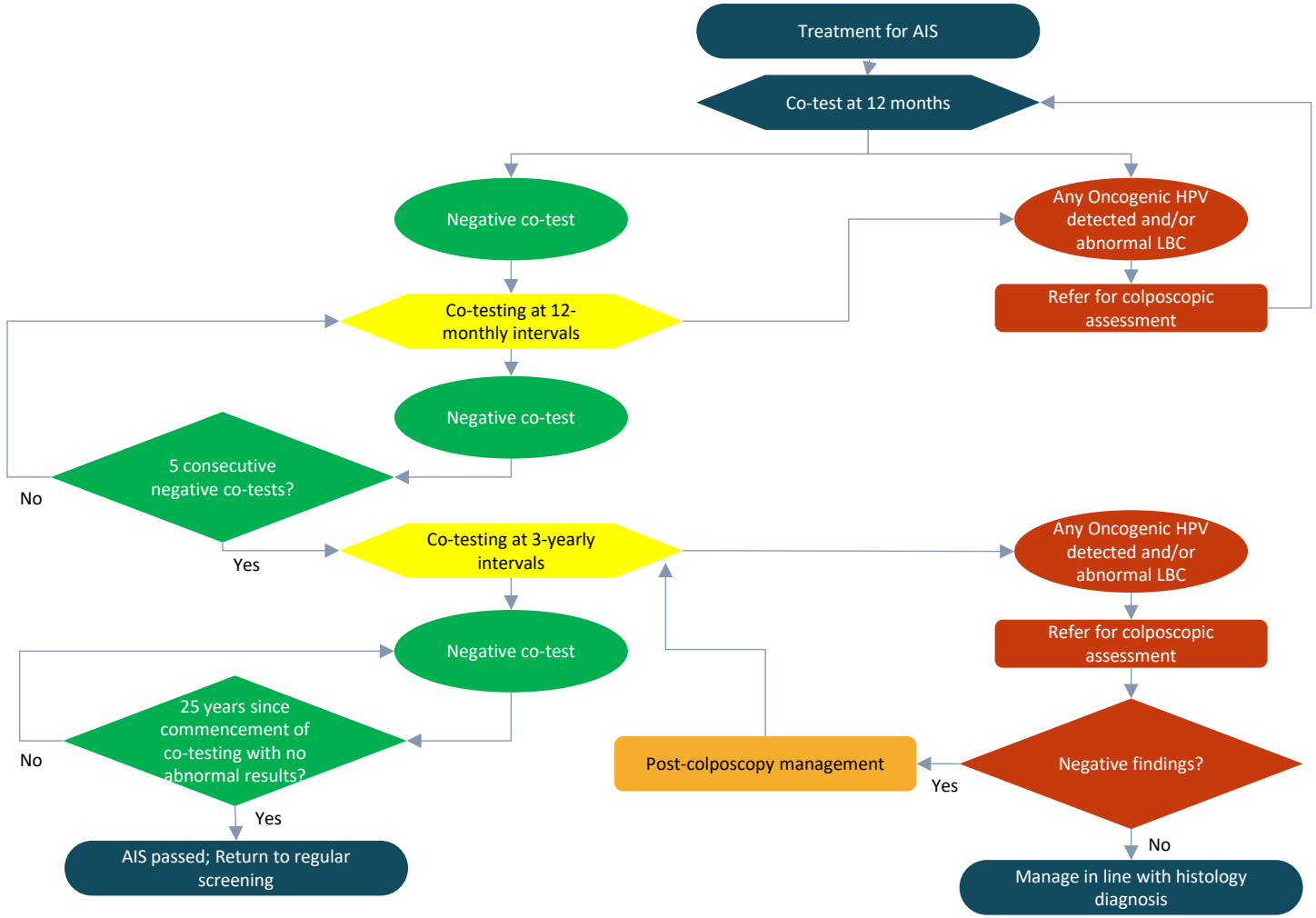
Participant in ToC (i.e. HSIL histology result)

Separate results received

Results managed together to determine pathway

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.

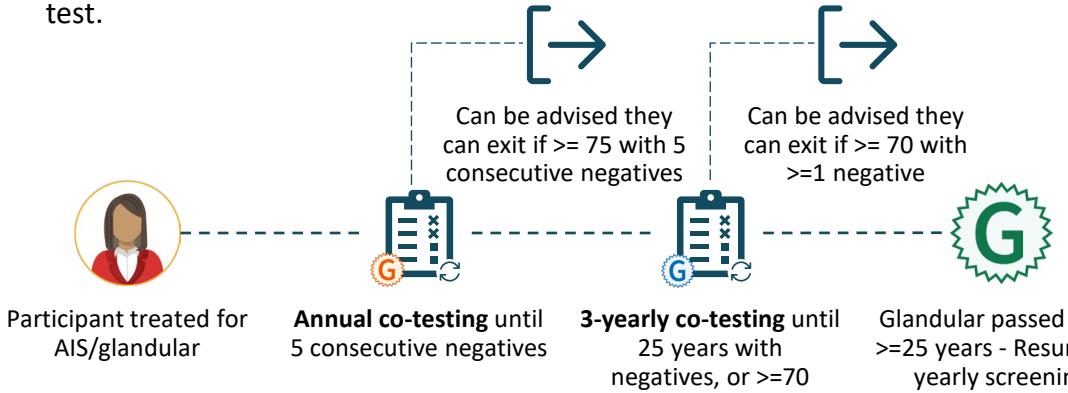
Future:

AIS Testing Requirements:

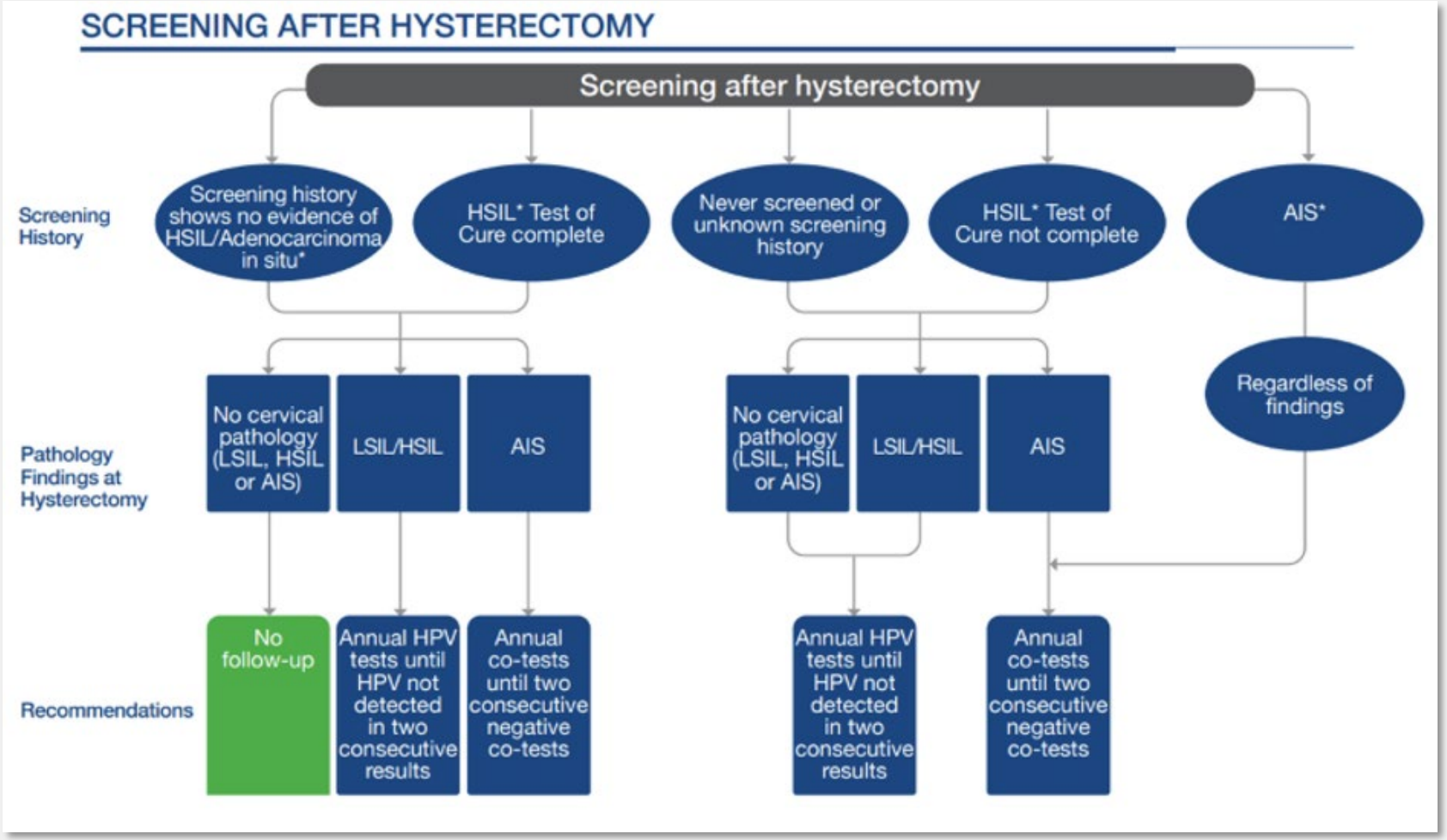
- Co-test annually until 5 consecutive negative co-tests (1-yearly schedule). Surveillance testing then extends to every 3 years (3-yearly schedule).
- At least 25 years of consecutive negative co-tests required to pass surveillance testing and resume 5-yearly testing (2031 onwards).

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

- Testing on 1-yearly schedule and aged >=75 upon receiving 5th consecutive negative co-test.
- Testing on 3-yearly schedule and aged >=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.

Participant with total hysterectomy in ToC

2 negative annual co-tests

ToC Passed – Can be advised they can exit

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

Participant with total hysterectomy in ToC

2 negative annual HPV tests

ToC Passed – Can be advised they can exit

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.

Participant with total hysterectomy & AIS

Annual co-tests indefinitely

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

Participant with total hysterectomy & AIS

2 negative annual co-tests

Glandular Passed – Can be advised they can exit

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	TOC	Participant is undergoing Test of Cure following treatment for HSIL.
	ToC - Completed	TOC	Participant has completed Test of Cure.
AIS/Glandular Surveillance	Glandular - 1 yearly co-testing ↻	G	Participant is co-testing annually following treatment for AIS, until they receive 5 consecutive negative annual co-tests.
	Glandular - 3 yearly co-testing +	G	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 +	G	Participant has completed their follow-up of completely excised AIS.
Post-Total Hysterectomy	Total Hysterectomy	H	Participant has had a total hysterectomy, and no further follow-up is required.
	Total Hysterectomy - No Prior Screening	H	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 +	H	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.

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.

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.