COMMUNITY DERMATOLOGY TIER 1/2 SERVICES
MANAGEMENT OF ACTINIC KERATOSES IN GENERAL PRACTICE

The Tier 1 and 2 Dermatology Services are being sent significant numbers of patients with Actinic Keratoses (AK). These are still being referred to Community Dermatology despite the Hot Topics and Target educational events in West Hampshire over the last two years. We would like to further encourage GP's to initiate treatment before referral for simple AK.

Most thin AK can be successfully managed in General Practice with topical therapy and referral to Dermatology is only needed if treatment fails or when the lesion is thick and may require cryotherapy or curettage.

When rapid growth, pain, ulceration or bleeding is present, this may suggest malignant change and a 2 Week Wait Referral should be made.

Excellent advice on the management of AK is provided by the websites of the Primary Care Dermatology Society (PCDS) and the British Association of Dermatologists (BAD).

http://www.pcds.org.uk/ee/images/uploads/general/AK_guidelines_2014_final_aw2.pdf

http://www.bad.org.uk/healthcare-professionals/clinical-standards/clinical-guidelines

RECOMMENDED TREATMENTS FOR INDIVIDUAL LESIONS

- **Cryotherapy –** where available a single freeze/thaw cycle of approximately ten seconds.

- **Efudix ® cream (5-FU) -** apply once or twice a day for three to four weeks. Patients should be advised to expect a relatively mild degree of redness and discomfort during the treatment period. Slower treatment can be given by applying twice daily for two days a week for two months.

  BAD advice on the use of Efudix can be found at:
  http://www.bad.org.uk/shared/get-file.ashx?id=187&itemtype=document

Recommended Treatments for Individual Thick Hyperkeratotic Lesions

- **Actikerall** ® - combines 5-FU with salicylic acid. It is licensed for treating **moderately thick hyperkeratotic AK.** It should be used once a day for six-twelve weeks.

RECOMMENDED TREATMENT FOR NUMEROUS LESIONS

Field Change refers to areas of skin that have multiple AK associated with a background of erythema, telangiectasia and other changes seen in sun-damaged skin. These areas are probably more at risk of developing SCC, especially if left untreated and, as such, it is recommended that they should be treated more vigorously.

Note that all field-based treatments will elicit local skin responses, which are expected as part of the treatment. The length of time a patient has to endure local skin responses varies widely between the treatments referred to below, and this needs to be discussed with the patient to aid them with the decision-making.

RECOMMENDED TREATMENTS FOR SMALLER AREAS OF FIELD CHANGE

(e.g. an area the size of a palm or most of the forehead)

- **Efudix ® Cream (5-FU)** - Used once or twice a day a day for three to four weeks. Apply thinly in an evening with a gloved finger; alternatively wash the finger after application. The treated area should be washed the following morning. After four weeks stop the treatment and consider the use of a mild topical steroid e.g. 1% Hydrocortisone cream BD for two to four weeks to help settle down any inflammation.

- **Aldara ® Cream (5% imiquimod)** - This product is not a general formulary item but may be used in exceptional circumstances where alternative formulary agents are contraindicated. Apply three nights a week e.g. Monday, Wednesday and Friday for four weeks. Apply overnight and wash off the following morning. After four weeks stop the treatment and consider the use of a mild topical steroid e.g. 1% Hydrocortisone cream BD for two to four weeks to help settle down any inflammation.

  BAD advice on the use of Aldara can be found at:
  http://www.bad.org.uk/shared/get-file.ashx?id=209&itemtype=document

RECOMMENDED TREATMENTS FOR LARGER AREAS OF FIELD CHANGE

- **Efudix Cream** - Can be used in stages once or twice a day for three to four weeks, treating areas no larger than 500cm3 (23 x23cm).

- **Zyclara ® Cream (3.75% imiquimod cream)** – Is very expensive and is not a general formulary item but may be used in exceptional circumstances where alternative formulary agents are contraindicated.
  Apply once daily for two weeks followed by a two-week treatment-free period, and then a further once daily application for two weeks (i.e. six weeks in total, but only four weeks of treatment) to the full face or scalp.

AKs are a marker of sun damage and patients should be advised to use regular daily sun protection in the sunny months.

Patients should be followed up three months after the treatment was started to assess response and treatment repeated if the clearance has been incomplete. If lesions have failed to respond to treatment a further referral to the Community Dermatology Service is appropriate.

Please note: Solaraze is no longer on the CCG formulary as it is considered less effective than other available products.

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