

# Practice Update

December 2025

## Medical Management of Skin Cancers

### Background

Skin cancer is the most common cancer in New Zealand with approximately 90,000 non-melanoma skin cancers diagnosed annually. Non-melanoma skin cancers include [Basal Cell Carcinoma](#) (BCC) and [Squamous Cell Carcinoma](#) (SCC).<sup>1</sup> [Actinic keratosis](#) (solar keratosis) is a precancerous lesion. It is considered an early form of cutaneous SCC.<sup>2</sup>

The [Hawke's Bay CPO Skin Cancer Pathway](#) outlines the decision matrix for triaging skin lesions into low or high risk. The pathway aims to ensure timely management of high-risk lesions (such as melanoma and BCC or SCC in high-risk areas on the body) while promoting appropriate medical management for low-risk lesions. Medical management for low-risk lesions reduces unnecessary surgery and can simplify surgery if required later. It is also helpful to clear field damage and defines resistant margins.

### Medical management options for low-risk lesions

The Hawke's Bay CPO Skin Cancer Pathway medical management includes [imiquimod](#) 5% cream, [fluorouracil](#) cream (brand name *Efudix*) with [calcipotriol](#) 0.005% ointment (brand name *Daivonex*®) and [cryotherapy](#).

Topical immunotherapy; imiquimod and fluorouracil, both work by destroying cancerous cells in the skin, resulting in a local reaction including erythema and erosion, followed by re-epithelialisation of the skin. Imiquimod is licensed for use in superficial BCC or actinic keratosis. Fluorouracil cream is licensed for use in superficial malignant and pre-malignant skin lesions.<sup>3</sup>

Applying fluorouracil cream mixed in equal parts with calcipotriol ointment (note: calcipotriol is not approved for treating actinic keratosis) produces a synergistic effect.<sup>4</sup> This combination shortens the treatment duration and usually results in a milder local skin reaction.<sup>3</sup> Patient instructions for using this combination are available [here](#).

Cryotherapy, freezing with liquid nitrogen, can be used before or during topical immunotherapy, making it more effective. A study in BCC showed that the combination achieved a 95% clearance in tumours ≤2 cm in diameter.<sup>5</sup>

### Comparison of medical management options<sup>3,6,7</sup>

	Cryotherapy	Imiquimod	Fluorouracil and Calcipotriol
<b>Actinic keratosis</b>	Usual treatment of choice of isolated and hyperkeratotic.	Effective treatments for flat actinic keratoses.	
<b>Superficial BCC</b>	Effective in treating small (< 2 cm) superficial BCC on the trunk and limbs.	Use for superficial BCC outside T-zone and ears; small nodular BCC below the neck.	Generally, not used.
<b>SCC in situ</b>	Effective option treatment for small lesions with well-defined borders.	Generally, not used.	Use for SCC in situ.
<b>Advantages</b>	Better tolerated than topical treatments.	Can be applied to discrete lesions or applied to a wider affected area (field treatment).	
<b>Disadvantages</b>	Only visible lesions are targeted.	Results in inflammation, erosion and pain.	
<b>Regimen</b>	Hyperkeratotic actinic keratoses: 2 × 10 sec freeze–thaw cycles Small nodular BCCs or well-differentiated SCCs below neck: 2 × 30 sec cycles	Apply daily, 5 days a week for 6 weeks (up to 12 weeks for nodular BCC).	Face: Twice daily for 4 days Elsewhere: Twice daily for 10 days.
		Cover arms or legs with plastic wrap or hands with gloves for a few hours following application for better results.	

## Escalation to surgery

If lesions do not respond to medical management or show signs of progression, consider self-funded excision or referral via the Hawke's Bay CPO Skin Cancer Pathway. Allow 6–12 weeks post-treatment for healing and reassessment before deciding on surgery. Areas lower on the body may take longer to get inflamed, and even longer to heal.

## Preventative care

Regular preventative skin management becomes the norm for patients with actinic damage and prior BCC or SCC. Encourage sun protection measures such as broad-brimmed hats, long sleeves, sunglasses, and daily SPF 50+ sunscreen, reapplied before sun exposure.<sup>7,8</sup>

[Nicotinamide](#) has been increasingly studied for different indications in the field of dermatology. Local dermatologists recommend oral nicotinamide 500 mg twice daily (except in women with prior triple-negative breast cancer) as preventative treatment.<sup>7</sup> Nicotinamide is not funded and can be purchased from pharmacies or online.

Regular field treatment with fluorouracil cream and calcipotriol ointment can be considered annually.<sup>7</sup>

## Patient resources

- [Sun smart resources](#)
- [Efudix Daivonex patient information leaflet](#)

## Further reading

- **Bpacnz:** [How to use fluorouracil and imiquimod as treatments for non melanoma skin cancer in a general practice setting](#)
- **Community HealthPathways:** [Skin lesions](#)

## References:

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