

Curette and Cautery + Metvix

Layering Treatments for Better Results

The aim is to improve the chance of clearing the cancer while avoiding a formal surgical excision where appropriate.

This is only appropriate for appropriate for certain skin cancers (small non-aggressive BCCs and IECs)

Step-by-Step Treatment Approach

1. Curette and Cautery (Main Treatment)

This involves:

- Scraping away the cancer
- Burning the base
- Scraping again

This removes most of the visible tumour and is already an effective treatment on its own for carefully selected low-risk basal cell carcinomas.

Expected clearance rate

 Approximately **90–95%**

2. What Is Left After This?

After curette and cautery, any remaining cancer is usually:

- Very thin
- Difficult to see

This is important because light-based treatments work much better once the bulk of the tumour has already been removed.

3. Adding Metvix Red-Light Therapy

Metvix is a light-activated treatment that targets abnormal cancer cells.

It works best when:

- The tumour has already been reduced

The treatment helps target cancer cells we cannot see with the naked eye.

Expected clearance rate when combined with debulking

➡ Approximately **95–96%**

4. Adding IPL (Intense Pulsed Light)

IPL is an additional light treatment sometimes added after standard red-light therapy.

The goal is to further enhance the effect of the Metvix treatment.

A Sydney study using this combined approach reported very high short-term clearance rates in carefully selected thin cancers.

Reported clearance rate

➡ Approximately **98%** (*thin cancers only – study ongoing, this is at the 2 year mark*)

How the Treatments Build on Each Other

Treatment	What Is Done	Approximate Clearance
Metvix alone	Light treatment only	~70–85%
Curette and cautery	Scrape and burn the cancer	~90–95%
Curette + Metvix	Scrape cancer + light treatment	~95–96%
Curette + Metvix + IPL	Add stronger second light treatment	~98% (<i>thin cancers</i>)

What This Means for You

The treatment plan works in stages:

1. Remove as much visible cancer as possible
2. Treat microscopic cancer cells we cannot see
3. Further enhance the treatment effect with additional light therapy

The aim is to improve cure rates while reducing the need for surgery in appropriate cases.

Important Things to Understand

This approach is designed to improve results without formal surgical excision, but it is important to understand its limitations.

Although some studies have shown results approaching surgery in selected cancers, the evidence is not as strong as the decades of long-term data we have for surgical excision.

The highest reported results from some combined-treatment studies were generally based on shorter follow-up periods (around 2 years), whereas surgery has more than 40 years of real-world outcome data.

The Main Risk of Less-Invasive Treatment

The biggest concern with any non-surgical treatment is incomplete clearance.

If a cancer is not fully treated and comes back later:

- It may become larger
- It may grow deeper
- Future surgery can become more difficult or require a larger operation

This risk also exists after standard surgery, even when pathology reports “clear margins,” because no treatment has a 100% cure rate.

However, surgery upfront likely reduces this risk overall because the cancer is physically removed and examined under the microscope.

Balancing Risks and Benefits

For many patients, these combined treatments may help avoid:

- Surgical scars
- Stitches
- Longer recovery periods
- Multiple excisions over time

The trade-off is accepting a small increased risk that a cancer could recur later and require further treatment. It is important to be aware of the risks and then this is a new style of treatment.