WHO Cancer Agency Predicts 77% Rise in Cancers by 2050

Analysis by Dr. Joseph Mercola

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STORY AT-A-GLANCE

- The World Health Organization's International Agency for Research on Cancer estimates more than 35 million new cancer cases in 2050
- This represents a 77% increase from the estimated 20 million cancer cases that occurred in 2022
- WHO blamed the rising cancer rates on an aging population, along with tobacco, alcohol, obesity and exposure to air pollution
- WHO ignored the emergence of rapid-growing "turbo cancers" in people who have received one or more COVID-19 shots
- Many of these cancers are showing up in young people, many under age 30, with no family history of cancer; treatment protocols are available to help recover from post-jab injuries

The World Health Organization's International Agency for Research on Cancer (IARC) released a daunting prediction of the global cancer burden. It estimates more than 35 million new cancer cases in 2050 — a 77% increase from the estimated 20 million cancer cases that occurred in 2022.[1]

While WHO named an aging population as a key driver behind the increasing cancer burden, along with tobacco, alcohol, obesity and exposure to air pollution, what they're ignoring is the concerning trend of turbo cancers that occur shortly after COVID-19 shots.

Cancer Cases Set to Increase Significantly by 2050

The IARC cancer burden estimates are based on the "best sources of data available in [185] countries in 2022."[2] That year, there were an estimated 20 million new cancer cases and 9.7 million deaths, with WHO reporting, "About 1 in 5 people develop cancer in their lifetime, approximately 1 in 9 men and 1 in 12 women die from the disease."[3]

About two-thirds of the new cancer cases and deaths were caused by 10 types of cancer. Lung cancer was most common, followed by female breast cancer, colorectal cancer, prostate cancer and stomach cancer. When broken down by sex, breast cancer was the most commonly diagnosed — and the leading cause of cancer death — among women. For men, it was lung cancer.

Lung cancer and colorectal cancer accounted for the second and third most diagnosed types and cause of most deaths among women. However, for men, prostate and colorectal cancers were second and third most common, while liver and colorectal cancer caused the second and third most cancer deaths.[4]

There were also disparities revealed based on human development index (HDI), a statistical tool that assesses three dimensions of human development: a long and healthy life, access to knowledge (schooling) and a decent standard of living. According to WHO:[5]

"In terms of the absolute burden, high HDI countries are expected to experience the greatest absolute increase in incidence, with an additional 4.8 million new cases predicted in 2050 compared with 2022 estimates. Yet the proportional increase in incidence is most striking in low HDI countries (142% increase) and in medium HDI countries (99%). Likewise, cancer mortality in these countries is projected to almost double in 2050."

What's Driving Up Cancer Rates?

WHO blamed the projected cancer burden increase on a combination of age and environmental factors, stating:[6]

"The rapidly growing global cancer burden reflects both population ageing and growth, as well as changes to people's exposure to risk factors, several of which are associated with socioeconomic development. Tobacco, alcohol and obesity are key factors behind the increasing incidence of cancer, with air pollution still a key driver of environmental risk factors."

But it did not mention the emergence of rapid-growing cancers of the breast, colon, esophagus, kidney, liver, pancreas, bile duct, brain, lung and blood — including exceedingly rare types of cancer. As noted by Canadian oncologist and cancer researcher Dr. William Makis in the Highwire interview above,[7] these cancers are showing up in young people, many under age 30, with no family history of cancer.

They're showing up in pregnant women and young children. Equally odd is the fact that most are Stage 3 or 4 by the time they're diagnosed, with symptoms arising only days or weeks before. The cancers grow and spread so rapidly, many of these patients die before treatment can even begin. Most of them are also resistant to conventional treatment.

The phenomenon has become common enough that the term "turbo cancers" was coined to describe these rapid-growing cancers in people who have received one or more COVID jabs.

Turbo Cancer Cases Reported Following COVID-19 Shots

In a case report described by board-certified internist and cardiologist Dr. Peter McCullough and colleagues, basaloid carcinoma, a type of aggressive cancer, developed in a 56-year-old man shortly after he received an mRNA COVID-19 shot.

Early symptoms, which began just four days after the jab, were similar to those caused by Bell's palsy, and involved head pain — but soon a tumor developed on his ear and face. According to the study:[8]

"We place this within the context of multiple immune impairments potentially related to the mRNA injections that would be expected to potentiate more aggressive presentation and progression of cancer. The type of malignancy we describe suggests a population risk for occurrence of a large variety of relatively common basaloid phenotype cancer cells, which may have the potential for metastatic disease.

… Since facial paralysis/pain is one of the more common adverse neurological events following mRNA injection, careful inspection of cutaneous/soft tissue should be conducted to rule out malignancy."

This is just one example. Another case report, published in Frontiers in Medicine,[9] also found a "rapid progression" of angioimmunoblastic T-cell lymphoma (AITL) — a rare type of non-Hodgkin lymphoma (NHL) — following an mRNA COVID booster shot. AITL is a cancer that affects the lymph system, primarily involving T-cells, a type of white blood cell that plays a crucial role in the immune system.

"Since nucleoside-modified mRNA vaccines strongly activate T follicular helper cells, it is important to explore the possible impact of approved SARS-CoV-2 mRNA vaccines on neoplasms affecting this cell type," the study notes.[10]

The cancer occurred in a 66-year-old man, mere days after he got his third Pfizer shot. Ironically, he got the shot to protect him during chemotherapy, and in eight days, the cancer just exploded and spread like wildfire.

According to Makis, that kind of progression would normally take a couple of years, or at least a few months. "Such a rapid evolution would be highly unexpected in the natural course in the disease," according to the study.[11]

How Might COVID-19 Shots Trigger Cancer?

In May 2021, I **interviewed Stephanie Seneff**, Ph.D., a senior research scientist at MIT for over five decades, about the likely hazards of replacing the uracil in the RNA used in the COVID shots with synthetic methylpseudouridine.[12] Uracil is one of the four nucleobases in the nucleic acid of RNA that are represented by the letters A, G, C and U.

This process of substituting letters in the genetic code is known as codon optimization, which is known to be problematic.

At the time, Seneff predicted the shots would cause a rise in prion diseases, autoimmune diseases, neurodegenerative diseases at younger ages, blood disorders and heart failure, and one of the primary reasons for this is because they genetically manipulated the RNA in the shots with synthetic methylpseudouridine, which enhances RNA stability by inhibiting its breakdown.

But when substituting parts of the code in this way, the resulting protein can easily get misfolded, and this has been linked to a variety of chronic diseases,[13] including Alzheimer's, Parkinson's disease and heart failure.[14] As explained by Makis, the pseudouridine insertion can also suppress your innate immune surveillance by dampening the activity of toll-like receptors, and one downstream effect of that is reduced cancer surveillance.

"The more mRNA shots you take, the greater the immune system damage, the greater your risk of impaired cancer surveillance and hence, the greater your risk of turbo cancer," Makis says.

DNA Contamination Discovered in COVID Shots

In a preprint study, microbiologist Kevin McKernan — a former researcher and team leader for the MIT Human Genome project[15] — and colleagues assessed the nucleic acid composition of four expired vials of the Moderna and Pfizer mRNA shots. "DNA contamination that exceeds the European Medicines Agency (EMA) 330ng/mg requirement and the FDAs 10ng/dose requirements" was found.[16]

So, in addition to the spike protein and mRNA in COVID-19 shots, McKernan's team discovered simian virus 40 (SV40) promoters that, for decades, have been suspected of causing cancer in humans, including mesotheliomas, lymphomas and cancers of the brain and bone.[17]

Florida Surgeon General Dr. Joseph Ladapo, called for an end to the use of COVID-19 mRNA shots, citing concerns about DNA fragments in the products.[18] In a December 6, 2023, letter sent to the U.S. Food and Drug Administration and Centers for Disease Control and Prevention, Ladapo outlined findings showing the presence of lipid nanoparticle complexes and the SV40 promoter/enhancer DNA.

While there are limits on how much DNA can be in a vaccine due to concern over DNA integration, the guidelines don't consider lipid nanoparticles and other factors in COVID-19 shots that could enhance how much DNA can enter a cell.

"Lipid nanoparticles are an efficient vehicle for delivery of the mRNA in the COVID-19 vaccines into human cells and may therefore be an equally efficient vehicle for delivering contaminant DNA into human cells.

The presence of SV40 promoter/enhancer DNA may also pose a unique and heightened risk of DNA integration into human cells," according to a news release from the Florida Department of Health (DOH).[19] Further, according to the Florida DOH, the FDA's own 2007 guidance states:[20]

- *"DNA integration could theoretically impact a human's oncogenes – the genes which can transform a healthy cell into a cancerous cell.*
- *DNA integration may result in chromosomal instability.*

- *The Guidance for Industry discusses biodistribution of DNA vaccines and how such integration could affect unintended parts of the body including blood, heart, brain, liver, kidney, bone marrow, ovaries/testes, lung, draining lymph nodes, spleen, the site of administration and subcutis at injection site."*

How to Recover From Post-Jab Injury

If you've had a COVID-19 shot, there are steps you can take to repair from the assault on your system. Remember, the more mRNA shots you take, the greater the immune system damage. So, the first step is to avoid getting anymore COVID jabs. Next, if you've developed any unusual symptoms, seek out help from an expert.

The Front Line COVID-19 Critical Care Alliance (FLCCC) also has a treatment protocol for post-jab injuries. It's called **I-RECOVER** and can be downloaded from covid19criticalcare.com.[21]

Dr. Pierre Kory, who cofounded the FLCCC, has transitioned to treating the vaccine injured more or less exclusively. For more information, visit **DrPierreKory.com**. McCullough is also investigating post-jab treatments, which you can find on **PeterMcCulloughMD.com**.

The World Health Council has also published lists of remedies that can help inhibit, neutralize and eliminate spike protein, which most experts agree is a primary culprit. I covered these in my 2021 article, "**World Council for Health Reveals Spike Protein Detox**."

TURBO CANCER Literature is growing rapidly - 6 new COVID-19 Vaccine Turbo Cancer papers published in April 2024 - 26 total - the dam is breaking and it will take Pfizer & Moderna with it

TURBO CANCER LITERATURE (15 papers):

- **(2024 Apr, Zhang and El-Deiry) - SARS-CoV-2 spike S2 subunit inhibits p53 activation of p21(WAF1), TRAIL Death Receptor DR5 and MDM2 proteins in cancer cells**
- **(2024 Apr, Rubio-Casillas et al) - Review: N1-methyl-pseudouridine (m1Ψ): Friend or foe of cancer?**
- **(2024 Apr, Gibo et al) - Increased Age-Adjusted Cancer Mortality After the Third mRNA-Lipid Nanoparticle Vaccine Dose During the COVID-19 Pandemic in Japan**
- **(2023 Dec, Angues et al) - SARS-CoV-2 Vaccination and the Multi-Hit Hypothesis of Oncogenesis**
- **(2023 Nov, Patrick Chambers) - The CD147 Epitope on SARS CoV2 and the Spike in Cancer, Autoimmunity and Organ Fibrosis**
- **(2023 Oct, Speicher et al) - DNA fragments detected in monovalent and bivalent Pfizer/BioNTech and Moderna modRNA COVID-19 vaccines from**

Ontario, Canada: Exploratory dose response relationship with serious adverse events.

- **(2023 Sep, McKernan et al) - Sequencing of bivalent Moderna and Pfizer mRNA vaccines reveals nanogram to microgram quantities of expression vector dsDNA per dose**
- **(2023 May, Uversky, Redwan, Makis, Rubio-Casillas) - IgG4 Antibodies Induced by Repeated Vaccination May Generate Immune Tolerance to the SARS-CoV-2 Spike Protein**
- **(2023 May, Eens et al) - B-cell lymphoblastic lymphoma following intravenous BNT162b2 mRNA booster in a BALB/c mouse: A case report**
- **(2023 Apr, Halma, Rose, Lawrie) - The Novelty of mRNA Viral Vaccines and Potential Harms: A Scoping Review**
- **(2023 March, Guetzkow et al) - National Academies Committee on Review of Relevant Literature Regarding Adverse Events Associated with Vaccines**
- **(2022 May, Jiang et al) - SARS–CoV–2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro (Retracted)**
- **(2022 Apr, Seneff et al) - Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs**
- **(2022 Feb, Alden et al) - Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line**
- **(2020 Oct, Singh) - S2 Subunit of SARS-nCoV-2 Interacts with Tumor Suppressor Protein p53 and BRCA: an In Silico Study**

TURBO CANCER CASES (11 papers):

- **(2024 Apr, Abdurrahman et al) - Primary Cutaneous Adenoid Cystic Carcinoma in a Rare Location With an Immune Response to a BNT162b2 Vaccine**
- **(2024 Apr, Ueda et al) - Fetal hemophagocytic lymphohistiocytosis with intravascular large B-cell lymphoma following coronavirus disease 2019 vaccination in a patient with systemic lupus erythematosus: an intertwined case**
- **(2024 Apr, Gentilini et al) - A Case Report of Acute Lymphoblastic Leukaemia (ALL)/Lymphoblastic Lymphoma (LBL) Following the Second Dose of Comirnaty®: An Analysis of the Potential Pathogenic Mechanism Based on of the Existing Literature**
- **(2023 Sep, Kyriakopoulos et al) - Bell's palsy or an aggressive infiltrating basaloid carcinoma post-mRNA vaccination for COVID-19? A case report and review of the literature**
- **(2023 Apr, Tachita et al) - Newly diagnosed extranodal NK/T-cell lymphoma, nasal type, at the injected left arm after BNT162b2 mRNA COVID-19 vaccination**
- **(2023 Jan, Cavanna et al) - Non-Hodgkin Lymphoma Developed Shortly after mRNA COVID-19 Vaccination: Report of a Case and Review of the Literature**

- **(2022 Sep, Revenga-Porcel et al)** - 76M lymphoma after 3rd Moderna mRNA
- **(2022 Aug, Sekizawa et al)** - 80F lymphoma after 2nd Pfizer mRNA
- **(2022 Jun, Zamfir et al)** - 58F 2nd Pfizer, 53M 2nd Pfizer both lymphoma
- **(2022 Apr, Mitsui et al)** - 67M 2nd Pfizer, 80F 2nd Pfizer both lymphoma
- **(2021 Nov, Goldman et al)** - 66M lymphoma progression after 3rd Pfizer mRNA

Blessings,

Pastor Bob, EvanTeachr@aol.com
www.pastorbobreid.com