MEDIA RELEASE

TOPICAL IMMUNOTHERAPY WITH DIPHENCYPRONE CREAM DESTROYS EXTENSIVE DEPOSITS OF MELANOMA IN THE SKIN

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Key points:

- Some patients with recurrent or secondary (metastatic) melanoma have extensive tumour deposits in the skin, most frequently around the site of the original melanoma but sometimes at distant sites.
- Treatment options are urgently needed for patients whose tumours are too extensive for surgery, who are not suitable for systemic therapy and where conventional treatments such as radiotherapy have already been tried and failed.

This research has found that:

- A cream containing the chemical diphencyprone (DPCP), which stimulates an immune reaction in the skin, can be effective in controlling and often clearing these extensive tumour deposits.
- The cream, which costs less than $1 per week, can be conveniently applied by patients at home.
- So far, more than 50% of patients have shown complete tumour clearance, and another third of patients have shown slowing or partial clearance of their disease.
- By harnessing the skin’s own immune responses to fight cancer, DPCP is a well-tolerated, inexpensive treatment option for patients with otherwise unmanageable skin metastases.

Australia has the world’s highest incidence of skin cancer. Each year, more than 8500 new cases of melanoma are diagnosed in Australia, and the lifetime risk of an Australian developing melanoma is now ~ 1 in 20.

Fortunately, the majority of people who develop melanoma can be cured by early detection and surgery. Some patients do, however, develop recurrent disease, which may be in the local area of the original melanoma, or at distant sites.

Conventional treatments for melanoma recurrences in the skin include surgery, radiotherapy, and sometimes regional chemotherapy (where the treatment drugs are infused into the artery supplying an affected limb). A number of patients have, however, already failed these treatments, or are unsuitable. Compared with many other cancers, melanoma has the potential to be highly susceptible to immune attack. Professor Diona Damian has been using this immune susceptibility to treat patients with a cream containing DPCP, which causes an immune reaction in treated areas of skin.

Of 34 patients who have thus far completed treatment, 53% have demonstrated complete clearance of their skin tumours, with remission lasting for up to six years.

DPCP treatment is now starting to be used elsewhere in Australia, as well as in the UK and USA.

NOTE TO EDITORS:
Australasian College of Dermatologists Annual Scientific Meeting 20-23 May 2012:
Media representatives are welcome to attend sessions and registration can be arranged for accredited media.

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