Adenocarcinoma in situ (AIS): treatment and follow-up

Adenocarcinoma in situ (AIS) is a precancerous change in the glandular cells that line the cervical canal. It is not cancer, but it needs treatment to remove it completely, followed by long-term check-ups.

KEY POINTS

- AIS is a precancer. Treating it prevents cancer from developing.
- It is less common than squamous changes, and often sits higher in the canal, where it is harder to see.
- It is usually treated with a cone biopsy, which removes the affected area.
- If the edges of the removed tissue are not clear, more tissue is removed.
- Afterwards, you have yearly tests for 5 years, then tests every 3 years, for 25 years in total.

What is AIS?

AIS develops in the glandular cells lining the cervical canal, rather than the squamous cells covering the outside of the cervix. It is linked most strongly to HPV types 18 and 16.

AIS can sit higher up the canal, and can occur in more than one spot. This is why it can be harder to see at colposcopy, and why treatment aims to remove the whole area with clear edges.

Treatment

AIS is usually treated with a cone biopsy under a general anaesthetic, as a day procedure. This removes a cone-shaped piece of tissue that includes the lower part of the canal. The laboratory checks that the edges (margins) are clear. See the sheet *Cone biopsy: what to expect*.

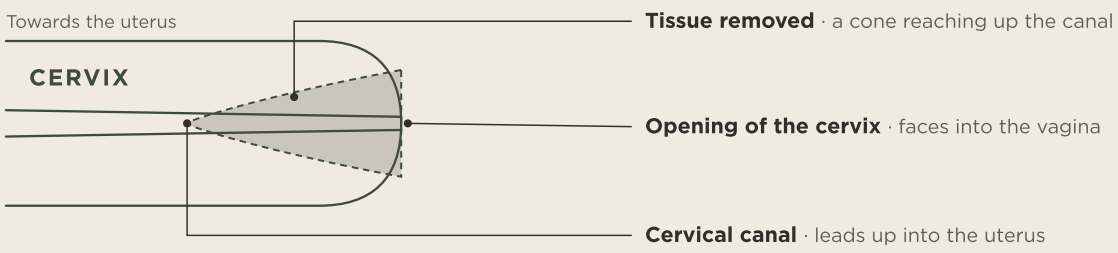


Figure 1. A cut-through view of the cervix. A cone biopsy removes a deeper piece than LLETZ, reaching further up the cervical canal. Simplified, not to scale.

If the margins are not clear, or cannot be assessed, a further procedure is recommended to remove more tissue. If they remain unclear, other options, including hysterectomy, may be discussed.

Follow-up after treatment

Follow-up after AIS uses a co-test: an HPV test and a cell test, from a sample taken from your cervix by a clinician. It changed in April 2025 and no longer continues every year for life.

YEARS 1 TO 5	FROM YEAR 5	AFTER 25 YEARS	AT ANY TEST
Yearly co-test	**Every 3 years**	**Follow-up ends**	**Colposcopy**
Starting 12 months after treatment.	If all co-tests so far have been clear.	If all tests are clear: routine screening if under 70, or no further tests if 70 or over.	If any result is abnormal.

Figure 2. Follow-up after AIS that has been completely removed with clear margins. Simplified from the National Cervical Screening Program guidelines.

Common questions

Why can I not collect my own sample?
A self-collected sample can be tested for HPV but not for cells. After AIS, both are needed.

Will this affect having children?
A cone biopsy can increase the chance of preterm birth. Please tell me about any pregnancy plans so we can discuss them before treatment.

I am pregnant. What happens?
AIS in pregnancy needs specialist care. Treatment is planned around your pregnancy, usually after the birth.

Why is follow-up so long?
AIS can return, sometimes years later. Long-term testing finds any change early.

What if I have a hysterectomy later?
You still need yearly co-tests from the top of the vagina, until two in a row are clear.

Who does my follow-up tests?
I will arrange the first ones. Later tests can be done by your GP, with results sent to me.

Questions to ask your doctor

- Were the margins of my treatment clear?
- When is my first follow-up co-test due?
- Who will keep track of my follow-up over the years?

When to seek help

Please do not wait for your next test if you have bleeding after sex, between periods or after menopause, or ongoing unusual discharge or pelvic pain. See your GP or contact the rooms.

Rooms	03 8400 6193 — appointments and non-urgent questions, business hours
Urgent, after hours	Dr James Aridas, 0459 706 061 — urgent gynaecology concerns, and pregnancy concerns before 20 weeks
From 20 weeks pregnant	The birth suite at your booked hospital: Epworth Freemasons 03 9483 3833 · Cabrini Malvern 03 9508 6000 · Jessie McPherson 03 9594 2776
Emergency	Call 000 or go to your nearest emergency department

SOURCES AND FURTHER READING

1. Cancer Council Australia. National Cervical Screening Program Guidelines, updated April 2025. cancer.org.au/health-professionals/clinical-practice-guidelines/cervical-cancer-screening
2. Department of Health, Disability and Ageing. National Cervical Screening Program: 2025 updates to clinical guidelines (fact sheet). health.gov.au/ncsp
3. Department of Health, Disability and Ageing. National Cervical Screening Program: a summary guide for healthcare providers, February 2025. health.gov.au/ncsp
4. Department of Health, Disability and Ageing. Understanding the National Cervical Screening Program management pathway, 2025. health.gov.au/ncsp
5. RANZCOG. O&G Magazine. Adenocarcinoma in situ of the cervix, 2026. ogmagazine.org.au
6. RANZCOG. Cervical screening in Australia (patient information pamphlet), version 3, 2025. ranzcog.edu.au
7. Cancer Council information and support: 13 11 20

This information is general and does not replace individual medical advice. If your circumstances differ from what is described here, please discuss them with Dr Aridas.

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