

NEWS


Japanese study finds 'significant increases' in cancer deaths after third mRNA COVID doses

Cancer deaths started rising again in Japan in 2021, and one study concludes it 'may be attributable to several mechanisms' of the mRNA-based COVID vaccines.



Calvin Freiburger

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U.S. citizens: Demand Congress investigate soaring excess death rates

(LifeSiteNews) -- A new study has found “statistically significant increases” in cancer deaths after taking a third dose of mRNA-based COVID-19 vaccines, according to a Japanese study published April 8 in the journal *Cureus*.

The study looked at age-adjusted mortality rates for multiple types of cancers from 2020 to 2022 in Japanese government data. “No significant excess mortality was observed during the first year of the pandemic (2020),” it says. “However, some excess cancer mortalities were observed in 2021 after mass vaccination with the first and second vaccine doses, and significant excess mortalities were observed for all cancers and some specific types of cancer (including ovarian cancer, leukemia, prostate cancer, lip/oral/pharyngeal cancer, pancreatic cancer, and breast cancer) after mass vaccination with the third dose in 2022.”

Notably, the rollout of the COVID vaccines coincided with an interruption and slowing of declines in cancer mortality rates that had been observed across all age groups over the span of the preceding decade. Third mRNA doses correlated with “significant excess mortalities” of all cancers, including breast, prostate, and ovarian cancer as well as leukemia. Almost all of the COVID vaccines at issue were mRNA-based, with 78% of those being from Pfizer and 22% from Moderna.

“For all cancers, we estimated the excess mortalities to be -0.4% (-0.9, 0.1), 1.1% (0.5, 1.8), and 2.1% (1.4, 2.8), respectively, indicating no excess in 2020 and statistically significant increases in 2021 and especially in 2022,” the authors write.

Changes in 2020 can be attributed to the height of the lockdowns forcing delays and cancellations of surgeries and other cancer treatments, but the researchers note several potential causal links between the vaccines and cancer deaths in 2021 and beyond.

“Some studies have shown that type I interferon (INF) responses, which play an essential role in cancer immunosurveillance, are suppressed after SARS-CoV-2 mRNA-LNP vaccination,” they write.

“SARS-CoV-2 vaccine has been shown to cause immunosuppression and lead to the reactivation of latent viruses such as varicella-zoster virus (VZV, human herpesvirus 3; HHV3) or human herpesvirus 8 (HHV8) in some cases,” they add. “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 researchers conclude that “[t]hese 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. The significance of this possibility warrants further studies.”

“I have long suspected a cancer link to the vaccines just based on the science of immunology,” MIT researcher Stephanie Seneff told *The Epoch Times* in response to the study. “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.”

A significant body of evidence links significant risks to the COVID vaccines, which were developed and reviewed in a fraction of the time vaccines usually take under former President Donald Trump’s Operation Warp Speed initiative. Among it, the federal Vaccine Adverse Event Reporting System (VAERS) reports 37,382 deaths, 215,734 hospitalizations, 21,616 heart attacks, and 28,299 myocarditis and pericarditis cases as of March 29, among other ailments. U.S. Centers for Disease Control & Prevention (CDC) researchers have recognized a “high verification rate of reports of myocarditis to VAERS after mRNA-based COVID-19 vaccination,” leading to the conclusion that “under-reporting is more likely” than over-reporting).

In 2021, Project Veritas shed light on some of the reasons for such under-reporting with undercover video from inside Phoenix Indian Medical Center, a facility run under the U.S. Department of Health & Human Services’ Indian Health Service program, in which emergency room physician Dr. Maria Gonzales laments that myocarditis cases go unreported “because they want to shove it under the mat,” and nurse Deanna Paris attests to seeing “a lot” of people who “got sick from the side effects” of the COVID shots, but “nobody” is reporting them to VAERS “because it takes over a half hour to write the damn thing.”

An analysis of 99 million people across eight countries published February in the journal *Vaccine*—the largest analysis to date—“observed significantly higher risks of myocarditis following the first, second and third doses” of mRNA-based COVID vaccines, as well as signs of increased risk of “pericarditis, Guillain-Barré syndrome, and cerebral venous sinus thrombosis,” and other “potential safety signals that require further investigation.” Earlier this month, the CDC was forced to release by court order 780,000 previously undisclosed reports of serious adverse reactions.

In Florida, a grand jury impaneled by Republican Gov. Ron DeSantis is currently investigating the manufacture and rollout of the COVID vaccines. In February, it released its first interim report on the underlying justification for Operation Warp Speed, which determined that lockdowns did more harm than good, that masks were ineffective at stopping COVID transmission, that COVID was “statistically almost harmless” to children and most adults, and that it is “highly likely” that COVID hospitalization numbers were inflated. The grand jury’s report on the vaccines themselves is highly anticipated.

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