5% **5-Fluorouracil**

EFUDIX



5-Fluorouracil is a topical chemotherapy agent. Once applied it is absorbed by damaged / precancerous cells in the outer layer of skin. The cream is cytotoxic so will destroy the damaged cells. It is generally not absorbed by normal skin cells as they divide more slowly so are left unaffected.

Application:

- 1: Field treatment for solar keratosis
- 2: Treatment of superficial squamous cell cancer (in situ)



Why do I need a field treatment?

Actinic keratosis / solar keratosis represents UV damage to the outer layer of skin.

Each spot carries with it a risk of around 5% of progression to an SCC. By clearing the sun damage, we lower this risk and also improve the cosmetic appearance.

Treatment of your solar keratosis:

- 1. 5FU/Cal
- 2. Traditional Efudix twice daily for 3 weeks
- 3. Photodynamic Therapy daylight / LED
- 4. Cryotherapy
- 5. Daily Sunscreen Application

The mainstay for treatment of solar keratosis has been using Efudix for 3-4 weeks. Long terms studies¹ show a 70% reduction in formation of SCC (squamous cell carcinoma) at 12 months and no difference at 3 years, so we will need Efudix field treatment every 3 years to maintain clearance.

Use of Efudix to treat superficial squamous cell skin cancers is an effective way of avoiding surgery for lowrisk lesions. Application is generally twice a day for 4 weeks. Studies show a wide range of clearance rates from 50-85% depending on site and regime.²

NOTE: DO NOT TAKE THIS if you or a family member suffer from DPD (Dihydropyrimidine dehydrogenase deficiency)

How to apply?

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This cream is a potent chemotherapy agent, so you only need to apply a thin layer. You don't need to be exact as normal skin will rarely react. No need to wash it off. Always apply at least 60 mins before bed so it absorbs and doesn't move onto eyes and lips.

5% 5-Fluorouracil

What happens next?	()	The reaction will steadily increase over the first week. You should have a visible redness to the area and a crusting effect.
	Ŧ	These reactions should not weep and not be overly painful. If they do stop applications and contact the clinic. Most reactions are well tolerated. If mild pain, apply a barrier cream such as Vaseline. Very occasionally a short course of steroid cream is required but this will be directed by your skin doctor at The Skin Cancer Clinic Claremont. Send clinical images to aduthie@gpsonbayview.com.au if any concerns.
		Simple paracetamol can be used if needed.
	Χ	It is expected the treatment will be completed at the end of week 3 or 4, although your regime may have changed pending the reaction.
	O	Need to call the clinic? (9217 6000) There have been reported cases of a severe allergic reaction although thankfully this is very rare. Do not apply any further cream and call the clinic. An infection may also occur rarely. If there is increasing pain, swelling or weeping inform the clinic.
	Ð	At completion of the treatment it is useful to take some images of the area and email them to <u>aduthie@apsonbavview.com.au</u> so we know what reacted.

Notes

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1. Pomerantz H et al Long-term Efficacy of Topical Fluorouracil Cream, 5%, for Treating Actinic Keratosis: A Randomized Clinical Trial. JAMA Dermatol. 2015 Sep;151(9):952-60. doi: 10.1001/jamadermatol.2015.0502. PMID: 25950503.

 Love WE, Bernhard JD, Bordeaux JS. Topical imiquimod or fluorouracil therapy for basal and squamous cell carcinoma: a systematic review. Arch Dermatol. 2009 Dec;145(12):1431-8. doi: 10.1001/archdermatol.2009.291. PMID: 20026854.