

# 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:

### Patients must have:

- In-transit melanoma metastases, or
- Cutaneous lymphoma, or
- Basal cell carcinoma, and
- **Unsuitable** for surgery, radiation therapy, or systemic chemotherapy

### Note:

- 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.