

# COVID Boosters Trigger Metastasis

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

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## STORY AT-A-GLANCE

- › Cancer rates have increased since the introduction of the COVID shots and is now one of the top three leading causes of premature death among younger adults – a trend that in turn is driving down U.S. life expectancy
- › The leading causes of death in 2021 were heart disease and cancer, both of which are potential side effects of the COVID jabs
- › Dr. Angus Dalgleish, professor of oncology at St. George's University of London, warns that COVID boosters may be causing aggressive metastatic cancers
- › Research shows SARS-CoV-2 spike protein obliterates 90% of the DNA repair mechanism in lymphocytes, a type of white blood cell that helps your body fight infection and chronic disease, including cancer
- › The COVID jab is less effective in lymphoma patients. Emory University researchers found only 68% of non-Hodgkin lymphoma and chronic lymphocytic leukemia developed neutralizing antibodies after the second dose, compared to 100% of healthy controls

Cancer rates have increased since the introduction of the COVID shots and is one of the top three leading causes of premature death among younger adults – a trend that in turn is **driving down U.S. life expectancy**.

In 2019, the average life span of Americans of all ethnicities was nearly 78.8 years.<sup>1</sup> By the end of 2021, life expectancy had dropped to 76.4<sup>2</sup> – a loss of nearly three years, which is an astounding decline. The leading causes of death in 2021 were heart disease,

cancer and COVID-19, all three of which were higher in 2021 than in 2020,<sup>3</sup> and both heart disease and cancer are potential side effects of the COVID jabs.

## **COVID Boosters Are Triggering Metastatic Cancer**

November 26, 2022, The Daily Sceptic published a letter<sup>4,5</sup> to the editor of The BMJ, written by Dr. Angus Dalgleish, professor of oncology at St. George's University of London, warning that COVID boosters may be causing aggressive metastatic cancers:

*"COVID no longer needs a vaccine programme given the average age of death of COVID in the U.K. is 82 and from all other causes is 81 and falling," Dalgleish writes.<sup>6</sup> "The link with clots, myocarditis, heart attacks and strokes is now well accepted, as is the link with myelitis and neuropathy ...*

*However, there is now another reason to halt all vaccine programmes. As a practicing oncologist I am seeing people with stable disease rapidly progress after being forced to have a booster, usually so they can travel. Even within my own personal contacts I am seeing B cell-based disease after the boosters.*

*They describe being distinctly unwell a few days to weeks after the booster – one developing leukemia, two work colleagues Non-Hodgkin's lymphoma, and an old friend who has felt like he has had Long COVID since receiving his booster and who, after getting severe bone pain, has been diagnosed as having multiple metastases from a rare B cell disorder.*

*I am experienced enough to know that these are not the coincidental anecdotes ... The reports of innate immune suppression after mRNA for several weeks would fit, as all these patients to date have melanoma or B cell based cancers, which are very susceptible to immune control – and that is before the reports of suppressor gene suppression by mRNA in laboratory experiments. This must be aired and debated immediately."*

## **New Norm: Explosive Cancer Relapses**

In a December 19, 2022, article<sup>7</sup> in Conservative Woman, Dalgleish continues discussing the phenomenon of rapidly spreading cancers in patients who were in stable remission for years before receiving their COVID boosters. He notes that after his letter to The BMJ was published, several oncologists have contacted him to say they're seeing the same thing in their own practices.

*"Seeing the recurrence of these cancers after all this time naturally makes me wonder if there is a common cause?" he writes.<sup>8</sup> "I had previously noted that relapse in stable cancer is often associated with severe long-term stress, such as bankruptcy, divorce, etc.*

*However, I found that none of my patients had any such extra stress during this time, but they had all had booster vaccines and, indeed, a couple of them noted that they had a very bad reaction to the booster which they did not have to the first two injections.*

*I then noted that some of these patients were not having a normal pattern of relapse but rather an explosive relapse, with metastases occurring at the same time in several sites ... Scientifically, I was reading reports that the booster was leading to a big excess of antibodies at the expense of the T-cell response and that this T-cell suppression could last for three weeks, if not more.*

*To me, this could be causal as the immune system is being asked to make an excessive response through the humoral inflammatory part of the immune response against a virus (the alpha-delta variant) which is no longer in existence in the community.*

*This exertion leads to immune exhaustion, which is why these patients are reporting up to a 50% greater increase in Omicron, or other variations, than the non-vaccinated."*

## **A Change of Heart and Mind**

Interestingly, in mid-2021, the Daily Mail published an article in which Dalgleish encouraged people to get the COVID shot, especially younger individuals.<sup>9</sup> Dalgleish explains that, at the time, there was an “overwhelming push by the government and the medical community ... that this would be in everyone’s best interest.”

So, he caved to the narrative, even though he had concerns from the start. Now, however, the environment has changed and there’s really no need for these experimental shots anymore.

His concerns further grew when his son developed myocarditis “after having a jab he did not want but that he needed for work and travel purposes.” A friend of his son, who was in his early 30s, suffered a stroke after his jab, and a relative of a close colleague died from a heart attack at the age of 34 after hers.

*“I began to be highly alarmed that it was the vaccines causing these symptoms,” Dalgleish writes,<sup>10</sup> “and that just as we had written<sup>11</sup> ... a genetically engineered virus had serious implications for vaccine design.*

*This paper, which was suppressed and therefore did not appear in print for many months, reported that the sequence of the virus was completely consistent with having been genetically engineered, with a furin cleavage site and six inserts at places that would make the virus very infectious, and the reason this had such tremendous implications for vaccine design was that 80% of these sequences had homology to human epitopes.*

*In particular, we had noticed a homology with platelet factor 4 and myelin. The former is also certainly associated with what is known as VITT (low platelets and clotting issues) and the latter associated with all the neurological problems, such as transverse myelitis, both of which are now recognized as side effects of the vaccine even by the MHRA [Medicines and Healthcare Products Regulatory Agency in the UK].”*

## **Authorities Have Willfully Ignored All Warning Signals**

Dalgleish says his team's findings were eventually circulated among cabinet members and various medical committees, but everyone ignored them. As a result, many have been placed at unnecessary risk for serious injury and/or death.

As Dalgleish points out, young hearts over-express the ACE receptor that the virus was engineered to bind to. This binding with the ACE2 receptor is what "sets off the inflammatory response, which leads to myocarditis, pericarditis, stroke and deaths," Dalgleish says.

This could explain the dramatic increase observed in deaths of young athletes who were jabbed: They simply have more ACE2 receptors that bind to the spike proteins created by the jab. Dalgleish continues:<sup>12</sup>

*"When the facts change, or new facts emerge, the position of all those in authority directing mandates should change but unfortunately, they did not.*

*I tried desperately to point out that all the evidence that vaccines might have been useful in helping to curtail the pandemic was changing; that it was becoming very clear that there were highly significant side effects to the vaccine programme that Pfizer had gone to great lengths to cover up, and that it was only a court case in the US that led to them becoming available.*

*At this stage the whole vaccine programme should have been stopped but nobody seemed to want to address this, neither the Government, the medical authorities or the media.*

*Having written many articles for the Daily Mail arguing against lockdown and for it never to be used again, I was extremely keen to address my change of opinion on the vaccines and to warn people of their dangers particularly to younger people, and to point out there were no grounds at all for giving it to children.*

*Unfortunately, all my efforts and approaches to the mainstream media on this subject have been rejected. This, I believe, is something that will come back to*

*haunt all those who introduced an Orwellian kind of suppression to the emerging truth, which labelled doctors trying to save their patients along the lines of 'first do no harm' as outcasts or villains."*

## **Scientific Proof COVID Jab Causes Cancer**

Back in August 2022, The Exposé<sup>13</sup> highlighted scientific evidence showing the COVID jabs can cause cancer of the ovaries, pancreas and breast, and that "a monumental cover-up is taking place to suppress the consequences ... on women's health."

**“ Research shows SARS-CoV-2 spike protein obliterates 90% of the DNA repair mechanism in lymphocytes, a type of white blood cells that help your body fight infection and chronic disease, including cancer. ”**

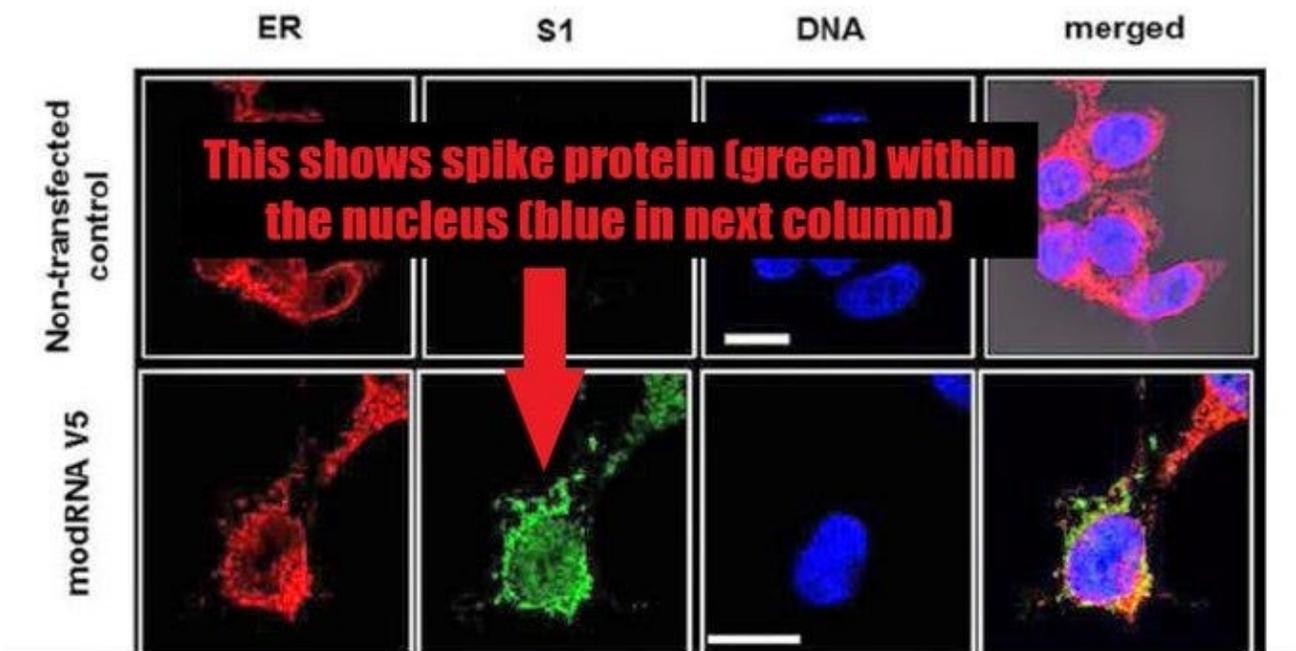
The research in question was that of Jiang and Mei, who published a peer-reviewed article showing the SARS-CoV-2 spike protein obliterated the DNA repair mechanism in lymphocytes, a type of white blood cells that play an important role in your immune system. Lymphocytes help your body fight infection and chronic disease, including cancer. Professional data analyst Joel Smalley writes:<sup>14</sup>

*“The viral spike protein was so toxic to this pathway that it knocked 90% of it out. If the whole spike protein got into the nucleus (in the ovaries), and enough of it was produced and hung around long enough before the body was able to get rid of it all, it would cause cancer. Fortunately, in the case of natural infection, this is unlikely to occur.*

*Unfortunately, the experimental mRNA toxshot induces spike protein to be produced (the full-length spike exactly matching – amino acid for amino acid –*

*the full length of the viral spike protein<sup>15</sup>) in and around the cell nucleus and is produced for at least 60 days and almost certainly longer.<sup>16</sup>*

*'Fact checkers' said the viral spike protein doesn't get in the nucleus despite the expert scientists showing that it absolutely does. Public health authorities and regulators said the vaccinal spike protein doesn't get in the nucleus despite the mRNA manufacturers submitting pictures of it doing so to them as part of their emergency use application ...*



*Jiang and Mei, quite logically and reasonably, cautioned that the mRNA spike protein would likely have the same effect as the viral spike protein on p53 and therefore cause cancer ... [The] Jiang and Mei paper was retracted due to spurious 'expressions of concern' (EOC) about the methods of the study despite them being standard practice ...*

*Well, despite the retraction, the spike protein circulating in large quantities, in the direct vicinity of the cell nucleus, for elongated periods of time, still has the potential to induce cancer in those cells (ovary, pancreas, breast, prostate, lymph nodes). These cancers can take years to develop and so it's possible that we don't see much of a safety signal for 5 or 10 years."*

As noted by Smalley, one of the authors of the EOC that led to the retraction of the paper was Eric Freed, Ph.D., who heads up the U.S. National Institutes of Health's Center for Cancer Research.

He's been a tenured investigator with the National Institute of Allergy and Infectious Diseases (NIAID) and NIH since 2002,<sup>17</sup> the very agencies that funded Moderna's mRNA jab, yet this conflict of interest was not disclosed in the EOC.

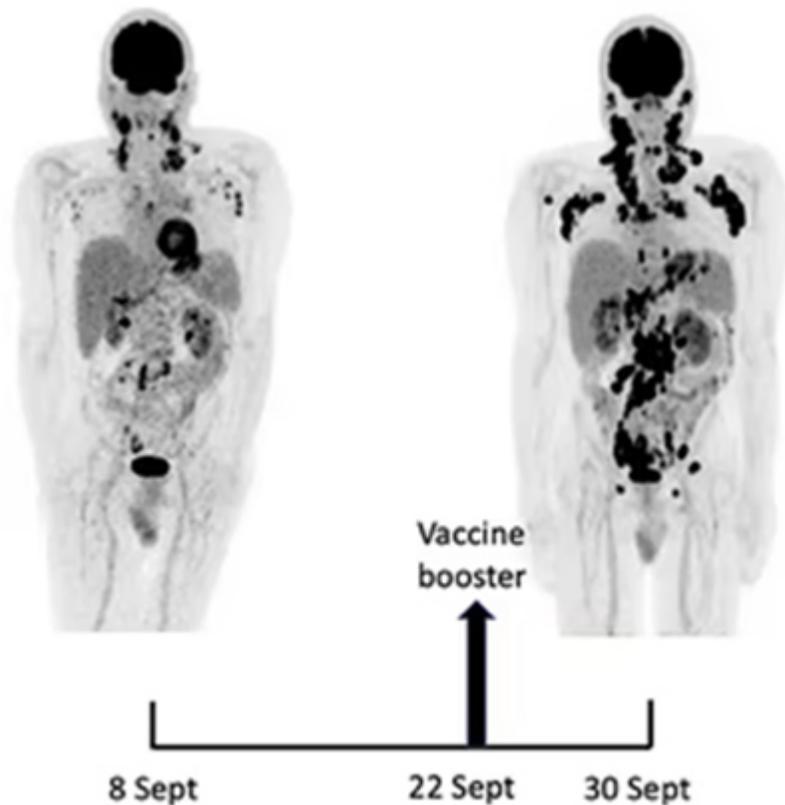
## **A Not so Rare Cancer Case**

At the end of September 2022, The Atlantic<sup>18</sup> featured the story of Belgian immunologist Michel Goldman, 67, who in the spring of 2021 got his first and second COVID shot. In the fall that year, he was diagnosed with lymphoma, cancer of the immune system.

Mere weeks after his body scan and diagnosis, he got his first booster, thinking he needed it since he'd soon become immunocompromised by the chemotherapy. But the booster caused a rapid decline in his health.

Another body scan at the end of September 2021, just three weeks after his first scan, revealed "a brand-new barrage of cancer lesions — so many spots that it looked like someone had set off fireworks inside Michel's body," Roxanne Khamsi writes:<sup>19</sup>

*"More than that, the lesions were now prominent on both sides of the body, with new clusters blooming in Michel's right armpit, and along the right side of his neck.*



*When Michel's hematologist saw the scan, she told him to report directly to the nearest hospital pharmacy. He'd have to start on steroid pills right away, she told him. Such a swift progression for lymphoma in just three weeks was highly unusual, and he could not risk waiting a single day longer.*

*As he followed these instructions, Michel felt a gnawing worry that his COVID booster shot had somehow made him sicker. His brother [Serge, head of nuclear medicine at the hospital of the Université Libre de Bruxelles] was harboring a similar concern.*

*The asymmetrical cluster of cancerous nodes around Michel's left armpit on the initial scan had already seemed 'a bit disturbing,' as his brother said; especially given that Michel's first two doses of vaccine had been delivered on that side. Now he'd had a booster shot in the other arm, and the cancer's asymmetry was flipped.*

*The brothers knew this might be just an eerie coincidence. But they couldn't shake the feeling that Michel had experienced what would be a very rare yet life-threatening side effect of COVID vaccination."<sup>20</sup>*

## T Cells Gone Berserk

Goldman, who was an early champion of the mRNA COVID shots, now “suspected that he was their unlucky victim,” Khamsi writes.<sup>21</sup> He decided to go public about his cancer despite fears “anti-vaxxers” would use it to argue against the COVID jab. His concern for people who had the same type of cancer he had won out.

There are approximately 30 different subtypes of lymphoma. The kind Goldman had – angioimmunoblastic T-cell lymphoma – attacks follicular helper T cells, which play a crucial role in your body’s immune response to invading pathogens.

Helper T cells serve as a messenger between dendritic cells, which identify the pathogen, and B cells that make the appropriate antibodies. The mRNA COVID shots “are especially effective at generating that message, and spurring its passage through the helper T cells,” Khamsi writes.

This activation of helper T cells is part of what makes the COVID jabs work. But Goldman began to suspect that revving up those helper T cells might in some cases cause them to go berserk, resulting in tumors, or worsening of already existing ones.

## Other Case Reports

Goldman was lucky. He lived to talk about it. Many others have not been so fortunate. And while he still believes he’s an “ultra-rare” case, he’s since received reports from other patients who suddenly developed angioimmunoblastic T-cell lymphoma after their shots. As reported by Khamsi:<sup>22</sup>

*“Around the time of his February follow-up, Michel received a message from a doctor who had read his self-referential case report. The doctor’s mother had been diagnosed with the same subtype of lymphoma that Michel has following a COVID booster shot. More recently, he got an email from a woman whose sister had been vaccinated and received that diagnosis the following month.”*

In August 2022, *Frontiers in Medicine* published a case report<sup>23</sup> describing “rapid progression of marginal zone B-cell lymphoma” following the COVID jab. The 80-year-old Japanese woman featured in the report developed a noticeable tumor the very next day after her first shot. According to the authors:<sup>24</sup>

*“Initially, we suspected head-and-neck benign lymphadenopathy as a side effect of vaccination. Nine weeks later, the number of swollen submandibular and parotid glands increased, and the lymph nodes further enlarged.*

*Finally, the right temporal mass was diagnosed as marginal zone B-cell lymphoma based on immunohistochemical and flow cytometry findings of biopsy specimens.*

*Our findings suggest that although 4-6 weeks of observation for lymph node inflammation after the second vaccination is recommended, malignancy should also be considered in the differential diagnosis of lymphadenopathy following vaccination.”*

## **COVID Jab Is Far Less Effective in Lymphoma Patients**

In May 2022, a single-center study<sup>25</sup> at Emory University discovered that the humoral immune response in patients with non-Hodgkin lymphoma (NHL) or chronic lymphocytic leukemia (CLL) was significantly reduced after getting a COVID jab, compared to people who did not have either of those diagnoses.

Patients with NHL or CLL also didn’t have nearly the same antibody response to the shot. Only 68% of them developed neutralizing antibodies against SARS-CoV-2 after the second dose, compared to 100% of healthy controls. NHL/CLL patients who had undergone anti-CD20-directed therapies within one year of the first dose had the lowest antibody levels.

## **Turbo-Charged Cancers Are Becoming More Prevalent**

Data from the Defense Medical Epidemiology Database (DMED)<sup>26</sup> – historically one of the most well-kept and most heavily-relied upon medical databases in the world – showed that, compared to the previous five-year averages, cancer among Department of Defense (DOD) personnel in 2021 skyrocketed.

Overall, cancers tripled among servicemen and their family members after the rollout of the COVID shots. Breast cancer went up 487%. Exploding cancer rates are also seen elsewhere. One of the first to warn that the shots might cause cancer was Dr. Ryan Cole, a pathologist who runs his own pathology lab.

He suspects the shots accelerate already existing cancers by way of immune dysregulation.<sup>27</sup> He noticed that cancers that were previously well-controlled would suddenly grow out of control and rapidly lead to death once they got the COVID jab.

Swedish pathologist, researcher and senior physician at Lund's University, Dr. Ute Kruger, has also observed an explosion in rapidly advancing cancers in the wake of the COVID shots. For example, she's noticed:<sup>28,29</sup>

- Cancer patients are getting younger – The largest increase is among 30- to 50-year-olds
- Tumor sizes are dramatically larger – Historically, 3-centimeter tumors were commonly found at the time of cancer diagnosis. Now, the tumors they're finding are regularly 4 to 12 centimeters, which suggests they're growing at a much faster rate than normal
- Multiple tumors in multiple organs are becoming more common
- Recurrence and metastasis are increasing – Kruger points out that many of the cancer patients she's seeing have been in remission for years, only to suddenly be beset with uncontrollable cancer growth and metastasis shortly after their COVID jab

These “turbo-cancers,” as Kruger calls them, cannot be explained by delayed cancer screenings due to lockdowns and other COVID restrictions, as those days are long gone. Patients, despite having access to medical screenings as in years past, are showing up

with grossly exacerbated tumor growths, and she believes this is because the cancers are being “turbo-charged” by the mRNA jabs.

Disturbingly, as detailed in “[How Cancer Deaths From the COVID Jabs Are Being Hidden](#),” analysis of U.S. Morbidity and Mortality Weekly Report (MMWR) data suggests the U.S. Centers for Disease Control and Prevention has been filtering out and redesignating cancer deaths as COVID deaths since April 2021 to eliminate the cancer signal. The signal is being hidden by swapping the underlying cause of death with main cause of death.

## Sources and References

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- <sup>2</sup> [CDC Provisional Life Expectancy Estimates for 2021, August 2022](#)
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- <sup>5</sup> [Conservative Woman November 28, 2022](#)
- <sup>7, 8, 9, 10, 12</sup> [Conservative Woman December 19, 2022](#)
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- <sup>13, 14</sup> [The Expose August 2, 2022](#)
- <sup>15</sup> [Science Based Medicine May 5, 2021](#)
- <sup>16</sup> [Cell March 17, 2022; 185\(6\): 1025-1040.e14](#)
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- <sup>18, 19, 20, 21, 22</sup> [The Atlantic September 24, 2022](#)
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- <sup>25</sup> [ASCO Daily News May 25, 2022](#)
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