

Study Finds Significant Increase in Cancer Mortality After Third mRNA COVID Vaccine Dose



A recently published study found “statistically significant increases” in cancer mortality rates following mass vaccination with a third dose of an mRNA COVID-19 vaccine.

The study, [published on April 8 in Cureus](#), evaluated the effect of the COVID-19 pandemic on age-adjusted mortality rates for 20 different types of cancer in Japan using official statistics on death, SARS-CoV-2 infections, and vaccination rates. The researchers found no excess cancer deaths in Japan during the first year of the pandemic but a rise in cancer mortality that coincided with mass vaccination.

Japan has the highest vaccination rates and is now conducting mass vaccinations with a seventh vaccine dose. According to the researchers, after mass vaccination began in 2021, there was a noticeable increase in cancer mortalities coinciding

with the first and second COVID-19 vaccine doses.

Following vaccination with a third mRNA vaccine dose in 2022, researchers observed “significant excess mortalities” for all cancers and specifically estrogen and estrogen receptor alpha (ER α)-sensitive cancers, including ovarian, leukemia, prostate, lip/oral/pharyngeal, pancreatic, and breast cancers. Notably, breast cancer had a “significant deficit mortality” in 2020 but shifted to excess mortality in 2022 following the rollout of the third vaccine dose.

Other than pancreatic cancer, which was steadily rising before the pandemic, the other five types of cancers were on a downward trend. Still, all six types of cancers exceeded predicted mortality values in 2021, 2022, or during both years.

Additionally, four types of cancers associated with the most deaths—lung, colorectal, stomach, and liver cancers—were declining before the 2020 pandemic. However, the rate of decline slowed after the COVID-19 vaccine rollout.

Excess Mortality Shifts After Vaccination

Prior to the COVID-19 pandemic, from 2010 to 2019, researchers observed decreasing mortality trends for people of all ages except those aged 90 and over. Even in 2020, researchers continued to see declining mortality rates in most age groups except for those aged 75 to 79.

In 2021, trends slowly shifted toward excess mortality, which continued to increase in 2022 for almost all age groups. The study found that in 2021, there was a significant excess mortality for all causes of 2.1% and 1.1% for all cancers. In 2022, excess all-cause mortality jumped to 9.6% and to 2.1% for all cancers.

According to the study, the number of deaths from all cancers was highest in the 80 to 84 age group, of which more than 90% had received a third vaccine dose. Nearly 100% of vaccines administered were mRNA vaccines, with Pfizer's vaccine accounting for 78% and Moderna's for 22%.

The researchers said that although cancer mortality could be attributed to fewer cancer screenings and restricted access to health care during lockdowns, it doesn't explain the significant increases in mortality observed for the six specific types of cancer in 2022 when restrictions on health care access to cancer screens or treatments seemed to have resolved.

"These particularly marked increases in mortality rates of these ER α -sensitive cancers may be attributable to several mechanisms of the mRNA-LNP vaccination rather than COVID-19 infection itself or reduced cancer care due to the lockdown," they wrote.

Stephanie Seneff, a senior research scientist at the Massachusetts Institute of Technology, said the study provides compelling epidemiological evidence of a link between the rise in the prevalence of several cancers and the administration of multiple COVID-19 vaccines.

"I have long suspected a cancer link to the vaccines just based on the science of immunology," Ms. Seneff said. "What I think is happening, broadly speaking, is that the vaccine is causing impairment of the innate immune response, which leads to an increased susceptibility to any infection, increased autoimmune disease, and accelerated cancer progression."

How mRNA COVID-19 Vaccines Can Cause Cancer

The study's authors suggest numerous ways that COVID-19

vaccines may contribute to the growth and progression of cancer.

mRNA Vaccines and Estrogen-Sensitivity

According to the study, age-adjusted mortality rates for estrogen and ER α -sensitive cancers significantly increased beyond the predicted rates, especially in 2022. Research shows the spike protein specifically binds to ER α and upregulates its transcriptional activity. This can affect how the body responds to cancer and its growth.

In a 2020 study published in [Translational Oncology](#), researchers found the S2 subunit of the SARS-CoV-2 spike protein strongly interacts with cancer suppressor genes p53, BRCA1, and BRCA2 that are frequently mutated in cancer. According to the Cureus study, impaired BRCA1 activity is associated with an increased risk of breast, uterine, and ovarian cancers in women and prostate cancer in men. It also increases the risk of pancreatic cancer. BRCA2 is associated with breast and ovarian cancer in women, prostate and breast cancer in men, and acute myeloid leukemia in children.

Biodistribution of Lipid Nanoparticles

Studies show that lipid nanoparticles (LNPs) in mRNA vaccines can be widely distributed to various organs after vaccination, including the liver, spleen, adrenal glands, ovaries, and bone marrow, where they [produce spike proteins](#) that persist in the body and increase susceptibility to infection.

In an August 2023 paper published in [Proteomics Clinical Applications](#), researchers found fragments of vaccine-specific recombinant spike protein in the blood specimens of 50 percent of vaccine recipients three to six months later. For comparison with natural SARS-CoV-2 infection, viral spike proteins were only detected in blood serum for 10 to 20 days, even in those with severe disease. The same study suggests

spike protein may be integrated or retranscribed into some cells.

A November 2021 study in [The Journal of Immunology](#) found exosomes expressing spike protein 14 days after vaccination with mRNA COVID-19 vaccines. A spike protein increase was observed four months following the second vaccine dose and increased with booster doses.

Modification With N1-Methyl-Pseudouridine

Current COVID-19 mRNA vaccines [contain pseudouridine-modified mRNA](#), which attenuates or alters the activity of key proteins called toll-like receptors that [prevent tumors](#) from forming and growing. Modified mRNA with N1-methyl-pseudouridine can also cause the body to produce large amounts of SARS-CoV-2 spike protein. According to the study, mRNA vaccines inhibit essential immunological pathways and impair early interferon signaling, affecting spike protein synthesis and negatively impacting immune activation.

A paper published on April 5 in the [International Journal of Biological Macromolecules](#) found that modification with N1-methyl-pseudouridine causes immune suppression and could aid cancer development. Evidence showed adding 100 percent of [N1-methyl-pseudouridine](#) to the mRNA vaccine in a melanoma model stimulated cancer growth and metastasis, while nonmodified mRNA vaccines yielded opposite results.

Antibody-Dependent Enhancement

Another theory put forward by the paper's authors is that multiple vaccinations may expose an individual to viral- and vaccine-generated spike protein and enhance susceptibility to COVID-19 through antibody-dependent enhancement (ADE), immune imprinting, and immunosuppression. ADE is a phenomenon that occurs when [antibodies enhance](#) virus entry and replication in cells.

Thrombogenic Effects of Spike Protein and LNPs

Research suggests that mRNA COVID-19 vaccines pose a risk of thrombosis in individuals with cancer and might explain the excess mortalities after mass vaccination.

“It is reasonable to assume that additional thrombus-forming tendency noted with the mRNA-LNP vaccine could be extremely dangerous,” the authors wrote.

According to the study, viral and vaccine SARS-CoV-2 spike protein have solid electropositive potential that could attach to electronegative glycoconjugates on the surfaces of red blood cells and other cells. The spike protein can also bind to the angiotensin-converting enzyme 2 (ACE2), which activates the immune system, causing vascular wall thickening, impaired mitochondrial function, and reactive oxygen species (ROS).

ROS are [highly reactive radicals](#), ions, or molecules with a single unpaired electron in their outermost shell of electrons. Cancer cells contain high levels of ROS due to metabolic activity, oncogene activity, mitochondrial dysfunction, and other immune processes. Specific segments of the spike protein may also cause amyloid formation (fibrous insoluble tissue) and anti-spike protein antibodies may bind to S-proteins that emerge on cellular surfaces, triggering an autoimmune inflammatory response.

Suppression of Cancer Immunosurveillance

According to the paper, COVID-19 vaccines have been shown to suppress the immune system, leading to the reactivation of latent viruses associated with cancer, such as varicella-zoster virus and human herpesvirus 8 (HHV8). HHV8 is considered an oncogenic virus that can lead to Kaposi's sarcoma. Reactivation of the Epstein-Barr virus or human papillomavirus could lead to oropharyngeal cancers.

“These phenomena could also help explain the excess deaths from lip/oral/pharyngeal cancer in 2022 when mass vaccination with third and later doses was underway,” the authors wrote.

Reverse Transcription of RNA Into DNA

Reverse RNA transcription in COVID-19 vaccines may explain increases in cancer mortality. Reverse transcription allows mRNA to be transformed into DNA that affects the human genome.

A 2022 study published in [Current Issues in Molecular Biology](#) showed that mRNA vaccines can integrate into human genes or DNA through reverse transcription. A February 2023 paper published in [Medical Hypotheses](#) found that accumulating vaccine mRNA and reverse-transcribed DNA molecules in cytoplasm could potentially induce chronic autoinflammation, autoimmunity, DNA damage, and cancer in susceptible individuals.

Genetic researcher [Kevin McKernan](#) also found that the COVID-19 mRNA vaccines can potentially be reverse-transcribed into DNA, as reported by [The Epoch Times](#). Although his research was not peer-reviewed, Mr. McKernan detected the COVID-19 vaccine spike protein sequence in two types of chromosomes in cancer cell lines in the breasts and ovaries following COVID-19 mRNA vaccination.

Researcher H el ene Banoun, with the French Institute of Health and Medical Research, told The Epoch Times that the findings of the paper published in *Cureus* are consistent with her understanding of the carcinogenic danger of gene therapy products.

“Kevin McKernan says that he has found a correlation between the adverse effects caused by certain batches of vaccine and the amount of contaminating DNA, so it’s consistent. And you also have to take into account the immunotolerance induced by modified RNAs, which will facilitate cancer,” she said.

According to the U.S. Food and Drug Administration (FDA), "[There are several potential mechanisms](#) by which residual DNA could be oncogenic, including the integration and expression of encoded oncogenes or insertional mutagenesis following DNA integration." The paper's authors suggest the FDA's guidelines are essential to Japan, as the country based its special emergency use authorization on FDA approval during the COVID-19 pandemic.