

BC Cancer Protocol Summary for Topical Immunotherapy for In-Transit Melanoma Metastases, Cutaneous Lymphoma, Basal Cell Carcinoma Using Imiquimod

Protocol Code

SMIMI

Tumour Group

Skin and Melanoma

Contact Physician

Dr. Vincent Ho

ELIGIBILITY:

- In-transit melanoma metastases
- Cutaneous lymphoma
- Basal cell carcinoma
- When surgery, radiation therapy or systemic chemotherapy are not suitable
- Only reimbursable when prescribed by [BC Cancer](#) dermatologic oncology physicians

EXCLUSIONS:

None

TESTS:

A skin biopsy is customarily (but not always) required to establish the diagnosis prior to treatment

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
imiquimod 5% cream pump Or imiquimod 5% cream packets	Once daily for 1-3 months depending on response*	Apply externally

*If effective, may require ongoing use.

DOSE MODIFICATIONS:

None

PRECAUTIONS:

1. **Photosensitivity:** May increase sunburn susceptibility. Patients should protect themselves from the sun and artificial forms of sunlight.
2. **Local inflammatory reactions:** Intense local inflammatory reactions may occur after a few applications and may be accompanied by systemic flu-like symptoms (fever, malaise, myalgia); reactions may extend beyond the application site. Interruption of therapy may be necessary if severe.
3. **Drug interactions:** imiquimod is not recommended for use concurrently with immunosuppressive drugs such as tacrolimus, pimecrolimus, mycophenolate mofetil, cyclosporine or methotrexate. Concomitant use of corticosteroids with imiquimod may potentially limit efficacy.

Call Dr. Vincent Ho or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

References:

Melanoma metastasis:

1. Bong AB, et al. Imiquimod, a topical immune response modifier, in the treatment of cutaneous metastases of malignant melanoma. *Dermatology* 2002;205(2):135–8.
2. Steinmann A, et al. Topical imiquimod treatment of a cutaneous melanoma metastasis. *J Am Acad Dermatol* 2000;43(3):555–6.
3. Wolf IH, et al. Topical imiquimod in the treatment of metastatic melanoma to skin. [Arch Dermatol](#) 2003;139(3):273–6.

Cutaneous lymphoma:

1. Suchin K J-HJ. Treatment of stage IA cutaneous T-cell lymphoma with topical application of the immune response modifier imiquimod. [Arch Dermatol](#) 2002;138(9):1137–9.
2. Didona B, et al. Primary cutaneous CD30+ T-cell lymphoma responsive to topical imiquimod (Aldara®). *Br J Dermatol* 2004;150(6):1198–201.
3. Stavrakoglou A, et al. Successful treatment of primary cutaneous follicle centre lymphoma with topical 5% imiquimod. *Br J Dermatol* 2007;157(3):620–2.

Basal cell carcinoma:

1. Garcia-Martin E, et al. Comparison of imiquimod 5% cream versus radiotherapy as treatment for eyelid basal cell carcinoma. *Br J Ophthalmol* 2011;95(10):1393–6.
2. Schulze H, et al. Imiquimod 5% cream for the treatment of superficial basal cell carcinoma: results from a randomized vehicle-controlled phase III study in Europe. *Br J Dermatol* 2005;152(5):939–47.
3. Lacarrubba F, et al. Successful treatment and management of large superficial basal cell carcinomas with topical imiquimod 5% cream: A case series and review. *J Dermatol Treat* 2011;22(6):353–8.
4. [Valeant Canada LP. ALDARA® P product monograph. Laval, Quebec; 4 December 2013.](#)