ARE COVID-19 VACCINE-INDUCED CANCERS RARE EVENTS?

R ronald_kostoff - at -
Feb. 12, 2023, 3:00 p.m.

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BACKGROUND

COVID-19 vaccine-induced cancer has been judged a "rare" event by the major promoters of these vaccines (caveat: these injections prevent neither infection nor viral transmission, so they are not vaccines in the classical sense). To ascertain the frequency of COVID-19 vaccine-induced cancers, we have examined the Vaccine Adverse Events Reporting System (VAERS) database for reports of cancers. Since cancers tend to have a long latency period, we have also addressed the issue of Early Warning Indicators that could identify COVID-19 vaccine-induced cancers on or over the horizon. Finally, we have compared cancers reported following COVID-19 vaccines with those reported following influenza vaccines for similar numbers of vaccine doses delivered.

While imperfect (as are most publicly-available vaccine adverse events reporting systems), VAERS is a reasonable system for identifying safety signals related to vaccines. One major VAERS deficiency is that only a small fraction of vaccine-related adverse events is reported to VAERS. A study by Harvard Pilgrim Health Care, using electronic tracking, showed that "fewer than 1% of vaccine adverse events are reported". This is an average value over all adverse events; it may be far worse for cancer.

The Harvard Pilgrim Health Care study tracked reporting habits to VAERS for thirty days. Therefore, the 1% number should be termed a ***thirty-day reporting fraction***. For adverse events that tend to occur rapidly, like headache, fever, chills, rashes, anaphylactic shock, blood clots, etc., a thirty-day study may offer a reasonable window. Cancer, however, typically takes decades to emerge, and a thirty-day window would be grossly inadequate for accurate reporting. The numbers shown in the present analysis should be viewed as a low "floor" of what the real-world numbers are. To get a more complete picture of the total cancer-related adverse effects of the COVID-19 vaccines, these numbers should be supplemented by cancer Early Warning Indicators whose abnormal values could emerge shortly after the injection, and allow some prediction of what lies on or over the horizon.

METHODOLOGY

The VAERS database was initially accessed on 20 December 2022. The vaccines were limited to COVID-19 vaccines from all manufacturers, and the VAERS reports were for the USA. All adverse event types (termed Symptoms in VAERS) were retrieved. There were ~17,000 adverse event types retrieved, including ~5,000 with zero entries (the latter were not analyzed). A comprehensive query (consisting of myriad synonyms of cancer) was used to search the VAERS database, and retrieve cancer-related adverse events.

On 10 February 2023, the VAERS database was accessed to get similar information for the influenza

vaccines from all manufacturers, and the VAERS reports were for the USA. The time period for the latter was selected to cover similar numbers of doses for the flu vaccines and the COVID-19 vaccines.

RESULTS

Before presenting the numbers, we need to define what is a cancer-related event reported in VAERS. Is it 1) a biomarker associated with the eventual emergence of cancer, 2) a group of biomarkers reflecting pre-clinical cancer, 3) a newly-diagnosed cancer, 4) a cancer that has been exacerbated, or 5) a cancer death? While all five are valid candidates, the present study concentrates on items 3) and 4).

This restriction to items 3) and 4) substantially under-reports the COVID-19 vaccine adverse events that may eventually result in cancer, because it excludes abnormalities in cancer risk biomarkers. These abnormalities in the appropriate cancer risk biomarkers would provide an Early Warning Indicator for potential cancers to emerge in the near or far future. A few potential Early Warning Indicators for cancer are shown in the following: "Cancer biomarkers, particular those associated with genetic mutations or epigenetic alterations, often offer a quantitative way to determine when individuals are predisposed to particular types of cancers. Notable examples of potentially predictive cancer biomarkers include mutations on genes KRAS, p53, EGFR, erbB2 for colorectal, esophageal, liver, and pancreatic cancer; mutations of genes BRCA1 and BRCA2 for breast and ovarian cancer; abnormal methylation of tumor suppressor genes p16, CDKN2B, and p14ARF for

brain cancer; hypermethylation of MYOD1, CDH1, and CDH13 for cervical cancer; and hypermethylation of p16, p14, and RB1, for oral cancer." Most of the cancer risk biomarkers listed above did not appear in the VAERS output for Symptoms, even for the events that have zero entries. A brief survey of the literature shows that many more cancer risk biomarkers have been identified.

The results for items 3) and 4) follow. There were ~330 different cancer-related adverse events reported in VAERS for the COVID-19 vaccines, with ~2500 total number of events. Converting these VAERS entries to real-world numbers of COVID-19 vaccine-induced cancers requires three major assumptions, and some minor ones. The major assumptions are 1) the cancers reported in VAERS following the administration of COVID-19 vaccines are in fact caused in part or in whole by the COVID-19 vaccines, 2) the under-reporting factor (URF) to be used for cancer scale-up to real-world numbers can be approximated for very conservative estimation purposes by the Harvard Pilgrim Healthcare URFs, and 3) the fraction of the VAERS entries to which the URF should be applied can be approximated by autopsy results for fraction of post-COVID-19 vaccine deaths that can be attributed to the COVID-19 vaccine.

Assumption 1) is based on mechanistic studies that show the COVID-19 mRNA vaccines (those distributed most widely in the USA) destroy the innate immune system, including those components that surveille and control the growth of cancers. One of the specific mechanisms demonstrated in very recent mechanistic studies (https://www.science.

org/doi/10.1126/sciimmunol.ade2798 and https://pubmed.ncbi.nlm.nih.gov/36713457/) is that the COVID-19 mRNA vaccines increase the fraction of IgG4 antibodies and decrease the fraction of IgG3 antibodies, and the effect increases as the number of vaccine doses increase. This IgG3/IgG4 ratio shift is favorable for increasing tolerance to allergens but can also support increased malignancy. Based on the above and many other recent study results, the question we should ask about the COVID-19 vaccines should not be i) why would we expect that these vaccines contribute to cancer development, but rather ii) ***why would we expect they would not contribute to cancer development, given their demonstrated destruction of those components of the innate immune system responsible for controlling the development of cancer!***

Assumption 2) is based on the Harvard Pilgrim Healthcare thirty-day window URF study for all post-vaccine adverse effects, and is probably a very conservative number for cancer URFs because of the long latency periods typically associated with the emergence of cancer. Ideally, we would have a thirty-year window for estimating cancer URFs, not a thirty-day window!

Assumption 3) is based on the observation that autopsy results for COVID-19 vaccine-induced deaths showed about 1/3 of all the VAERS entries for deaths could be attributed to the vaccine. Whether this fraction is applicable to vaccine-induced cancer is unknown.

Applying the URF of ~100 from the Harvard Pilgrim Health Care study, and the 1/3 fraction from the

autopsy results to the post-COVID-19 vaccine VAERS cancer-related numbers yields a total of about 83,000 cancer-related events post-COVID-19 vaccination (so far). ***The accuracy of this estimate is completely unknown, and a separate study would be required to generate more accurate numbers***. It should be re-emphasized that the pre-clinical factors (Early Warning Indicators) were not included, and a URF based on a thirty-day window would be far too low for new cancers at a minimum, and even for exacerbating existing cancers. Multi-year window studies would be far more appropriate and accurate for assessing potential incidence of COVID-19 vaccine-induced cancers!

The cancer-related events identified from VAERS, and their frequencies of occurrence, are listed in the Appendix. All the major cancers are represented, with breast, lung, prostate, brain, and colon cancers being the most frequent. Placing these results in context is a separate study in itself. We do a simple comparison of the highest frequency cancers reported here with their counterparts for the influenza vaccines reported in VAERS. We selected influenza, since it is a respiratory viral disease and has a number of features in common with COVID-19.

There have been about 670 million doses of COVID-19 vaccines administered in the USA since late December 2020, and about 717 million doses of influenza vaccines administered in the USA since the beginning of 2019. Thus, the number of doses is relatively similar for the influenza vaccines and the COVID-19 vaccines over the time periods selected. Table 1 compares VAERS entries for selected cancers

(those with high entry numbers for COVID-19 vaccines) between influenza vaccines and COVID-19 vaccines.

TABLE 1 – VAERS ENTRIES FOR COVID-19 VACCINES AND FLU VACCINES

CANCER TYPE	COVID VAXX	FLU VAXX	COV/FLU VAXX RATIO
NEOPLASM MALIGNANT	233	4	58
BREAST CANCER FEMALE	143	0	INF
LYMPHOMA	104	1	104
LUNG NEOPLASM MALIGNANT	90	1	90
PROSTATE CANCER	52	0	INF
BRAIN NEOPLASM	45	0	INF

Thus, for similar dose numbers, and an even longer average tracking times for the flu vaccines, the VAERS cancer entries for the flu vaccines are about ***two orders of magnitude less*** than for the COVID-19 vaccines. While the number of cancers induced by the vaccines could be vastly different for the two cases, one would expect the background levels of cancer (the numbers of cancers expected based on extrapolation of historical trends) to be roughly similar. If anything, they would be larger for the flu vaccines because of the increased time period over which they were administered relative to the COVID-19 vaccine administration period.

The miniscule number of cancers reported for the flu vaccines would suggest 1) most of the COVID-19 cancer entries were vaccine-induced, and 2) the cancer onsets following injection were accelerated sufficiently by the COVID-19 injections that the cancer could be linked to the shots and would motivate reporting to VAERS by the healthcare provider! Conversely, in the case of the flu vaccines, almost all cancers that occurred post-vaccine may have been sufficiently far removed in time from the injection that the healthcare provider was not motivated to report them to VAERS.

Additionally, I have seen many videos of testimonies by healthcare providers that they were heavily discouraged from reporting post-COVID-19 vaccine adverse events to VAERS, while I have never seen or read of similar discouragement for flu vaccine reporting. This deliberate suppression of reporting post-COVID-19 vaccine adverse events to VAERS

lends further argument for increasing the URFs of COVID-19 vaccine adverse events.

RELEVANCE TO CLINICAL TRIALS

Cancer is a disease that typically has latency periods measured in multi-years or decades. Therefore, clinical trials of a substance for which carcinogenic effects are desired would require years of testing in humans, if not decades, to gather credible safety data. Historically, vaccines required a 12-15 year period of development, with much of the time devoted to clinical trials of humans. Figure 1 in this link shows the milestones of the myriad clinical trial phases. Even under those multi-year clinical trial conditions, carcinogenicity was excluded from the testing/reporting, as every vaccine insert I have read has emphasized. The COVID-19 vaccines received Emergency Use Authorization after a few months of clinical trials (which could not begin to address carcinogenic effects), and the approved bivalent boosters were tested on a limited number of mice, with ***no human trials conducted***. From the results presented in the present OpEd, it appears that cancers are appearing post-COVID-19 vaccination in relatively copious numbers. Under these conditions, it is extremely high risk to dispense these vaccines to the public with minimal or no human clinical trials. The cancer numbers presented here, which may represent only the tip of a massive iceberg, are the "canary in the coal mine" of what to expect in the future. The policy of excluding carcinogenic effect testing of most/all vaccines needs to be re-thought, and especially for the COVID-19 vaccines, whose cancer consequences seem

to swamp those of the non-COVID vaccines (as exemplified by the comparison to the flu vaccines).

CONCLUSIONS

About 2500 cancers were reported in VAERS following COVID-19 vaccinations. This may be a gross under-estimation of actual cancer-related damage since biomarkers that could reflect pre-clinical cancer were not assessed. Those cancer types that had the highest VAERS entry numbers were about two orders-of-magnitude higher than their flu vaccine counterparts. Scale-up from VAERS entry numbers to real-world numbers is unknown with any degree of accuracy at this point, but has the potential to result in large numbers of COVID-19 vaccine-induced cancer deaths over time.

Tracking of cancer cases over the next few years would help indicate any significant increases caused by the administration of the COVID-19 vaccines. The latest actual cancer numbers reported by the CDC and ACS are for 2019, and their projections for the future are based on the pre-pandemic 2019 numbers.

Finally, the paucity or absence of human clinical trials before approval of the COVID-19 vaccines is completely incompatible with the potential for emergence of cancers following COVID-19 vaccination, as indicated by the results in the present OpEd.

APPENDIX – CANCER-RELATED EVENTS LISTED IN VAERS

CANCER-RELATED SYMPTOM	SYMPTOM FREQUENCY
NEOPLASM MALIGNANT	233
BREAST CANCER FEMALE	143
NEOPLASM	112
LYMPHOMA	104
LUNG NEOPLASM MALIGNANT	90
BREAST CANCER	87
PROSTATE CANCER	52
BRAIN NEOPLASM	45
COLON CANCER	44
METASTATIC NEOPLASM	43

BLADDER CANCER	41
B-CELL LYMPHOMA	40
PANCREATIC CARCINOMA	37
SKIN CANCER	35
SQUAMOUS CELL CARCINOMA	29
MALIGNANT MELANOMA	28
BASAL CELL CARCINOMA	27
INVASIVE DUCTAL BREAST CARCINOMA	26
ADENOCARCINOMA	25
NON-HODGKIN'S LYMPHOMA	22

SQUAMOUS CELL CARCINOMA OF SKIN	22
BREAST CANCER METASTATIC	22
HODGKIN'S DISEASE	21
RENAL CANCER	20
LUNG ADENOCARCINOMA	19
UTERINE CANCER	19
LUNG CANCER METASTATIC	19
HEPATIC CANCER	19
CANCER SURGERY	19
FOLLICULAR LYMPHOMA	19
NEOPLASM SKIN	18

THYROID CANCER	18
NEOPLASM PROGRESSION	17
HEPATOCELLULAR CARCINOMA	17
DIFFUSE LARGE B-CELL LYMPHOMA	16
OVARIAN CANCER	16
PROSTATE CANCER METASTATIC	16
GLIOBLASTOMA	15
COLON CANCER METASTATIC	15
BONE CANCER	14
ENDOMETRIAL CANCER	13

OESOPHAGEAL CARCINOMA	12
TRIPLE NEGATIVE BREAST CANCER	12
SMALL CELL LUNG CANCER	11
BENIGN LYMPH NODE NEOPLASM	11
BENIGN BREAST NEOPLASM	10
RECURRENT CANCER	10
BREAST NEOPLASM	9
CUTANEOUS T-CELL LYMPHOMA	9
LUNG CARCINOMA CELL TYPE UNSPECIFIED STAGE IV	9

METASTATIC MALIGNANT MELANOMA	9
PAPILLARY THYROID CANCER	9
PSEUDOLYMPHOMA	9
COLORECTAL CANCER	9
SPINAL CORD NEOPLASM	9
CANCER IN REMISSION	9
ADENOCARCINOMA METASTATIC	9
B-CELL SMALL LYMPHOCYTIC LYMPHOMA	8
BENIGN NEOPLASM OF THYROID GLAND	8
HEPATIC NEOPLASM	8

TRANSITIONAL CELL CARCINOMA	8
PRECANCEROUS CELLS PRESENT	8
BRAIN CANCER METASTATIC	8
CANCER PAIN	8
SKIN NEOPLASM EXCISION	8
SALIVARY GLAND NEOPLASM	8
NON-SMALL CELL LUNG CANCER	8
HAEMATOLOGICAL MALIGNANCY	8
RENAL CELL CARCINOMA	8

PRECANCEROUS CONDITION	8
ADENOCARCINOMA OF COLON	7
BRAIN NEOPLASM MALIGNANT	7
BREAST CANCER RECURRENT	7
CHOLANGIOCARCINOMA	7
PANCREATIC CARCINOMA METASTATIC	7
SQUAMOUS CELL CARCINOMA OF LUNG	7
THYROID NEOPLASM	7
HEPATIC CANCER METASTATIC	7

TESTIS CANCER	7
MANTLE CELL LYMPHOMA	7
MYELOPROLIFERATIVE NEOPLASM	7
CANCER SCREENING	7
BLADDER NEOPLASM	6
BREAST CANCER STAGE III	6
GASTROINTESTINAL CARCINOMA	6
INFLAMMATORY CARCINOMA OF THE BREAST	6
NON-SMALL CELL LUNG CANCER STAGE IV	6
RECTAL CANCER	6

T-CELL LYMPHOMA	6
THROAT CANCER	6
LIP AND/OR ORAL CAVITY CANCER	6
METASTATIC LYMPHOMA	6
INVASIVE LOBULAR BREAST CARCINOMA	6
INVASIVE BREAST CARCINOMA	6
TRIPLE POSITIVE BREAST CANCER	6
BREAST CANCER STAGE II	5
BURKITT'S LYMPHOMA	5
LEIOMYOSARCOMA	5

LUNG ADENOCARCINOMA STAGE IV	5
MALIGNANT ASCITES	5
PRECANCEROUS SKIN LESION	5
NON-SMALL CELL LUNG CANCER METASTATIC	5
ABDOMINAL NEOPLASM	5
BENIGN NEOPLASM	5
ADRENAL NEOPLASM	5
HER2 POSITIVE BREAST CANCER	5
BONE NEOPLASM	4
BREAST CANCER STAGE I	4

BREAST CANCER STAGE IV	4
COLON CANCER STAGE IV	4
GASTRIC CANCER	4
OESOPHAGEAL ADENOCARCINOMA	4
SQUAMOUS CELL CARCINOMA OF THE ORAL CAVITY	4
MALIGNANT NEOPLASM PROGRESSION	4
COLON NEOPLASM	4
EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA (MALT TYPE)	4
NEOPLASM RECURRENCE	4
PANCREATIC NEOPLASM	4

LYMPHATIC SYSTEM NEOPLASM	4
METASTATIC SQUAMOUS CELL CARCINOMA	4
LOBULAR BREAST CARCINOMA IN SITU	4
MARGINAL ZONE LYMPHOMA	4
CUTANEOUS LYMPHOMA	4
HORMONE RECEPTOR POSITIVE BREAST CANCER	4
PRECANCEROUS LESION OF DIGESTIVE TRACT	4
ANGIOSARCOMA	3
BENIGN HEPATIC NEOPLASM	3

BRAIN NEOPLASM BENIGN	3
BRONCHIAL CARCINOMA	3
CENTRAL NERVOUS SYSTEM LYMPHOMA	3
CERVIX CARCINOMA	3
EWING'S SARCOMA	3
LARYNGEAL CANCER	3
MALIGNANT MELANOMA STAGE IV	3
PERIPHERAL T-CELL LYMPHOMA UNSPECIFIED	3
SMALL CELL CARCINOMA	3
SQUAMOUS CELL CARCINOMA OF THE TONGUE	3

TONGUE NEOPLASM MALIGNANT STAGE UNSPECIFIED	3
TONSIL CANCER	3
METASTATIC RENAL CELL CARCINOMA	3
BONE CANCER METASTATIC	3
LYMPHOMATOID PAPULOSIS	3
NEUROENDOCRINE CARCINOMA	3
SMALL CELL LUNG CANCER METASTATIC	3
HAEMATOPOIETIC NEOPLASM	3
MALIGNANT PERITONEAL	3

NEOPLASM	
PARAGANGLION NEOPLASM	3
SALIVARY GLAND CANCER	3
MELANOMA RECURRENT	3
MYXOFIBROSARCOMA	3
SOFT TISSUE SARCOMA	3
CANCER FATIGUE	3
ADENOCARCINOMA GASTRIC	2
ANAPLASTIC THYROID CANCER	2
ANGIOIMMUNOBLASTIC T-CELL LYMPHOMA	2

BASOSQUAMOUS CARCINOMA	2
BENIGN NEOPLASM OF CERVIX UTERI	2
BLADDER CANCER RECURRENT	2
BLADDER CANCER STAGE IV	2
BLADDER TRANSITIONAL CELL CARCINOMA	2
BREAST CANCER IN SITU	2
CERVIX NEOPLASM	2
DIFFUSE LARGE B-CELL LYMPHOMA STAGE IV	2
ENDOMETRIAL ADENOCARCINOMA	2

ENDOMETRIAL CANCER STAGE I	2
GLIOBLASTOMA MULTIFORME	2
KAPOSI'S SARCOMA	2
LIP NEOPLASM MALIGNANT STAGE UNSPECIFIED	2
LUNG CARCINOMA CELL TYPE UNSPECIFIED RECURRENT	2
MALIGNANT MELANOMA IN SITU	2
MALIGNANT NEOPLASM OF AMPULLA OF VATER	2
MANTLE CELL LYMPHOMA RECURRENT	2
MEDULLOBLASTOMA	2

NASAL CAVITY CANCER	2
NEOPLASM PROSTATE	2
OROPHARYNGEAL SQUAMOUS CELL CARCINOMA	2
PRECURSOR T-LYMPHOBLASTIC LYMPHOMA/LEUKAEMIA	2
RECTAL ADENOCARCINOMA	2
RECTAL CANCER STAGE IV	2
SARCOMA	2
SMALL CELL LUNG CANCER EXTENSIVE STAGE	2
TRACHEAL CANCER	2
UTERINE NEOPLASM	2

RENAL CANCER METASTATIC	2
OCULAR NEOPLASM	2
CANCER GENE CARRIER	2
ADENOCARCINOMA PANCREAS	2
SMALL INTESTINE CARCINOMA	2
RECTAL CANCER METASTATIC	2
OESOPHAGEAL CANCER METASTATIC	2
THYROID CANCER METASTATIC	2
INFECTED NEOPLASM	2

GALLBLADDER ADENOCARCINOMA	2
NEOPLASM SWELLING	2
BENIGN UTERINE NEOPLASM	2
BREAST CANCER MALE	2
GASTROINTESTINAL NEOPLASM	2
MALIGNANT LYMPHOID NEOPLASM	2
LUNG NEOPLASM	2
BLADDER NEOPLASM SURGERY	2
OVARIAN CANCER STAGE IV	2
INTRADUCTAL PAPILLARY	2

MUCINOUS NEOPLASM	
TONGUE CANCER RECURRENT	2
MESENTERIC NEOPLASM	2
INVASIVE PAPILLARY BREAST CARCINOMA	2
OVARIAN CLEAR CELL CARCINOMA	2
APPENDIX CANCER	2
HER2 NEGATIVE BREAST CANCER	2
EPIGLOTTIC CANCER	2
MALIGNANT NEOPLASM REMOVAL	2
FOLLICULAR LYMPHOMA STAGE III	2

B-CELL LYMPHOMA STAGE II	1
BENIGN CARDIAC NEOPLASM	1
BENIGN NEOPLASM OF BLADDER	1
BENIGN NEOPLASM OF SKIN	1
BENIGN SALIVARY GLAND NEOPLASM	1
BILE DUCT CANCER	1
CHOROID MELANOMA	1
COLORECTAL CANCER STAGE IV	1
DIFFUSE LARGE B-CELL LYMPHOMA RECURRENT	1

ENDOMETRIAL CANCER STAGE II	1
ENDOMETRIAL CANCER STAGE III	1
ENDOMETRIAL NEOPLASM	1
EPITHELIOID SARCOMA	1
EWING'S SARCOMA METASTATIC	1
FALLOPIAN TUBE CANCER	1
FALLOPIAN TUBE CANCER STAGE III	1
GALLBLADDER CANCER	1
GASTRIC CANCER STAGE I	1
HAEMANGIOBLASTOMA	1

LARGE CELL LUNG CANCER	1
LARYNGEAL NEOPLASM	1
LUNG ADENOCARCINOMA STAGE III	1
LUNG CARCINOMA CELL TYPE UNSPECIFIED STAGE 0	1
LUNG CARCINOMA CELL TYPE UNSPECIFIED STAGE I	1
LUNG SQUAMOUS CELL CARCINOMA STAGE IV	1
LYMPHOPLASMACYTOID LYMPHOMA/IMMUNOCYTOMA	1
MALIGNANT NEOPLASM OF EYE	1
MALIGNANT NEOPLASM OF SPINAL CORD	1

MALIGNANT NEOPLASM OF THORAX	1
MEDULLARY THYROID CANCER	1
NEUROBLASTOMA	1
NEUROENDOCRINE CARCINOMA OF THE SKIN	1
NODULAR MELANOMA	1
NON-SMALL CELL LUNG CANCER STAGE III	1
NON-HODGKIN'S LYMPHOMA RECURRENT	1
NON-HODGKIN'S LYMPHOMA STAGE III	1
PRIMARY MEDIASTINAL LARGE B-CELL LYMPHOMA	1

PROSTATE CANCER RECURRENT	1
PROSTATE CANCER STAGE I	1
PROSTATE CANCER STAGE IV	1
RECTOSIGMOID CANCER	1
RENAL CELL CARCINOMA RECURRENT	1
RETROPERITONEAL CANCER	1
RHABDOMYOSARCOMA	1
SALIVARY GLAND CANCER STAGE III	1
SARCOMA EXCISION	1
T-CELL LYMPHOMA STAGE	1

III	
TRANSITIONAL CELL CARCINOMA URETHRA	1
UNDIFFERENTIATED SARCOMA	1
URETERIC CANCER	1
VULVAL CANCER	1
SPINDLE CELL SARCOMA	1
BRONCHIAL NEOPLASM	1
COLORECTAL ADENOCARCINOMA	1
ADENOID CYSTIC CARCINOMA	1
EAR NEOPLASM	1

PITUITARY CANCER METASTATIC	1
TONGUE CANCER METASTATIC	1
NEOPLASM OF THYMUS	1
BENIGN BILIARY NEOPLASM	1
RETROPERITONEAL NEOPLASM	1
METASTATIC CARCINOMA OF THE BLADDER	1
EXTRADURAL NEOPLASM	1
HEPATIC CANCER STAGE IV	1
PANCREATIC CARCINOMA STAGE IV	1

SQUAMOUS CELL CARCINOMA OF HEAD AND NECK	1
ASTROCYTOMA MALIGNANT	1
BENIGN SOFT TISSUE NEOPLASM	1
ENDOCRINE NEOPLASM MALIGNANT	1
MALIGNANT NERVOUS SYSTEM NEOPLASM	1
MENINGEAL NEOPLASM	1
METASTASES TO NERVOUS SYSTEM	1
ORAL NEOPLASM	1
PELVIC NEOPLASM	1

TESTICULAR GERM CELL CANCER	1
RENAL NEOPLASM	1
OVARIAN NEOPLASM	1
FALLOPIAN TUBE NEOPLASM	1
OVARIAN GERM CELL CANCER	1
PARANASAL SINUS AND NASAL CAVITY MALIGNANT NEOPLASM	1
RECTAL NEOPLASM	1
TONGUE NEOPLASM	1
TONSILLAR NEOPLASM	1
TRACHEAL NEOPLASM	1

RETROPERITONEAL NEOPLASM METASTATIC	1
MALIGNANT ATROPHIC PAPULOSIS	1
SQUAMOUS CELL CARCINOMA OF PHARYNX	1
OVARIAN CANCER RECURRENT	1
BLADDER TRANSITIONAL CELL CARCINOMA STAGE IV	1
GALLBLADDER CANCER METASTATIC	1
METASTATIC SALIVARY GLAND CANCER	1
HEPATIC ANGIOSARCOMA	1
BREAST SARCOMA	1

REFRACTORY CANCER	1
OVARIAN CANCER STAGE III	1
THYROID CANCER STAGE IV	1
TRANSITIONAL CELL CARCINOMA METASTATIC	1
HEAD AND NECK CANCER METASTATIC	1
ANAPLASTIC LYMPHOMA RECEPTOR TYROSINE KINASE ASSAY	1
MALIGNANT NEOPLASM OF UNKNOWN PRIMARY SITE	1
GALLBLADDER NEOPLASM	1
TUBULAR BREAST	

Comments (4)

What do you think?

0/3000

Publish

joelshirschhorn

Feb. 13, 2023, 4:55 p.m.

I think this statement "Applying the URF of ~100 from the Harvard Pilgrim Health Care study, and the 1/3 fraction from the autopsy results to the post-COVID-19 vaccine VAERS cancer-related numbers yields a total of about 83,000 cancer-related events post-COVID-19 vaccination (so far)."
Belongs in the conclusions.

Reply

joelshirschhorn

Feb. 13, 2023, 4:58 p.m.

Is this the only place where this analysis is given? If not, what is a journal citation?

Reply

A

avis

Feb. 14, 2023, 9:11 a.m.

Why do people tend to ignore the truth, even if it's life changing?

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ANAPLASTIC LARGE-CELL

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FOLLICULAR LYMPHOMA STAGE I	1
FOLLICULAR LYMPHOMA STAGE IV	1
HORMONE RECEPTOR NEGATIVE HER2 POSITIVE BREAST CANCER	1
MALIGNANT URINARY TRACT NEOPLASM METASTATIC	1

COVID-19 Cancer Oncology SARS-CoV-2

Vaccine Injury