

Northamptonshire Actinic (Solar) Keratosis – Care Treatment Pathway

What is an AK?

An actinic keratosis is a common, UV induced, scaly or hyper-keratotic lesion which has a very small potential to become malignant. There is a high spontaneous regression rate and low rate of transformation – less than 1 in 1000 per annum, but with an average of 7.7 AKs the risk of one transforming in 10 years is 10%* (See over)

Important Information about Treatments

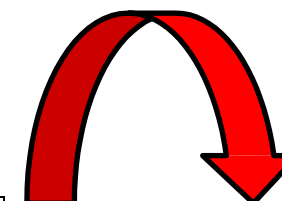
Expect local skin reactions which can be severe with several of these treatments. This can be very severe especially if large areas are being treated. These should be regarded as an effect of the treatment. Patients should be warned to expect this effect rather than regarding it as an unwanted side effect

- Ensure patients are told how long to continue treatment.
- Complete clearance of lesions can be delayed several weeks beyond completion of topical therapies.
- Please refer to SPCs for further information regarding these products
- It may be preferable to divide larger areas into smaller ones and treat them sequentially

Identify High Risk Patient

Past history of skin cancer, those with extensive UV damage, immunosuppressed patients or the very young, consider referral to secondary care or accredited GPwSI. If not high risk then consider treatment as below

	Generic Name	Brand Name	Grade I	Grade II	Grade III	Field Change	
						Small Up to 25cm ²	Large > 25cm ²
Preferred Choices	3% Diclofenac with HA	Solaraze	√√	X	X	√√	√√
	5% Fluorouracil (5-FU)	Efudix	√	√√	√√	√√	√D
	5% Imiquimod	Aldara	√	√	X	√	X
	0.5% 5-FU+10% Salicylic acid	Actikerall	X	X	√	X	X
	3.75% Imiquimod	Zyclara	√	√	X	√	√√
	0.015% Ingenol mebutate -face & scalp 0.05% Ingenol mebutate - trunk & limbs	Picato	√	√√	X	√√	XD
	Liquid Nitrogen		√	√	√	X	X
	Photodynamic Therapy	Metvix & Ameluz	X	√	√	√	√D
	Curettage		X	√	√	X	X
Legend			√ relative recommendation	√√ strong recommendation	X not recommended in Primary Care		



Red Flag

Lesions that:

- Are rapidly growing
- Have a firm and fleshy base and/or are painful
- Are not responding to treatment

Refer urgently as Priority Cancer Referral to secondary care

Adapted from: Actinic Keratosis Primary Care Treatment Pathway : Primary Care Dermatology Society April 2014

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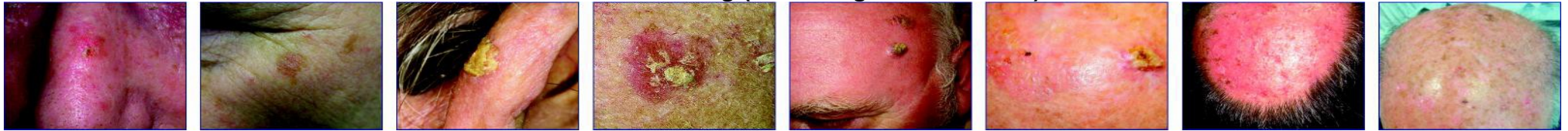
Actinic (Solar) Keratosis

General Measures

Applicable to all patients and may be all that is needed for management:

1. AKs are a marker of UV damage: examine other areas of the skin.
2. Encourage prevention: sun screen and protection
3. Advise patients to report change.
4. Consider use of emollients for symptom control

Clinical Grading (according to Olsen 1991)



Grade I: Flat, pink maculae without signs of hyperkeratosis and erythema often easier felt than seen. Scale and possible pigmentation may be present.

Grade II: Moderately thick hyperkeratosis on background of erythema that are easily felt and seen.

Grade III: Very thick hyperkeratosis, or obvious AK, differential diagnosis includes thick IEC (intra-epidermal carcinoma or SCC).

Field damage: Large areas of multiple AKs on a background of erythema and sun damage.

Suggested Treatment Regimes

Brand Name	Common Regimes	Notes	Estimated Price
Solaraze	Twice daily for 12 weeks	Good for mild field change, causes significant skin irritation in some. Because of the length of treatment needed, compliance may be an issue	£76.60* <small>*Assumption – would need 100g tube for 12 weeks treatment</small>
Efudix	Once or twice daily for 3-4 weeks, or once daily at weekends, or alternate day for 8 weeks, or twice a week	Early & severe inflammatory reaction is normal, typically peaking in the second week	£32.90* <small>*Assuming that a 40g tube would be needed as the total area of skin being treated with Efudix at any one time should not exceed 500 cm² (approximately 23 x 23 cm)</small>
Actikerall	Once daily for 6-12 weeks	Apply with brush applicator & peel off existing coating before reapplication. Can cause burns.	£76.60* <small>*25ml= £38.30 Assumption: would need 2 x 25ml for a 12 week course.</small>
Aldara	Apply three times a week for 4 – 8 weeks (often longer). Assess after 4 week interval. Repeat if required	Flu like symptoms are occasionally reported. Reactions similar to Efudix. May work more effectively in time with severe reactions.	4 weeks treatment £48.60* 8 weeks treatment £97.20* <small>*12 sachets = £48.60</small>
Zyclara	Two treatment cycles of two weeks, separated by 2 treatment free, i.e. 2 weeks on, 2 weeks off, 2 weeks on.	Flu like symptoms are occasionally reported Local reactions	£226.00* <small>*28 sachet = £113.00 Full treatment : up to 2 sachets once a day for 4 weeks requires 56 sachets = £226.00</small>
Picato150µg/g gel – face and scalp	Once daily for 3 consecutive days.	Skin reaction may occur from day one and usually resolves within 2 weeks. Compliance good.	£65.00
Picato 500mg/g gel – trunk and limbs	Once daily for 2 consecutive days	Skin reaction may occur from day one and usually resolves within 4 weeks. Compliance good.	£65.00
Photodynamic therapy	One treatment at the hospital	Pain. Local reaction.	