

Turbo Cancer Literature Is Growing Rapidly. The Dam Is Breaking and It Will Take Pfizer and Moderna with It

By [Dr. William Makis](#)

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[COVID Intel](#)

Theme: [Science and Medicine](#)

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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

My Take...

“I searched for “Turbo Cancer” in Google and found 0 papers in the medical literature!” – This is the nonsense I face from heavily brainwashed and propagandized individuals online.

Let’s look at one of the key Big Pharma Propagandists on Twitter, Dr.David Gorski, whose

[opinion piece](#) on Turbo Cancer is routinely used by “Community Notes” as an official source. He writes:

“There is no such thing as “turbo cancer”

Unsurprisingly, “turbo cancer” isn’t a thing. Oncologists don’t recognize it as a phenomenon, nor do cancer biologists, and if you search for it on PubMed, you won’t find a reference to it. Basically, it’s a clever term coined by antivaxxers to scare you into thinking that COVID-19 vaccines will give you cancer, or at least greatly increase your risk of developing cancer. The “evidence” marshaled to support the concept consists of the usual misinformation techniques used by antivaxxers: citing anecdotes, wild speculation about biological mechanisms without a firm basis in biology, and conflating correlation with causation, no matter how much one must squint to see it.

Unfortunately, “turbo cancer” is also too frightening and pithy of a term to go away any time soon. I expect antivaxxers to be using it for years to come, perhaps for the rest of my life.”

David H. Gorski, MD, PhD, FACS is a [surgical oncologist at the Barbara Ann Karmanos Cancer Institute](#) specializing in breast cancer surgery, where he also serves as the [American College of Surgeons Committee on Cancer Liaison Physician](#) as well as an Associate Professor of Surgery and member of the faculty of the [Graduate Program in Cancer Biology](#) at Wayne State University.

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Wikipedia – “[Turbo Cancer](#)”:

“Turbo cancer is an anti-vaccination myth centred on the idea that people vaccinated against COVID-19, especially with mRNA vaccines, are suffering from a high incidence of fast-developing cancers. The myth, spread by a number of vaccine opponents and related influencers including doctors, has no factual basis.

In late 2020, as COVID-19 vaccines were emerging, antivaccine doctors and social media personalities began circulating the unfounded idea that people vaccinated against COVID-19 were developing rapidly-spreading cancers. These claims have tended to misrepresent single case reports or speculate based on anecdotes. [David Gorski](#) summarized the “turbo cancer” phenomenon as “the usual misinformation techniques used by antivaxxers: Citing anecdotes, wild speculation about biological mechanisms without a firm basis in biology, and [conflating correlation with causation](#).”

According to the US [National Cancer Institute](#), “there is no evidence that COVID-19 vaccines cause cancer, lead to recurrence, or lead to disease progression. Furthermore, COVID-19 vaccines do not change your DNA”.

My comment: this Wikipedia entry is very weak, it only references 2 of the 26 papers that I have listed. “COVID-19 Vaccines do not change your DNA” is also a false statement because this is currently an unknown. This entry also cites a non-expert, David Gorski, which brings its own set of problems.

The Big Pharma cover-up is extremely weak:

David Gorski's opinion piece is full of false assumptions and bogus, fabricated statements. He goes over three papers (Goldman, Zamfir, Singh), and ignores the rest of the "Turbo Cancer" literature.

Here is an example of the type of faulty logic he uses:

"the claims (by lawyer Thomas Renz who claimed an increase in cancer in the database tracking the health of military personnel) were incredible on their face just from a scientific plausibility standpoint given that we know from the nuclear bombings at Hiroshima and Nagasaki that the cancers due to the most powerful carcinogen of all, large doses of ionizing radiation, take at least two years to begin showing up (leukemias) while most solid cancers don't show up for around 10 years. Given that the vaccines were only introduced to the general population two years ago, even if the vaccines were as powerful a carcinogen as an ionizing radiation dose from being exposed when a nuclear bomb goes off, it would be only now that we might be beginning to see a glimmer of a cancer signal for leukemias, and even then most people didn't receive the vaccine until months or even a year later, making too soon."

This statement is full of bogus, false assumptions:

- ionizing radiation is not the *"most powerful carcinogen of all"* and it's clear that Gorski has zero understanding of ionizing radiation, which is not surprising as he has no training in it as a breast cancer surgeon.
- *"even if the vaccines were as powerful a carcinogen as an ionizing radiation dose from being exposed when a nuclear bomb goes off"*
- he is comparing lipid nanoparticles filled with artificially modified mRNA and DNA plasmid molecules that circulate in the blood throughout the entire body for weeks and are readily taken up by cells all over the body, with external radiation exposure from a "nuclear bomb"
 - the two processes cannot be compared biologically
 - [Wikipedia](#): *"Carcinogenicity of radiation depends on the type of radiation, type of exposure, and penetration. For example, [alpha radiation](#) has low penetration and is not a hazard outside the body, but emitters are carcinogenic when inhaled or ingested."*
 - he completely ignores the immune system in these deliberations and the effect of artificially modified mRNA on the immune system vs the effect of ionizing radiation on the immune system.

"Oncologists don't recognize it as a phenomenon, nor do cancer biologists, and if you search for it on PubMed, you won't find a reference to it"

Here Gorski commits the "appeal to authority fallacy", as well as showing us his inability to search the medical literature properly.

He also ignores the fact that these experimental pharmaceutical products were never tested for genotoxicity or carcinogenicity. Why would oncologists or cancer biologists recognize a phenomenon caused by an experimental pharmaceutical product, if the manufacturers themselves didn't test it for either genotoxicity or carcinogenicity?

2.4.4.4. Genotoxicity

No genotoxicity studies are planned for the COVID-19 vaccine candidates, as the components of all vaccine constructs are lipids and RNA that are not expected to have genotoxic potential (WHO, 2005).

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FDA-CBER-2021-4379-0000895

Obtained via FOIA by Judicial Watch, Inc.

COVID-19 Vaccine (BNT162, PF-07302048)

BB-IND 19736

Module 2.4. Nonclinical Overview

2.4.4.5. Carcinogenicity

Carcinogenicity studies with the COVID-19 vaccine candidates have not been conducted as the components of all vaccine constructs are lipids and RNA that are not expected to have carcinogenic or tumorigenic potential. Carcinogenicity testing is generally not considered necessary to support the development and licensure of vaccine products for infectious diseases (WHO, 2005; WHO, 2014).

2.4.4.6. Reproductive and Developmental Toxicity

Reproductive or developmental toxicity assessments have not been conducted with the COVID-19 vaccine candidates.

Macroscopic and microscopic evaluation of male and female reproductive tissues will be included in the final report of the pivotal repeat-dose toxicity study (Study 38166).

“Basically, it’s a clever term coined by antivaxxers to scare you into thinking that COVID-19 vaccines will give you cancer, or at least greatly increase your risk of developing cancer. The “evidence” marshaled to support the concept consists of the usual misinformation techniques used by antivaxxers: citing anecdotes, wild speculation about biological mechanisms without a firm basis in biology, and conflating correlation with causation, no matter how much one must squint to see it.”

- Here, Gorski is reduced to ad hominem attacks, smears and false generalizations
- He also engages in a strawman fallacy (he fabricates a caricature of “antivaxxers” that cite anecdotes and make wild speculations – but does not give a single specific example of such an individual in real life, who might engage in such activities – he then attacks this caricature that he fabricated and “defeats it”)
- furthermore, Gorski himself has no expertise in biology, immunology, vaccines, or clinical trials. How would he know which speculations have a “firm basis in biology” if he has no such expertise?

Gorski also conveniently ignores the fact that doctors are being censored and suppressed from conducting COVID-19 mRNA Vaccine Injury research in a way that has never been seen in medicine before. They are being stripped of their licenses, jobs and hospital privileges.

The playing field is not even but Gorski is acting like it is. One side has the backing of a well politically connected pharmaceutical mafia (routinely convicted of medical fraud) and


\$200+ billion in financial incentives, the other side has threats, smears, destruction of medical careers, reputations, jobs, licenses, academic careers, research careers, ability to earn an income, and sometimes even threats to families.

If it was a David vs Goliath battle, David would have no slingshot, no rocks, and he would be blindfolded with his hands tied behind his back, and his legs broken, thrown in front of Goliath (the well fed and well funded David Gorskis of this world).

My Contribution to an Epoch Times Article

mRNA COVID Vaccines May Be Triggering 'Turbo Cancers' in Young People: Experts

FEATURED COVID VACCINES

 Magan Radshaw, J.D.
Jul 28 2023

Urgent Need to Determine Underlying Causes of Turbo Cancers

The exact mechanism giving rise to turbo cancers is unknown, and it's unclear whether one or multiple mechanisms are responsible for these cancers, Dr. William Makis, an oncologist, cancer researcher, and nuclear medicine radiologist, told The Epoch Times in an email.

Dr. Makis provided the following several possible hypotheses for how mRNA COVID-19 vaccines could cause turbo cancers:

1. The current COVID-19 mRNA vaccines contain pseudouridine-modified mRNA, which attenuates or alters the activity of key proteins in the innate immune system, impairing cancer surveillance.
When activated, these key proteins, called toll-like receptors, can prevent tumors from forming and growing.
2. Vaccination alters T-cell signaling that induces profound impairment in type 1 interferon and cancer surveillance.
3. The shift of the antibody IgG4 caused by repeated mRNA vaccination could create a tolerance for spike protein and impair the production of the antibodies IgG1 and IgG3 and cancer surveillance.
4. The spike protein produced by the body after COVID-19 mRNA vaccination may interfere with important tumor suppressor proteins—P53, BRCA 1, and two tumor suppressor genes.
5. The spike protein may interfere with DNA repair mechanisms.
6. The RNA from the COVID-19 vaccines may be reverse-transcribed and integrated into the human genome.
7. Pfizer and Moderna vials found to be contaminated with plasmid DNA containing SARS-CoV-2 spike protein may integrate into the human genome.
8. The presence of the simian virus 40 (SV40) in DNA discovered in Pfizer mRNA vaccine vials may lead to cancers—most notably, non-Hodgkin lymphoma and other lymphomas—as it did with SV40-contaminated polio vaccines.
9. mRNA-based vaccines may be triggering the release of oncogenes—oncomiRs or microRNAs, which can enhance or inhibit cancer development and participate in cancer biological processes, such as proliferation, invasion metastasis, angiogenesis, chemoresistance, and immune escape.

Not much has changed in regards to the hypotheses on how these Turbo Cancers may be arising in the COVID-19 Vaccinated.

There is more evidence of p53 playing a significant role.

More work has been done on DNA contamination, SV40, and research is underway on integration of DNA contaminants into the genomes of the COVID-19 Vaccinated.

We still don't have answers.

However, I see April 2024 as a watershed moment – the Turbo Cancer papers are starting to come in now fast and furiously. More case reports, more hypotheses, more evidence of mRNA Induced Turbo Cancer in the population.

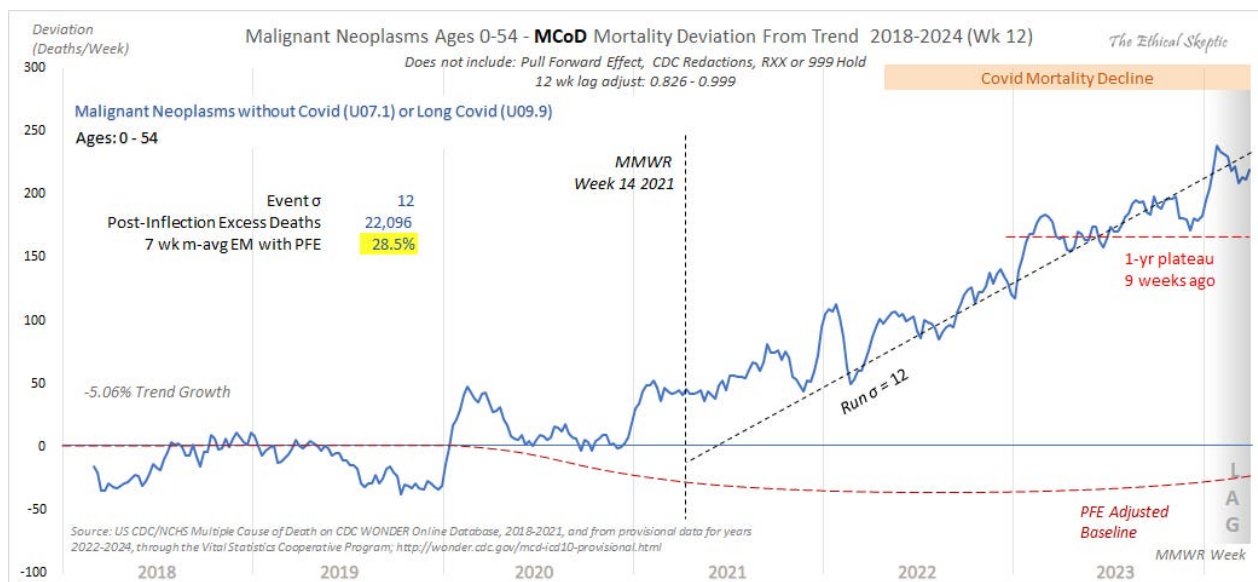
Despite the best efforts of big pharma and their corrupt allies in politics, media and medical associations, the truth about mRNA Induced Turbo Cancer cannot be suppressed, or hidden. It's coming out and there is no turning back.

The dam is breaking and it will take Pfizer and Moderna with it.

When you look at Pfizer’s stock chart, you see a stock in freefall, going opposite compared to the rest of the market. That means bad news is being “priced in” over time as insiders sell and run for the hills. I believe that bad news is the truth about Pfizer’s COVID-19 mRNA Vaccines causing CANCER.



Meanwhile, cancer deaths in the United States are at an all time high and rising.



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Dr. William Makis is a Canadian physician with expertise in Radiology, Oncology and Immunology. Governor General's Medal, University of Toronto Scholar. Author of 100+ peer-reviewed medical publications.

Featured image is from COVID Intel

The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

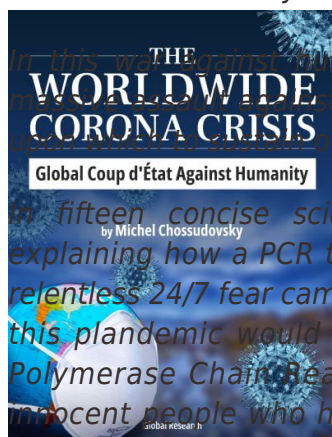
by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”

Reviews

This is an in-depth resource of great interest if it is the wider perspective you are motivated to understand a little better, the author is very knowledgeable about geopolitics and this comes out in the way Covid is contextualized. —Dr. Mike Yeadon



In this war against humanity in which we find ourselves, in this singular, irregular and massive assault on our liberty and the goodness of people, Chossudovsky's book is a rock upon which we can stand in our fight. —Dr. Emanuel Garcia

In fifteen concise science-based chapters, Michel traces the false covid pandemic, explaining how a PCR test, producing up to 97% proven false positives, combined with a relentless 24/7 fear campaign, was able to create a worldwide panic-laden “plandemic”; that this plandemic would never have been possible without the infamous DNA-modifying Polymerase Chain Reaction test – which to this day is being pushed on a majority of innocent people who have no clue. His conclusions are evidenced by renown scientists. —Peter Koenig

Professor Chossudovsky exposes the truth that “there is no causal relationship between the virus and economic variables.” In other words, it was not COVID-19 but, rather, the deliberate implementation of the illogical, scientifically baseless lockdowns that caused the shutdown of the global economy. —David Skripac

A reading of Chossudovsky's book provides a comprehensive lesson in how there is a global coup d'état under way called “The Great Reset” that if not resisted and defeated by freedom

loving people everywhere will result in a dystopian future not yet imagined. Pass on this free gift from Professor Chossudovsky before it's too late. You will not find so much valuable information and analysis in one place. -Edward Curtin

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