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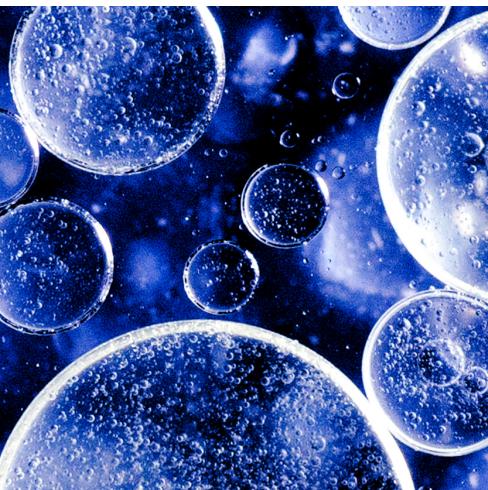


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All-Clear Follow-Up: Hydrogen Peroxide Appears to Treat Oral and Skin Lesions

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“Cancer Commons helped give me peace of mind with my treatment decision. Chief scientist Emma Shtivelman’s expert, science-based opinion



all- [latest-insights/hydrogen-](#)
clear- [peroxide-appears-to-treat-](#)
follow
pre-cancerous-oral-lesion-in-
up- [n-of-one-experiment/](#)) his
hydrogen experience of using
peroxide hydrogen peroxide to quickly
appears a
to- clinically diagnosed pre-
treat- malignant oral leukoplakia—a
oral- condition that can develop into
and- oral cancer. Here, Curious Dr.
skin- George follows up with him
lesions and hears an additional
perspective from retired



urologic surgeon Bert

Vorstman, MD, MS, FAAP,
(<https://www.linkedin.com/in/albert-vorstman-420830>).

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Curious Dr. George: About 2 years have passed since you shared your story. Has the lesion reappeared or does it remain “disappeared”?

up- **Ronald Piana:** As noted in my
hydrogen Curious Dr. George
peroxide (<https://cancercommons.org/>)
appears [latest-insights/hydrogen-](#)
to- peroxide-appears-to-treat-
treat- pre-cancerous-oral-lesion-in-
oral- n-of-one-experiment/) post, in
and- 2018 I presented to my dentist
skin- with a raised 3-cm lesion on
lesions the lateral border of my
tongue, where most cases of
squamous cell carcinoma
(SCC) occur. After treating the
lesion with four separate
topical applications of high-



Bert Vorstman, MD

Urologic Surgeon
(retired) (<https://cancercommons.org/authors/bertrand-vorstman-md/>)



Ronald Piana

Freelance Science
Writer, Specializing
in Oncology (<https://cancercommons.org/authors/ronald-piana/>)



Curious Dr. George

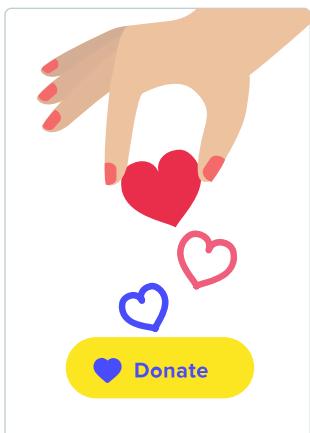
Cancer Commons
Editor in Chief
George Lundberg,
MD, is the face and
curator of this
invitation-only
column (<https://cancercommons.org/authors/curious-dr-george/>)

made
such
logical
sense,
and it
also
felt
right
in my
soul.



Ellen
 Breast cancer patient

[\(/testimonials/\)](#)



“ Cancer
Commons
is
truly
unique
at
rapidly

concentration H₂O₂ (hydrogen peroxide), it disappeared. To date, there has been no recurrence, which indicates that direct-contact application of high-concentration H₂O₂ had sufficient cell-kill penetration to “cure” the premalignant lesion.

matching
patients
with
advanced
cancer with
the
best
precision
therapy
or
clinical
trial.

Curious Dr. George: Have you learned of any other people who have tried the peroxide treatment for similar lesions? If so, what are the results?

Ronald Piana: Since the publication of the 2020 blog post, I have received several emails from people around the country seeking advice on treating suspicious lesions with high-concentration H₂O₂. All, except for one, have been oral lesions similar to the one I presented in the original blog post. Every oral lesion was treated successfully, and on follow-up emails 6-months post treatment, there has been no recurrence.

I would like to introduce to you Bert Vorstman, MD, MS, FAAP, FRACS, FACS (<https://health.usnews.com/doctors/albert-vorstman-420830>), a retired urologic surgeon in Coral Springs, Florida, who has offered to share a case history of the exception, which involved squamous cell carcinomas of the face and leg.

(/testimonials/)



E. David Crawford, MD
Cancer Commons Advisor

Bert Vorstman, MD, MS, FAAP, FRACS, FACS: Some months ago, I happened on the Curious Dr. George blog post about Ronald Piana’s experience with the treatment of a suspicious tongue growth with high-concentrate hydrogen peroxide—a simple over the counter application that cured his precancerous lesion.

As a physician and outdoorsman, I was intrigued by this easy self-treatment as I had been visiting the dermatologist for years to have various squamous cell cancers burnt off with liquid nitrogen, an uncomfortable and costly procedure. Superficial skin cancers and precancers consistently recur, a reason why dermatologists have you coming back for office visits every few months or so for a check and burn, and maybe a biopsy or two for good measure.

I decided to try the treatment and purchased a bottle of food-grade 33 percent H₂O₂. I used a dropper to soak a Q-tip

with H₂O₂ and applied it to a squamous cell cancer on the right side of my face. After 10 to 15 seconds, I could feel some tingling and mild discomfort. After 30 seconds or so I could see that the area in question had turned a speckled white. The tingling and mild discomfort soon settled. I applied the peroxide morning and evening for 2 to 3 days and stopped. Within a few days there was no sign of the lesion.

In between dermatology visits I noticed the development of another typical skin cancer on my right lower cheek; red, scaly and sensitive. I used the H₂O₂ treatment, and the skin cancer disappeared. After this success, I became concerned about a small spot on the right side of my nose and one on the outer part of my left lower leg. Both of these areas received the same treatment as I had done to my face. These areas also disappeared. And, three months later when I returned to the dermatologist. I didn't tell her about the areas I had treated but she could not find any areas of concern. Periodic self-examination and self-treatment with 33 percent H₂O₂ was a lot easier, more convenient, and much less costly than visiting the skin doctor. This process also eliminates the long waiting time to get a referral and convenient appointment, which can also prevent treatment delay and potential disease progression.

Moreover, simple H₂O₂ treatment can obviate the potential for Mohs surgery, an expensive procedure that can result in surgical defect requiring a plastic surgeon to undertake a complex closure to fully reconstruct the surgical site. The self-diagnosis and self-treatment of superficial squamous cell cancers with food strength hydrogen peroxide is easy, convenient and cheap.

Ronald Piana: The cytotoxic potency of H₂O₂ is well documented; however, its clinical value in cancer treatment has largely remained overlooked. In the report by Mundi, et al (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7268291/>), (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7268291/>) the authors offered several hypotheses about the mechanism of action by which H₂O₂ eradicated squamous cell carcinomas. It is beyond the scope of this post to delve at length into those complex biochemical processes.

However, my research of the literature concerning the cytotoxic properties of H₂O₂ has found a scientifically sound hypothesis based on the cancer cell's own inherent weakness. Studies have shown that all but one human cancer cell type, a human renal adenocarcinoma, have low levels of catalase (<https://pubmed.ncbi.nlm.nih.gov/7066906/>), thus, the vast majority of cancer cells lack the biochemical machinery needed to detoxify higher fluxes of H₂O₂.

More important, lysosomes (aka “suicide bags”) do not contain hydrogen-peroxide-degrading enzymes (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2668650/>), such as catalase or glutathione peroxidase. During oxidative stress, large amounts of hydrogen peroxide enter the lysosomal compartment, with the formation of abundant hydroxyl radicals, or highly reactive iron-centered radicals, destabilizing the lysosome to the point of rupture, leading to cell death. In short, H₂O₂ is a proven Trojan Horse compound that permeates the cancer cell and induces a cascade of suicidal events. This post argues that given its enormous anticancer potential, H₂O₂ therapy deserves further testing so that it can be integrated into appropriate clinical settings.

Ronald Piana can be reached at [\(ron.piana@gmail.com\)](mailto:ron.piana@gmail.com).

Related links:

- **Hydrogen Peroxide Appears to Treat Pre-Cancerous Oral Lesion in “N-of-One” Experiment** (<https://cancercommons.org/latest-insights/hydrogen-peroxide-appears-to-treat-pre-cancerous-oral-lesion-in-n-of-one-experiment/>)
- **Request help from Cancer Commons to see if an N-of-one approach might be right for you** (<https://cancercommons.org/facing-metastatic-cancer/#plan>)
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A message from Curious Dr. George:

The goal of Cancer Commons is to help patients identify and access their best possible treatments, one patient at a time, while moving the field forward. If you have advanced cancer, let our molecular oncology Scientists provide personalized information about your options (<https://cancercommons.org/get-help/>).

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