

The Critical Point

Literature review

Mathilde Debord | June 19, 2025

COVID-19 mRNA vaccines can induce cancer in 17 distinct ways, according to over 100 studies

More than four years ago, parts of the scientific community warned of the cancer risks associated with mRNA injections against COVID. Data from the literature now suggests that they may have the ability to induce, accelerate, or reawaken cancers in 17 different ways.



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Is mass vaccination against COVID causing an explosion in cancer cases, as many scientists claim, some of whom had prophesied it as early as May 2021 ? A group of French oncologists published an article two years ago in which they categorically refute this hypothesis: " *To date, no warning link has been published between an increased incidence or risk of rapid progression of cancer after anti-COVID-19 vaccination or after another vaccination.* " They now claim to be faced with a tsunami of rapid cancers, particularly among young people , for which they say they find no rational explanation:

We have a dramatic increase in pancreatic cancer without the slightest idea why. Did something happen? We don't know. The whole world, the entire cancer research community worldwide, is asking this question. [...] The system that allows us to understand cancer is failing.

Professor Khayat, co-founder of InCA



If Professor Khayat is consistent, he cannot theoretically exclude that vaccination could be at the origin of this explosion of cancer cases since it is (1) extremely recent if we refer to his previous interventions, (2) it affects the entire planet – in particular populations who have been forced to inject themselves to maintain a social life or who have aggressively promoted vaccination (influencers in particular) –, and (3) it seems to respond to an unprecedented logic. As would a substance used for the first time in humans, of which we only know part of the composition and whose impact on cancer was not evaluated before its massive deployment ^[1] .

Last March, epidemiologist Nicolas Huscher listed 10 ways in which anti-COVID mRNA injections can cause cancer. This list, from a study ^[2] published in December 2023 in the journal *Cureus*, can now be extended to **17 items based on (non-exhaustive) more than 100 studies** .

1. Genome instability

The risk of vaccine RNA integration into the genome of vaccinated individuals was confirmed in 2021 by a series of studies ^[3], ^[4], ^[5] . Insertional mutagenesis induced by DNA integration causes frameshift mutations *that* induce the production of aberrant proteins leading to cancer.

The European Medicines Agency still claims that vaccine mRNA cannot penetrate the nucleus of cells, as this integration requires the use of an enzyme (reverse transcriptase) which, according to it, is absent from human cells. However, this claim, which is not based on any evidence , was refuted in June 2021. This phenomenon was observed in July 2023 in mice, where **a single injection of mRNA induced a genetic modification** ^[6] . More recently, vaccine Spike protein was found in tumors of vaccinated patients ^[7] , suggesting that it can integrate into the genome, the first feared consequence of such integration being the development of cancer.

This hypothesis was revived in mid-April by scientists from a biomolecular research laboratory (Neo7Bioscience) and researchers from the University of North Texas ^[8]. The molecular data they collected suggest that vaccine-derived RNA could be **reverse-transcribed into the host genome**, permanently altering gene regulation. They also reveal carcinogenic signs and immune collapse.

2. Immune escape

Spike protein (S2) inhibits several tumor suppressor genes (p53, BRCA1/2, RB1) ^[9], ^[10], ^[11], to which it binds, allowing cancer cells to **escape detection and destruction** by the immune system. Epidemiologist Nicolas Hulscher calls this an "oncogenic reversal."

The first study demonstrating this interference of the Spike protein with the p53 protein, also called the "guardian of the genome," was published in October 2021 ^[12] by Jiang et al. The study was retracted in May 2022 on the orders of Anthony Fauci's NIH. A request to publish the email exchanges concerning this retraction was filed under the Freedom of Information Act, but the NIH still refuses to release the 490 pages of communications. These results were confirmed *in vitro* by Zhang and El Deiry ^[13] in 2024 and a month later *in vivo* ^[14].



3. Impaired DNA repair mechanism

The vaccine Spike protein induces genomic alterations and inhibits the DNA repair system (Jiang, Zhang and El Deiry). This mechanism is normally put in place in the event of an attack on the body, to prevent mutations that can promote the appearance of cancers, repair errors affecting oncogenes or tumor suppressor genes. Its alteration induces immunodeficiency which is " *a direct route to cancer* ^[15] ".

The strategic sequence of the Spike protein patented in 2016 by Stéphane Bancel, CEO of Moderna, would make it possible to target a gene (MSH3) ^[16] whose modification leads to a deficit in DNA repair ^[17]. The pathways by which the Spike protein inhibits this mechanism are listed in the article by Başaran *et al.* ^[18] published last April.

4. Chronic inflammation

Lipid nanoparticles ^[19], ^[20] used to transport vaccine mRNA induce a massive secretion of inflammatory proteins ^[21], ^[22], ^[23], ^[24] (cytokine storm) paving the way for the emergence of cancer stem cells. These cells are likely to develop in all organs (including blood stem cells ^[25]) given the widespread biodistribution of the Spike protein ^[26], ^[27], whose pathogenicity is described in detail in three literature reviews ^[28], ^[29], ^[30] and in more than 320 studies. This inflammation can result in exhaustion of T cells, which are then no longer able to eliminate cancer cells.

Grok AI confirms that the injections cause acute inflammation, but that it resolves within a few days (Bergamaschi, Ogata) and is comparable to that of other vaccines. He states that chronic inflammation requires prolonged stimulation, whereas " *the production of vaccine Spike is limited in time (mRNA is degraded within a few days, Spike within a few weeks), making chronic inflammation unlikely* ." This statement is contradicted by a series of studies ^[31], including four recent studies where the Spike protein was **found in blood plasma up to 709 days after an injection** ^[32] (245 days ^[33] or 12 months ^[34] according to other studies), and up to 17 months ^[35] in the tissues and

organs of Japanese patients, particularly the brain. More than four years after the first injections, no one actually knows if the body stops producing it.

5. Dysregulation of the immune system

mRNA vaccination results in suppression of T cells (lymphopenia) [36] and type I interferon responses [37], which plays a crucial role in cancer surveillance and proliferation. These changes lead to impaired innate immunity [38], [39], [40], [41] and reprogramming of the adaptive **immune response** [42], [43]. Dysregulation of the immune system in the central nervous system has also been reported [44].

In the context of COVID-19 vaccination, this inhibition ensures proper spike protein synthesis and reduced immune activation. There is evidence that the addition of 100% N1-methyl-pseudouridine (m1Ψ) to the mRNA vaccine in a melanoma model stimulated cancer growth and metastasis, while vaccines without mRNA modification did not induced opposite results, thus suggesting that COVID-19 mRNA vaccines may aid cancer development.

Rubio-Casillas et al. Review: N1-methyl-pseudouridine (m1Ψ): Friend or foe of cancer?
<https://doi.org/10.1016/j.ijbiomac.2024.131427>.



Grok cites a 2020 study [45] by BioNTech CEO Ugur Sahin, which argues that mRNA vaccines induce robust, persistent CD4+ and CD8+ T cell responses detected as early as the first few days post-vaccination, which would contradict the idea of widespread and sustained immunosuppression. Pfizer's own clinical data, on the contrary, demonstrates a decline in T cells 6 to 8 days after vaccination in 45% to 46% of participants [46] which is now known to worsen over time.

6. RNA Disruption

Vaccine mRNA is an mRNA modified to increase its longevity and production. The technique used by Pfizer and Moderna (codon optimization) disrupts microRNAs, which are essential players in cell proliferation and death, including cancer cells [47], [48]. A study showed in 2021 [49] that the vaccine Spike protein is transported in vesicles (exosomes) containing microRNAs through which it will prevent the functioning of interferons and therefore inhibit natural immunity, **disrupting cellular processes such as proliferation or tumor surveillance**.

7. Activation of oncogenic pathways

Spike protein is suspected of indirectly activating several pathways that play a crucial role in tumor growth, proliferation and cell survival (MAPK, PI3K/AKT/mTOR [50], [51], [52]), and of increasing the level of interleukin 6 (IL-6), a proinflammatory marker involved in immunity, inflammation, tumor growth, progression of metastases or even resistance to immunotherapy. Its chronic elevation is associated with **inflammation that may promote cancer in certain contexts**.

Grok again points out that no study formally establishes a link between these disturbances and cancer, but a recent study ^[53] found metabolic evidence of activation of certain oncogenic pathways, including the PI3K/mTOR pathway in patients who developed leukemia in the weeks following a second or third Pfizer injection.

8. Tumor microenvironment

Lipid nanoparticles (LNPs) accumulate in tissues *via the Enhanced Permeability and Retention (EPR) effect*, which is characterized by increased permeability of tumor blood vessels and prolonged retention of nanoparticles in tumor tissue. LNPs thus cause a **faster spread of cancer cells** ^[54] ^[55] which can explain the “turbo cancer” phenomenon described by pathologists and oncologists and observed in a study on mice ^[56]. Is such an acceleration of a pathogenic process valid for other diseases induced by the Spike protein? Swedish researchers demonstrated in 2023 that the Spike protein could not only induce Alzheimer's disease but that it would reduce the incubation time of the disease by 80% ^[57], thus causing a new form of “turbo Alzheimer's disease”.



9. Awakening dormant cancers

Changes induced in the tumor microenvironment by COVID-19-associated inflammation or vaccination may affect cancer reawakening and metastatic relapse ^[58].

Patients who have been cancer-free for many years are suddenly relapsing with aggressive, explosive cancers shortly after receiving booster doses of the COVID-19 vaccine. These cases show very rapid tumor growth after the booster. These turbocharged cancers appear faster and with greater virulence than we expected in patients, even those who have been stable for years. Public health authorities are reluctant to acknowledge this correlation. This phenomenon is occurring everywhere in the world where mRNA vaccines have been administered.

Professor Ian Brighthope. The Great Debate: Port Hedland vs. the Prime Minister. 29 Nov. 2024

The ability of the SARS-CoV-2 Spike protein to fuse multiple cells ^[59], ^[60], ^[61] may help explain the cascade of complications of COVID-19, including cancer. The **formation of syncytia** resulting from this fusion could indeed contribute to the development or progression of cancer, particularly in the case of a pre-existing lesion, but also to the formation of metastases and the recurrence of cancers in remission, according to a former professor at Yale University, Yuri Lazebni ^[62].

To be precise, ivermectin, whose effectiveness against COVID-19 has been confirmed to date by more than 100 studies, has numerous antitumor effects ^[63] (inhibition of tumor stem cells, proliferation, metastases and angiogenic activity, acceleration of programmed death of cancer cells, reversal of multidrug resistance), including its ability to inhibit the formation of syncytia induced during cell fusion mediated by the Spike protein ^[64]. Ivermectin, awarded the Nobel Prize in 2006, has an exceptional level of safety, including in children and pregnant women, making it an essential

molecule according to the WHO. Why was it not authorized when nothing was known about the efficacy, safety and carcinogenic potential of mRNA injections? The question will have to be asked sooner or later.

10. Alteration of immune surveillance

The modified mRNA makes tumor cells “invisible” by blocking the activation of the immune system’s front-line receptors (Toll-like receptors, or TLRs).

Karikó and Weissman, the two researchers behind Pfizer's COVID vaccine, explained in 2005 ^[65] that synthetic modification of RNA by adding m1Ψ (for which they received the Nobel Prize in Medicine), partially removed this shield by blocking the ability of natural RNA to activate primary dendritic cells. One of the functions of these cells is to recognize or "signal" pathogens, particularly cancer cells, and induce a targeted immune response.

These results were confirmed in 2015 ^[66] and 2016 ^[67]. The 2016 study also demonstrates that the use of synthetic mRNA is no more effective than natural RNA, although it increases its toxicity (elevated cytokines, neutrophilia), particularly by activating myeloid cells in the blood and spleen, which may reflect a carcinogenic process.

A 2021 study ^[68] confirms that Toll-like receptors can act as a double-edged sword and “ *enhance the pathology* ” **they are intended to prevent** when TLR responses are dysregulated.

11. Frameshift

The modified mRNA in the Pfizer and Moderna vaccines produces an aberrant immune response when translated. In a third of cases, the vaccine mRNA produces a “nonsense” or unknown protein, other than the Spike protein for which it is programmed. The study ^[69] was published in January 2024. The authors agree that if these translation errors are not resolved with the next generation of COVID-19 vaccines, they will pose a major safety concern. However, they believe that this discovery does not call into question the safety of the technology. Another team of researchers ^[70] issued a much more severe diagnosis last June on this **major failure of the mRNA platform** :

The modified mRNAs [...] are not suitable for clinical use due to their long-lasting, potentially permanent, and immunostimulatory nature. [...] The persistent nature of the mRNA encoding the SARS-CoV-2 Spike protein results in dangerously long exposure to an unlimited dose of this pathogenic protein, and therefore needs to be re-evaluated for continued use in humans.

12. Multiple injections

Repeated exposures to synthetic mRNA and vaccine spike lead to exhaustion of the immune system ^[71]. This immunosuppression, which is probably explained by codon optimization and the antibody-dependent facilitation (ADE) mechanism ^{[72], [73]}, suspected from clinical trials, is marked by a change in antibody class (IgG4) ^{[74], [75], [76]} which is now massively documented and supported by a

series of studies demonstrating the negative efficacy of injections . The Peter McCullough Foundation has identified seven to date ^{[77], [78], [79], [80], [81], [82], [83]} . This catastrophic modification of the immune response, not observed after heterologous vaccination or with DNA vaccines (Irrgang), leads to immune tolerance (pathogens cease to be recognized as such) which favors reinfections ^{[84], [85]} and susceptibility to cancer ^{[86], [87], [88], [89]} .

13. DNA contamination of Pfizer and Moderna vaccines

The Pfizer and Moderna vaccines contain fraudulent plasmid DNA ^{[90], [91], [92], [93]} , whose shape (double-stranded circular) makes it "replication competent", meaning that **it can theoretically integrate into the genome, and thus induce cancer in vaccinees** . We have written numerous articles on this discovery, confirmed to date by ten teams of researchers ^[94] worldwide, the latest being a molecular geneticist (Dr. Soňa Peková) ^[95] commissioned by the Slovak government. The quantities reported are staggering, reaching up to 500 times the ceiling set by the European Medicines Agency, which implies that integration into the genome can occur spontaneously , maximizing the risk of cancer.



14. Oncogenic SV40 DNA sequences in Pfizer injection

The addition of strategic SV40 sequences, used in genetics to "hack" the cell nucleus ^[96] , increases tenfold the ability of mRNA to integrate into the genome.

Its use, prohibited by the FDA, was finally granted by Pfizer , but the laboratory maintains that it does not present any health risk. Its carcinogenicity , already abundantly documented, was nevertheless confirmed last October by a study published in the *New England Journal of Medicine* ^[97] . The possibility that it could cause cancer is also suggested by a recent study ^[98] involving Pfizer and Moderna vaccinated subjects, where **tumor antigens were found exclusively in the blood of Pfizer vaccinees** .

According to Dr. McKernan, who made this discovery, all Pfizer vaccines (adult, pediatric, monovalent, bivalent) would be affected by this fraud, the origin of which is attributed to the change in production method ^[99] made after the approval of the injections to meet industrial constraints linked to the pandemic context. Professor Angus Dalgleish , one of the most eminent oncologists in the world, recalled in this context that SV40 is the substance that cancer researchers inject into mice to induce cancer when they want to test chemotherapy. Could the Pfizer laboratory, which now occupies a near monopoly position on the market for anti-cancer treatments, have ignored it? No, and it has not changed its formula despite the collapse in demand for vaccines.

15. Deregulation of the renin-angiotensin system (RAS)

The vaccine spike protein causes the overactivation of a key receptor (AT1R) of the renin-angiotensin system , which notably controls cell multiplication. This overactivation promotes vascularization, and therefore the proliferation of tumors, and generates oxidative stress that is harmful to cells. Dr. Jean-Marc Sabatier ^[100] warned in March 2020 about the consequences of this physiological imbalance, which causes an imbalance between the innate and acquired immune response, and which he predicted could lead to numerous cancers.

16. Destruction of the microbiota

mRNA “vaccines” destroy bifidobacteria present in the microbiota (intestinal flora), which plays a key role in cancer regulation and responses to anticancer therapies . A groundbreaking study published by Dr. Sabine Hazan ^[101] showed in 2022 that **mRNA vaccination against COVID decimates bifidobacteria** present in the intestinal microbiota, where this loss was observed in patients with invasive cancer. The deleterious impact of injections on the microbiota seems confirmed today by the discovery of Spike protein in a colon tumor biopsy from a Pfizer vaccinated patient.

17. Increased resistance to treatments

The viral and potentially vaccine-derived Spike protein prolongs cancer cell survival after exposure to chemotherapy. This finding was highlighted in 2024 by S. Zhang and W. S. El-Deiry. Although the evidence is limited to the viral Spike protein, the authors believe that this disruption of the immune response, which is closely correlated with *p53* gene inhibition and impaired DNA damage response, may be facilitated by repeated injections, administered as boosters, and the astronomical quantities of Spike protein produced.

To this catastrophic picture [102] could be added the **probable presence of hidden genes** in the injections, the impact of which on health no one can predict. Unfortunately, no evidence can be cited of the safety of the injections, since their carcinogenicity has not been evaluated in any trial, and no study demonstrates, to our knowledge, that the injections cannot induce, awaken or accelerate cancer.

A large-scale clinical trial launched in 2021 in Australia aimed to answer this question. It was abruptly halted without explanation by Australian authorities, who are preparing to **illegally destroy the millions of biological tissue samples** collected for this purpose. Another deeply troubling development is the fact that several countries have reported the existence of highly toxic Pfizer batches, suggesting that the laboratory developed products with three different toxicity levels. Cancer clusters have recently occurred in several hospitals in the United States and Australia. However, the vaccine administered to one of the nurses involved came from one of these high-risk batches, which corresponds to the one where the largest quantities of DNA were found.

Was the current global epidemic, the reality of which no one disputes any longer, anticipated in order to test the technology on which the industry has massively bet despite its catastrophic failure ^[103] and in which it has already invested dizzying sums that today prohibit it from going back? This is what the husband of a nurse thinks, who died of cancer a few months after being vaccinated to avoid losing her job, and whose husband is filing a complaint for premeditated poisoning .

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[7] Dr. [McKernan](#) made this discovery by analyzing a colon cancer biopsy from a person who had received four injections of Pfizer mRNA. [Japanese MP and former minister Kazuhiro Haraguchi](#) publicly stated in late May that vaccine spike protein had also been found in the cancer cells of his malignant lymphoma.

[8] <https://x.com/tatiann69922625/status/1931708697379480010> . This discovery was discussed with epidemiologist Nicolas Hulscher: <https://www.thefocalpoints.com/p/breaking-reverse-transcription-cancer> .

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[11] According to Valdes Angues *et al.*, “ *Cancers associated with TP53 mutations include breast cancer, bone and soft tissue sarcomas, brain tumors, and adrenocortical carcinomas. Other less common cancers include leukemia, gastric cancer, and colorectal cancer . Cancers associated with altered BRCA1 activity include breast, uterine, and ovarian cancer in women, prostate and breast cancer in men, and a modest increase in pancreatic cancer in both men and women. The most frequently reported cancers with BRCA2 mutations include pancreatic, prostate in men, and melanoma .* ”

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