

BERKSHIRE WEST APC

# Actinic Keratosis pathway

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## Actinic Keratosis: Primary Care Topical Treatment Pathway

### What is an AK?

An actinic keratosis (AK) 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 year. With an average of 7.7 AKs, the risk of one transforming in 10 years is 10%.

### Information on treatments in primary care

1. Expect local skin reactions which can be severe especially when treating large areas. Patients should be warned to expect this.
2. Complete clearance can be delayed several weeks beyond completion of topical therapy.
3. It may be preferable to divide larger areas into smaller ones and treat these sequentially.

### High risk patient

AK can safely be managed in primary care. High risk patients who may require referral include those with a history of skin cancer, extensive UV damage, immunosuppressed patients or the very young.

### Clinical Grading (Olsen 1991)

			
<p><b>Grade I:</b> flat pink maculae without signs of hyperkeratosis and erythema often easier felt than seen. Scale and possible pigmentation may be present</p>	<p><b>Grade II:</b> Moderately thick hyperkeratosis on background of erythema that are easily seen and felt</p>	<p><b>Grade III:</b> Very thick hyperkeratosis or obvious AK, differential diagnosis includes thick intra-epidermal carcinoma or SCC</p>	<p><b>Field damage:</b> Large areas of multiple AKs on a background of erythema and sun damage</p>

Generic Name	Brand	Traffic light status	Grade I	Grade II	Grade III	Field change Small- up to 25cm <sup>3</sup>	Field change Large
Ingenol mebutate: 0.015% face & scalp 0.05% trunk & limbs	Picato	Green	✓	✓✓	✗	✓✓	✗
5% fluorouracil (5FU)	Efudix	Green	✓	✓✓	✗	✓✓	✓
3.75% Imiquimod	Zyclara	Amber	✓	✓	✗	✓	✓✓
5% Imiquimod	Aldara	Amber	✓	✓	✗	✓	✗

**Key** ✓ relative recommendation ✓✓ strong recommended ✗ not recommended in primary care

Brand name	Position	Protocol	Notes
Picato gel face	1 <sup>st</sup> line	Once daily for 3 consecutive days	Skin reaction may occur from day 1 and usually resolves by 2 weeks.
Picato gel trunk	1 <sup>st</sup> line	Once daily for 2 consecutive days	Skin reaction may occur from day 1 and usually resolves by 4 weeks
Efudix	2 <sup>nd</sup> line	Once or twice daily for 3-4 weeks	Early and severe inflammatory reaction is normal and peaks in 2 weeks.
Zyclara	3 <sup>rd</sup> line	2 treatment cycles of 2 weeks separated by 2 treatment free intervals	Flu like symptoms occasionally reported
Aldara	3 <sup>rd</sup> line	Apply 3 times a week for 4 weeks. Assess and repeat if required	Flu like symptoms occasionally reported

Please note that Picato and 5% fluorouracil (Efudix) can now be initiated by GPs in primary care. Patients should be informed about preventing further AK through the use of sunscreens (please note these should not be supplied on prescription)