

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)

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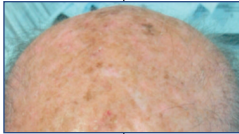
Important Information about Treatments

- A. 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
- B. Complete clearance of lesions can be delayed several weeks beyond completion of topical therapies
- C. Please refer to SPCs for further information regarding these products
- D. Local formularies and regional guidance may exist for individual products
- E. 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	
			Single or few lesions, better felt than seen 	Moderately thick lesions, easily felt & seen 	Thick hyperkeratotic lesions 	Small – up to 25cm ² 	Large
Topical	3% Diclofenac with HA	Solaraze	✓✓	✓	✗	✓✓	✓✓
	5% Fluorouracil (5-FU)	Efudix	✓	✓✓	✗	✓✓	✓ E
	5% Imiquimod	Aldara	✓	✓	✗	✓	✗
	0.5% 5-FU+10% Salicylic acid	Actikerall	✓✓	✓✓	✗	✗	✗
	3.75% Imiquimod	Zyclara	✓	✓	✗	✓	✓✓
	0.015% Ingenol mebutate – face & scalp 0.05% Ingenol mebutate – trunk & limbs	Picato	✓	✓✓	✗	✓✓	✗ E
Other	Liquid Nitrogen		✓	✓	✓	✗	✗
	Photodynamic Therapy	Metvix & Ameluz	✓	✓	✗	✓	✓
	Curettage		✓	✓	✓	✗	✗
Legend			✓ relative recommendation	✓✓ Strong recommendation	✗ 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

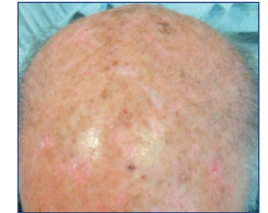
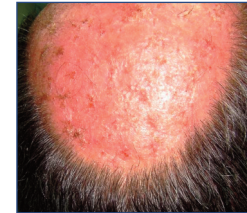
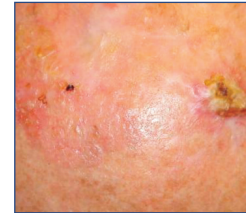
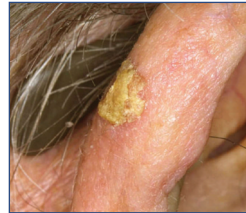
Please note these recommendations do not take into consideration the cost of treatment and are based on the clinical expertise of the guideline contributors with the products

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	Protocol	Notes
Solaraze	Twice daily for 60-90 days	Because of the length of treatment needed, compliance may be an issue
Efudix	Once or twice daily for 3-4 weeks	Early & severe inflammatory reaction is normal, typically peaking in the second week
Actikerall	Once daily for 6-12 weeks	Apply with brush applicator & peel off existing coating before reapplication
Aldara	Apply three times a week for 4 weeks Assess after 4 week interval. Repeat if required	Flu like symptoms are occasionally reported
Zyclara	Two treatment cycles of two weeks, separated by 2 treatment free weeks	Flu like symptoms are occasionally reported
Picato 150µg/g gel – face & scalp	Once daily for 3 consecutive days	Skin reaction may occur from day one and usually resolves within 2 weeks
Picato 500µg/g gel – trunk & extremities	Once daily for 2 consecutive days	Skin reaction may occur from day one and usually resolves within 4 weeks