Australian Centre
for the Prevention of
Cervical Cancer

60 Years of Leadership in Cervical Cancer Prevention

2025 ANNUAL REPORT

Professor Marion Saville AM
Executive Director

In 2025 we are celebrating 60 years of ongoing research, knowledge and our drive to eliminate cervical cancer.

ACPCC's people have provided pathology, screening, vaccination, digital health solutions, research, partnerships and innovative programs.

And we're just getting started...

Cover picture includes current Board Members, past Chairs, ACPCC Executive and Medical Staff.

Foreword

THE WHO CALL-TO-ACTION

In May 2018, the Director-General of the World Health Organization (WHO) issued a powerful global call to action: to eliminate cervical cancer as a public health concern. This vision inspired countries around the world to reimagine what's possible in cervical cancer prevention and care. By 2020, a global elimination strategy was formally endorsed by the World Health Assembly, marking a historic step forward in the fight against cervical cancer.

AUSTRALIA RESPONDED TO THE WHO'S CALL WITH DETERMINATION AND LEADERSHIP

With a long-standing commitment to prevention through Australia's world-leading Human Papillomavirus (HPV) vaccination and cervical screening programs, we are well positioned to support this global effort. In fact, current modelling suggests that Australia could become the first country in the world to achieve elimination, potentially as early as 2035.

ELIMINATION PROGRESS AUSTRALIA

Australia continues to lead the world in the journey toward cervical cancer elimination. Australia's National Cervical Screening Program and National HPV Vaccination Program have achieved high coverage and impact, with incidence and mortality rates continuing to decline. As of 2023, HPV vaccination coverage in adolescents was 83%, and screening coverage at key ages remains strong.

HOWEVER, CERVICAL CANCER REMAINS ONE OF THE MOST STRIKING EXAMPLES OF HEALTH INEQUITY

While we are on track to meet the elimination threshold by 2035, the data also highlight areas where equity gaps persist, particularly among Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse people, people who are LGBTQ+ and people who are intersex, people with disability, and those living in rural and remote regions. Sustained effort and inclusive strategies will be essential to ensure no one is left behind.

Self-collection is the best tool we have to break down barriers to screening.

Elimination highlights

ELIMINATION PARTNERSHIP IN THE INDO-PACIFIC FOR CERVICAL CANCER (EPICC) MILESTONES

EPICC
ELIMINATION PARTNERSHIP IN THE INDO-PACIFIC FOR CERVICAL CANCER

In 2024–2025, the Australian Centre for the Prevention of Cervical Cancer (ACPCC) played a central role in advancing cervical cancer elimination across eight Indo-Pacific countries through the Department of Foreign Affairs and Trade-funded EPICC program.

EPICC was highlighted at the Quad Leaders' Summit in the USA as part of the Quad Cancer initiative, and the elimination work by all consortium members continues to grow and expand to new sub-national and national jurisdictions.

Within the EPICC consortium the ACPCC, in addition to leading laboratory strengthening initiatives and supporting partner countries with our cancer screening registry, is the lead agency for Malaysia, supporting our partners at Program ROSE. In this period, Program ROSE made substantial progress formalising their partnership with the Ministry of Health. A major milestone was the signing of a Memorandum of Understanding in March, formalising collaboration and alignment with Malaysia's national cervical cancer elimination goals. See p.31 for more about EPICC and Program ROSE.

Dr Lucas de Toca, President Joe Biden, and Prime Minister Anthony Albanese at the Quad Leaders' summit, held in Wilmington, Delaware.

SUPPORTING THE OWN IT! CAMPAIGN

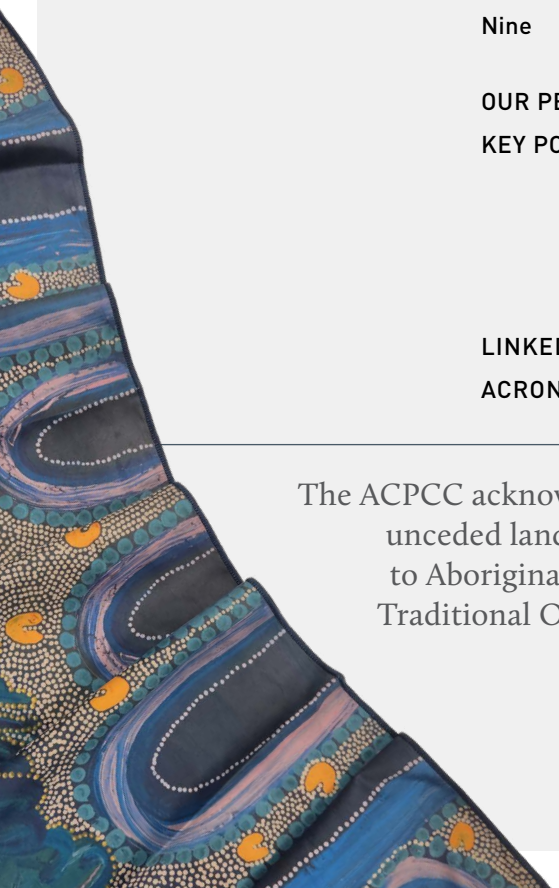
2024 saw the launch of the Own It! Campaign, an Australian Government funded initiative led by ACON, working in close collaboration with several partner organisations (the ACPCC, the National Aboriginal Community Controlled Health Organisation and the Australian Multicultural Health Collaborative).
In advance of this community facing campaign, the ACPCC led a healthcare provider component, working to significantly advance awareness, education and confidence in the self-collection option amongst healthcare providers across Australia.

The campaign achieved strong engagement and lasting behavioural change among healthcare professionals, surpassing expectations and setting a solid foundation for future initiatives in cervical cancer prevention. See pages 32-36 for further details.

ACPCC team and partners at the campaign launch in Melbourne in September 2024.

Contents

The ACPCC acknowledges the Wurundjeri People of the Kulin Nation, upon whose unceded lands we work in Carlton, Narrm. We extend our acknowledgement to Aboriginal and Torres Strait Islander Nations and their Elders who are the Traditional Owners of the land and seas of Australia, where we work and live.



Artwork: Madison Connors | Yorta Yorta, Dja Dja Wurrung and Gamilaroi | 2022

Who we are and what we do

OUR **VISION**

To prevent cancer and infectious diseases through excellence in the provision of public health services supporting screening, population-based testing and vaccination.

OUR **VALUES**

Fairness • Integrity • Respect • Excellence

Australia leads in cervical cancer control, and champions elimination in Victoria, across Australia and through work with our neighbours in the Indo-Pacific

Australian Government
Department of Health

VICTORIA
State Government

The ACPCC is a not-for-profit, multi-disciplinary team that has been leading cervical cancer prevention efforts in Australia for six decades. We leverage our extensive experience to strategically advise and support the government on updates to the National Cervical Screening Program (NCSP), ensuring it remains effective and cost-efficient. This includes recommending innovations such as program renewal and the introduction of self-collection methods.

As the operators of Australia's HPV Reference Laboratory, we are committed to ensuring that Australia is the first country to eliminate cervical cancer, as per the WHO elimination targets. Our mission extends beyond our borders, as we actively support Indo-Pacific nations to reduce cervical cancer incidence and mortality rates.

Our work is driven by the best available evidence and prioritises the interests of communities. As we advance towards the goal of cervical cancer elimination, our services and projects continuously evolve to meet this critical target.

We acknowledge the support provided by the Victorian and Commonwealth Governments which has been invaluable in enabling us to deliver outstanding service to participants in public health programs through our laboratory and registry services.

Australian Centre for the Prevention of Cervical Cancer

The ACPCC, is a Company Limited by Guarantee that operates under and complies with the:

- *Corporations Act 2001* (Cth)
- *Australian Charities and Not-for-profits Commission Act 2012* (Cth)
- *Improving Cancer Outcomes Act 2014* (Vic).

VCS Pathology

VCS Pathology is a leading specialist laboratory and medical education service dedicated to gynaecological health. Our expertise and services span HPV testing, histopathology, cytology, and related molecular microbiology, along with providing clinical support and advice.

Australian HPV Reference Laboratory

Launched in November 2021, the **Australian HPV Reference Laboratory** was added to the WHO's list of Performance Evaluation Laboratories for HPV nucleic acid testing in July 2025. The Australian HPV Reference Laboratory supports laboratories, healthcare providers, and government on a range of issues related to HPV. This includes technical support to the National Cancer Screening Register, support of non-cervical HPV related disease including assessment of oropharyngeal cancers for HPV, research into monitoring of oral HPV, and expansion of targeted anal cancer screening. We also provide other key services that include national and international Quality Assurance Programs and specialist testing and review. Collaborating with HPV assay manufacturers, laboratories, clinicians, and researchers, we strive to monitor and improve HPV testing processes and technologies, with the overall aim being to reduce HPV-related disease. Our work extends globally, particularly in the Indo-Pacific, to advance cervical cancer elimination.

Population Health

Our **Population Health** team combines expertise in epidemiology, surveillance, research, evaluation, and screening pathway enhancement to improve health outcomes. This diverse skill set underpins our international reputation for high-quality, policy-relevant research focused on cancer and infectious disease prevention. Our experts collaborate with clients, governments, program partners, and stakeholders, investing in strategic relationships. We are committed advocates for population health programs, with extensive experience as advisors and experts in population screening and vaccination.

Digital Health

Our **Digital Health** team excels in delivering cutting-edge, integrated digital healthcare solutions and services that drive better health outcomes. Our expertise extends to the development and support of our globally recognised purpose-built registry software canSCREEN® (our population health management platform) and a wide range of IT services.

Our products and services are utilised by governments and researchers worldwide, backed by 25 years of experience in developing, integrating, deploying, and supporting advanced eHealth solutions.

ACPCC Global

ACPCC Global draws on and utilises the strengths and competencies that have been developed over 60 years in a significant number of jurisdictions. ACPCC Global now houses the range of international work which is undertaken across the organisation.

Partnerships

DRIVING CHANGE THROUGH PARTNERSHIP

We collaborate with a diverse and expanding network of partners across State and Commonwealth Government departments, cancer councils, medical colleges, universities, teaching hospitals, sexual and reproductive health services, primary care providers, community organisations, and technology and device manufacturers. These partnerships are central to our role as a key contributor to cervical cancer control policies and initiatives at international, national, and state levels.

We also applied to become an accredited member of the Australian Council for International Development (ACFID) and have been provisionally accepted.

Our team continues to serve in-kind on expert advisory committees, including the National Cervical Screening Program Clinical Advisory Group, the HPV Surveillance Working Group, and the WHO Living Systematic Review Guideline Development Group.

Staff actively participate in forums and working groups supporting cancer reporting, screening, immunisation, and health equity. A full list of our 2024/25 partnerships and committee involvements is available here.

PEAK BODIES

We are proud to be a member of:

- ACFID (provisional)
- Australian Global Health Alliance
- BioMelbourne Network
- the Public Health Association of Australia
- Public Pathology Australia
- the Union for International Cancer Control

MEMORANDA OF UNDERSTANDING

Memoranda of Understanding were signed with: Gavi, the global vaccine alliance, in recognition of the health systems support we provide via our global programs; with Beyond Essential Systems (BES) to collaborate and integrate systems in countries where both BES and canSCREEN® are delivering digital health products; and with Microbix, to supply low cost PROCEEDxFLOQ® quality control swabs for HPV testing as part of the EPICC Program in the Indo-Pacific region.

Chair and Executive Director's message

This year the Australian Centre for the Prevention of Cervical Cancer (ACPCC) celebrates its 60th Year of operation. It is a proud moment for all of us involved in the organisation. Over the decades, we have been at the forefront of cervical cancer prevention, delivering laboratory and registry services, clinical education, screening programs, vaccination registries, and digital health innovations in support of screening and vaccination programs. We can proudly celebrate a Diamond Jubilee of leadership and achievement in cervical cancer prevention.

In more recent times, the ACPCC has played a key role in transitioning Australia's National Cervical Screening Program by providing strategic policy, clinical, and laboratory advice. One of our most important contributions was the provision of technical advice to Government during the radical shift from two-yearly Pap smears to five-yearly HPV tests. This change has significantly improved early detection and prevention outcomes.

The 2022 introduction of universal self-collection has been a game-changer in testing for HPV. It has increased engagement and satisfaction with screening, especially for those in regional areas, people with disabilities, and Aboriginal and Torres Strait Islander communities. In September 2024, a nationwide campaign promoting self-collection was launched. As demand grew exponentially the ACPCC led the expert group with resources and training to help support Australian health care providers in offering patients more choice in how they engage with cervical screening.

Moreover, we are proud to be the first laboratory in Australia accredited by the National Association of Testing Authorities to process self-collected HPV samples. This accreditation enables us to handle high volumes of samples, which is essential as demand continues to grow.

Over the past financial year, the ACPCC, operating under the Victorian Cancer Screening Framework, delivered substantial public health benefits to Victorians through our leadership in cancer screening data, education, and service innovation. The ACPCC's stewardship of the Victorian Cancer Screening Annual Statistical Report provided the first interactive dataset integrating cervical, bowel, and breast screening metrics in Australia, enabling targeted interventions and policy refinement. Our collaborative partnerships with the Victorian Aboriginal Community Controlled Health Organisation, BreastScreen Victoria, and Cancer Council Victoria further strengthened workforce capability and community engagement. These efforts collectively enhanced early detection, improved follow-up care, and supported Victoria's goal of eliminating cervical cancer as a public health problem.

The year-long 'Own It' campaign was the first national cervical screening campaign in over 25 years. Funded by the Commonwealth Department of Health, and working with key stakeholders, the ACPCC's role was to deliver the health care provider-facing phase of the campaign. The campaign supported the Government's policy of increased self-collection, allowing women and people with a cervix to perform their own test privately at their local clinic.

Casper David Wrede, Chairman

Marion Saville, Executive Director

We are honoured to be part of a global movement to eliminate cervical cancer. Our work integrates translational research with clinical practice and public health policy.

Self-collection was disproportionately taken up by under-screened and never-screened people, improving equitable access to cervical screening, as called for in the National Elimination Strategy.

'Own It' also supported the National Elimination Strategy by emphasising equity of access to culturally safe and inclusive services. By focusing on Aboriginal and Torres Strait Islander and multicultural communities, as well as people of diverse sexuality and gender identity, the campaign helped close gaps in screening participation and brought us closer to eliminating cervical cancer for all Australians.

Australia is on track to be the first country to reach cervical cancer elimination, thanks to effective screening, widespread HPV vaccination, and strong public health leadership. At the ACPCC we are deeply committed to supporting these programs, and we are working with both national and international partners to meet the WHO's elimination targets. This year we were listed by WHO as an HPV Performance Evaluation Laboratory, one of four globally.

The Elimination Partnership in the Indo-Pacific for Cervical Cancer consortium is a powerful international collaboration. It brings together leading institutions such as the University of Sydney, the Kirby Institute, Family Planning Australia, and the ACPCC, along with Unitaid and the National Centre for Immunisation Research and Surveillance. With support from the Minderoo Foundation and the Department of Foreign affairs and Trade, we are assisting partner countries across the Asia-Pacific region to implement, expand and sustain cervical cancer elimination programs.

We are honoured to be part of a global movement to eliminate cervical cancer. Our work integrates translational research with clinical practice and public health policy. With continued collaboration and innovation, we believe we can ensure that women and people with a cervix everywhere are freed from the fear and the burden of cervical cancer. We are incredibly proud of the work we do.

Our 2025 Annual Report highlights this year's achievements and the work we are continuing to undertake to reach elimination targets in Victoria, Australia and across our region.

Casper David Wrede, Chairman
Marion Saville, Executive Director

Financial snapshot 2024/25

"A major investment during the financial year has been the implementation of a new Laboratory Information Management System. This has been a significant change management project which has enabled efficiencies and streamlined processes in the laboratory to positively impact on business outcomes."

– Ricki Vinci, our Director of Corporate Services

Financial position

Operating Result
($3,391,950)
DOWN FROM ($4,147,513) IN 2023/24

Total Revenue
$21,851,822
DOWN FROM $22,048,334 IN 2023/24

Total Expenses
$25,243,772
DOWN FROM $26,195,847 IN 2023/24

Core business performance

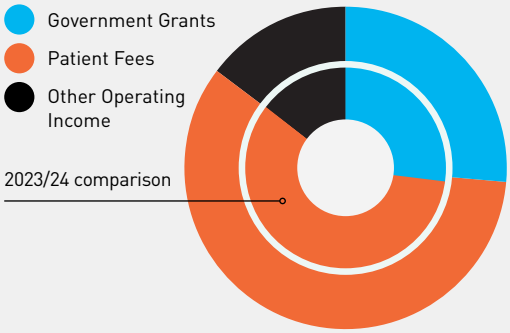
	2024/25	2023/24	2022/23	2021/22	2020/21
Total Revenue	$21,851,822	$22,048,334	$20,105,553	$43,673,410	31,556,447
Total Expenses	$25,243,772	$26,195,847	$24,874,969	$33,328,085	26,448,958
NET RESULT Surplus/(Deficit)	**($3,391,950)**	**($4,147,513)**	**($4,769,149)**	**$10,345,325**	**5,107,489**
Total Assets	$31,514,279	$31,585,199	$35,670,655	$40,014,710	31,061,811
Total Liabilities	$9,703,768	$6,382,738	$6,320,681	$5,895,320	7,287,746
NET ASSETS Total Equity	**$21,810,511**	**$25,202,461**	**$29,349,974**	**$34,119,390**	**23,774,065**

ACPCC has valued the financial support from both the Commonwealth and Victorian Governments. This has enabled ACPCC to excel across its laboratory, population health and digital health services, consistent with our purpose as a not-for-profit organisation.

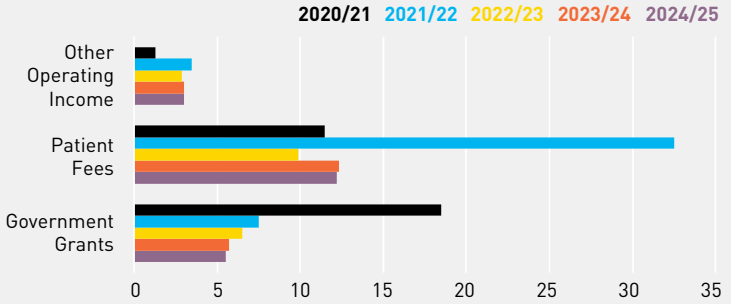
Summary of ACPCC consolidated financial results

The ACPCC's consolidated net result for the financial year ended 30 June 2025 was a deficit of ($3.4M) after accounting for depreciation and amortisation. This was a substantial variation from the budgeted deficit of ($5.1M).

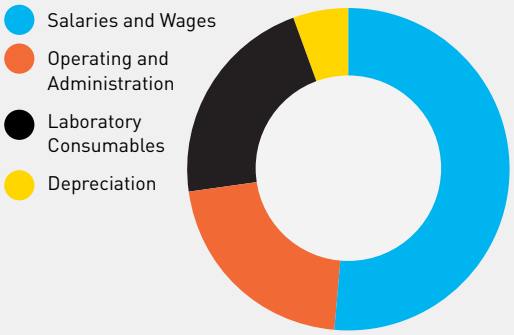
ANNUAL INCOME BY SOURCE 2024/25



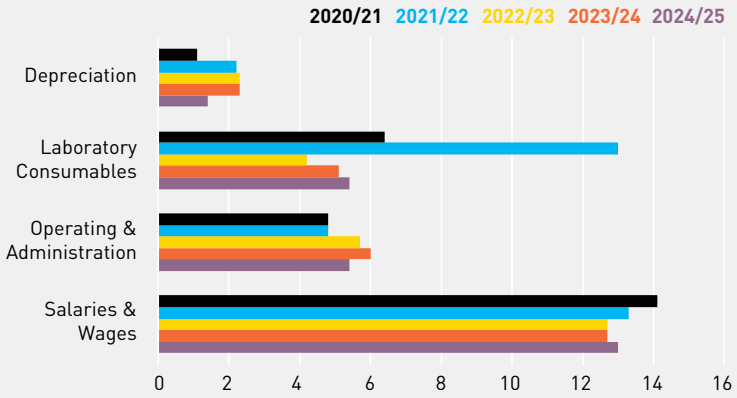
ANNUAL INCOME BY SOURCE $M



OPERATING EXPENDITURE 2024/25



ANNUAL OPERATING EXPENDITURE $M



A year of impact

The ACPCC made a significant impact this year across state, federal, and international settings. Here are some of our key achievements from the year, with more detail shared throughout this report.

ELIMINATING CERVICAL CANCER (ECC2024) CONFERENCE

We hosted ECC2024, a hybrid event promoting equity in Australia and the Indo-Pacific through inclusive, collaborative cervical cancer elimination efforts.

NEW SELF-COLLECTION KITS

This year, VCS Pathology began offering new self-collection kits for referring practices. The opaque specimen bag contains all of the items needed during a self-collection consultation to support increased privacy for screening participants.

SUPPORTING THE OWN IT! CAMPAIGN – CERVICAL SCREENING CAMPAIGN FOR DIVERSE COMMUNITIES

We have reached thousands of healthcare providers with information about the role of self-collection in cervical cancer elimination, especially for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse communities.

TRANSFORMATION OF THE VCS PATHOLOGY LABORATORY INFORMATION SYSTEM

We replaced our decades-old CIS with a new laboratory information management system, streamlining pathology workflows and data management in a fully digital environment.

WHO AUDIT: A BIG STEP FOR OUR HPV LAB!

The ACPCC's HPV Reference Lab was listed by the WHO as an HPV performance evaluation laboratory, thus becoming the first non-government lab with this global status.

HISTORIC MOU SIGNED BETWEEN THE ACPCC AND GAVI

We signed a memorandum of understanding (MOU) with Gavi, the vaccine alliance, formalising a global partnership to advance cervical cancer prevention through collaboration and shared initiatives.

CANSCREEN® GLOBAL EXPANSION

The ACPCC's canSCREEN® supported the expansion of cervical screening across 11 Indo-Pacific countries in 2024, underpinning population health programs through digital registry infrastructure.

THE ACPCC CHAMPIONS EQUITY AT IWD GALA

Six team members joined 800 attendees at Victoria's International Women's Day Gala, where Professor Marion Saville AM spotlighted equitable cervical cancer screening and community healthcare access.

CERVICAL CANCER ELIMINATION PANEL IN GENEVA

Prof. Marion Saville AM participated in a panel on the side-lines of the World Health Assembly to discuss results-focused opportunities for governments, multilateral institutions, businesses.

Global impact

EPICC initiatives in progress

Work has begun in these countries as a part of the Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC) initiative:

- Fiji (p30)
- Malaysia (pp 6, 30)
- Nauru (pp 30, 51)
- Papua New Guinea (p30)
- Solomon Islands
- Timor Leste (p30)
- Tuvalu
- Vanuatu (p30)

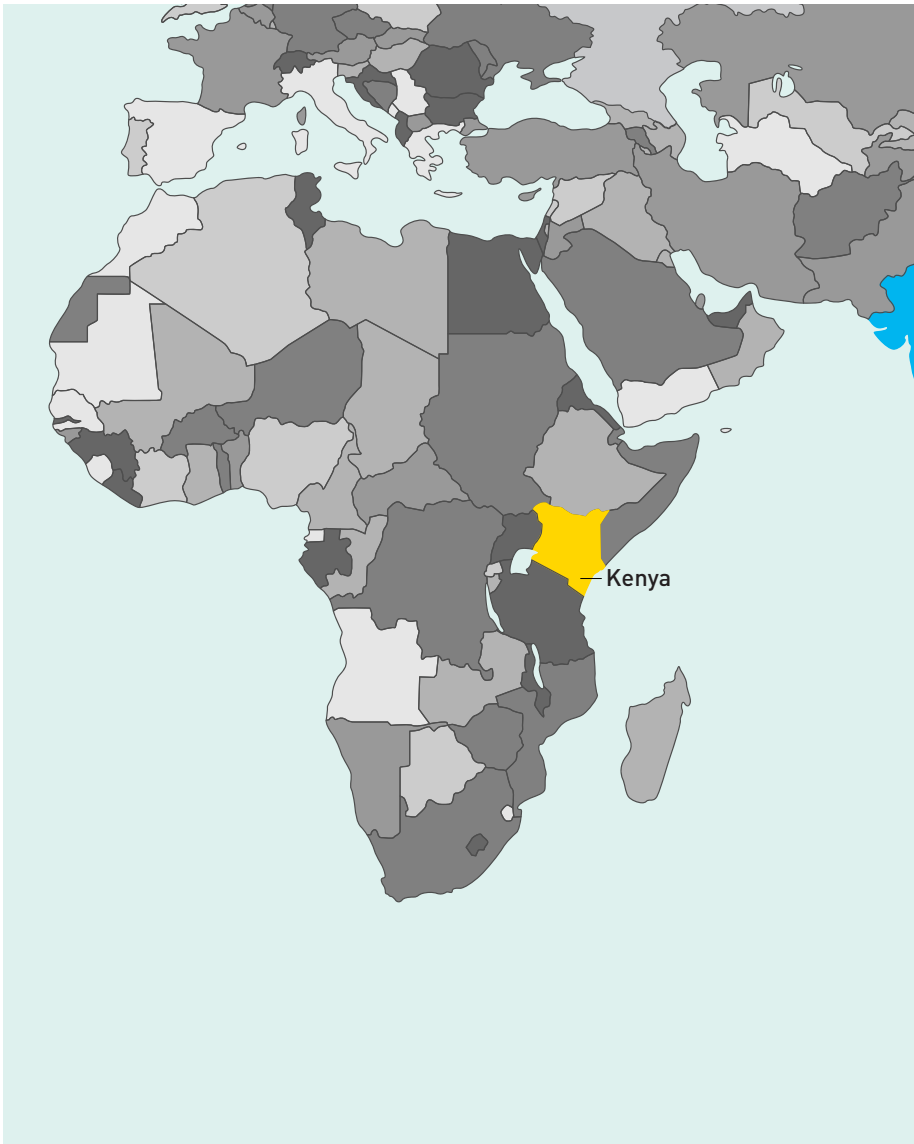
Regional elimination work – supported by other donors and Ministries of Health

Work is underway to support cervical screening scale-up in these countries:

- Fiji (p30)
- Kiribati
- Marshall Islands
- Samoa
- Tonga (p30)

The ACPCC continues to provide critical pathology, research and digital health support to even more countries, which include:

- Cook Islands
- India (p41)
- Kenya
- New Zealand
- Tonga (p30)
- Yap (Federated States of Micronesia)




PACIFIC OCEAN
Phillipines
Yap (Federated States of Micronesia)
India
Malaysia
Papua New Guinea
Micronesia
Marshall Islands
Nauru
Solomon Islands
Tuvalu
Timor Leste
Vanuatu
Samoa
Fiji
Tonga
Cook Islands
INDIAN OCEAN
Australia
New Zealand

Our strategic plan

The ACPCC strategic plan 2020-2026 was developed by the board of directors in consultation with the executive team.

STRATEGIC TARGETS

1.	Support Victoria's efforts to eliminate cervical cancer as a public health problem by a target date agreed with the Department of Health and Human Services, in accordance with the Victorian Cancer Plan 2024-28
2.	Support Australia's efforts to eliminate cervical cancer as a public health problem by 2035
3.	Support countries in the Indo-Pacific region to scale up to meet the 2030 targets in support of the WHO strategy to eliminate cervical cancer as a public health problem
4.	Lead and promote the increased uptake of self-sampling
5.	Support the National Bowel Cancer Screening Program in Victoria
6.	Deliver and disseminate the research outcomes of the Compass trial, C4 and other policy relevant research
7.	Diversify the range of VCS Pathology laboratory tests by leveraging our existing expertise and capital investment
8.	Leverage the value of the canSCREEN® platform for cost effective support of low to middle income countries and for commercially advantageous opportunities
9.	Reshape the business model to adapt to our new commercial environment and global opportunities

One

Support Victoria's efforts to eliminate cervical cancer as a public health problem, in accordance with the Victorian Cancer Plan 2024-2028

The Annual Statistical Report offers an interactive look at the latest data from cervical, bowel, and breast cancer screening programs across Victoria.

DATA & REPORTING TOOLS: THE VICTORIAN CANCER SCREENING ANNUAL STATISTICAL REPORT

The ACPCC continues to lead and improve the Victorian Cancer Screening Annual Statistical Report on behalf of the Victorian Cancer Screening Framework (VCSF), with support from our partners BreastScreen Victoria, Cancer Council Victoria, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the Victorian and Tasmanian Primary Health Network (PHN) Alliance. This work is funded by the Victorian Government.

Presented for the first time in Australia in a new interactive format, this platform provides access to the latest data from cervical, bowel, and breast cancer screening programs across Victoria, providing a comprehensive view of screening participation, and time to assessment. The latest iteration, published in June 2025, introduces new measures such as cervical screening test (CST) self-collection uptake and time-to-assessment for bowel and cervical screening.

Key insights from the most recent report include:

- a record 241,057 women were screened for breast cancer, marking the highest annual total to date;
- the highest ever uptake was achieved of the self-collection option for cervical screening among under-screened (32.4%) and never-screened (26.7%) individuals, compared to 19.3% among those who screen on time, suggesting that self-collection has been effective at reducing barriers to accessing cervical screening; and
- 75.9% of bowel screening participants received timely follow-up. However ongoing efforts are required at both the health systems and individual level to ensure eligible participants have access to timely colonoscopy for the detection of bowel cancer at an earlier stage.

The interactive report illustrates how Victoria is working to improve early detection and prevention, especially for priority communities.

The ACPCC education and laboratory team delivered clinical education sessions to healthcare providers around the state.

UPSKILLING HEALTHCARE PROVIDERS: CLINICAL EDUCATION

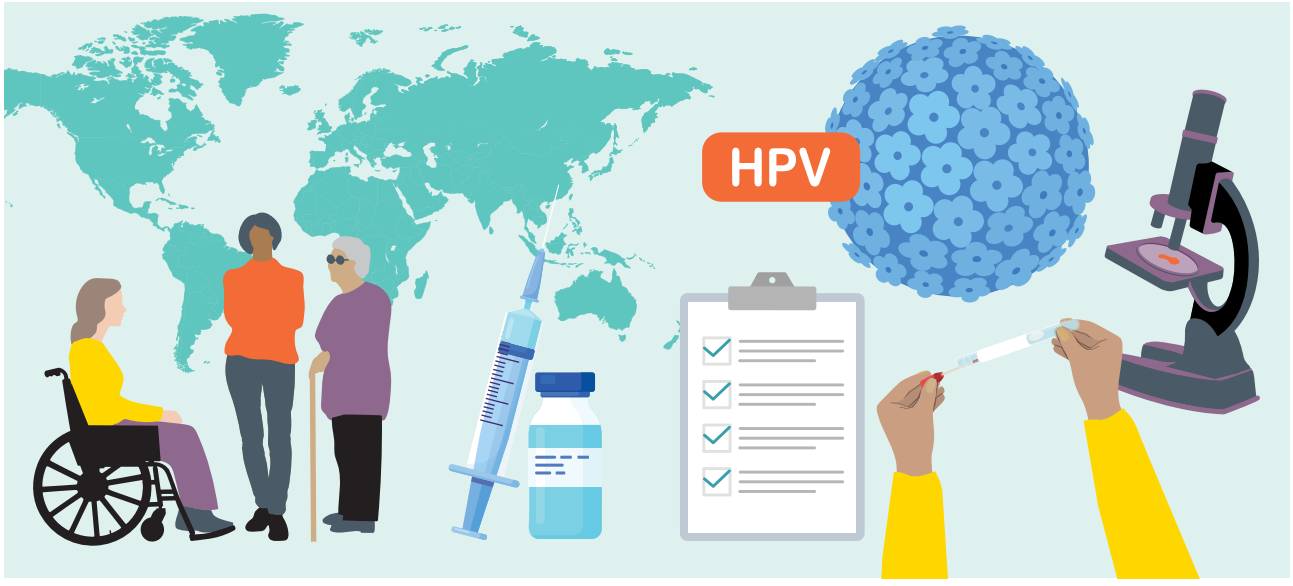
Through work funded under the VCSF, we continue to lend our subject matter expertise to universities, cervical screening course providers, maternity services, and the primary care sector across Victoria.

On the road

This year, members of our clinical education and laboratory team hit the road once again, providing face-to-face education sessions across Victoria and beyond.

Examples of topics covered in primary care practice education sessions:

HPV key concepts • HPV types and risk categories • HPV progression to cervical cancer • HPV vaccination • Global effort to eliminate cervical cancer • Equitable access to cervical screening • HPV self-collection • Self-collection eligibility • Clinical guidelines • National Cancer Screening Register access • Q+A

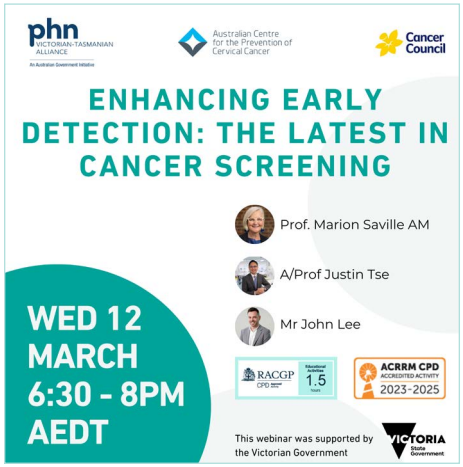


One

UPSKILL HEALTHCARE PROVIDERS: CLINICAL EDUCATION

Webinars

Supported by our VCSF partners, we've teamed up with the Victorian Tasmanian PHN Alliance to deliver a series of quarterly webinars in 2025 to support healthcare providers to be up-to-date with the latest in cancer screening and updates to the NCSP Guidelines.



eLearning course portfolio

Our comprehensive eLearning portfolio continues to provide healthcare providers with a variety of options to engage in cancer screening education.

Course list:

- Cervical Screening, HPV and Self-collection Clinical Education Course
- Breast, Bowel and Cervical Cancer Screening Clinical Education Course
- VCS Pathology Cervical Screening Audit
- National Cervical Screening Program modules (NEW!)

1000 completions!

In December 2024 our Cervical Screening, HPV and Self-collection Clinical Education Course reached a milestone of 1000 completions. Enrolments in this popular course show no signs of slowing down! Course participants also continue to provide excellent feedback.

"I found this educational activity very manageable to be able to complete on the go. Informative, useful and constructive. A wonderful resource for the clinic."

Practice Nurse

"Excellent and detailed CPD activity which is so relevant to my clinical practice. I have implemented changes to my practice based on my learnings from this course. (I now have a) better understanding of at-risk groups and how to educate these patients in an appropriate and sensitive manner."

GP

CLINICAL RESOURCES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE IN VICTORIA

In partnership with VACCHO, the ACPCC continues to support Aboriginal and Torres Strait Islander people to access culturally safe screening. Over the course of this year we have been happy to provide free Aboriginal-designed resources to 28 organisations, including 987 self-collection kits and 899 coverings for clinician-collected CSTs.

NURSE COLPOSCOPY

The ACPCC has been funded by the Victorian Department of Health to increase the number of nurse colposcopists in Victoria, with the aim of improving colposcopy wait times in areas with the longest wait times. This work has two key components:

1. Provision of scholarships for Victorian nurses to undertake colposcopy training; and
2. Development of a credentialing model that can be scaled nationally into a profession-agnostic program.

Work commenced in this financial year and included:

- convening a clinical advisory committee to consult on the training and credentialing pathway;
- conducting an end-to-end review of colposcopy training materials available to Australian healthcare providers, with gaps identified for the Australian context;
- scoping what is required for a state-based credentialing model that has national applicability;
- scoping the requirements for a nurse trainee scholarship model; and
- developing a project monitoring and evaluation framework.

Two

Support Australia's efforts to eliminate cervical cancer as a public health problem by 2035

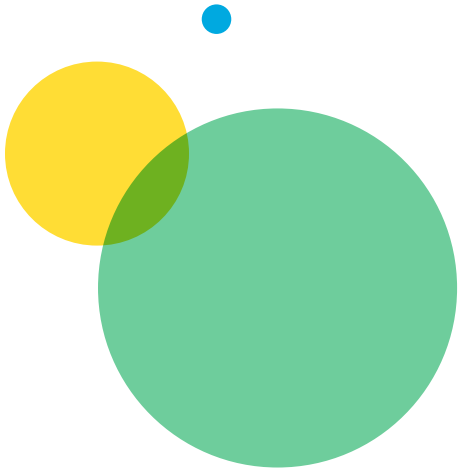
C4 DATA HIGHLIGHTS AUSTRALIA'S PROGRESS TOWARDS ELIMINATION

In March 2025, the Centre for Research Excellence in Cervical Cancer Control's (C4) released a new report highlighting gains from HPV prevention and control in reducing the burden and impact of cervical cancer. This and other work undertaken by C4 is outlined on p.38.

6.6 per 100,000

incidence rate in women (2020)

Reference: Brotherton J, Machalek D, Smith M et al., 2024 Cervical Cancer Elimination Progress Report: Australia's progress towards the elimination of cervical cancer as a public health problem. Published online 14/03/2025, Melbourne, Australia, at https://www.cervicalcancercontrol.org.au



SUPPORTING THE OWN IT! CAMPAIGN

In advance of the community facing phase of the 'Own It!' campaign, the ACPCC worked in close collaboration with our partner organisations to lead a national cervical screening clinical education campaign ("Support the Choice"). This first phase was designed to increase confidence in the self-collection option amongst healthcare providers and encourage them to offer the choice to their patients. Funded by the Australian Government, it featured a national communication and clinical education campaign, a dedicated online resource hub and a number of Continuing Professional Development-approved educational opportunities. See pages 32-36 for further details.

- 9 webinars, 4800+ viewers
- 113 pieces of content, est reach of >500,000 views
- 1300 enrolments in eLearning modules
- 17 new resources created
- 3432 resource packs delivered to 858 clinics
- ~14,000 self-collection pouches delivered to ACCHOs and other health services
- Campaign website ~15,000 views and almost 5,000 resource downloads

NATIONAL CERVICAL SCREENING PROGRAM MODULES RELEASE

The ACPCC was contracted by the Australian Government Department of Health, Disability and Ageing to update their National Cervical Screening Program (NCSP) modules ahead of the release of the 2025 updates to the NCSP Guidelines. The clinical education team worked in collaboration with our medical educator and Executive Team to rework the existing six modules into five new modules, making significant improvements to the interactivity of the modules during the updating process.

In January 2025, the new and improved modules were published on the GPEx hosting platform and had nearly 1000 completions by the end of the 2024/25 financial year. While there has been great uptake by GPs, practice nurses are taking the lead which indicates these professionals are keen to be more involved in self-collection uptake, and cervical cancer elimination more broadly!

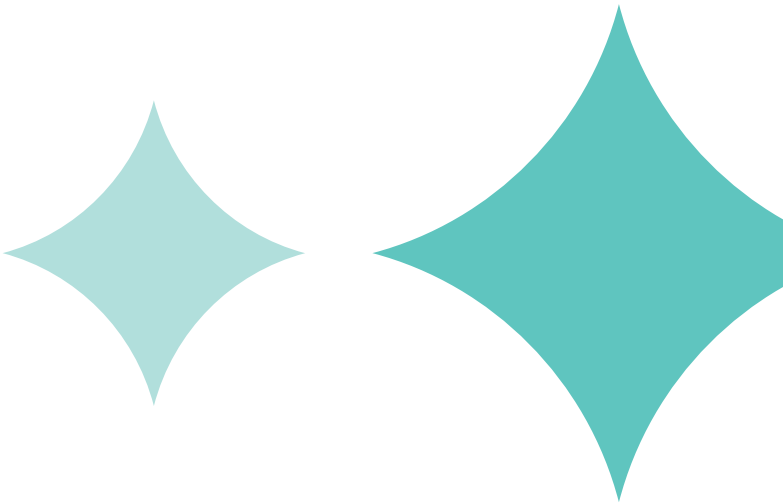
An example of the positive feedback we've received from course participants follows:

> "The course is the best I have completed. I'm going to do it again just to reinforce my knowledge."
>
> Practice Nurse

POINT OF CARE HPV-BASED SCREENING

The ACPCC has executed a contract with the Department of Health, Disability and Ageing to deliver point of care HPV-based screening, with co-design now underway with the National Aboriginal Community Controlled Health Organisation. This work builds on our involvement in the PREVENT trial which has shown high levels of acceptability in remote communities.

The project aims to enhance cervical screening accessibility and equity for Aboriginal and Torres Strait Islander communities in a long-term, sustainable way. Implementation is scheduled to commence in the 2025/26 financial year, marking a significant step toward improved community-led screening solutions.



Three

Support countries in the Indo-Pacific region to scale up to meet the 2030 targets in support of the WHO strategy to eliminate cervical cancer as a public health problem

ACPCC GLOBAL

ACPCC Global

The ACPCC formalised our international partnerships under the new ACPCC Global brand.

We were also successful in achieving provisional membership as an international non-government organisation, with accreditation body the Australian Council for International Development.

The ACPCC continues to expand its global footprint, with new cervical cancer elimination initiatives planned across the Pacific. In 2025, we began or scaled up our support in countries throughout the Indo-Pacific. These efforts build on our proven model of laboratory support and digital health infrastructure, ensuring that more countries can access the tools and expertise needed to eliminate cervical cancer.

Hosted by the NHMRC Centre for Excellence in Cervical Cancer Control (C4), ACPCC was instrumental in the delivery of the virtual Elimination of Cervical Cancer 2025 conference which brought together around 60 participants from partner organisations under the Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC) program, and from other developing countries to share their expertise and experience with Australian-based participants.

EPICC EXPANSION

EPICC
ELIMINATION PARTNERSHIP IN THE INDO-PACIFIC FOR CERVICAL CANCER

During 2024–2025 the ACPCC was instrumental in driving cervical cancer elimination efforts across eight Indo-Pacific nations through the Department of Foreign Affairs and Trade (DFAT)-funded EPICC program.

- Timor-Leste successfully implemented screening and treatment services following extensive stakeholder engagement and co-design planning.
- In Vanuatu, over 15,000 women were screened, supported by canSCREEN® and the government declared a national elimination strategy, the first in the Pacific.
- Papua New Guinea and Malaysia expanded programs into new provinces.
- Support with laboratory accreditation and canSCREEN® integration work commenced in Nauru, where HPV-based screening and public education clinics are underway.
- The funding from DFAT has been catalytic for all EPICC consortium members. The Swire Group have contributed philanthropic funding to the Kirby Institute to expand elimination efforts into other jurisdictions (AdvanCE). The Minderoo Foundation is providing ongoing support and Ministries of Health in the region are also investing.
  - A major milestone was the launch of the national screening program in Tonga, marking the country's formal commitment to elimination.
  - In Fiji, the ACPCC supported a 2,500-patient screen-and-treat trial, which will inform a national rollout scheduled for late 2025.

Across all countries, the ACPCC led laboratory strengthening and digital registry implementation, supporting data-driven follow-up and equitable access to care. These achievements reflect our leadership in building sustainable screening infrastructure and accelerating progress toward the WHO's 90:70:90 targets.

EPICC team members working with community health teams in Vanuatu (top) and Timor Leste (bottom).

EPICC AND PROGRAM ROSE

Between January and June 2025, our partner, the ROSE Foundation formalised a partnership with Malaysia's Ministry of Health (MOH), culminating in the signing of a Memorandum of Understanding (MOU) in March. This partnership was enabled and subsequently reinforced through monthly technical meetings with the Family Health Development Division, which facilitated the review and coordination of the country's current cervical cancer prevention efforts.

These efforts position the ROSE Foundation to transition from service delivery to national technical advisory leadership in cervical cancer elimination.

The Program ROSE team has now developed a suite of activities that more closely reflect the current needs of the MOH and the respective health system strengthening priorities. This revised set of activities are aimed at supporting effective implementation and building a sustainable ecosystem for cervical cancer prevention. Aligned with the objectives and goals of the EPICC program, the updated activities are designed to directly contribute to Malaysia's national cervical cancer elimination efforts.

The ACPCC supported a revised workplan in Malaysia that included education for healthcare providers and colposcopists, and a small-scale demonstration screening program.

Representatives from Program ROSE at the signing of the MOU with the Malaysian MOH in March this year.
https://www.moh.gov.my/index.php/pages/view/12341

Four

Lead and promote the increased uptake of self-sampling

NATIONAL CAMPAIGN

The ACPCC was contracted by the Commonwealth Department of Health, Disability and Ageing to lead a nation-wide cervical screening campaign targeting healthcare providers, in advance of the community-facing phase of the 'Own It' campaign. Launched in May 2024, our clinical education team was tasked with increasing healthcare provider trust and adoption of HPV self-collection as an equally accurate and safe screening option (as clinician-collected) for their patients.

Over the course of the campaign, the team was able to achieve this objective – and so much more! We also provided tailored resources, education and support for healthcare providers who work with Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse communities, through collaboration with the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Australian Multicultural Health Collaborative (AMHC).







NATIONAL CAMPAIGN

94% of the GPs who attended said they felt that self-collection is as reliable as clinician-collection for detecting clinical abnormalities.

On the conference trail

Throughout the national campaign, ACPCC staff presented at 14 conferences across Australia, and presented campaign messages to more than 7,600 healthcare providers.

- Professor Deborah Bateson AM, and our own Professor Marion Saville AM presented at each of the four Healthed Women's and Children's Health Updates, reaching over 6,000 attendees.
- ACPCC Clinical Education staff ran resource booths at the Healthed conferences, where they answered hundreds of clinical questions and distributed updated cervical screening resources.
- Following the Melbourne Healthed conference, an impressive 94% of the GPs who attended said they felt that self-collection was as reliable as clinician-collection for detecting clinical abnormalities.
- At the Closing the Gap conference on the Gold Coast in late July 2025, Misha Coleman facilitated a session with Kerrie Castor (one of our patient advocates) and the ACPCC's Clinical Education Manager Hannah Saunders, using a 'you can't ask that' format. This session was for around 100 health professionals who work with Aboriginal and Torres Strait Islander patients and communities.
- Kate Flynn (Project Officer) and Hannah shared some more 'self-collection love' at the Australian Primary Health Care Nurses Association Essential Health Summit in Adelaide, which brought together around 1000 nurses from across the country!

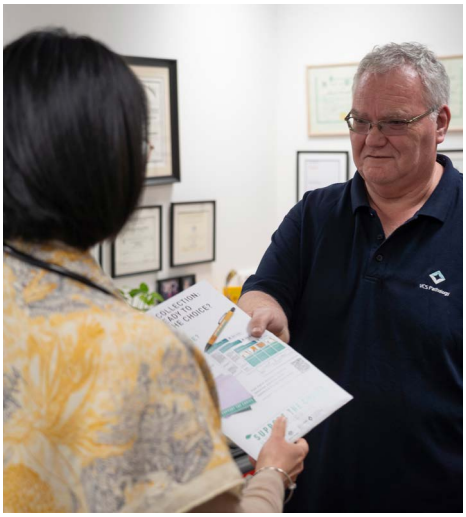
Four

NATIONAL CAMPAIGN

Tonic project

In partnership with Tonic Media Network, we delivered 3432 cervical screening and self-collection resource packs for healthcare providers to 858 clinics across Australia.

Resource packs were sent to targeted/identified areas of need and tailored to suit the communities that each clinic serves. They included educational resources for healthcare providers, as well as translated resources for culturally and linguistically diverse people and culturally safe resources for Aboriginal and Torres Strait Islander people.



Self-collection pouches for Aboriginal and Torres Strait Islander patients

Following the success of the ACPCC and the Victorian Aboriginal Community Controlled Health Organisation's culturally safe cervical screening resources project, the Clinical Education team worked with NACCHO to design and distribute self-collection pouches for the Aboriginal Community Controlled Health Organisation (ACCHO) sector. Over 15,000 pouches were distributed to provide Aboriginal and Torres Strait Islander people with a discrete way to carry their self-collection swab.

Webinars and webcasts

As part of the campaign, we developed and rolled out nine webinars with a total attendance of over 3,700 people and with many more post-event views of the content. An impressive 81% of survey respondents indicated that they intended to offer self-collection more often to eligible patients because of information they'd learnt from the webinar.

Tailored webinars were developed for the ACCHO sector in partnership with NACCHO. Other webinars were developed in partnership with AMHC for community organisations who are working to increase awareness and access to self-collection within their communities.

NATIONAL CAMPAIGN

RACGP 'check' issue

The Royal Australian College of General Practitioners (RACGP) 'check' is an approved Continuing Professional Development educational resource for GP's based on case-studies. The publication features a different health topic in each issue. As part of the national campaign, we worked with the RACGP to have the entire May 2025 issue dedicated to cervical screening and associated follow-up.

This was a significant piece of work that involved the Clinical Education team collaborating with various clinical experts to author five case studies. Cases ranged from cervical screening for trans men and cervical screening considerations for people from culturally and linguistically diverse backgrounds, through to managing a patient with cervical cancer.

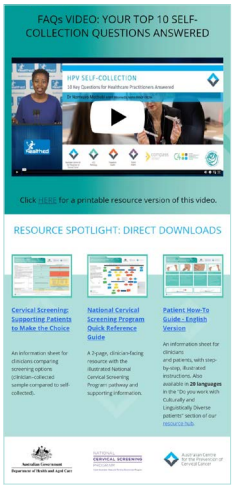
Our 'check' issue titled 'Cervical screening and follow-up care' was published online in June 2025. We're so grateful to all of our authors!

This was a significant piece of work that involved the Clinical Education team collaborating with various clinical experts to author five case studies.

Articles and content

Throughout the course of the campaign, the ACPCC produced 113 pieces of content across social media, podcasts, newsletters and articles in health-related publications, with a total estimated reach of more than 500,000 views. A number of high-reach items drove significant traffic to our website.

Highlights included our Electronic Direct Mail in partnership with AusDoc, with 26,000 GPs reading our email which in turn drove significant traffic to our campaign resource hub.



Four

NATIONAL CAMPAIGN

Website materials and resources

The Clinical Education team developed several new resources throughout the campaign, all of which are housed on our campaign specific resource hub webpage. The resource hub has dedicated sections for healthcare providers working with Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.

New resources for healthcare providers include:

a. 'Self-collection is accurate' which presents the science supporting the accuracy of this screening option;

b. 'Top 10 self-collection FAQs' which answers the 10 most commonly asked questions from healthcare providers regarding self-collection; and

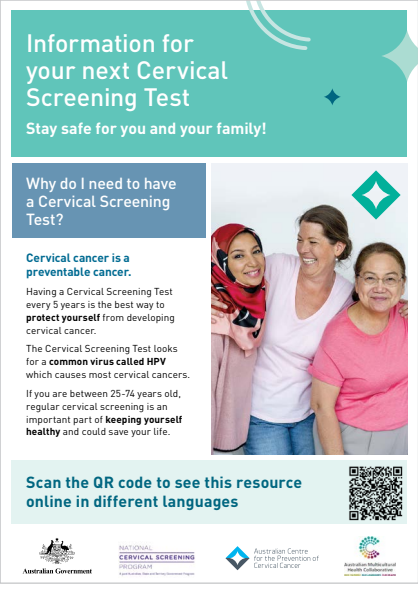
c. 'Navigating the intermediate risk pathway' which steps through the key considerations for people considered to be at intermediate risk of developing cervical cancer.

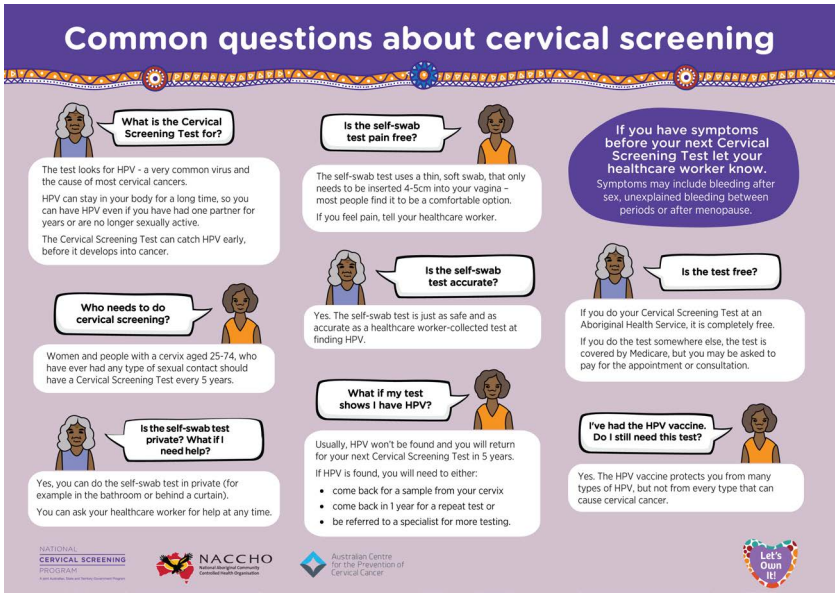
New resources for patients include:

a. 'How to take your own cervical screening test' which was updated and translated into additional languages (now available in 25 languages);

b. 'Information for your next cervical screening test' which was developed in collaboration with the AMHC and which answers common questions about cervical screening for people from culturally and linguistically diverse backgrounds. This resource is available in seven languages; and

c. 'Common questions about cervical screening' which was developed in collaboration with NACCHO and which aims to answer common questions about cervical screening for Aboriginal and Torres Strait Islander people.





Five

Support the National Bowel Cancer Screening Program in Victoria

The National Bowel Cancer Screening Program (NBCSP) aims to reduce illness and deaths from bowel cancer by detecting early signs of the disease. If found early, more than 90% of cases can be successfully treated.

From July 1st, 2024, the age for bowel cancer screening was lowered to include 45–49-year-olds, enabling eligible participants aged between 45 and 74 to do a free bowel screening test at home every two years.

320,504 Victorians were screened for bowel cancer in 2024, with 5.6% of participants receiving a positive test result, requiring follow-up tests such as a colonoscopy. However, the most recent data (2023) shows that only 76% of participants referred for follow-up received a timely colonoscopy.

Participant follow-up function

An important component of the NBCSP is the participant follow-up function (PFUF), designed to ensure that individuals who receive a positive screening result continue along the diagnostic pathway in a timely manner.

Since 2013, the ACPCC has delivered the Victorian PFUF service on behalf of the Victorian Department of Health. The service plays a critical role in minimising delays in cancer diagnosis, reducing participant uncertainty, and ultimately improving cancer outcomes.

In 2024–25, the PFUF service followed up 15,260 at-risk Victorians, successfully contacting 13,630 participants. Of those reached, 8270 had either completed a colonoscopy or had one scheduled.

With 1in 25 bowel screening participants who undergo a colonoscopy being diagnosed with a confirmed or suspected cancer[1], it is estimated that 330 of those successfully contacted by the PFUF service would potentially develop a cancer.

The Victorian PFUF service has secured funding through to at least mid-2028. Over the next 12 months, the service will roll out a series of service improvement initiatives aimed at enhancing efficiency and quality, while also preparing for anticipated growth in demand due to the increased eligibility.

[1] National Bowel Cancer Screening Program monitoring report 2024, Australian Institute of Health and Welfare.

Six

Deliver and disseminate the research outcomes of the Compass Trial, C4 and other policy relevant research

C4 OVERVIEW

NHMRC Centre of Research Excellence in Cervical Cancer Control

This is a multi-institutional agreement in partnership with:

The University of Sydney · UNSW Kirby Institute · Australian Centre for the Prevention of Cervical Cancer · The University of Melbourne · Australian National University

The NHMRC Centre for Research Excellence in Cervical Cancer Control (C4) brings together Australia's leaders in cervical cancer control in both HPV vaccination and cervical screening, with researchers from The University of Sydney, the ACPCC, Kirby Institute at UNSW Sydney, Australian National University and the University of Melbourne.

The prior work of C4 investigators has underpinned Australia's major innovations in public health in terms of the successful delivery of HPV vaccination and the implementation of an HPV-based National Cervical Screening Program (NCSP).

The WHO has called for global action towards the elimination of cervical cancer. C4 brings together the leaders in HPV vaccination and cervical screening whose work has been instrumental in positioning Australia at the forefront of cervical cancer control.

In March 2025, C4 released their annual report highlighting Australia's progress toward achieving cervical cancer elimination.

COMPASS TRIAL UPDATE

The Compass trial, a partnership between the ACPCC and The University of Sydney, is a randomised controlled trial which aims to compare two and a half year cytology screening (Pap smear) with the five-yearly HPV screening.

The Compass trial also aims to improve and refine the NCSP and to ensure healthy women don't undergo unnecessary procedures. Over 76,000 Australian women participated in this trial, the last of whom will be exiting the trial by the end of 2026.

In 2025 a sub-study of the trial, Compass-PLUS, examined the impact of primary HPV screening on anxiety and screening behaviours during the COVID-19 pandemic. The study found the following.

- little is known about factors affecting screening intention/attendance during COVID;
- intention-to-screen was related to family cancer history and non-urban living;
- age, employment status, and screening history influenced cervical screening;
- screening de-prioritisation and recent anxiety was linked to lower attendance; and
- cervical screening attendance differed between younger and older women.

The findings provided valuable insights into screening behaviours during the pandemic. Lower on-time screening attendance was associated with de-prioritisation of cervical screening. It is important that women who miss their screens are identified and targeted efforts are made by GP practices so catch-up screens can be performed. This should include offering the option of self-collection which was made universally available by the Australian Government on 1st July 2022. The findings also highlight the need to plan for future emergencies, to enable the continuity of essential public health services including cancer screening. These plans should ensure equitable access to cancer screening and public communications on the importance of continuing screening to maintain early detection and treatment of cancer.

Reference: Preventative Medicine Reports Vol 45, Sept 2024.

Over 76,000 Australian women participated in this trial, the last of whom will be exiting the trial in 2026.

Six

ECC2024: A LANDMARK GATHERING FOR CERVICAL CANCER ELIMINATION

The eighth Eliminating Cervical Cancer Conference (ECC2024) was hosted by the NHMRC Centre for Research Excellence in Cervical Cancer Control (C4) from 27–29 November 2024 at the Sofitel Melbourne and brought together global leaders in cervical cancer prevention. This hybrid event allowed for many attendees from low to middle income countries to participate virtually. The theme of the conference was 'Achieving equity in Australia and the Indo-Pacific region'.

Co-chaired by Professor Marion Saville AM and Professor Karen Canfell AC, and opened by the Ambassador for Global Health, Dr Lucas de Toca and the Hon Pat Conroy MP, ECC2024 welcomed 236 in-person and 76 virtual attendees.

The consensus from the domestic and international presenters was that the equitable elimination of cervical cancer is a collaborative effort, and we must not leave anyone behind.

ECC2024 delivered a high-impact program at a cost comparable to previous years, despite a 50% increase in duration. Survey feedback was overwhelmingly positive: 99% of respondents rated the event as very good or excellent, with HPV testing and regional screening emerging as key content highlights.

The conference strengthened our profile, provided valuable staff development, and fostered international collaboration. Attendees praised the professionalism, inclusivity, and seamless technical support, with 92% saying they would recommend the event to others.

ECC2024 reaffirmed the ACPCC's leadership in the global movement to eliminate cervical cancer and set a new benchmark for future conferences.

CONTRIBUTIONS TO RESEARCH & PUBLICATIONS ON SELF-COLLECTION

VCS Pathology staff authored a number of new self-collection articles which were published in the last financial year.

To access these articles, see the following links: Microbiology Spectrum, Journal of Medical Virology, Cancer Medicine, JAMA Network Open, Journal of Viirological Methods, Australian Journal of General Practice, BMC Medical, BMJ Sex Reprod Health, BMJ Global Health, Lancet Public Health.

Prof Marion Saville AM also co-authored an article in The Conversation, which explains the changes to the NCSP and what a patient can expect at their next CST appointment.

Feature article:

Our scientific manuscript "Exponential uptake of HPV self-collected cervical screening testing 2 years since universal availability in Victoria, Australia" was led by the Population Health team with strong collaboration from Victorian Cancer Screening Framework partners and was published by the BMC Medicine Collection on HPV. This work represents the first scientific literature globally to be published on the population uptake of HPV self-collection following the introduction of universal availability in a country aiming to actively achieve cervical cancer elimination.

SHE-CAN

Participant enrolment and sample collection for the Self-collected HPV Evaluation for the Prevention of Cervical Cancer (SHE-CAN) project commenced on March 21, 2025. The SHE-CAN protocol manuscript was submitted (Oommen et al), and ACPCC staff continue to be active as investigators in this research.

The SHE-CAN trial is supported by canSCREEN® with staff trained to collect data in the study sites, in the Indian provinces of Tamil Nadu and Mizoram, with more than 600 women screened to date. canSCREEN® was translated into Tamil for this study and configured to take into account the scarce address and often missing personal details of patients available in some of these remote locations.

HepC CASCADE OF CARE MANUSCRIPT

The Population Health team co-authored the Hep C cascade of care manuscript published in Eurosurveillance in July 2024. Australia's hepatitis C surveillance data from 2015–2022 shows improved diagnosis and treatment uptake following the introduction of direct-acting antivirals. However, significant gaps remain in reaching priority populations, including people who inject drugs and those in custodial settings. The findings highlighted the need for targeted strategies to achieve hepatitis C elimination goals, especially in underserved communities.

Seven

Diversify the range of VCS Pathology laboratory tests by leveraging our existing expertise and capital investment

VCS PATHOLOGY CORE ACTIVITIES

As Australia's largest not-for-profit cervical screening laboratory, VCS Pathology continues to report more than half of Victoria's cervical screening tests (CST)s. This volume of cervical screening testing provides the ACPCC with the expertise required to operate the Australian HPV Reference Laboratory, which offers up-to-date technical information, advice, guidance and training on HPV laboratory practices.

When healthcare providers choose VCS Pathology they are, by extension, supporting our national and global work with under-screened populations, as we work towards the elimination of cervical cancer. Being a specialist laboratory, we are experts in cervical screening and can provide advice to our referrers on all aspects of the National Cervical Screening Program (NCSP) and associated test results. We provide all Medicare-eligible women and people with a cervix who are having eligible tests, with a bulk-billed service.

Cervical screening: HPV tests and liquid-based cytology tests

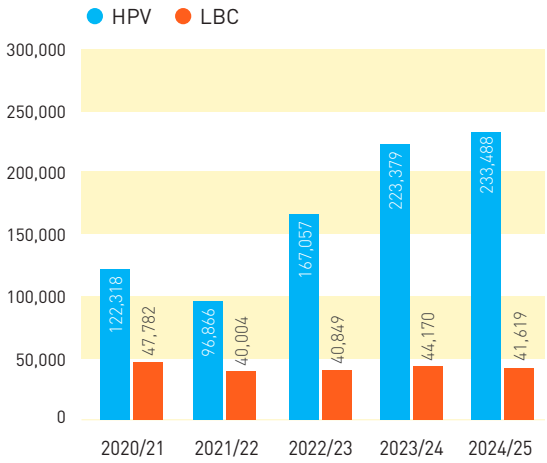
Since the NCSP's move from a two-year to a five-year cycle for cervical screening in 2017, annual testing volumes now fluctuate according to the five year cycle.

When HPV is detected in a clinician-collected CST, a reflex liquid-based cytology (LBC) test is performed on the same specimen.

What makes us experts?

VCS Pathology specialises in managing and reporting high volume CSTs and are laboratory leaders in self-collection testing and analysis

HPV & LIQUID BASED CYTOLOGY TESTING NUMBERS

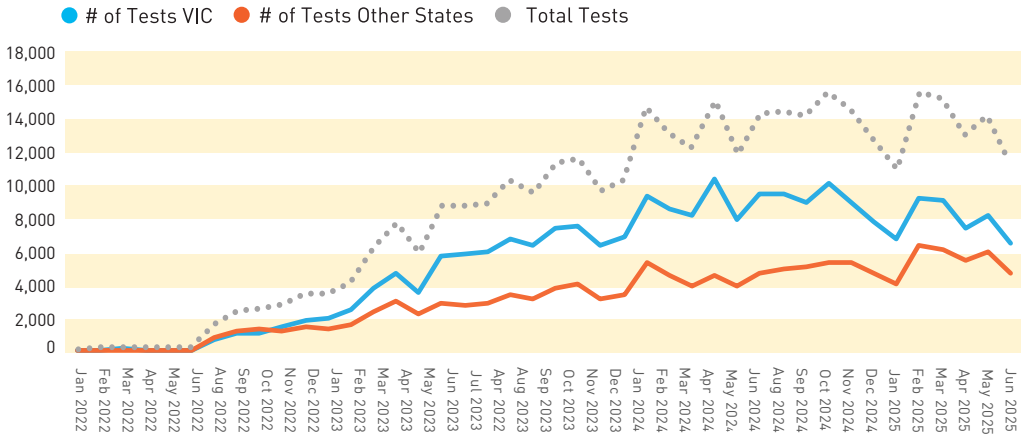


VCS PATHOLOGY CORE ACTIVITIES

Self-collection for HPV-based cervical screening

Self-collection volumes have steadily increased since the change to universal availability for all screening participants in July 2022. This remarkable increase demonstrates the need and preference in the population for an alternative to a speculum examination.

SELF-COLLECTION TEST VOLUMES

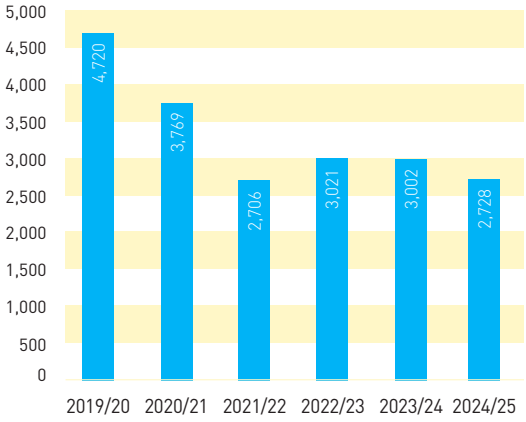


Histology

Referrers and patients alike gain significant benefits from the specialist gynaecological histopathology service offered by VCS Pathology. Each case receives comprehensive analysis, with the LBC tests taken prior to biopsy often being immediately available for review and correlation.

Our team returns almost all histology results within two working days (and often within 24 hours).

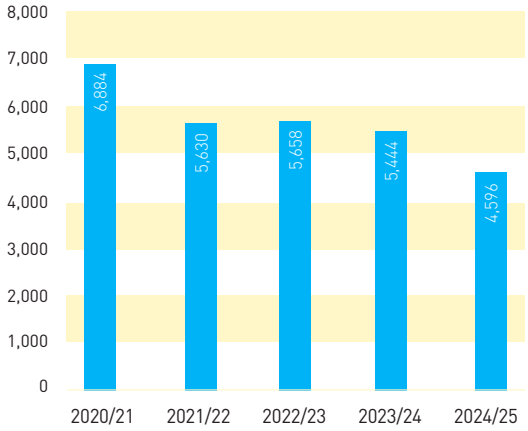
HISTOLOGY VOLUMES



Seven

VCS PATHOLOGY CORE ACTIVITIES

CHLAMYDIA AND GONORRHOEA TESTING



VCS Pathology offers Chlamydia trachomatis and Neisseria gonorrhoea testing. A self-collected vaginal swab is the preferred testing method for chlamydia and gonorrhoea in an asymptomatic female. The same swab can be used for CST screening which simplifies the testing process and allows for multiple screening tests to be conducted on a single swab. Chlamydia volumes fluctuate in line with HPV tests as they are most often taken from the same sample.

OUR HPV REFERENCE LABORATORY HAS BEEN ACCREDITED AS A WHO HPV PERFORMANCE EVALUATION LABORATORY

Australian HPV Reference Laboratory

A major milestone was achieved in January this year being a successful onsite audit by the WHO, positioning the Australian HPV Reference Laboratory as one of only four WHO-listed Performance Evaluation Laboratories (PEL) for HPV nucleic acid testing, and the first non-government lab to achieve this status! As one of the PELs, the Australian HPV Reference Laboratory will be working with WHO and other key stakeholders to facilitate not only faster assessments of novel assays, but also to expand and document a wide range of other factors. An example is determining whether a new validation process is required if the HPV assay is processed on a new instrument. Currently there are only 22 clinically-validated HPV assays, and fewer than 10 have been listed by WHO as prequalified for use with HPV-based cervical screening. The number of women needing screening and the wide range of environments in which screening will occur means that a steep increase in the number of affordable validated and/or WHO-prequalified HPV assays is needed immediately. The Australian HPV Reference Laboratory seeks to achieve this with a specific focus on tests and program needs within the Indo-Pacific region.

ACCREDITATION

VCS Pathology meets the National Association of Testing Authorities (NATA) regulatory requirements for Australian Laboratories reporting under the NCSP.

A NATA Assessment was conducted at VCS Pathology in April 2024, with a focus on requirements for information, communication and reporting. The final report noted that VCS Pathology is operating at a standard that demonstrates it is competent to perform the activities for which accreditation is held.

VCS Pathology is committed to meeting all relevant industry standards including the various requirements of NATA, National Pathology Accreditation Advisory Council (NPAAC), the Royal College of Pathologists Australasia and our insurance agencies.

VALIDATION OF MOLECULAR TESTS

The team also progressed validation of molecular tests for women's health conditions including *Trichomonas vaginalis,* on both clinician- and self-collected specimens, led by the ACPCC Clinical Microbiologists. VCS Pathology has also validated and introduced HPV testing of formalin fixed paraffin embedded sections. A wider range of 28 HPV types can now be tested for, and this will allow for investigation of individual HPV type association with cervical and other HPV-associated cancers. Clinical reporting of CINTec Plus dual stain testing was introduced to support diagnosis in patients with elevated clinical risk.

VALGENT-6 STUDY PROTOCOL

The development of the VALGENT-6 study protocol is currently being undertaken by the ACPCC in collaboration with an international consortium. This initiative is part of our broader strategy to diversify VCS Pathology laboratory testing and strengthen our role as a global leader in HPV diagnostics. The VALGENT methodology is designed to validate new HPV assays against established standard comparator tests and histologically confirmed disease markers. VALGENT6 will be the first VALGENT study to include both clinician-collected and self-collected specimens.

VALGENT6 will contribute to the global effort to expand clinically-validated HPV testing options. It builds on the ACPCC's existing expertise and infrastructure, including the recent recognition of the Australian HPV Reference Laboratory as a WHO-listed Performance Evaluation Laboratory for HPV nucleic acid testing. These efforts were underpinned by strong operational performance, with VCS Pathology maintaining a 54.73% market share for CSTs, well above the 45% target.

P53 BIOMARKER INTRODUCTION FOR ACCURATE DIAGNOSIS

Our inter-laboratory Quality Assurance program has expanded to include p53 immunohistochemistry (IHC). The program ensures the reliability of p16 and p53 IHC testing by exchanging stained control materials with an external lab. These biomarkers are crucial for distinguishing between HPV-associated and HPV-independent cancers, particularly in vulval and cervical squamous cell carcinomas, thereby supporting accurate diagnosis and informed treatment decisions.

Seven

NEW EQUIPMENT

The ACPCC's laboratory capabilities and turn-around times continued to benefit from our investment in technology and innovation.

Hologic Genius digital diagnostic system

Hologic Genius is a new instrument which was introduced into the laboratory in August 2024. The system enhances productivity by using AI to improve disease detection and to streamline lab workflows, increasing case review capacity. Using the system, screeners are able to report up to 100 cases per day. The system meets NPAAC requirements and uses user-specific access with no patient-identifying data stored. The introduction of the Genius has resulted in significant cost and efficiency savings for the organisation.

cobas 6800 v2

The cobas 6800 v2 instrument was introduced into our Molecular Laboratory in 2025. It replaces an ageing model and is an important advancement for the ACPCC to provide high-quality HPV testing. The cobas 6800v2 supports the forthcoming full-genotyping cobas HPV tests.

AUSTRALIAN HPV REFERENCE LABORATORY: IN THE PIPELINE

We are exploring the possibility of offering HPV tests and LBC for anal cancer prevention in accordance with, and depending on, forthcoming testing guidelines and Medicare Benefits Schedule requirements.

Australian HPV Reference Laboratory

Eight

Leverage the value of the canSCREEN® platform for cost effective support of low to middle income countries and for commercially advantageous opportunities

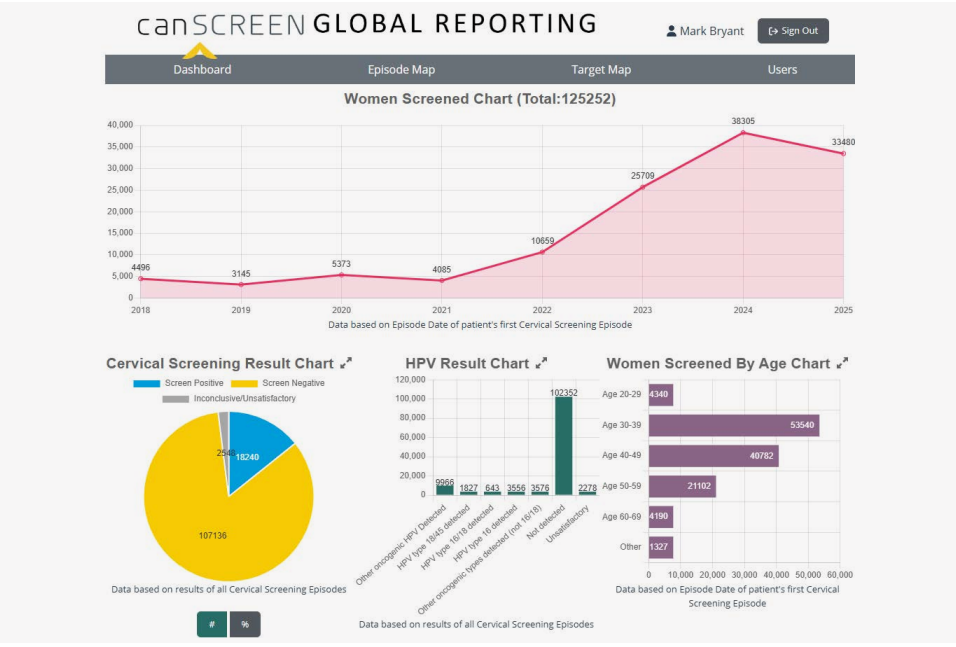
Cervical cancer is a significant public health concern in the Indo-Pacific, with some of the highest mortality rates globally.

The canSCREEN® platform, a purpose-built registry software, plays a crucial role in the cost-effective support of low to middle income countries in the realm of cancer prevention and early detection. Primarily in the Indo-Pacific region, these nations often grapple with limited healthcare resources, making efficient and impactful interventions paramount. canSCREEN® addresses these challenges by providing critical data recording, analysis and functionality to effectively manage patient follow-up and treatment in these regions.

The canSCREEN® platform has supported over 120,000 cervical screenings to date, and almost 10,000 treatment procedures, preventing many cancers from developing and ensuring proper care is provided where possible.

Cervical cancer is a significant public health concern in the Indo-Pacific, with some of the highest mortality rates globally. Traditional screening methods can be resource-intensive, but canSCREEN® facilitates the implementation of more cost-effective strategies such as self-collected HPV screening combined with immediate, point-of-care treatment. Studies in countries such as Papua New Guinea have demonstrated that this "screen-and-treat" approach, supported

canSCREEN®'s live performance dashboard shows how many women have been screened over time, the percentage of test results that were positive, unsatisfactory or negative, and several other performance indicators.



canSCREEN®'s global expansion, particularly across the Pacific, is a testament to its efficacy.

by canSCREEN®, is significantly more effective and economical than conventional approaches, leading to substantial reductions in cases and deaths.

The platform's core strength lies in its ability to manage comprehensive screening records, align with program policies, and provide real-time operational data which is crucial for effective program evaluation and continuous quality improvement. Its cloud-based architecture and mobile offline capabilities make it suitable for remote regions with limited connectivity, ensuring wider reach and accessibility for vulnerable populations. This digital health solution helps countries collect and utilise vital data to inform policy, allocate resources efficiently, and monitor the effectiveness of their cancer prevention services.

The global expansion of canSCREEN®, particularly across the Pacific, is a testament to its efficacy. It has been successfully implemented in Papua New Guinea, Vanuatu, the Cook Islands, Fiji, Malaysia, India, New Zealand, Timor-Leste, Kenya, Micronesia and Samoa with ongoing initiatives in Tuvalu, Nehru (Nauru), Kiribati and the Solomon Islands. These efforts are bolstered by collaboration with international partners and funding from donors such as the Australian Department of Foreign Affairs and Trade and philanthropic bodies including the Minderoo Foundation and the Swire Group.By enabling early diagnosis and streamlined patient pathways, canSCREEN® not only enhances health outcomes but also minimises the financial burden on fragile healthcare systems, demonstrating a sustainable and impactful approach to cancer control in the Pacific.

Nine

Reshape the business model to adapt to our new commercial environment and global opportunities

NEW PARTNERSHIPS

The ACPCC is proud to have forged new partnerships to advance towards our strategic goals.

Beyond Essential Systems

At the launch of the 2024 Eliminating Cervical Cancer Conference, we were honoured to sign a memorandum of understanding (MOU) with Beyond Essential Systems (BES). This partnership will help both organisations to better deliver digital health and cancer screening registry solutions throughout the Indo-Pacific region, with the support of the Australian Department of Foreign Affairs and Trade's (DFAT) Global Health Division, through the Partnerships for a Healthy Region initiative.

Australian Ambassador for Global Health Dr Lucas de Toca PSM was on hand for the signing ceremony, along with Prof Marion Saville AM and A/Prof Misha Coleman and BES Chief Executive Officer, Michael Nunan.

Gavi, the Vaccine Alliance

In a landmark event in November 2024, the ACPCC signed an MOU with Gavi, to strengthen collaborative efforts in the global fight against cervical cancer. This partnership formalises a relationship that began when we joined the Australian Global Health Alliance and which has continued to grow through initiatives such as the Pacific Friends of Global Health. The MOU signals a new era of support for global vaccination programs and cervical cancer screening, especially in underserved regions.

As the ACPCC's partnership with Gavi takes shape, we hope to learn from Gavi's expertise in market-shaping strategies for diagnostics, particularly HPV testing. This valuable collaboration with Gavi will not only magnify our global impact but also accelerate the worldwide elimination of cervical cancer.

NEW PARTNERSHIPS

The ACPCC contributed to the development of the PROCEEDxFLOQ product along with long-time collaborator, and manufacturer for FLOQSwab, Copan.

Microbix

At EUROGIN 2025, the ACPCC signed an MOU with Microbix Biosystems to supply PROCEEDxFLOQ® quality control swabs for HPV testing as part of the EPICC Program in the Indo-Pacific region. The ACPCC contributed to the development of the PROCEEDxFLOQ product along with long-time collaborator, and manufacturer for FLOQSwab, Copan. This partnership strengthens quality assurance across the Indo-Pacific, supporting the Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC) program's goal to eliminate cervical cancer. The collaboration ensures reliable diagnostics and reinforces the ACPCC's leadership in regional screening and prevention efforts.

ACFID

The ACPCC has been awarded Interim Full Membership status by the Australian Council for International Development. To be awarded this membership, the ACPCC successfully passed a rigorous accreditation process assessing our organisational structure, philosophies, policies, procedures and practices.

Nauru

A new partnership has been formed with the Ministry of Health Nauru to provide laboratory support. Enabled through bilateral DFAT funds, Nauru was included in the EPICC contract as an additional (eighth) country, to support a comprehensive cervical cancer elimination program.

MOU signing with Microbix at EUROGIN 2025 in Porto, Portugal.

Nine

NEW LABORATORY INFORMATION MANAGEMENT SYSTEM

We successfully went live with Ultra on January 2, 2025, and have since processed over 60,000 requests/tests. Cirdan is providing support to address any issues that arise.

The following instruments were successfully migrated to Ultra: Cobas6800, Alinity, BDCor, Hologic T5000, Seegene, and GeneXpert. Integration activities are underway for the new Hologic Panther instrument. Cirdan has commenced development of the eOrdering functionality, which is expected to enhance digital request workflows.

HL7 connectivity was successfully integrated with the Department of Health Victoria, the National Cancer Screening Register and HealthLink. The migration of CIS data has been successfully completed. The next phase will prioritise the migration of MediPath data. Cirdan is making ongoing progress toward the completion of several reports, contributing to operational transparency and informed decision-making.

Cirdan and the ACPCC continue to work together to improve the overall solution.


HOLOGIC
HOLOGIC
HOLOGIC

Our people

BOARD OF DIRECTORS

Chairman:
Casper David Wrede

Co Vice Chairman:
Dr Jane Collins

Co Vice Chairman:
Ms Stephanie Reeves

Chairman – Audit and Finance Committee:
Ms Fiona Kelly

Director:
Mr Tony Abbenante

Director:
Kirstie Fotheringham

Director:
Professor Helen Evans AO

Director:
Ms Ange Steele

Director:
Geneveive Webb

LEADERSHIP TEAM

Executive Director:
Prof Marion Saville AM

Director Clinical Education and Government Relations: Associate Professor (Hon) Misha Coleman

CLINICAL EDUCATION MANAGER: Hannah Saunders

Director Molecular Microbiology: Associate Professor David Hawkes

CLINICAL MICROBIOLOGISTS:
Dr Hiu Tat Mark Chan
Dr Nomvuyo Mothobi

MOLECULAR MICROBIOLOGY SUPERVISOR:
Marco Ho Ting Keung

MOLECULAR SENIOR SCIENTISTS:
Desuba Gurung
Sivly Ha

Director Digital Health: Michael Lammardo

SENIOR BUSINESS ANALYSTS: Elizabeth Shao

APPLICATIONS DELIVERY MANAGER: Mark Bryant

SYSTEMS ADMINISTRATOR:
Simon Chapman

Director Population Health: Alvin Lee

OPERATIONS MANAGER:
Kerry Crooks

SENIOR TECHNICAL SPECIALIST:
Lucinda Franklin

Director Cytology and Histology: Grace Tan

PATHOLOGISTS:
Dr Fong Koh
Dr Prudence Russell
Dr Yi Sun

CYTOLOGY & HISTOLOGY SUPERVISOR: Diana Stockman

CYTOLOGY SUPERVISORS:
Noni Christou
Domenica Giacomantonio

OPERATONS MANAGER:
Sheree Holt

Director Corporate Services: Ricki Vinci

FINANCE MANAGER:
Prasad Nekkadapu

HR AND PAYROLL ADVISOR:
Sujane Choong

Our people

DIVERSITY, INCLUSION AND GENDER EQUALITY

At the ACPCC, we believe that diversity, inclusion and gender equality are fundamental to our success and sustainability. Our commitment goes beyond compliance – we strive to create a workplace where every individual feels valued, respected and empowered to contribute fully.

The ACPCC is an equal opportunity employer, consistent with our values of fairness, integrity, respect and excellence. We acknowledge that a diverse workforce promotes engagement and wellbeing and underpins our position as an employer of choice.

During the past year, compliance training was delivered to all employees via an online platform to support an inclusive culture and respectful workplace, ensuring legislative compliance.

We are committed to providing all employees with the same rewards, resources, opportunities for success and outcomes, regardless of background or gender.

We employ, develop, and promote our employees based on the strengths of the individual and the needs of our operations. The ACPCC has a long-established history of fostering an inclusive and empowered workforce. In 2024/25, 67% of our employees identified as women.

The ACPCC completed the annual reporting requirements for the Workplace Gender Equality Agency and was compliant for the 2024/25 reporting period.

WORKFORCE COMPLIANCE AND SAFETY TRAINING

During the past year, we continued to provide compliance training including Anti-bullying and Anti-Harassment, Discrimination, Cybersecurity, Equal Opportunity, Privacy, Social Media, Manual Handling, Respect@Work, Occupational Health & Safety and Whistleblower Protection to all new employees.

The ACPCC uses the CrimCheck platform for pre-employment checks.

Our Employment Hero employee self-service system continues to track the status of annual confidentiality deeds and other certifications, ensuring continuous compliance.

PERFORMANCE, LEARNING AND DEVELOPMENT

The ACPCC remains deeply committed to fostering the professional growth of our employees across the organisation. We understand that the strategic investment in our people is fundamental to maintaining a highly engaged workforce, ensuring leadership continuity, and driving long-term organisational success. We recognise that targeted training is not only essential for employee engagement and retention but also forms the foundation of effective succession planning and the achievement of our strategic goals.

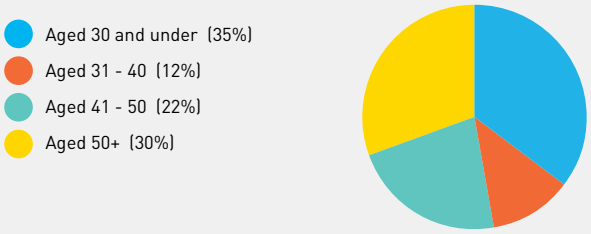
Building on previous years, we continue to upskill our multidisciplinary Pathology team, with a strong focus on enhancing flexibility across molecular and cytology workstreams. These efforts are designed to future-proof our workforce and ensure we remain agile in a rapidly evolving healthcare landscape.

Our longstanding partnership with RMIT remains a cornerstone of our laboratory workforce development strategy. Through laboratory student placements, we provide emerging professionals with hands-on experience that strengthens their academic performance and equips them with vital technical and employment skills. Furthermore, the ACPCC also collaborate with Swinburne University to provide undergraduate students the opportunity to get a head start on their career in our Digital Health and Corporate Services team. These collaborations reflect the ACPCC's ongoing dedication to cultivating a future-ready workforce and contributing meaningfully to the development of the pathology, health and non-for-profit industry. We also partner with the School of Population and Global Health at the University of Melbourne to support student placements and a range of other collaborative initiatives.

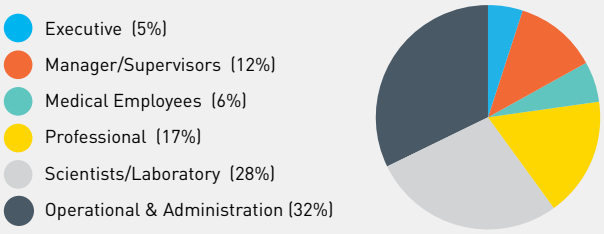
WORKFORCE STATISTICS

Total Workforce and Employment Types

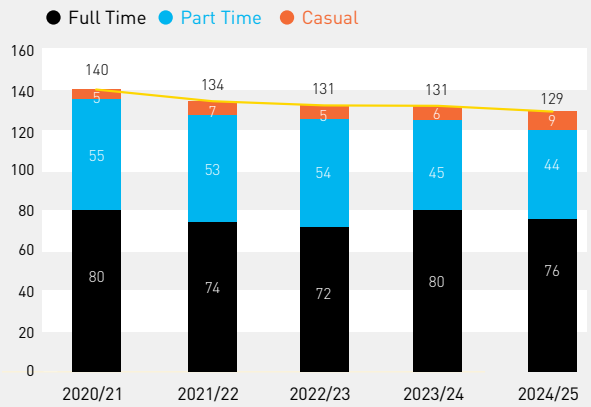
WORKFORCE AGE DEMOGRAPHICS



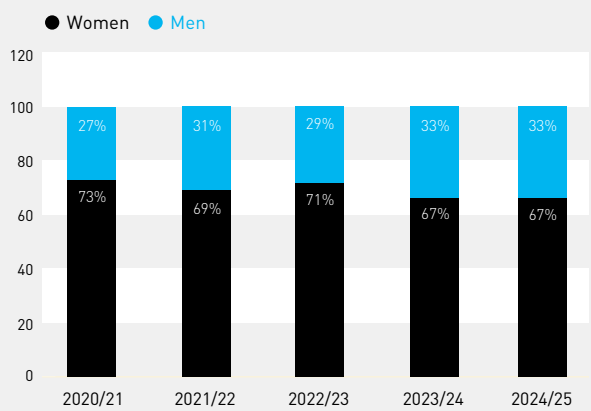
WORKFORCE BREAKDOWN BY POSITION



EMPLOYMENT TYPES



WORKFORCE GENDER BALANCE



Our people

SERVICE RECOGNITION

This year, we're proud to acknowledge a special group of staff who have been with us for 20 years or more. Their long-standing commitment, steady presence, and deep knowledge have helped shape our everyday work in countless ways. We thank them for being part of our journey and for continuing to make a difference.

- Noni Christou – 37 years
- Grace Tan – 34 years
- Josephine Holynsky – 31 years
- Kathryn Taranto – 31 years
- Domenica Giacomantonio – 30 years
- Kerry Soanes – 29 years
- Nevia Rinaldo – 28 years
- Jennifer Jackson – 28 years
- Tatiana Banovski – 27 years
- Rebecca Chui Pik Yeung – 27 years
- Tania Vigilante – 27 years
- Marion Saville – 27 years
- Denise Walsh – 23 years
- Thanh-thanh Tran – 22 years
- Angela Carini – 21 years
- Stella Kyriacou – 21 years
- Lily Chan – 20 years

Some of our long-serving team members outside our Faraday street premises this year

COURIER LEGEND HANGS UP HER KEYS: KERRY SOANES RETIRES AFTER 28 YEARS ON THE ROAD

After nearly three decades of zig-zagging across clinics and conquering Melbourne's parking challenges, Kerry Soanes has officially retired her car keys—and she's swapping her courier bag for a suitcase!

Kerry's journey as a VCS Courier began in a humble Mitsubishi Mirage, a two-door wonder that was less than ideal for hauling stock and samples. "It wasn't my favourite," Kerry admits, recalling the acrobatics required to wrangle boxes in and out of the back seat.

But it wasn't all about the cars. Kerry's career was filled with memorable moments, like inviting her dad to the 50th Anniversary ACPCC event at Government House and making lifelong friends at the ACPCC—connections she still treasures today. Her time at the ACPCC even helped her tick off some overseas travel dreams, proving that hard work really can take you places.

When COVID hit, Kerry stepped up as team leader for the laboratory courier team, steering her crew through uncertain times with a steady hand and a sense of humour.

What did Kerry love most about life on the road? "I loved the freedom of choosing my route to clinics and listening to talk back radio on my travels." The least-loved part? Ever-changing speed limits for road works that didn't exist, and the eternal struggle to find parking at certain clinics.

Her funniest request? "I asked for a convertible for my next vehicle since I did the beach run," Kerry recalls. The answer was a swift and resounding "no".

So what's next for this courier legend? "Travel, travel, and more travel!" Kerry's retirement plans read like a bucket list: an Alaskan cruise, a Mediterranean cruise touring the UK or Japan, and even an African safari.

Congratulations, Kerry! May your next adventures be just as exciting—minus the parking woes and speed limit surprises.

Kerry Soanes, retiring after 28 years on the road

Our people

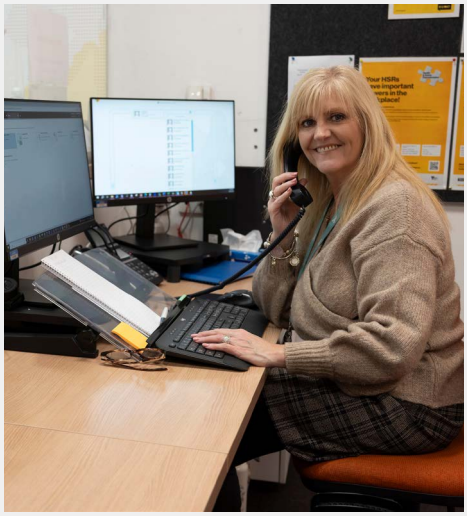
OH&S

OUTCOMES FOR THIS YEAR

The ACPCC's comprehensive health and safety approach directly supports the physical and mental wellbeing of all employees. Health and Safety initiatives conducted throughout the year included influenza vaccinations, cardiopulmonary resuscitation, First Aid and Dealing with Difficult Calls Training. The services of the Employee Assistance Program (EAP) continued to be used with a total of two sessions provided to employees in the financial year. ACPCC staff are regularly encouraged to reach out to this service if they are experiencing mental health difficulties or challenges in the workplace. All EAP sessions are free to ACPCC employees, confidential and provided by an independent agency.

The Lost Time Injury Frequency Rate (LTIFR) rate was 5.4 for the financial year, compared to a rate of 0 in 2023/24*.

The LTIFR for the pathology sector is 5.0. Therefore, a LTIFR of 5.4 is very much aligned with the industry benchmark. LTIFR is calculated by the number of lost time injuries per million hours worked in the quarter. There were no incidents in the year which resulted in a WorkSafe claim. The Health and Safety Committee continued to meet in accordance with legislative requirements, consistent with our commitment to excellence in safety management and best practices. Health and Safety at the ACPCC is underpinned by genuine care for our employees, in alignment with our corporate values of Fairness, Integrity, Respect and Excellence. The ACPCC Health and Safety Policy was last reviewed and approved by the Board in July 2024.



Key Policies

FREEDOM OF INFORMATION

The ACPCC is not directly subject to the Freedom of Information (FOI) Act 1982. While some of the organisation's government funded activities may be the subject of FOI requests, these requests should be made to the relevant government department for assessment.

PRIVACY

The ACPCC understands the importance of protecting the privacy and confidentiality of all personal and health information that is held by the organisation. The ACPCC collects a range of personal and health information about individuals. The ACPCC may collect this information from the individual or from another person dealing with that individual, such as their healthcare provider. The type of information that the ACPCC collects and the way in which it may use and disclose that information varies according to the services, activities and programs the ACPCC provides or undertakes in relation to an individual.

The ACPCC has strict privacy and confidentiality practices in place and all staff are required to abide by these.

A disciplinary policy and procedure is in place to ensure staff comply with these practices. All persons who may observe personal and health information held by the ACPCC are required to sign a confidentiality statement annually.

All personal and health information is stored on the premises of the ACPCC or in cloud-based storage. Backup tapes of the information system and some slides are stored in a secure facility off-site. Where services are contracted out, contractors must comply with the ACPCC privacy and confidentiality requirements if any personal information is provided to them.

Our Privacy Policy was last updated in 2024 and is available here.

WHISTLEBLOWERS

The ACPCC is committed to the highest standards of legal, ethical and moral behaviour. The organisation seeks to maintain an operating environment where legitimate misconduct concerns can be reported without fear of retaliatory actions or retribution, and are managed expeditiously, in confidence and according to internal policy.

The ACPCCs Whistleblower Policy and Procedure is compliant with the new whistleblower reforms under Part 9.4AAA of the Corporations Act 2001 (Cth). An updated version was approved by the Board in March 2024.

Compliance training in whistleblower protection is routinely scheduled for all members of the Executive and Corporate Services teams.

Key Policies

RISK MANAGEMENT

The ACPCC records, monitors and reports enterprise-level risks using RiskWizard™, a platform compliant with ISO 45001:2018 and ISO 31000:2018. The Board receives quarterly risk reports and is immediately notified of any escalation to "high" or "extreme" risk ratings. The Risk Management Policy and Procedure were updated and approved by the Board in June 2024, alongside the development of the ACPCC Risk Appetite Statement, which was approved by the Board in October 2024.

The risk management framework provides a structured, documented approach to identifying, mitigating and managing risks that may influence our strategic and operational objectives. Responsibility for risk identification, evaluation and treatment lies with the Executive Director, Business Unit Directors and Managers across their respective areas.

There were two risks rated as "high" or "extreme" recorded at the close of the 2024/25 reporting period.

Linked appendices

COMPLAINT PROCEDURE

COMMITTEE MEMBERSHIPS

PARTNERSHIPS

List of acronyms

ACCHO	Aboriginal Community Controlled Health Organisation
ACFID	Australian Council for International Development
ACPCC	Australian Centre for the Prevention of Cervical Cancer
AMHC	Australian Multicultural Health Collaborative
BES	Beyond Essential Systems
C4	NHMRC Centre for Research Excellence in Cervical Cancer Control
CST	Cervical Screening Test
DFAT	Department of Foreign Affairs and Trade
EAP	Employee Assistance Program
ECC2024	Elimination Cervical Cancer 2024 Conference
EPICC	Elimination Partnership in the Indo-Pacific for Cervical Cancer
FOI	Freedom of Information
GAVI	Gavi, the Vaccine Alliance
HPV	Human Papillomavirus
IHC	Immunohistochemistry
LBC	Liquid-based cytology
LGBTQ+	Lesbian, gay, bisexual, transgender, and queer/questioning
LTIFR	Lost Tiime Injury Frequency Rate
MOH	Ministry of Health
MOU	Memorandum of understanding
NACCHO	National Aboriginal Community Controlled Health Organisation
NATA	National Association of Testing Authorities
NBCSP	National Bowel Cancer Screening Program
NCSP	National Cervical Screening Program
NPAAC	National Pathology Accreditation Advisory Council
PEL	Performance Evaluation Laboratory
PFUF	Participant follow-up function
PHN	Primary Health Network
RACGP	Royal Australian College of General Practitioners
SHE-CAN	Self-collected HPV Evaluation for the Prevention of Cervical Cancer
UNSW	University of New South Wales
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VCS	Victorian Cytology Service
VCSF	Victorian Cancer Screening Framework
WHO	World Health Organization

Australian Centre
for the Prevention of
Cervical Cancer

Australian Centre for the
Prevention of Cervical Cancer
ANNUAL REPORT 2024/25

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Copies of this report are available online:
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ISSN 2202-4441