Actinic (Solar) Keratosis – Primary Care treatment choices for adults

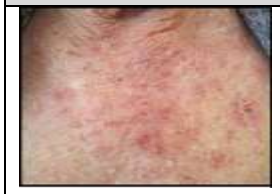
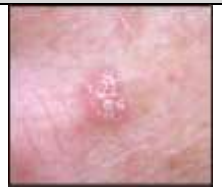
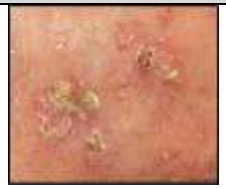
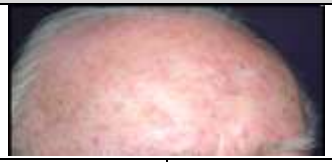
Based on Primary Care Dermatology Society Guidance http://www.pcds.org.uk/clinical-guidance/actinic-keratosis-syn.-solar-keratosis

Actinic keratosis (AK) is a common condition usually involving, UV induced, scaly or hyper-keratotic lesion which has a very small potential to become malignant. It usually occurs in patients over the age of 50. All patients should be encouraged to use the appropriate sun protection. Advise patients to report any changes.

- **Patients should expect local skin reactions, often severe at first, with many of the treatments. Reactions may be very severe when large areas are treated. Patients should be warned to expect this effect and not consider it to be an unwanted side effect.**
- Complete clearance of lesions can be delayed a few weeks beyond completion of therapies. Ensure patients know how long to continue treatment.
- It may be preferable to divide larger areas into smaller ones and treat them sequentially.

Identify High Risk Patient: history of skin cancer, those with extensive UV damage, widespread lesions, immunosuppressed patients, very young, unresponsive to treatment, consider secondary care referral. **REFER URGENTLY** if: suspect malignancy, uncertain diagnosis, lesions that are painful/ulcerated/growing rapidly. If not high risk then consider treatment as below.

Treatment choice as advised by Dermatology Network suitable for initiation in primary care

Grade I	Grade II	Grade III	Field Change	
				
			Small Up to 25cm^2	Large > 25cm^2
Fluorouracil 5% cream***** Diclofenac 3% gel (for large areas) Liquid nitrogen	Fluorouracil 5% cream***** Diclofenac 3% gel (for large areas) Liquid nitrogen	**Refer in all cases of suspected grade III**	Fluorouracil 5% cream***** Diclofenac 3% gel	3% Diclofenac*****

***** Preferred product choice(s) for grade indicated. In choosing product consider size of lesion and likely compliance with treatment course vs. inflammatory response

Alternative treatments for a previously treated lesion should only be initiated on advice of a Specialist Dermatology Team.

Imiquimod 3.75% (Zyclara®) is **BLACK** and should not be initiated in primary or secondary care
Ingenol mebutate gel (Picato®) is **BLACK** and has been withdrawn from the UK market

Product: *Please refer to SPCs for further information regarding these products*	**Treatment notes:** ***Refer if lesion does not clear with one course of therapy*** *(N.B Complete clearance of lesions can be delayed a few weeks beyond completion of therapies)*
Suitable for primary care initiation – prescribe generically	
Fluorouracil 5% cream x40g (Efudix®)*****	Once daily for 3-4 weeks. Early & severe inflammatory reaction normal, typically peaking in 2nd week
Diclofenac 3% gel x50/100g (Solaraze® Solacutan®)	Twice daily for 60-90 days Because of the length of treatment needed, compliance may be an issue
For initiation on advice of Specialist Dermatology Team	
Fluorouracil & salicylic acid solution (Actikerall®)	Once daily for 6-12 weeks. Apply with brush applicator & peel off existing coating before reapplication
Imiquimod 5% cream (Aldara®)	Apply three times a week for 4 weeks. Assess after 4 week interval. Repeat if required. Flu like symptoms occasionally reported.

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