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Non-melanoma skin cancer

- Patient Information (PDF)

The potential danger of sun exposure and the protective properties of sunscreens have been widely publicized. There is evidence that regular use of sunscreens can reduce the risk of non melanoma skin cancer.

Regular sunscreen use benefits "normal" populations. Researchers in Australia have shown that daily application of a broad-spectrum (UVA and UVB) sunscreen can reduce the number of sun-exposure associated skin lesions (actinic keratoses, AKs) in people aged 40 or over.¹

Transplant patients benefit particularly from effective sun protection. These patients are at increased risk of skin cancer because their immune defences are artificially lowered to prevent organ rejection. A recent study in Germany has shown that transplant patients using a very high protection broad spectrum (UVA and UVB) liposomal sunscreen are protected from the development of both actinic keratoses and squamous cell carcinoma (SCC).²

1 Thompson SC, Jolley D, Marks R. Reduction of solar keratoses by regular sunscreen use.

N Engl J Med 1993;329(16):1147-51

2 Ulrich C., et al., Prevention of non-melanoma skin cancer in organ transplant patients by regular use of a sunscreen: a 24 months, prospective, case-control study. British Journal of Dermatology 2009; 161 (Suppl. 3): 78-84

Use of the product

Medical Device for the prevention of certain forms of non-melanoma skin cancer in at risk patients (immunosuppressed)

In a 2-year study¹ in immunosuppressed patients (organ transplanted patients) highly susceptible to the development of non melanoma skin cancers (actinic keratosis, squamous cell carcinoma and basal cell carcinoma) Daylong actinica proved to be effective in the prevention of actinic keratosis and squamous cell carcinoma.

The study also documents the excellent patient compliance of Daylong actinica

After a sun-screen preference test on 5 different eligible sunscreens (≥ SPF 50, High-UVA absorption) 9 out of 12 randomly recruited patients expressed a preference for Daylong actinica.

Compliance with daily application in the sunscreen-group was excellent (5.6 of 7 planned applications per week), highlighting the importance of a optimal galenic preparation for sun-screens designed for daily use in high-risk patients.

1. Ulrich C., et al., Prevention of non-melanoma skin cancer in organ transplant patients by regular use of a sunscreen: a 24 months, prospective, case-control study. *British Journal of Dermatology* 2009; 161 (Suppl. 3): 78-84

Instructions on application and dosage

Every morning apply Daylong actinica liberally to those areas of skin that are exposed to sunlight before exposing yourself to the sun. Apply Daylong actinica before using your normal cosmetics (allow a few minutes for Daylong actinica to be absorbed by your skin). Reapply following longer periods in the water or if you have been sweating heavily.

Individual skin surfaces vary; the following table provides you with the approximate dosage for the different areas:

Face (incl. ears and nose)

At least 2 pumps

Scalp

At least 1 pump

Underarms

At least 2 pumps

Back of hands

At least 1 pump

For optimum distribution and a pleasing skin feeling, one option is e.g. to pump once and apply for the second time 5-10 minutes later.

Make sure that the between the first and second application there is no longer delay than 10-15 minutes. The information regarding the application amounts for the face, head, etc. can be used as a reference point for the dosage required for other areas of skin.