American Cancer Society Updates Cervical Cancer Screening Guideline: Major Changes Include Self-Collection for HPV Testing and Guidance on Exiting Screening

ACS researchers aim to reduce cervical cancer deaths with new screening recommendations

ATLANTA, December 4, 2025 — The American Cancer Society (ACS) released updated guidelines today for cervical cancer screening, reflecting advances in disease detection and accessibility in the United States. The updated guideline for women at average risk and individuals with a cervix at average risk introduces two key changes: self-collection of vaginal samples for human papillomavirus (HPV) testing as an option for cervical cancer screening, and provides new guidance on when individuals can safely exit screening for the disease. The update is published in a report in *CA: A Cancer Journal for Clinicians*, the flagship journal of ACS.

“These updated recommendations will help to improve compliance with screening and reduce the risk of cervical cancer,” said Dr. Robert Smith, senior vice president, early cancer detection science at the American Cancer Society and senior author of the report. “They are made possible as we continue to evolve our approach to screening for cervical cancer, primarily through research advancements, and the development of self-collection tools to broaden access to screening.”

Cervical cancer screening programs have been successful at dramatically decreasing cancer incidence by more than half since the mid-1970s. However, 13,360 cases are expected to be diagnosed in the U.S. this year, and an estimated 4,320 people will die from the disease, with racial and socioeconomic disparities continuing to contribute to this number.

ACS cervical cancer guidelines
ACS recommends that average-risk women and individuals with a cervix at average risk initiate cervical cancer screening at age 25 and undergo primary HPV testing every five years through age 65. Research has shown that long-lasting infection with certain types of HPV causes nearly all cervical cancers. If primary HPV testing is not available, individuals 25-65 years of age should be screened by co-testing with an HPV test in combination with a cytology (Pap) test every five years, or cytology testing alone every three years.

What’s new?
For primary HPV testing, clinician-collected cervical specimens are preferred, but self-collected vaginal specimens are acceptable for cervical cancer screening. When self-collected vaginal specimens are HPV negative in the screening setting, repeat testing in three years is recommended.

For discontinuing screening, ACS recommends that an average risk woman, or an individual with a cervix at average risk, have negative primary HPV tests or negative co-testing using HPV tests and cytology testing at ages 60 and 65. If primary HPV tests or co-testing are not available, three consecutive negative cytology tests at the recommended screening interval, with the last test at age 65, are acceptable.

Why these changes?
The updated report is part of an ongoing guideline development process by ACS scientists and volunteers. ACS monitors medical and scientific literature for new evidence that may support a change in current guidelines or the development of new guidelines, and for information about cervical cancer screening that should be conveyed to clinicians and target populations. Recently, the Food and Drug Administration (FDA) approved HPV self-collection testing as a safe and effective new screening option.

Do these guidelines apply to all women?

ACS does NOT recommend screening for:

- Women under age 25 (cervical cancer is rare before age 25)
- Women older than age 65 who have had adequate prior screening and are not otherwise at high risk
- Women who have had a hysterectomy (with removal of the cervix), unless they have a history of high-grade precancerous lesions

“In addition to funding research to help reduce the risk of cervical cancer, ACS established the National Roundtable on Cervical Cancer (ACS NRTCC) in late 2022,” Smith added. “The ACS NRTCC is a coordinated effort with the mission to accelerate the elimination of cervical cancer primarily by improving prevention and screening uptake and addressing health disparities.”

The American Cancer Society’s advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN), continues to work at all levels of government to advocate for access to cervical cancer screenings.

“Geographic disparities continue to exist in cervical cancer incidence and mortality, with individuals living in rural areas more likely to be diagnosed with later-stage cervical cancer. Over 46 million, or 14%, of the U.S. population live in rural areas that often require the need to travel long distances to access health care,” said Lisa Lacasse, president of the ACS CAN. “Self-collection options are a critical resource for these individuals and other underserved populations. ACS CAN remains committed to partnering with policymakers to strengthen access to cervical cancer screening and necessary follow-up care without added costs. This is an important step towards ending cancer as we know it, for everyone.”

Today’s published guideline report also includes a patient page supporting the new guideline. *CA* journal Patient Pages provide highly relevant, evidence-based medical content in a structured, concise format that addresses typical patient questions about diseases, their related symptoms, prevention, and treatment. This tool helps patients understand specific conditions and treatment options.

ACS researcher Dr. Deana Baptiste is a contributing author of the report.

Additional ACS Resources:

- Cervical Cancer Screening Guidelines
- Cervical Cancer Information
- HPV Vaccine Guidelines
- ACS CancerRisk360

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About the American Cancer Society
The American Cancer Society is a leading cancer-fighting organization with a vision to end cancer as we know it, for everyone. For more than 110 years, we have been improving the lives of people with cancer and their families as the only organization combating cancer through advocacy, research, and patient support. We are committed to ensuring everyone has an opportunity to prevent, detect, treat, and survive cancer. To learn more, visit cancer.org or call our 24/7 helpline at 1-800-227-2345. Connect with us on Facebook, X, and Instagram.

For further information: FOR MORE INFORMATION, CONTACT: American Cancer Society, Anne.Doerr@cancer.org

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