

2025 UPDATES TO THE NATIONAL CERVICAL SCREENING PROGRAM GUIDELINES



Updated guidelines

- This resource outlines changes to the NCSP Guidelines relevant to primary care, effective from 14 April 2025
- MagicAPP now hosts the National Cervical Screening Program Guidelines, creating a more user-friendly experience
- New chapter 'Cervical Screening in Clinical Practice' (chapter 5) brings together information relevant for General Practice in one place



Screening of people with immune deficiency

- This category has been clarified and expanded
- No change to information entered on request forms (still write immunodeficient)
- These patients should be referred for colposcopy by an experienced colposcopist or in a tertiary centre if HPV (any type) is detected
- See section 7.2 of the Guidelines for more information

3-YEARLY SCREENING

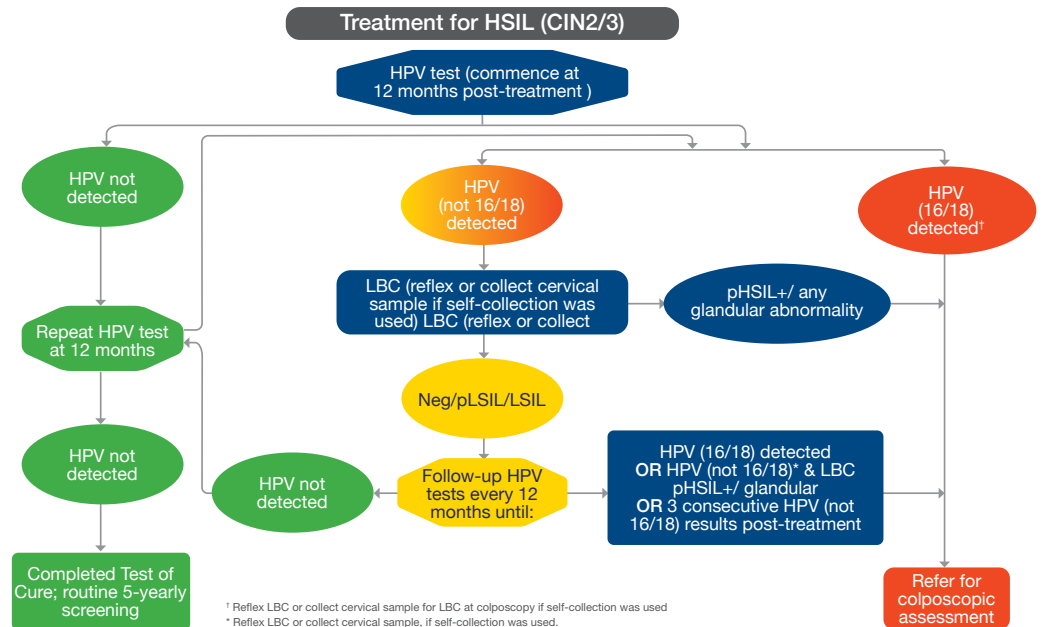
Recommended	Should be highly considered
<ul style="list-style-type: none"> • Living with HIV • Solid organ transplant with immunosuppressive therapy • Active haematological malignancy • Haematopoietic stem cell transplant recipients • Primary immunodeficiency 	<ul style="list-style-type: none"> • Long-term haemodialysis (>6 m) • Long-term treatment (>6 m) with highly immunosuppressive therapies: <ul style="list-style-type: none"> > High-dose corticosteroid treatment > Selected conventional and targeted synthetic disease-modifying anti-rheumatic drugs > Biologic therapies that deplete T cells > Multiple immunosuppressants

Test of cure following treatment of HSIL is now annual HPV tests until two consecutive tests are negative

- Once the patient has completed Test of Cure, they can return to 5-yearly screening
- See REC 9.12 for more information

Previous	Updated
Recommendation	
<ul style="list-style-type: none"> • Annual co-tests until 2 x consecutive negative tests (negative HPV and LBC) 	<ul style="list-style-type: none"> • Annual HPV tests until 2 x consecutive tests with HPV not detected
Is HPV self-collection an option?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>

TEST OF CURE FOLLOWING TREATMENT FOR HIGH-GRADE SQUAMOUS ABNORMALITIES



* Reflex LBC or collect cervical sample for LBC at colposcopy if self-collection was used
 * Reflex LBC or collect cervical sample, if self-collection was used.

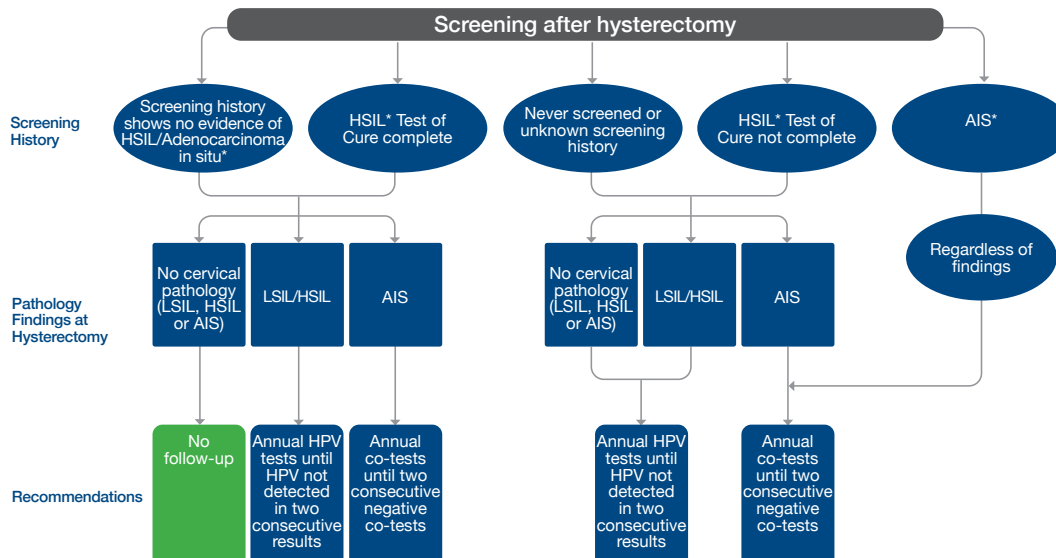
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Repeat self-collection at 9-months for patients who do not return for LBC

- LBC is recommended when HPV (not 16/18) is detected to determine risk and further management
- If initial test was self-collected → return within 6 weeks for LBC
- If patient does not return until 9-months or more after initial HPV test:
 - Offer a follow-up self-collected HPV test, rather than LBC
 - This will determine if HPV infection has cleared, and patient can return to routine screening
- See REC 6.6 for more information

Screening after total hysterectomy

- Simplified to annual testing
- Co-test or HPV test depending on cervical pathology and history
 - > Until 2 x negative tests on 2 x consecutive occasions
- See section 7.4 for more information



* Histologically confirmed
 LSIL = Low-grade squamous intraepithelial lesion
 HSIL = High-grade squamous intraepithelial lesion
 AIS = Adenocarcinoma in situ

Surveillance following excisional treatment of adenocarcinoma in situ (AIS)

- Requires annual co-tests
- Refer for colposcopy if any abnormal result
- Interval can now be extended to 3 years if all co-tests are negative for 5 years
- If all tests are negative for 25 years
 - > Return to routine screening (if <70 yo)
 - > Exit the program (if ≥ 70 yo)
- See REC 9.20 for more information

