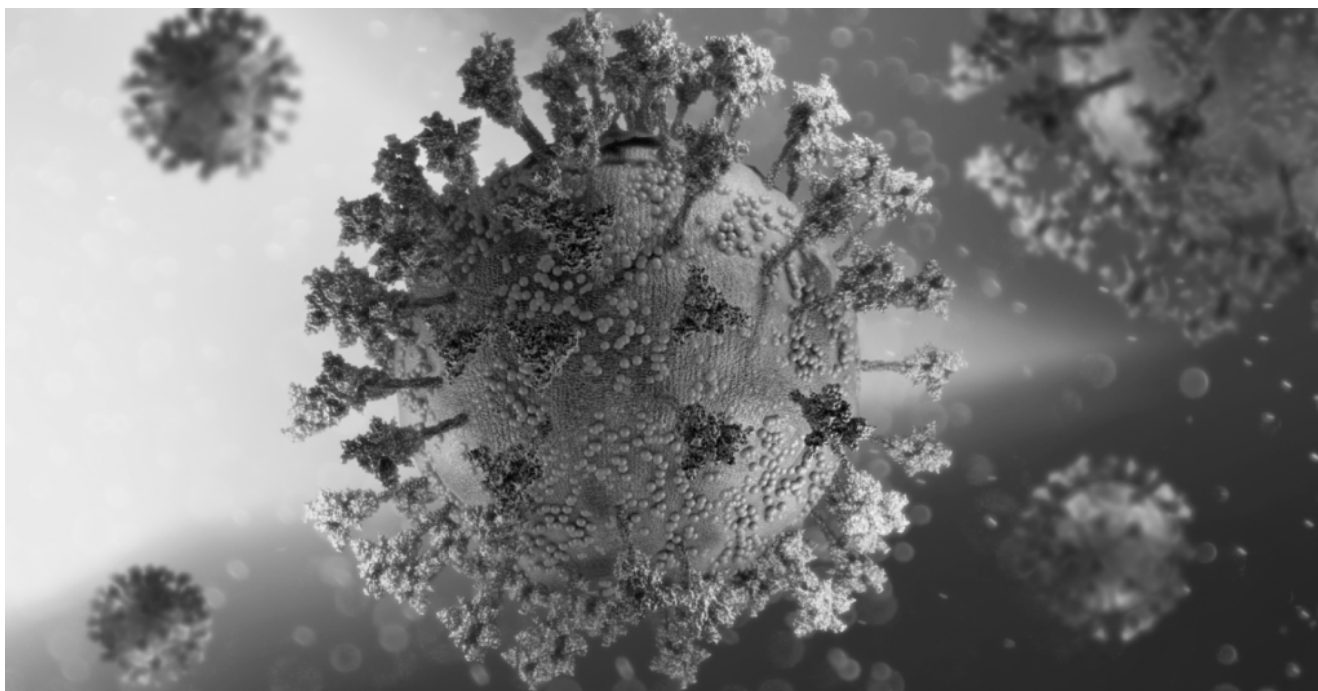


# Experts See Troubling Rise in 'Turbo Cancers' Following mRNA COVID-19 Vaccination in Young People



Experts are seeing a puzzling rise in cancer in people under 50 that appears biologically different from late-onset cancers. While [some claim](#) cancer rates have been rising for decades and attribute the increase to sugary drinks, lifestyle, and sleep disruptions, others say mRNA COVID-19 vaccines have caused an emergence of “turbo cancers”—and U.S. regulatory agencies have not addressed the ever-growing problem.

Although there is no official medical definition for what doctors call “turbo cancers,” the term is commonly used to define aggressive, rapid-onset cancers resistant to treatment—primarily in young, healthy individuals following COVID-19 vaccination. These cases often present in a late stage with metastasis and quickly turn fatal.

“What’s happening is these cancers we’re used to seeing, their growth patterns and their behavior are completely out of character ... So ‘turbo cancer’ is something that wasn’t there and, all of a sudden, it’s everywhere,” Dr. Ryan Cole, a pathologist and CEO of Cole Diagnostics, said in an interview on EpochTV’s [“American Thought Leaders.”](#)

Dr. Cole told The Epoch Times in a later interview that he first noticed an uptick in certain types of cancers after the vaccine rollout in December 2020 and believes researchers are starting to understand how these cancers are occurring.

“Physicians are seeing multiple types of cancers in their day-to-day practices—and in young patient cohorts where you typically don’t see cancer. Although the increase in cancer has been blamed on missed screenings, you know it isn’t due to missed screenings because young people don’t typically get screened,” Dr. Cole said.

Cancers are increasing at a rate above what’s expected, and countless doctors and clinicians around the world have confirmed this. Their patients are cancer-free for years, but then after a booster, cancers “pop up,” he added. What’s unique about turbo cancers is that they do not respond to traditional treatment because the cells have been altered in the bone marrow, and the cells “aren’t doing what they’re supposed to.”

## **Studies and Case Reports of Cancer Following COVID-19 Vaccination**

Studies and case reports of various cancers following mRNA vaccination are helping experts understand the potential mechanisms that may allow these cancers to proliferate.

In a [recent Belgian study](#) published in Frontiers Oncology, researchers presented the first case of malignant lymphoma in

mice. Malignant lymphoma is a rare adverse event reported following mRNA COVID-19 vaccination.

Two days after receiving a booster dose of Pfizer's COVID-19 vaccine, one of 14 mice suffered spontaneous death. Upon examination, the 14-week-old mouse had abnormally large organs and cancerous lymphoma in the liver, kidneys, spleen, heart, and lungs. Although showing direct causality is complex, the authors said their findings add to "previous clinical reports on malignant lymphoma development following novel mRNA COVID-19 vaccination."

In a January 2023 [paper in Medicina](#), researchers presented the case of a 66-year-old man who developed swollen lymph nodes 10 days after receiving his third dose of Pfizer. After further testing, the patient was diagnosed with stage 2 non-Hodgkin lymphoma (NHL). A literature review found eight additional cases of NHL that developed shortly after COVID-19 vaccination. Five lymphoma cases occurred after vaccination with Pfizer, one case after vaccination with AstraZeneca, one after the Johnson & Johnson shot, and one after vaccination with Moderna.

In an August 2022 [Letter to the Editor](#) in the Journal of the European Academy of Dermatology & Venereology, physicians described two patients diagnosed with diffuse large B-cell lymphoma that developed from swollen lymph nodes following Pfizer's COVID-19 vaccine vaccination.

The study's authors found that diffuse large B-cell lymphoma "may rapidly grow" after vaccination with Pfizer's COVID-19 vaccine and urged dermatologists to pay attention to swollen lymph nodes or masses near the injection site.

Swollen lymph nodes, or lymphadenopathy, is a common side effect of COVID-19 vaccination, more often observed following immunization with novel COVID-19 mRNA vaccines than other vaccines.

Lymphadenopathy is also an acknowledged “non-serious” adverse event of COVID-19 vaccination listed in the U.S. Food and Drug Administration’s (FDA) [fact sheets for health care providers](#) for both Moderna and Pfizer’s [monovalent and bivalent vaccines](#). However, pharmaceutical companies and U.S. regulatory agencies have not assessed whether there’s a link between vaccine-related lymphadenopathy and cancer.

A year after the vaccine rollout, researchers published a [case report](#) in the Journal of the American Medical Association (JAMA) of a healthy 39-year-old woman diagnosed with “vaccination-associated reactive lymphadenopathy” following vaccination with Pfizer’s vaccine. Six months later, she was diagnosed with invasive breast cancer in her right breast—the same side of the body where she received her vaccination and experienced swollen lymph nodes.

## **Possible Ways COVID-19 Vaccines May Be Causing Turbo Cancers**

The exact mechanism giving rise to turbo cancers is unknown, and it’s unclear whether one or multiple mechanisms are responsible for these cancers, Dr. William Makis, an oncologist, cancer researcher, and nuclear medicine radiologist, told The Epoch Times in an email.

Dr. Makis provided the following several possible hypotheses for how mRNA COVID-19 vaccines could cause turbo cancers:

1. The current COVID-19 mRNA vaccines [contain pseudouridine-modified mRNA](#), which attenuates or alters the activity of key proteins in the innate immune system, impairing cancer surveillance. When activated, these essential proteins, called toll-like receptors, can prevent tumors from forming and growing.
2. Vaccination alters T-cell signaling that induces [profound](#)

[impairment](#) in type 1 interferon and cancer surveillance.

T-cells, a type of white blood cell, help the body's immune system prevent cancer. [Studies show](#) that getting multiple shots increases the level of a particular antibody called IgG4, causing T-cell and interferon suppression, leading to an inability to keep cancer in check, Cole explained.

"Everyone gets atypical cells in their body every day, and having a surveillance system is important, but when the surveillance system is shut off, that allows these cells to go haywire. How long it stays suppressed, nobody knows, and these are the studies NIH (the National Institutes of Health) should have been doing," said Dr. Cole.

3. The shift of the antibody IgG4 caused by repeated mRNA vaccination could create a tolerance for spike protein and impair the production of the antibodies IgG1 and IgG3 and cancer surveillance.

4. The spike protein produced by the body after COVID-19 mRNA vaccination may interfere with important tumor suppressor proteins—P53, BRCA 1, and two [tumor suppressor genes](#).

5. The [spike protein](#) may interfere with DNA repair mechanisms.

6. The RNA from the COVID-19 vaccines may be reverse-transcribed and [integrated into the human genome](#).

7. Pfizer and Moderna vials found to be contaminated with plasmid DNA containing SARS-CoV-2 spike protein [may integrate](#) into the human genome.

8. The presence of the [simian virus 40 \(SV40\)](#) in DNA discovered in Pfizer mRNA vaccine vials [may lead to cancers](#)—most notably, non-Hodgkin lymphoma and other lymphomas—as it did with SV40-contaminated [polio vaccines](#).

9. mRNA-based vaccines may [trigger the release](#) of oncogenes—[oncomiRs or microRNAs](#), which can enhance or inhibit

cancer development and participate in cancer biological processes, such as proliferation, invasion metastasis, angiogenesis, chemoresistance, and immune escape.

“I believe there is an urgent need to determine the underlying mechanisms of turbo cancers because, at this time, oncologists have nothing to offer patients who have developed a turbo cancer, and conventional cancer treatments offer minimal or no benefit,” Makis said.

Dr. David Wiseman, a research scientist in pharmacy, pharmacology, and experimental pathology, told The Epoch Times in an email that neither Comirnaty–Pfizer’s fully approved version of its COVID-19 vaccine–nor Spikevax by Moderna has been evaluated for its potential to cause cancer.

On March 30, 2023, Dr. Wiseman and four other experts [submitted a 27-page document](#) to the National Academies Committee, an ad hoc committee tasked with reviewing relevant adverse events associated with COVID-19 vaccines.

Using the Vaccine Adverse Event Reporting System (VAERS)—a database co-managed by the U.S. Centers for Disease Control and Prevention (CDC) and FDA used for reporting vaccine adverse events—Dr. Wiseman and his coauthors found an excess of cancer signals for COVID-19 vaccines from Dec. 14, 2020, to July 24, 2023, compared to all other vaccines for all years beginning in 1990.

A safety signal indicates a condition may be linked to a vaccine but requires further analysis to confirm an association.

The findings complemented the CDC’s [Proportional Reporting Ratio \(PRR\) analyses](#) obtained through a Freedom of Information Act (FOIA) request that assessed adverse events reported from Dec. 14, 2020, to July 29, 2022.

A PRR compares reports of specific adverse events experienced

after receiving Moderna or Pfizer's COVID-19 vaccine to those following vaccination with any other vaccine or all non-COVID-19 vaccines. The CDC's PRR report detected cancer signals for colon cancer, metastatic breast cancer, metastasis to the liver, bones, central nervous system, lymph nodes, breast masses, chronic lymphocytic leukemia, B-cell lymphoma, and follicular lymphoma.

Dr. Wiseman said it's clear from the FOIA documents that the CDC is aware of cancer reports and isn't being forthcoming.

"Government agencies knew there were going to be cancers with these shots, and they were trying to cover it up, but the data is trickling out," Dr. Cole told The Epoch Times, referring to 490 pages of communications obtained from the NIH through a FOIA request.

The CDC is supposed to report on morbidity and mortality—and when a pathologist diagnoses anything, he or she uses a diagnosis code, and it goes to the federal basis that's reported to federal tracking agencies, Dr. Cole explained.

"All these data subsets should be easy to find if agencies would report what they have," he said. "We could see statistical changes in diagnosis in the past two and a half years since shots were rolled out. The question is, why are other governments around the world not doing this?"