

Massive cancer deaths study vindicates my warnings over covid boosters

By [Professor Angus Dalglish](#) April 15, 2024



IT IS well over a year since [I first published my concerns](#) that my patients with melanoma were relapsing after several years of being in remission. I could find none of the usual causes but on further investigation I realised that they had all had a booster covid vaccine between three weeks and three months before their cancer's resurgence, the time in which their immune repression fails.

This was mainly against their will, most only reluctantly agreeing to it so they could travel after the misery of the lockdowns. Others gave in to the bullying of the NHS and GPs who hounded them with texts and calls (which I myself received regularly) about the importance of having a booster even though they presented no evidence that it could be beneficial. Indeed in my judgement there was none, and only ever speculative and specious. Having worked in vaccine development for a decade I remembered an adage that if a vaccine needs a booster, it doesn't work! What concerned me too was that they were boosting against a virus that had long since left the planet so, at the very least, it would do no good but more likely do harm, inducing immune responses that would be positively harmful and enhance susceptibility to infections with other viruses/variants, as has exactly turned out to be the case. This is not merely anecdotal. Despite several attempts to deny its conclusions and claim it has been misinterpreted, [this Cleveland study indisputably shows](#) a greater than threefold increase in covid infections in those who were boosted. A large-scale Israeli research study reported in the *BMJ* at the end of 2021 had [already found a significantly increased risk](#) of covid infection after the second vaccine dose. Its significance was ignored. Perversely, the authors concluded that this negative efficacy might warrant a third dose.

I was so alarmed at the possibility that the vaccine boosters could induce cancer relapse that I alerted everyone concerned, only to be told to prove it or shut up and stop upsetting cancer patients. Amazingly, one of my clinical colleagues who disagreed with me simply refused to engage in discussion at all. I then became aware of literally dozens of people who had *not* had cancer before developing leukaemia and lymphomas



after the boosters. Since pointing this out publicly I have been contacted by many physicians and patients from all over the globe saying that they are not only seeing the same phenomenon but also an increase in other cancers especially colorectal, pancreatic, renal and ovarian.

Yet the GP texts and calls still came to my patients and myself to get a booster now to 'stay safe!' Indeed I was told to organise the proof myself with no resources or help, with the Medicines and Healthcare products Regulatory Agency (MHRA) and Office for National Statistics (ONS) seeming to collaborate to keep any useful data secret, as Carl Henegan and colleagues [have discussed many times](#).

However, last week an amazing paper from Japan was published. It was available on a pre-publication server last year but now it has been [peer-reviewed and published in *Cureus*](#). Titled *Increased age adjusted cancer mortality after the third mRNA lipid nanoparticle vaccine dose during the COVID pandemic in Japan*, it is authored by Miki Gibo and colleagues. It is an enormous study and compares the full official statistics by annual and monthly age adjusted mortality rates (AMR) for the years 2020, 2021 and 2022 with regression analysis.

The results are astounding. It shows there was a deficit for all cancers in the year 2020 when the first and second covid waves occurred. In 2021 there was an excess of deaths of 2.2 per cent and a 1.1 per cent increase in cancers. However, by 2022 the excess deaths had increased 9.6 per cent and cancer by 2.1 per cent. This paper was completed and published before the 2023 figures release which will almost certainly be much worse. What is remarkable here is that we are talking mortality, that is deaths from cancer not incidence of it.

I predicted the lockdowns would lead to a vast increase in cancer cases but that deaths would be delayed because we are very good at treating the majority of cases. This data shows that in spite of good treatment (which Japan certainly has), patients are now dying at an increased rate. It cannot be due to covid as deaths went down during the first two waves!

The paper looks at 20 subtypes of cancer with no significant change in type of death for the three years examined. The main tumour types that increased were lung, pancreas, liver, bile duct, ovary, leukaemia and nearly all other types. The most significant omission is a lack of increase in colorectal cancer which my colleagues have been seeing here in the UK. I immediately remembered that Japan has a unique non-inflammatory diet and that this may account for the difference.

So what is the cause of this sudden increase? It is revealed in the title of the paper! Indeed the paper goes on to examine the close relationship between the third covid mRNA injection and the increase. As I have noted previously, the third useless jab not only has no possible benefit but wrecks what is left of the immune response and control of cancers by suppressing the T cell responses and switching the antibody response to a tolerising one, hence totally destroying the immune response that was controlling these underlying cancers. The discussion reviews many other additional possible reasons, including the ability of the mRNA spike protein to induce clotting which is known to promote cancers and increase expression of various molecules that help tumours escape immune control.

Another piece of research I have just come across concurs with this study. It is a review in the [*International Journal of Biological Macromolecules*](#) by a team from several countries and continents which concludes that many mRNA vaccines inhibit the natural immune response by interfering with interferon signalling which in turn inhibits many immune protective pathways. (There are also published models that show that mRNA vaccines can stimulate cancer growth and metastatic spread.) Moreover, the study shows that this is mainly associated with an insert – N1-methyl-pseudouridine (m1Ψ) – used by both covid mRNA manufacturers to stabilise the spike protein long enough to be recognised as a foreign antigen. It would appear that they could not have



chosen a worse candidate for this as other agents and or inserts do not cause such changes in these models. The authors conclude that they should have been avoided as they may cause excess cancer in recipients.

As I completed this last paragraph I was informed by radio and by my GP surgery by email that our completely incompetent NHS and Department of Health are offering a spring booster covid vaccine to those over 75 and at risk. What they will be at risk of is increasing their chances of dying of cancer. Do these people not read the literature, or are they just plain stupid or just not care?