









FRANZ STRYDOM

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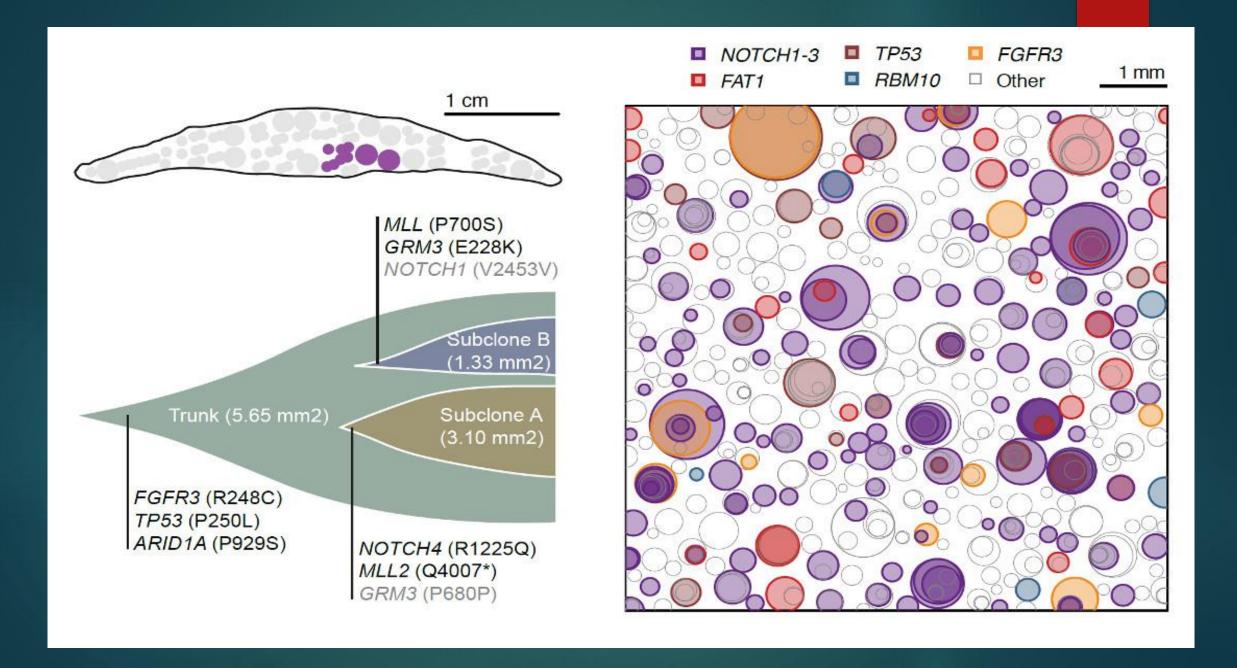












Skin what skin....

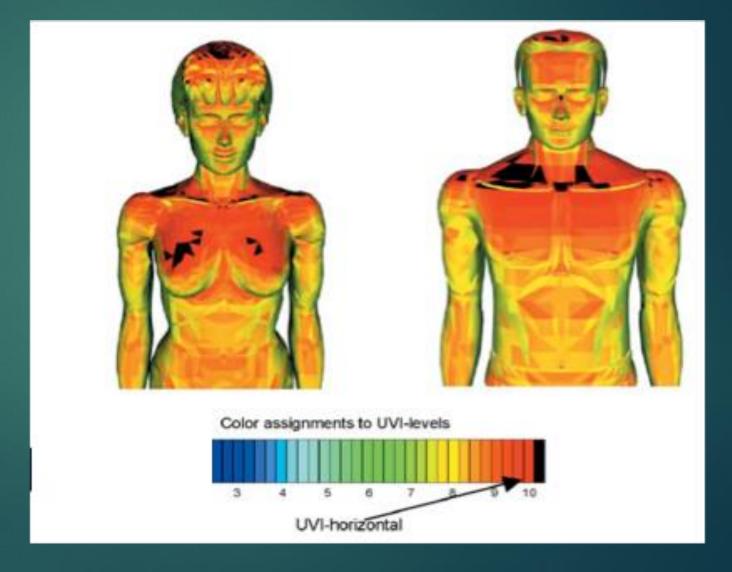
to cancer.

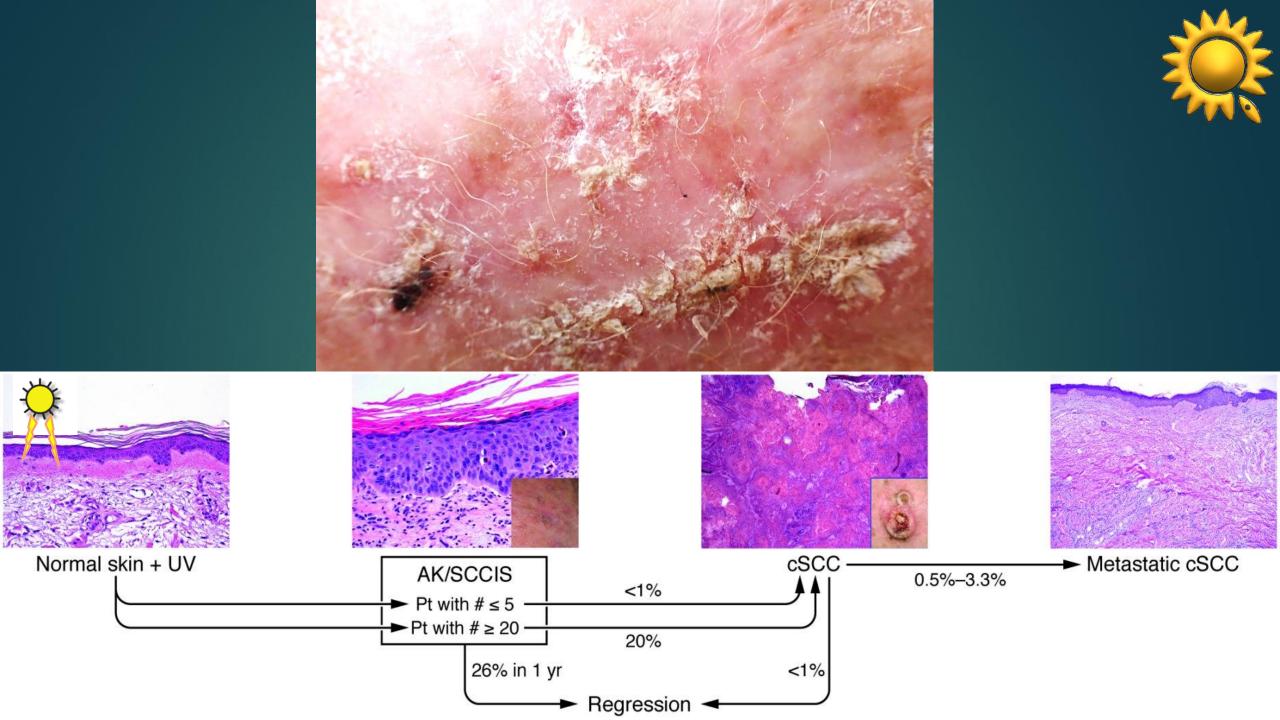
25 percent of clinically normal skin cells carried at least one mutation linked

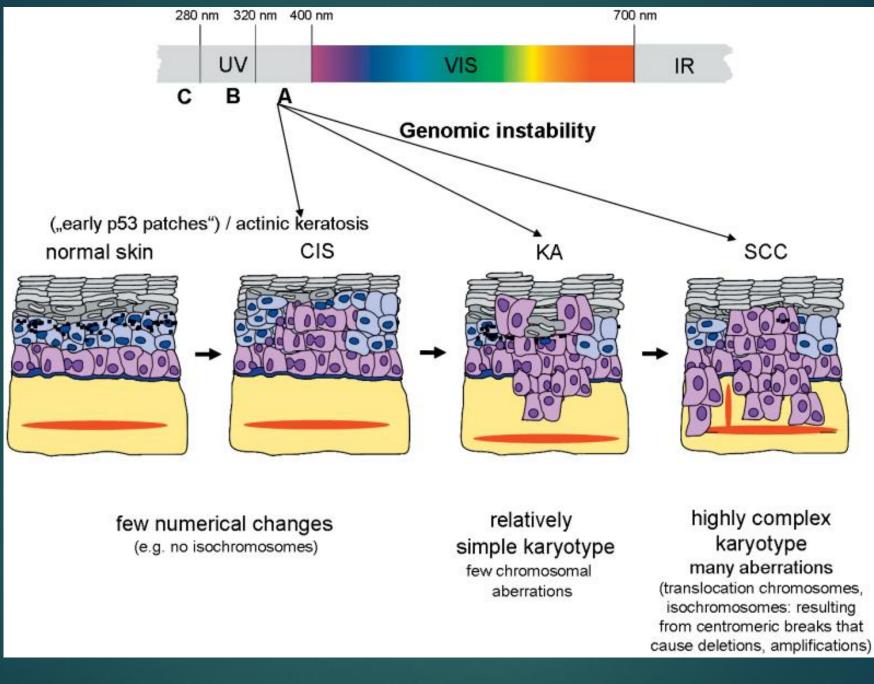
100 potentially cancer-causing DNA mutations in every 1 square cm

Science 22 May 2015: Vol. 348 no. 6237 pp. 880-886 History of sun exposure is reflected on the skin for life.....

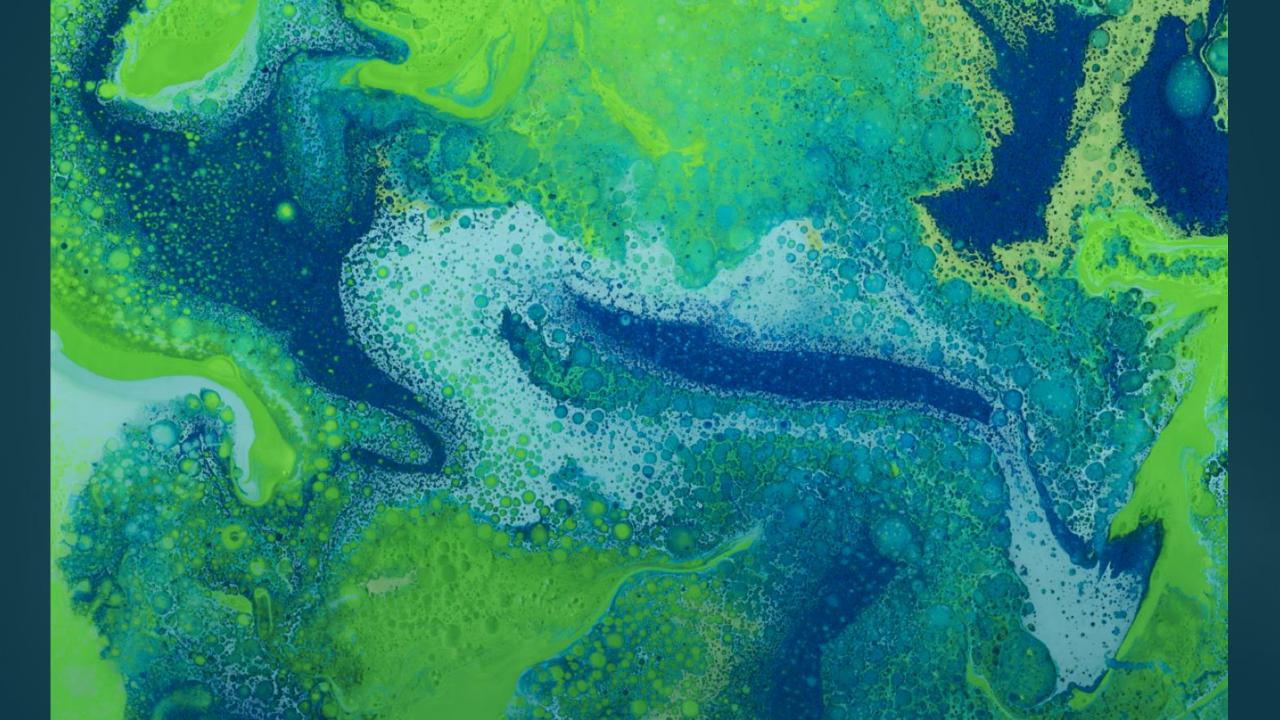














What to treat Treat

▶ Both local and field-directed treatments to reduce the subsequent emergence of AKs and squamous cell carcinomas from the treatment area by removing keratinocytes with malignant potential.

Lesion

or Field treatment



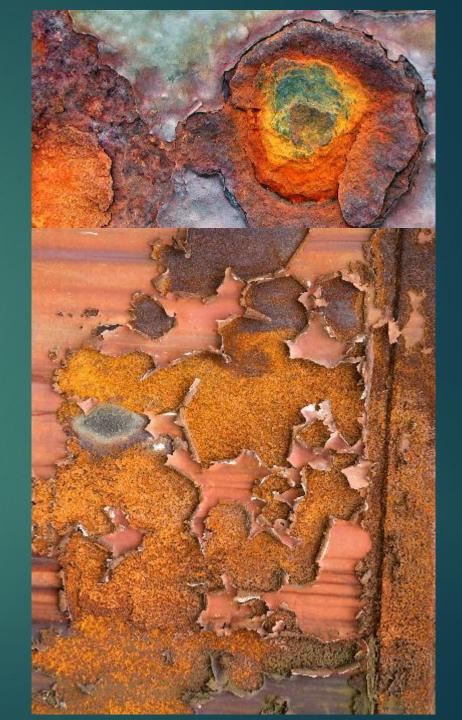




Rx Spot



Rx the problem









- Selective destruction of malignant /abnormal cells
- Minimal destruction of normal cells (no scars)
- Minimal systemic effects
- Treatment of precursor cells
- Safe and easy to apply by patient
- CHEAP



Topical treatment



▶ Compliance is poor

▶ Labour/time intensive

▶ Patients don't like it

▶ Doc's don't like it



Lesion-directed treatment

Treatment	Response	Recurrence
Cryosurgery (liquid nitrogen)	75–98%	1.2–50%
Laser therapy	*90%	10–15%
Curettage/excisi on/ shave biopsy	Margin taken?? Field damage	Margin taken?? Field damage

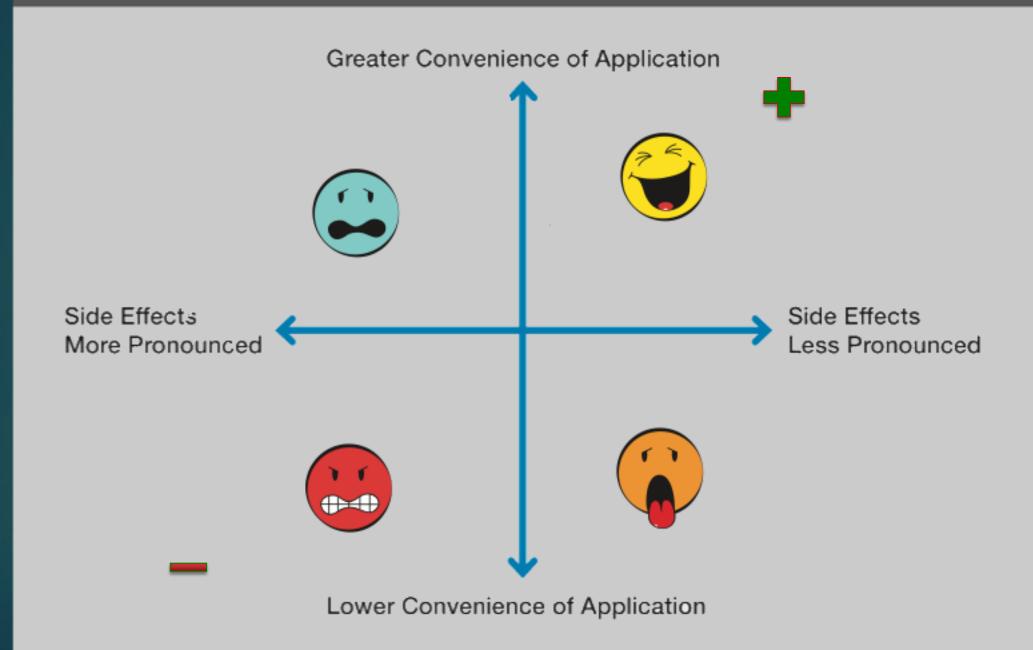
Field-directed therapy



Treatment	Response	Recurrence
Ingenol mebutate	34.1–42.2%b	44.6–67.6%
Topical 5-FU	50%	55%
Imiquimod 5%	55–84%	10%
Diclofenac 3% gel	50–79%	Ś
Topical photodynamic therapy	70–90%c	

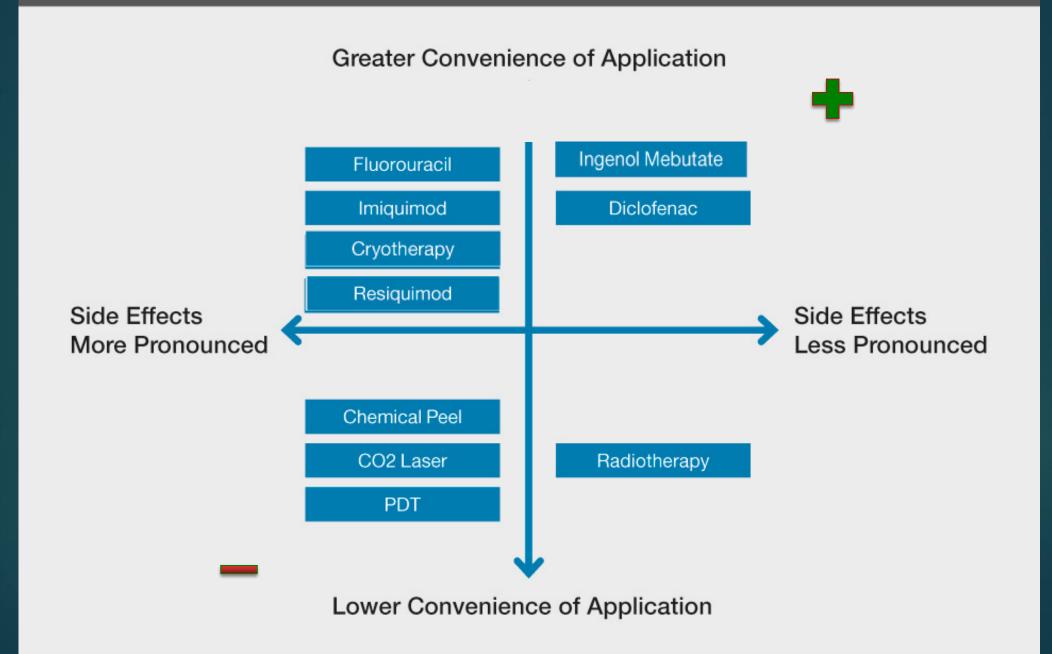
Side Effects and Convenience of Application





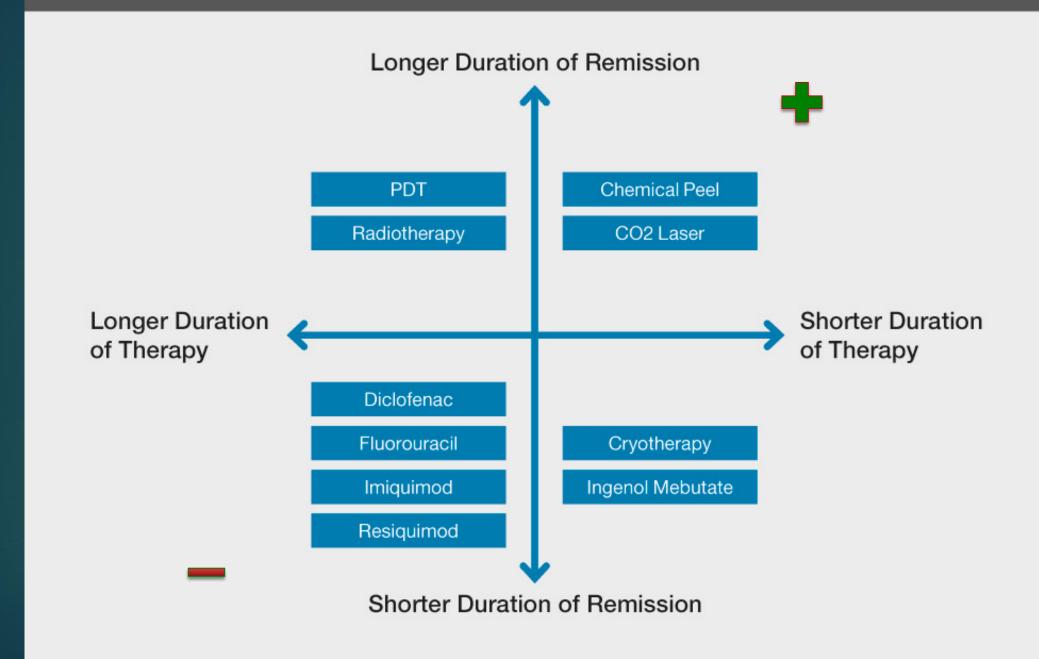
Side Effects and Convenience of Application



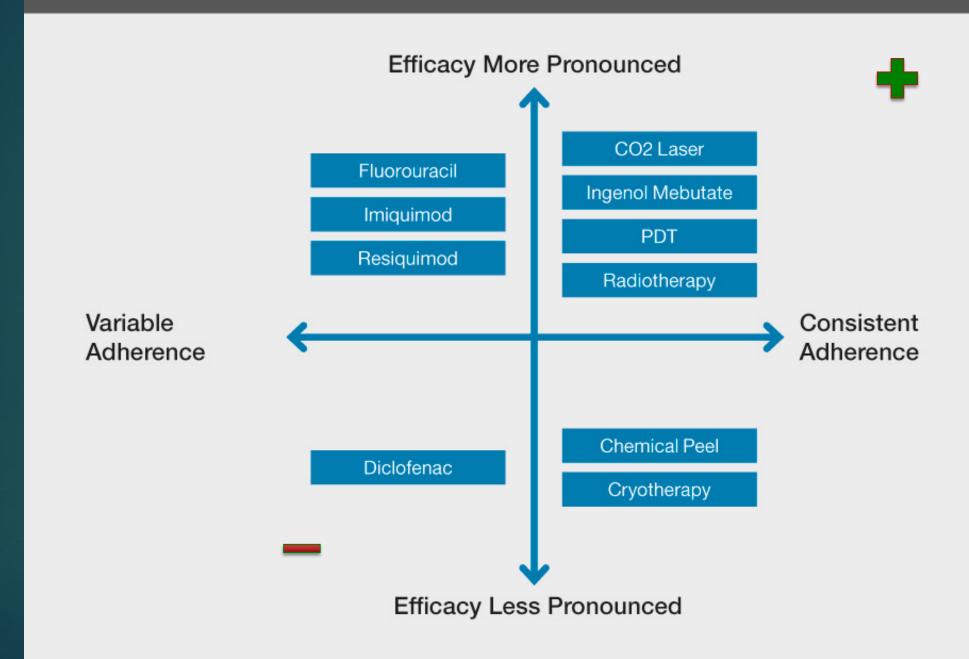


Duration of Therapy and Remission





Treatment Adherence and Efficacy





Actinic keratosis and field cancerization treatment algorithm

Swiss Med Wkly. 2014;144:w14026 Swiss clinical practice guidelines on field cancerization of the skin Guinther Hofbauera, et al Biopsy

Risk Factors?

- 1. Personal History
- 2. Immunosuppression
- 3. CLL



Physician Weighting

Factors to Consider:

- 1. Self Directed vs. Physician Directed
- 2. Lesion Location
- 3. Urgency of Treatment

Tx Decision

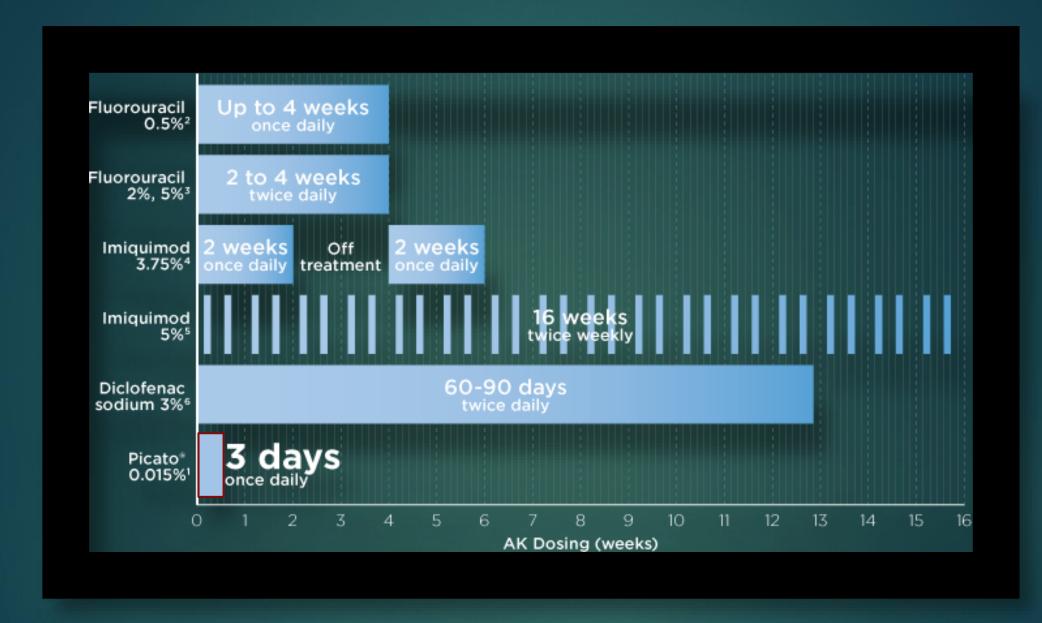
Patient

Preference



Tree

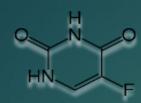
Evaluate





*Fluorouracil 0.5% + 2% and Imiquimod 3.75% not available in Australia.

References: 1. Australian Picato® gel Product Information. 9 November 2012. 3. Australian Efudix® Product Information. 01 May 2013. 6. Australian Solaraze® Gel Product Information. 16 December 2013.5. Australian Aldara™ Product Information. 24 June 2014.



5-Fluorouracil



	Advantages	Disadvantages			
Topical					
5-fluorouracil	 Effective Can treat clinically apparent and inapparent lesions Can treat multiple lesions Minimal scarring risk 	 Potential skin irritation Requires high patient compliance Risk for potentially severe inflammatory reaction Skin may require 1 to 2 months to heal 			



Topical Skin Cancer Daily Treatment and

Start treatment and continue for 4 weeks or as directed.

Check daily for complications and side effects.

Complications:

- · Infection
- Excessive reaction
- Swelling
- Eye irritation

Adjust dosage as per diagram.

Decide which level best describes your treatment and then follow the action below







Mild

- · Less than expected
- · Few or no pink spots
- No discomfort.

Moderate

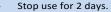
- Expected
- Inflamed areas and areas of normal skin visible in treatment area
- Crusting, weeping and bleeding cracks.
- Moderate discomfort.
 Itching

Excessive

- · More than expected
- Very inflamed, no areas of normal skin visible in treatment area
- Significant bleeding, weeping and crusting.
- Severe discomfort and pain.



- Please ensure you are applying adequate volume of ointment. Increase use to twice daily
- If already using twice daily please ensure you are applying adequate volume of ointment to treatment area.
- Continue using current dosage.
- Cover raw areas with barrier cream
- Check daily for complications and side effects.



- · Step down treatment to:
- Alternative days if currently using daily or,
- Once daily if currently using twice daily
- Cover raw areas with barrier cream
- Contact clinic to arrange close follow-up









5 FU field treatment Legs









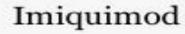
ALDARATM

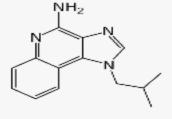


•	Effe	ctive
38	LIII	CLIVE

- Can be used on multiple lesions
- Minimal scarring risk
- Induces an individual's own immune system
- Can treat clinically apparent and inapparent lesions

- Potential skin irritation
- Dispensed in small packets
- Requires high patient compliance
- May rarely cause systemic symptoms













Milk weed plant (Euphorbia peplus)





What to expect from treating with Picato

Before treatmtent



Day 3 of treatment

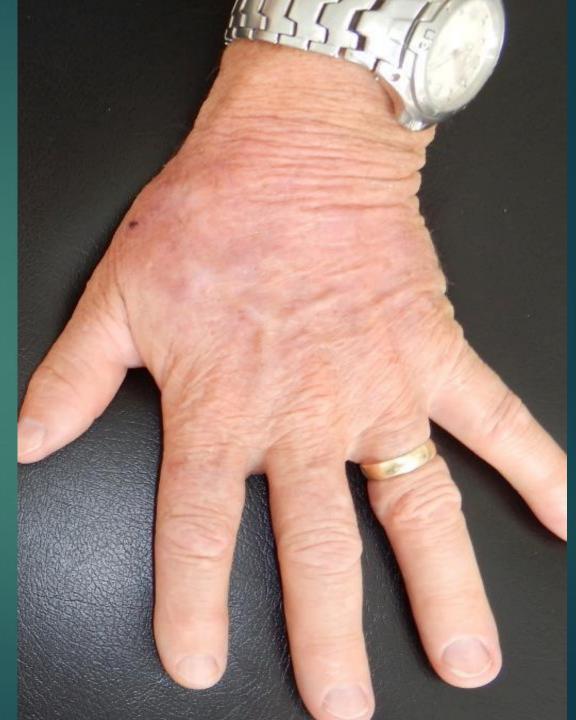


ութագույան արտարագրություն











PICATO





- 1. Picato® should be applied to a defined treatment area. A treatment area is defined as one contiguous area of approximately 25 cm2 (e.g., 5 cm x 5 cm). Each tube contains enough gel to treat a 25 cm² treatment area.
- 1. Australian Picato® gel Product Information. 9 November 2012.























Before

During

After

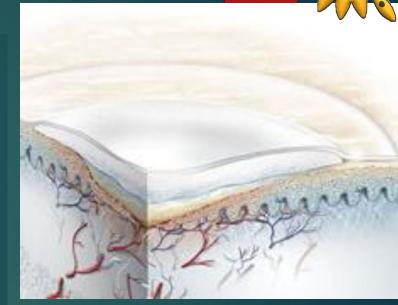


Wound management

Dry



- Up to 50% faster wound healing (epithelisation and dermal repair).
- Lower rate of infection.
- •Less Pain.
- •Less scarring and better cosmetic results.





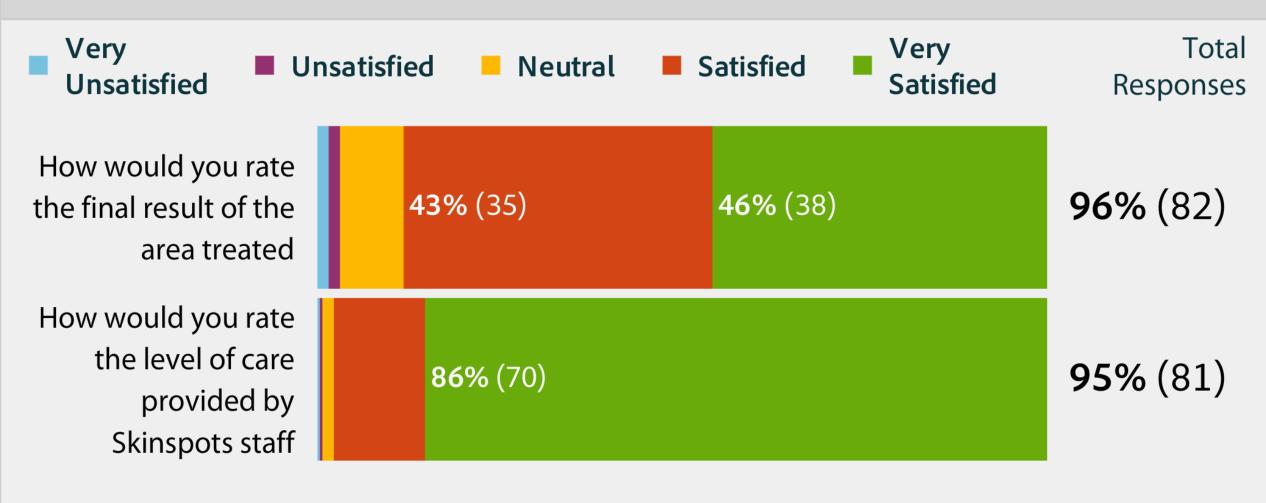




Audit of patient perceptions



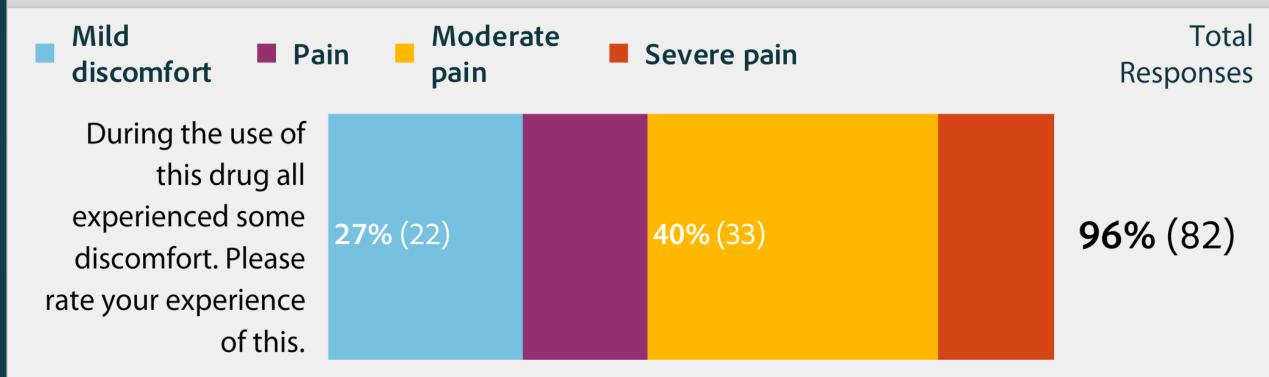
satisfied







Audit of patient perceptions



11 June 2015

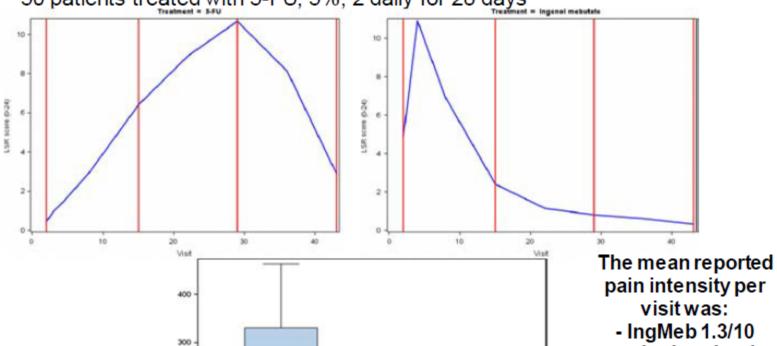
p. 015

LSRs with IngMeb vs. 5FU

• AKs within a 25-cm2 contiguous field on the face, evaluation on on days 2, 3, 4, 8, 15, 22,29, 36 and 43

50 patients treated with IngMeb, 0.015%; 1 daily for 3 days 50 patients treated with 5-FU, 5%, 2 daily for 28 days

0



pain intensity per visit was: - IngMeb 1.3/10 peaked on day 4; - 5-FU 6.9/10 peaked on day 29



Reference Samoran et al., JEADV 2015

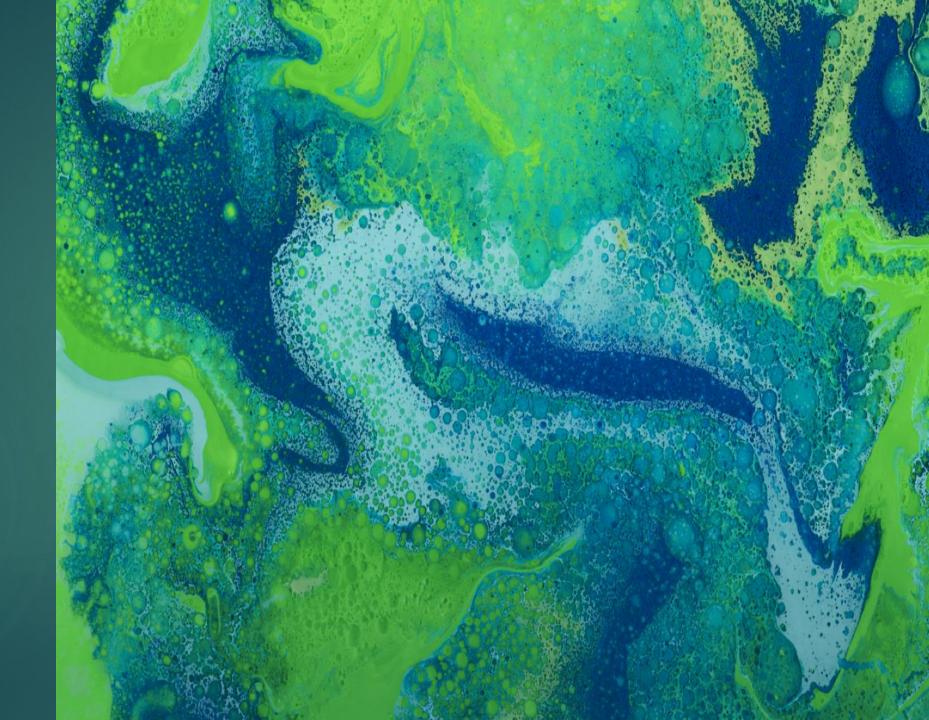
200

100

Treatment

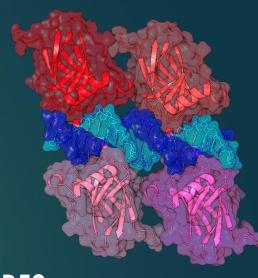
Ingenol mebutate

Does lt. Work

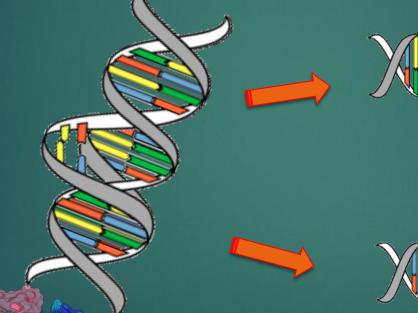




P53 Guardian of the genome or photo-oncogene











Abnormal P53

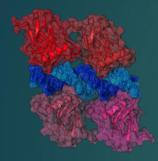
- No gene repair
- Cumulative genetic mutations
- Increasing Genetic instability

Normal P53

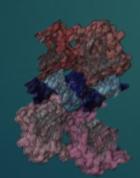
- Gene repair or apoptosis
- Normal gene function

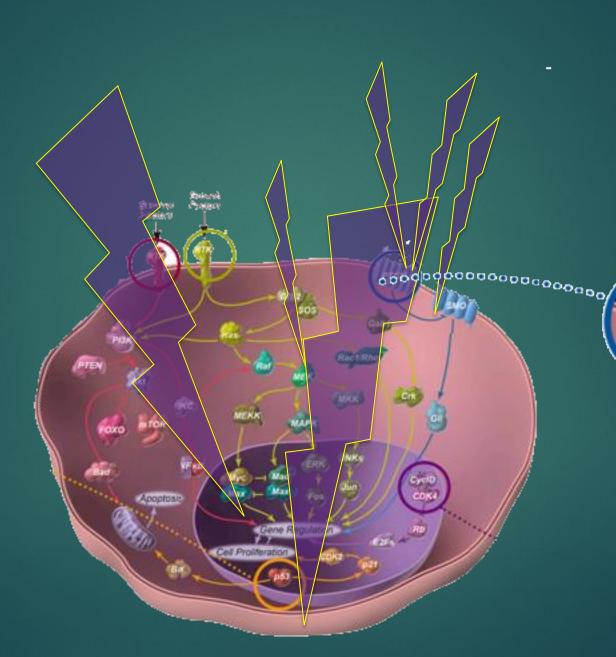
Normal P53

Mutation's repaired



Mutant P53





HEDGEHOG PATHWAY

The Hedgehog (Hh) signaling pathway plays an important role in the embryonic development of organs. Its activity is reduced or absent in healthy adults. When dysregulated, Hh pathway activity is initiated, which can be associated with mechanisms that underlie tumor development. Mutated Hh pathways have been implicated in more than 90% of BCCs. 29-31



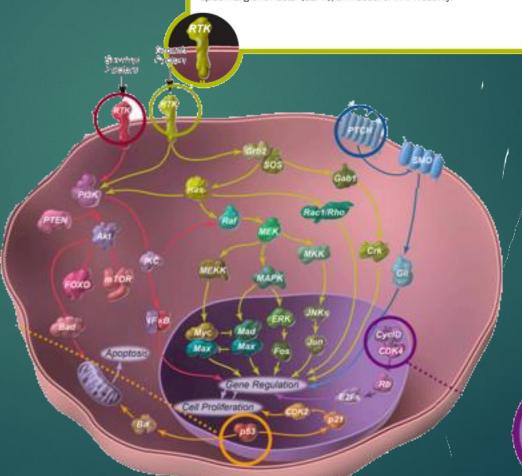
PI3K/Akt PATHWAY

Similar to the MAPK pathway, the PI3K/Akt pathway can also be activated by Ras. Once activated, downstream effectors of Akt block apoptosis and promote cell proliferation and invasion. Although PI3K mutations are believed to be rare, downstream components of the PI3K/Akt pathway steadily increase during melanoma progression, and are altered in 50% to 60% of melanomas.²²

MAPK PATHWAY

The MAPK (mitogen-activated protein kinase) pathway, also called the Ras/Raf/MEK/ERK pathway, relays extracellular signals from the cell membrane to the nucleus via a series of consecutive phospingrylation events. In healthy individuals, this cascade of events is tightly regulated. However, when certain components of the MAPK pathway mutate, uncontrolled cellular proliferation may occur.^{23,26}

A BRAF mutation is present in the majority of melanomas, and an NRas isoform is present in 15% to 30% of melanomas. Two isoforms of Ras are present in approximately 10% of SCCs. SCC has also been correlated to epidermal growth factor (EGFR), an inducer of MAPK activity. 9.26,27,28





CDK4/CYCLIN D PATHWAY

Approximately 10% of all melanomas are hereditary, and genetic analyses have linked the susceptibility of melanoma to the CDKN2A gene. Genetic CDKN2A mutations have been demonstrated in 25% to 50% of families with heritable melanoma and in at least 10% of patients with multiple primary melanomas. Somatic CDKN2A mutations have been reported in 30% to 70% of sporadic melanomas.²²





Does it work ??

- Application of 0.05% ingenol mebutate gel to photodamaged skin resulted in a ≈70% reduction in the number of (P53) skin lesions that subsequently emerged compared with placebo treatment.
- ▶ topical sunscreen (SPF 15) has the ability, at least in part, to block DNA damage in keratinocytes as well as reduce p53 and proliferative responses.
- Response rates to two cycles of PDT mainly on the scalp and face reduce p53 from 69% to 91% in three randomized trials.
- ► After **Imiquimod** therapy, staining for p53, p63, and PCNA was **decreased within the epidermis 60 80 %**





- ▶ 1) Clin. Cancer Res. 2003;9:228–234 Bolshakov S., et al. p53 mutations in human aggressive and nonaggressive basal and squamous cell carcinomas. .
- 2) J Invest Dermatol. 2012 Apr;132(4):1263-71. doi: 10.1038/jid.2011.418. Epub 2011 Dec 22. Ingenol mebutate field-directed treatment of UVB-damaged skin reduces lesion formation and removes mutant p53 patches. Cozzi SJ¹, Ogbourne SM, James C, Rebel HG, de Gruijl FR, Ferguson B, Gardner J, Lee TT, Larcher T, Suhrbier A.
- 3) Acta Derm Venereol 2001; 81: 81–86 Epidermal p53 Response and Repair of Thymine Dimers in Human Skin after a Single Dose of Ultraviolet Radiation: Effects of Photoprotection GAO LING1, CAROLINE A. CHADWICK2, BERIT BERNE3, CHRISTOPHER S. POTTEN2, JAN PONTE' N† and FREDRIK PONTE'
- 4) Warino L, Tusa M, Camacho F et al. Frequency and cost of actinic keratosis treatment.
 Dermatol Surg. 2006 Aug;32(8): 1045-9.
- ▶ 5) SF Zerp, British Journal of Cancer (1999) 79(5/6), 921–926
- ▶ 6) Dermatologic Surgery Volume 33, Issue 12, pages 1419–1429, December 2007

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