

Imiquimod Cream for the Treatment of Superficial Basal Cell Cancer



Superficial Basal Cell Carcinoma (BCC)

This is a common slow-growing form of skin cancer with a very small likelihood of spread to other parts of the body. If left untreated, basal cell carcinoma can disfigure, especially on the face – therefore early recognition and treatment are important.

BCC typically affects adults of fair complexion who have had a lot of sun exposure, or repeated episodes of sunburn. Although more common in the elderly, New Zealanders frequently develop them in their early 40's and sometimes younger. The tendency to develop BCC may be inherited.

Patients with BCC are at increased risk of developing further BCC's. They are also at increased risk of other skin cancers, especially melanoma. **Regular Molechecks are very important.**

How Imiquimod works

Imiquimod cream helps your body's own immune system produce natural substances which help fight your BCC. This results in an inflammatory reaction which destroys the lesion. There is an 85% likelihood of complete cure. If the cancer recurs it can be treated by the same or different treatment. Imiquimod is not suitable for all BCCs.

Imiquimod is particularly useful on areas where surgery or other treatments may be difficult, complicated or otherwise undesirable, especially the face and lower legs. Wash your hands before and after applying Imiquimod cream.

How to use Imiquimod Cream

Pierce the sachet with a needle and squeeze out a tiny amount of cream onto your fingertip. Apply this to the affected areas and approximately 1cm of normal surrounding skin. Although the information on the packet states that the sachet is for single use, you could seal it using a paper clip or tape and store in a closed container or refrigerator to prevent the cream drying out. Imiquimod may be used at any time of year, as it is not photosensitising. However, when outdoors, you should protect yourself from the sun with clothing and sunscreen as usual.

Imiquimod cream should be applied to the lesion 5 times per week (Monday–Friday) for six weeks unless otherwise instructed by your doctor.

What to expect

The area will almost always become red, sometimes itchy, burning, weepy, crusty and tender. These reactions indicate that the cream is likely to be effective – if there is no inflammation Imiquimod is unlikely to clear the lesions. An exaggerated response may clear the skin lesion sooner than expected. In some patients, surrounding untreated areas also become inflamed but this will settle when treatment is discontinued.

Very rarely 'flu-like' symptoms may develop, such as fever, fatigue, and headache. These are generally mild and may be treated with paracetamol. However, if they are troublesome, stop applying Imiquimod cream and contact your Molecheck doctor. Side effects should resolve within a few days of stopping treatment. They may also resolve with continuing treatment.

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If the reaction is tolerable the treatment should be persevered with until the prescribed treatment period is completed. If the reaction is severe stop the treatment and contact your Molecheck doctor as soon as possible. A rest period may be recommended to allow the reaction to settle down.

If the treatment area is dry following conclusion of the treatment a moisturising cream can be rubbed into the area.

The degree of inflammation is quite variable from person to person. Your treatment needs to be monitored because you may need to apply the cream more or less frequently than originally planned or for a shorter or longer course, depending on response. **Once the inflammation has settled there is generally a good or excellent cosmetic result with little scarring.**

You will need to be reviewed in the third week of treatment and approximately three months after the treatment has concluded (to check that the skin cancer has been successfully treated).