Paradoxical oncologic results of Gardasil in real life. A cancer registers study

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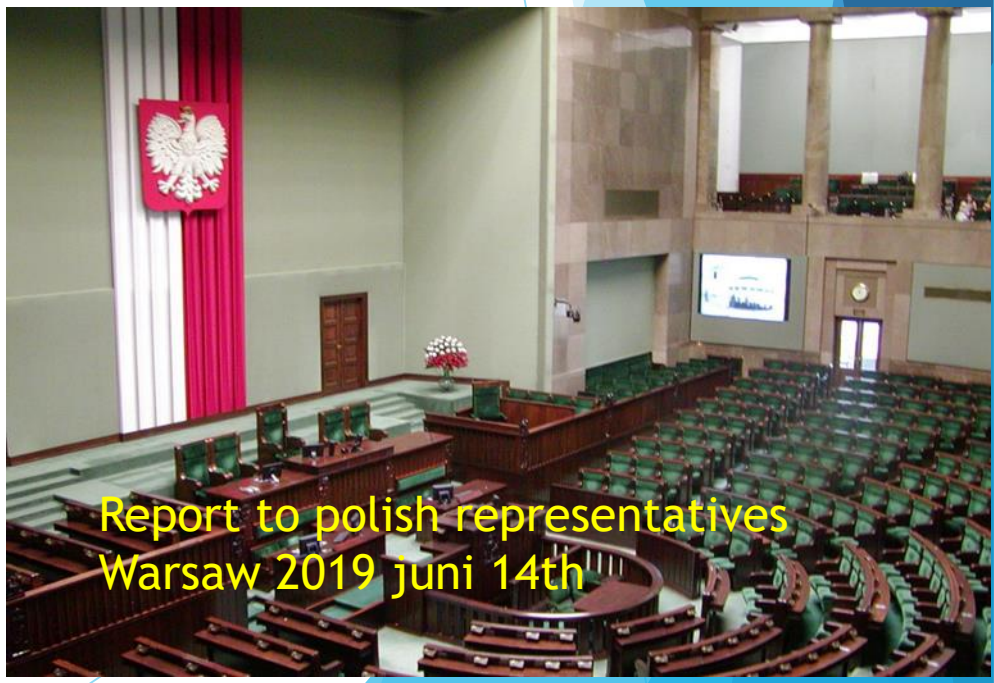


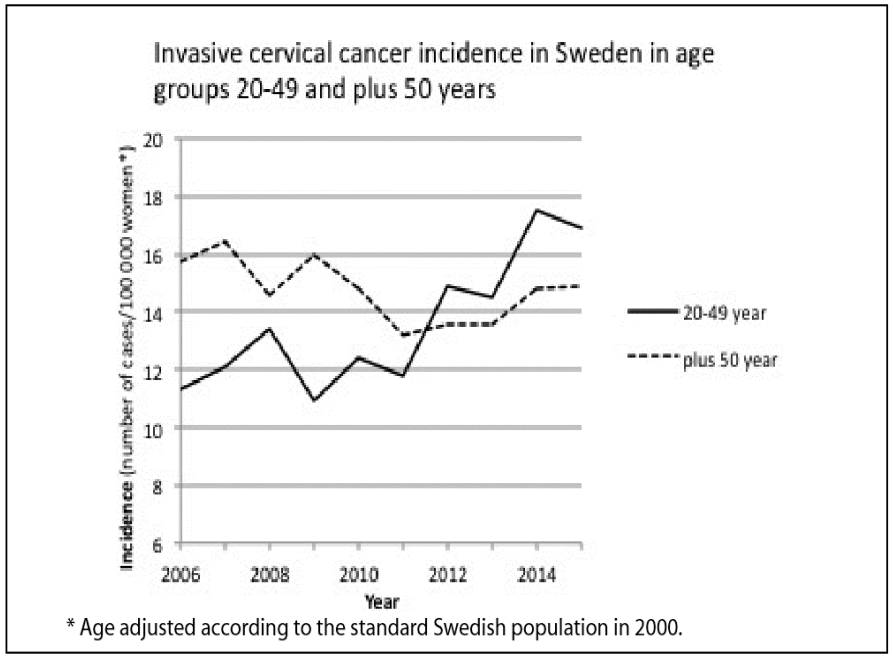
Authors have no competing interest

I dedicate this talk to Lars Andersson-Zorro !

INDIAN JOURNAL OF MEDICAL ETHICS
JOURNAL OF THE FORUM FOR MEDICAL ETHICS SOCIETY SINCE 1993
ONLINE ISSN: 0975-5691 | PRINT ISSN: 0974-8466

Increased incidence of cervical cancer in Sweden: Possible link with HPV vaccination

Indian Journal of Medical Ethics May 26, 2018



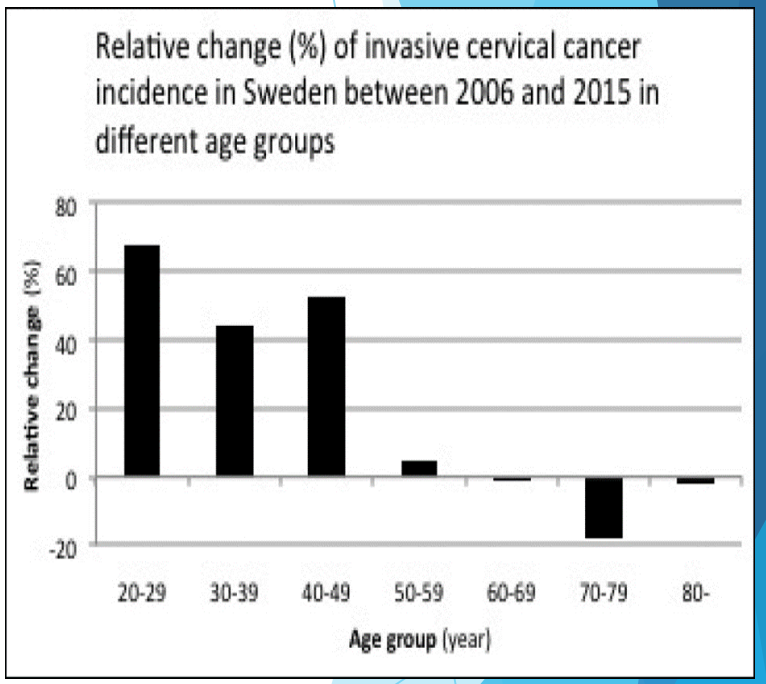


Fig. 1: Increase in incidence of cervical cancer among younger women (<50 years) as compared with women ≥50 years. The data shows the

Lars Andersson ***(lars.andersson2@outlook.com)***

Medical scientist

Under the current circumstances where publication of any information critical of vaccines can have serious personal repercussions, the author has chosen to publish under this pseudonym.

WHY SUCH A STUDY ABOUT GARDASIL

- *A huge propaganda over the world leads families to vaccine their girls and now boys and culpable them to hesitate*
- *as many complications are already known and don't stop the vaccine hysteria*
- *if market is an evident cause, we decide to explore the true results of a 12Y campaign on the goal : decrease of cervix cancer in vaccinated population*
- *we would like to know the true facts and evoke first the Gardasil legend*

THE GOLDEN FAKE TALE OF GARDASIL

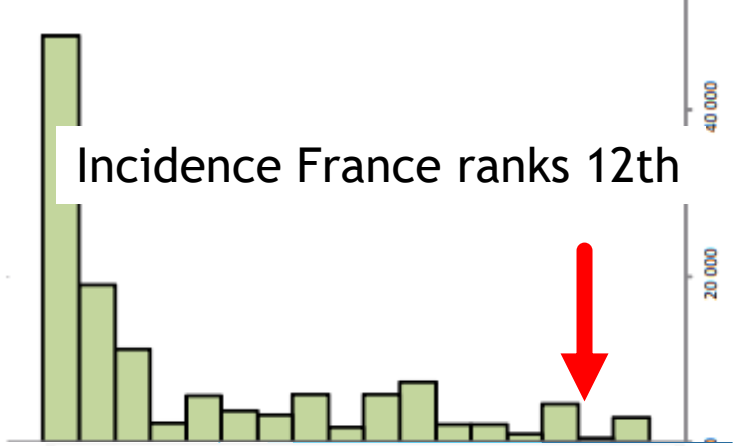
- *1°) Cervix cancer represents a major thread for women*
- *2°) HPV cancers are due only to some HPV*
- *4°) Clinical trials demonstrate that vaccine are very active without side effects*
- *5°) Vaccine will eradicate HPV related cancers*

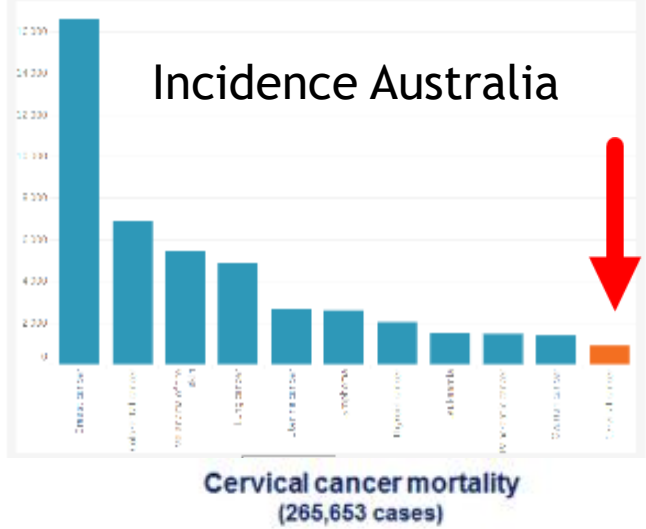
« Gitf from god to women »

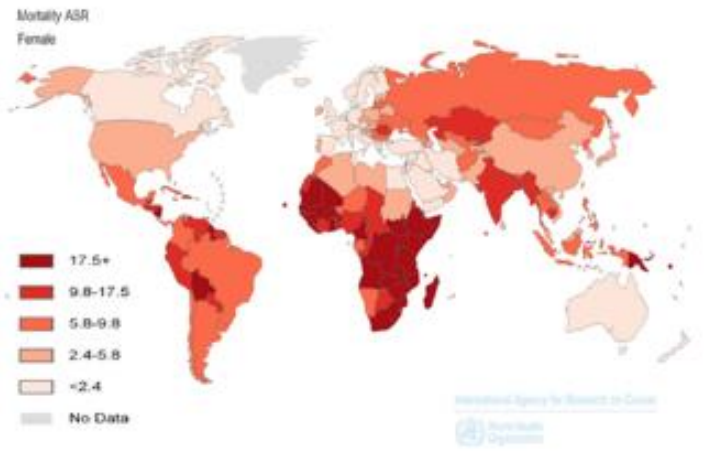
FIRST LIE : *CERVIX CANCER REPRESENTS A MAJOR THREAT FOR WOMEN IN WESTERN COUNTRIES*

Ranks 12th

- ***Less than 1% cancers and 0,6% of mortality from cancer*** *in US, France, UK, Australia, Canada*
- *Mostly preventable deaths with pap screening*
- *Most women (70%) who die of cervix cancer did not follow screening recommandations*

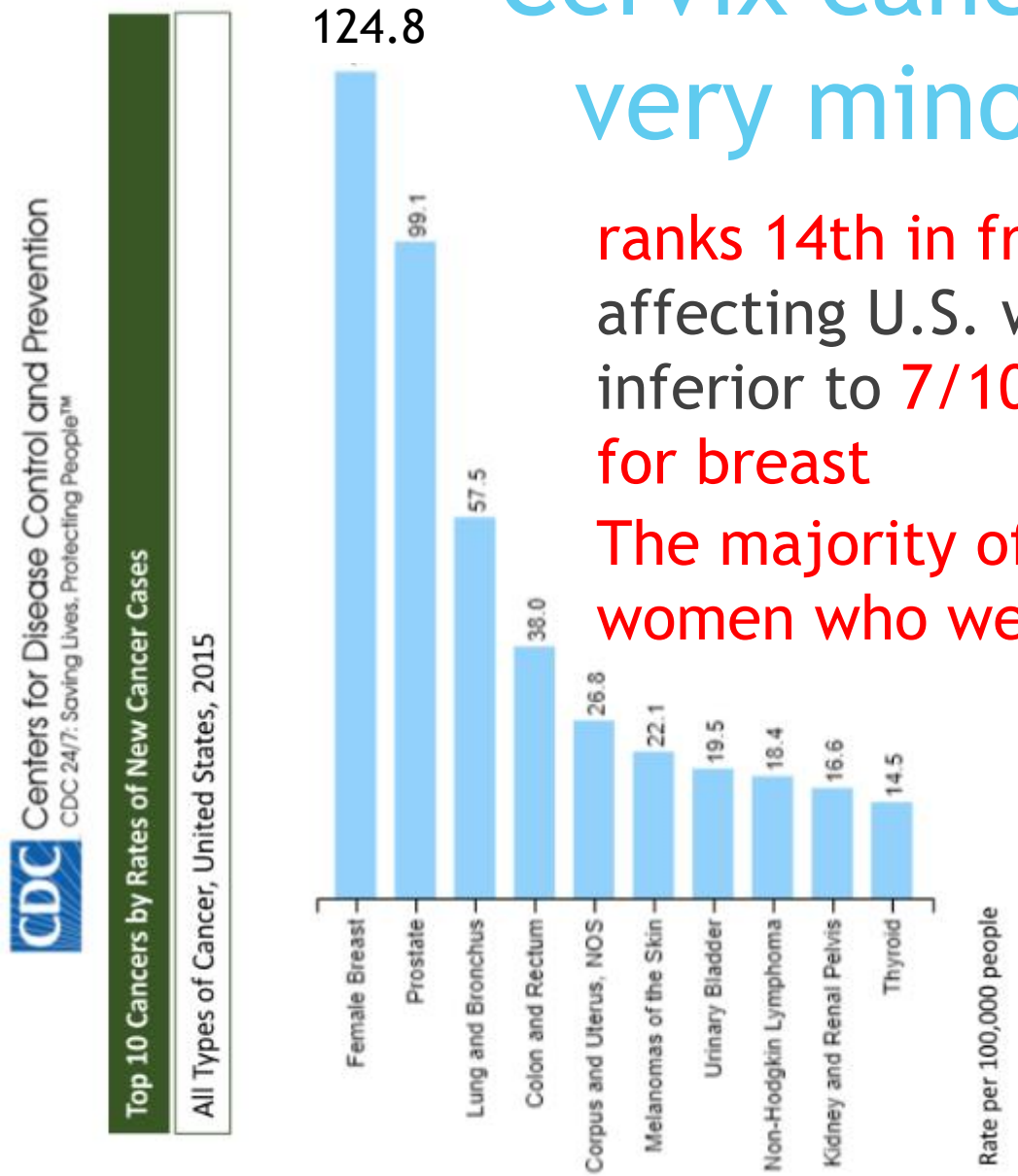






Cervix cancer represents **a very minor threat in countries with pap smear** (but a real one in Asian, south american and African countries)

Cervix cancer represents a very minor threat in US



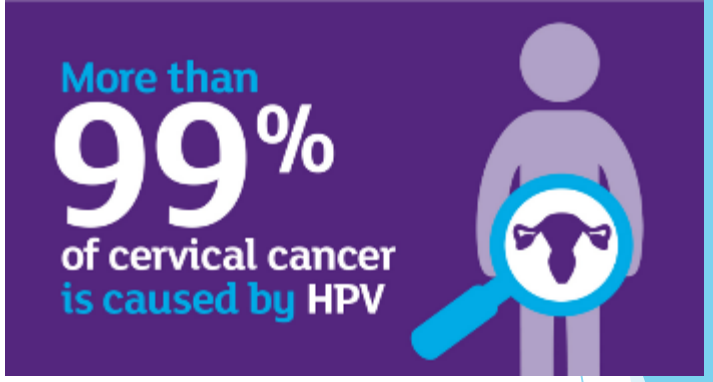
ranks 14th in frequency among cancers affecting U.S. women with an incidence inferior to 7/100,000 versus 124.8/100,000 for breast

The majority of cancers (50% to 64%) occur in women who were rarely or never screened

7

Cervix cancer

SECOND LIE : « VIRUS ARE THE UNIQUE CAUSE OF CERVIX CANCER »



Cancers caused by high-risk HPV types

Cervix	• >99%
Penis	• >63%
Vulva, Vagina	• >70%
Anus	• >90%
Oropharynx	• >70%

www.cdc.gov/hpv/parents/cancer

According to these misleading affirmations 99% of cervix cancers would be caused by HPV virus

The discrepancy currently observed between a sharp decrease in HPV infections(as a result of HPV vaccines) and the sharp increase in the incidence of invasive cancers among the most vaccinated age groups, militates against a direct causal link

The Imm
Advisory Centre

ETIOLOGY OF CANCER IS MULTIFACTORIAL !

- *early age at first intercourse*
- *number of sexual partners*
- *infection (chlamydia or viruses HPV, Herpes)*
- *parity*
- *immune deficiencies*
- *duration of use of oral contraceptives*
- *smoking status*
- *All these factors are statistically correlated resulting in confounding bias*
- *Only very large multifactorial analyzes could precise the real weights of each factor*

3RD LIE: TRIALS HAVE SHOWN THAT VACCINES ARE EFFECTIVE AGAINST CANCER WITHOUT RISK

- *13 years after marketing authorization*
- *efficacy is **demonstrated only against infection of some strains** of HPV for a duration of 5 to 8 years **and some benign lesions***
- *No study shows efficacy against invasive cancer!*
- *Infection is not cancer*
- *A lot of severe side effects already published including severe neurologic syndroms and deaths*

GARDASIL DEMONSTRATES ITS EFFECT ON HPV INFECTION, BUT:

- infection is not cancer
- we must study the real effect on cervix cancer

Aims and criteria to evaluate oncologic results of HPV vaccination

- The trends of incidence* of invasive cervical cancer
- in **countries**
  1. ***With pap screening***
  2. ***with high HPV vaccine coverage***
  3. ***sound national cancer registers***
- **to compare these to the trend in France**

  country with low anti HPV vaccine coverage

*Incidence = new cases number /year/ per 100,000 women

Dr Nicole Delépine
Dr Gérard Delépine

Gardasil

Faith and propaganda *versus* hard evidence

Method 1

- Collection of **crude* and standardized** incidence** of invasive cervix cancer
- from oncologic registers
  - *Australia (Australian Institute of Health and Welfare ACIM)*
  - *Great Britain (National Office of Statistics and Cancer research UK)*
  - *Sweden and Norway (Nordcan)*

DEFINITIONS

Crude incidence: simplest method for comparing cases

- *For a specific tumor and population, a crude incidence rate is calculated simply by dividing the number of new cancers observed during one year by the number of person in the population at risk. The result is usually expressed as an annual rate per 100,000 persons at risk.*
- *As cancer is more common in the elderly, crude rates are influenced by the proportions of older people in the population. Crude rate is appropriate to compare a precise age group at different period but comparisons between 2 areas/time periods with different population profiles are misleading*

Age-standardized rates (ASR)

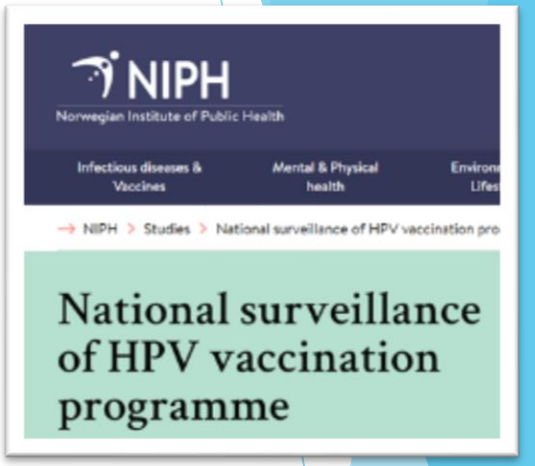
- *ASR is a summary measure of the rate that a population would have if it had a standard age structure. The ASR is a weighted mean of the age-specific rates; the weights are taken from population distribution of the standard population. The most frequently used standard population is the World Standard Population. It identifies real differences between populations not linked to age*

COLLECTION OF VACCINE COVERAGE RATE

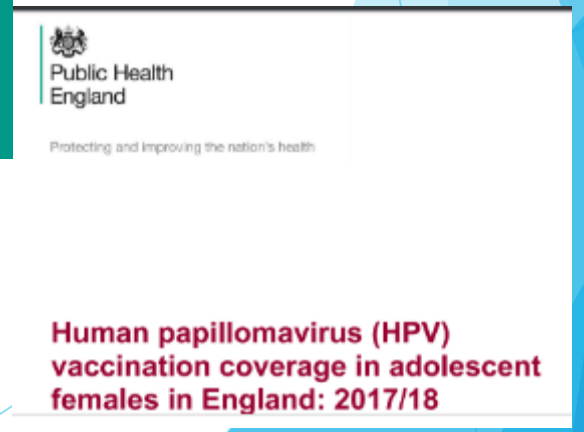
- *from public health authorities*
- *In the different age groups*
  - *-20-24 : higher vaccine coverage*
  - *25-34 : many catch-up vaccinated*
  - *after 50 : un vaccinated*

ncirs
NATIONAL CENTRE FOR IMMUNISATION RESEARCH & SURVEILLANCE

Australia

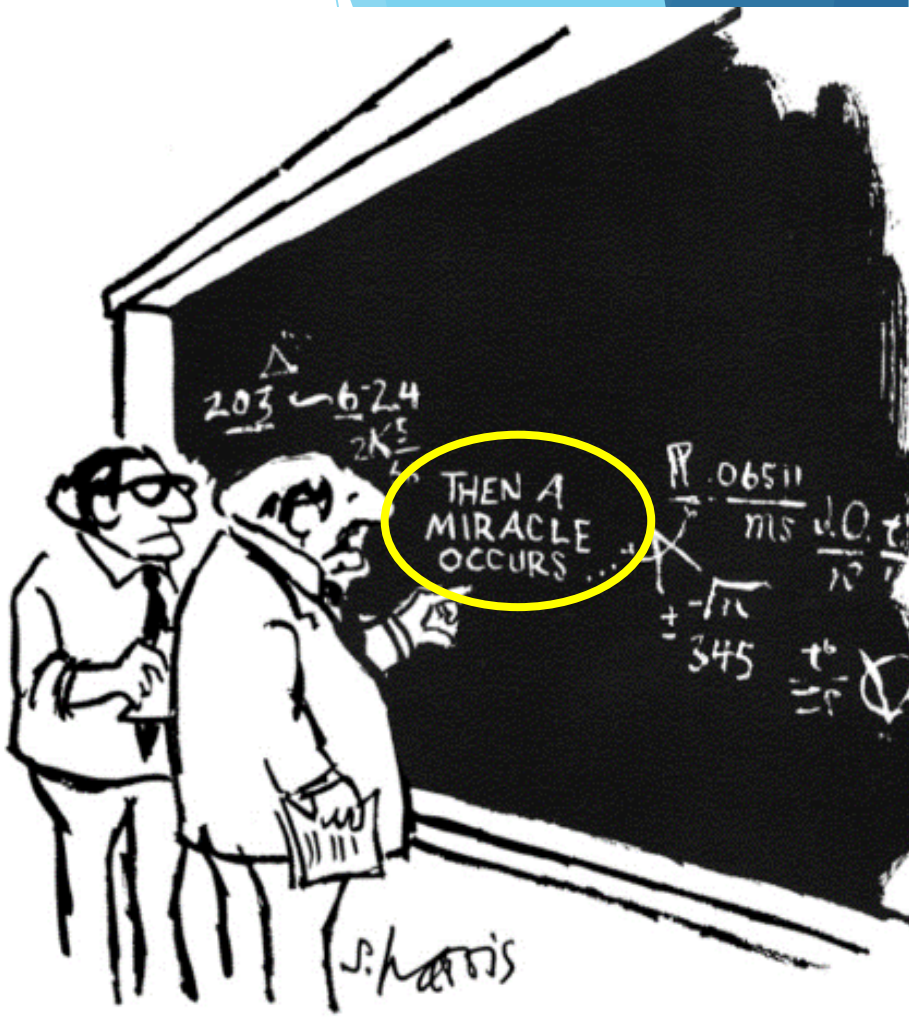


Folkhälsomyndigheten
PUBLIC HEALTH AGENCY OF SWEDEN



Method : statistical analysis

- Statistical analysis of the evolutions and the trends
- in the global populations in these different countries (on World Standardized Incidence)
- before and after the era of vaccination
- and **in the different age groups** (on crude incidence of each particular age group)
- with a **particular attention to the 20-29 age groups (highest vaccine coverage)**



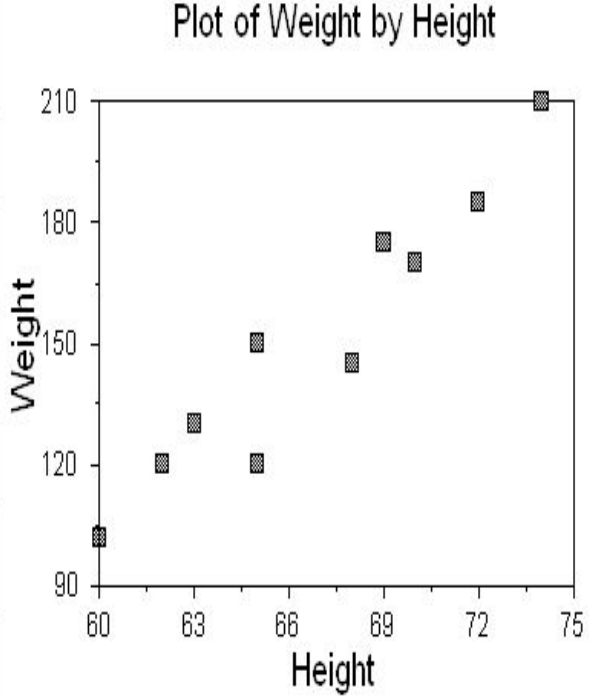
"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

Method : affirmation of trends

- To test the reality of trends we use Pearson's correlation coefficient between years and incidences.
- As usual we fix the probability of alpha risk (defined as the risk of rejecting the null hypothesis when in fact is true) p value to 0,05

Positive Correlation

N	Ht. In.	Wt. Lbs.
1	60	102
2	62	120
3	63	130
4	65	150
5	65	120
6	68	145
7	69	175
8	70	170
9	72	185
10	74	210

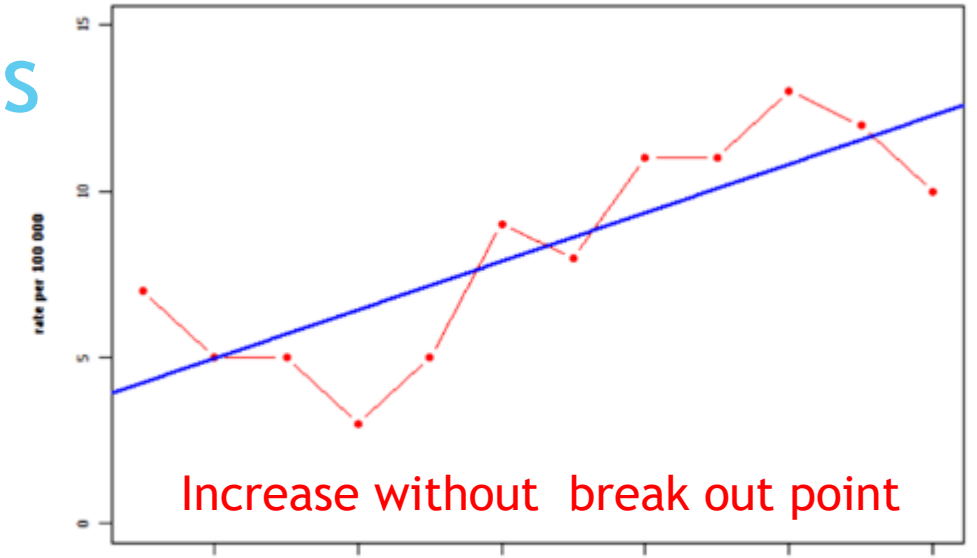


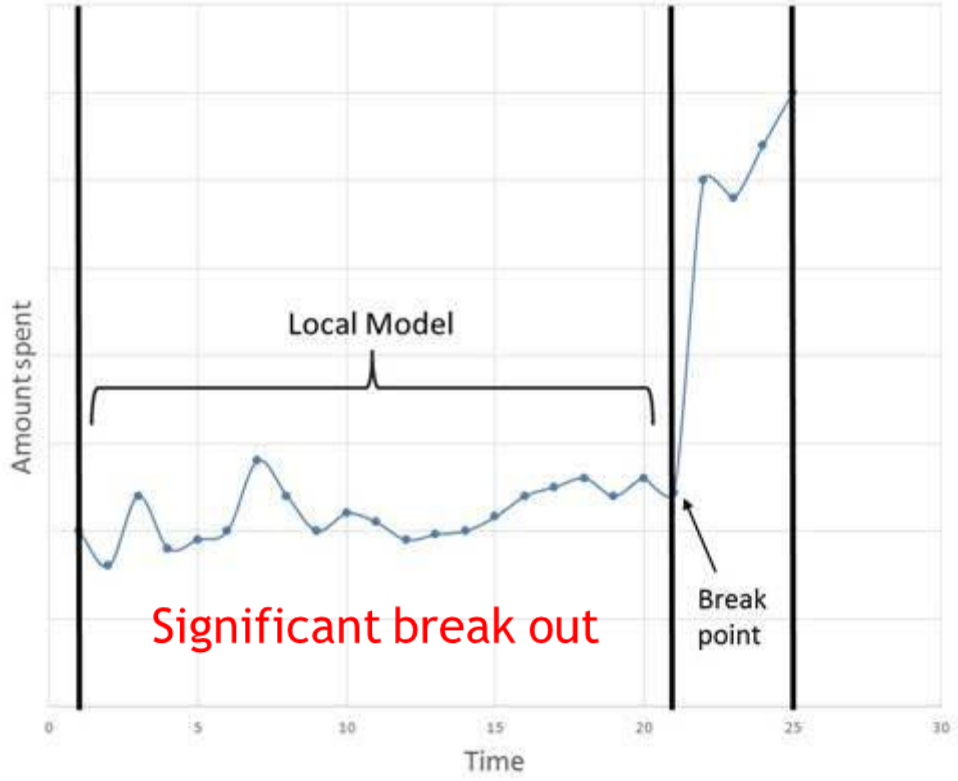
When one variable increases, the other also increases.

Example of a Positive Correlation

Method : watching for break points

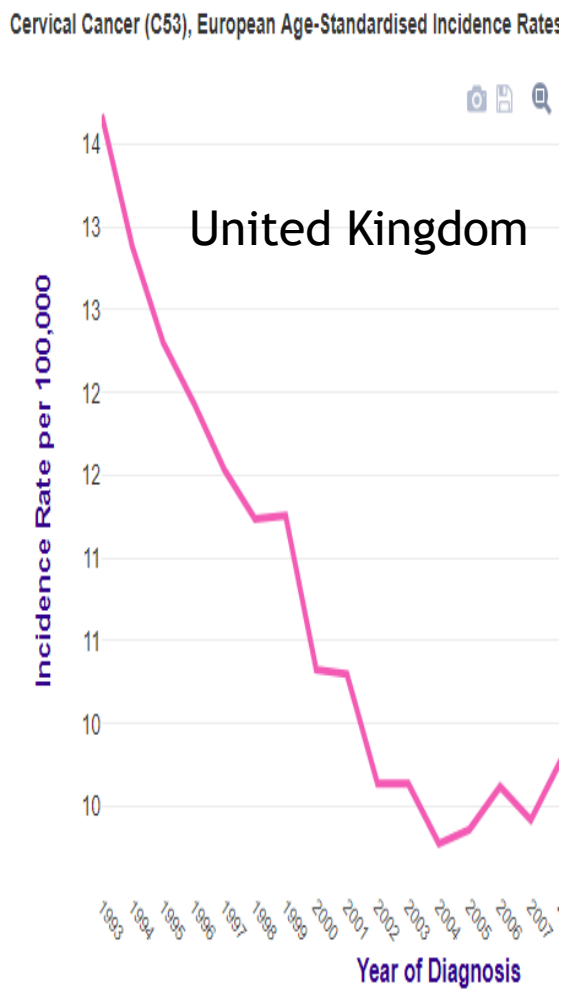
- The break-even point (BEP) is, the point at which a significant change in trends appears
- To determine the eventual year of significant modification in trends we perform break point analysis.
- This method is mostly use in financial reports
- That permits to establish a eventual time correlation between vaccine and incidence increasing

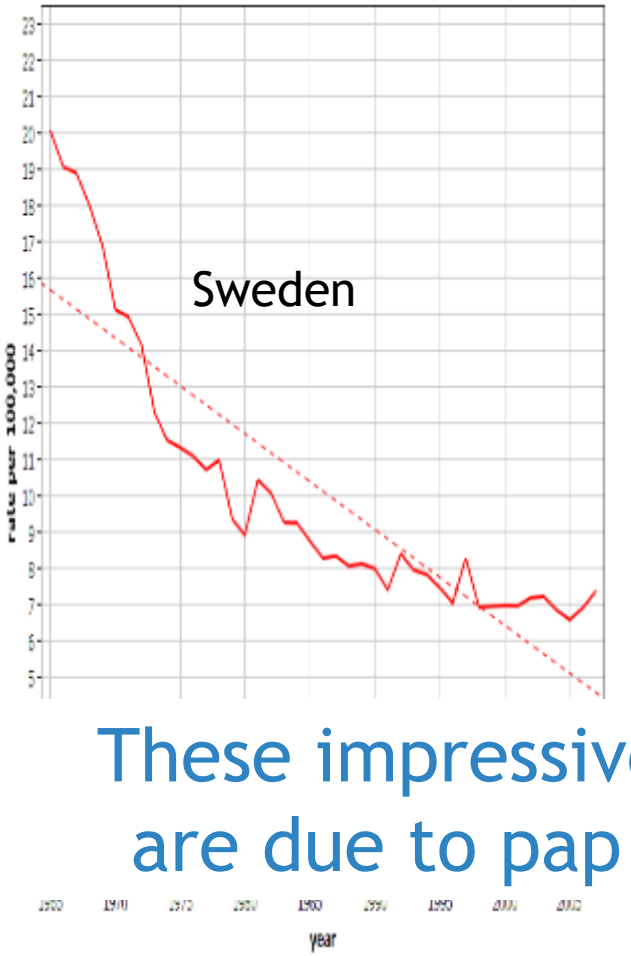




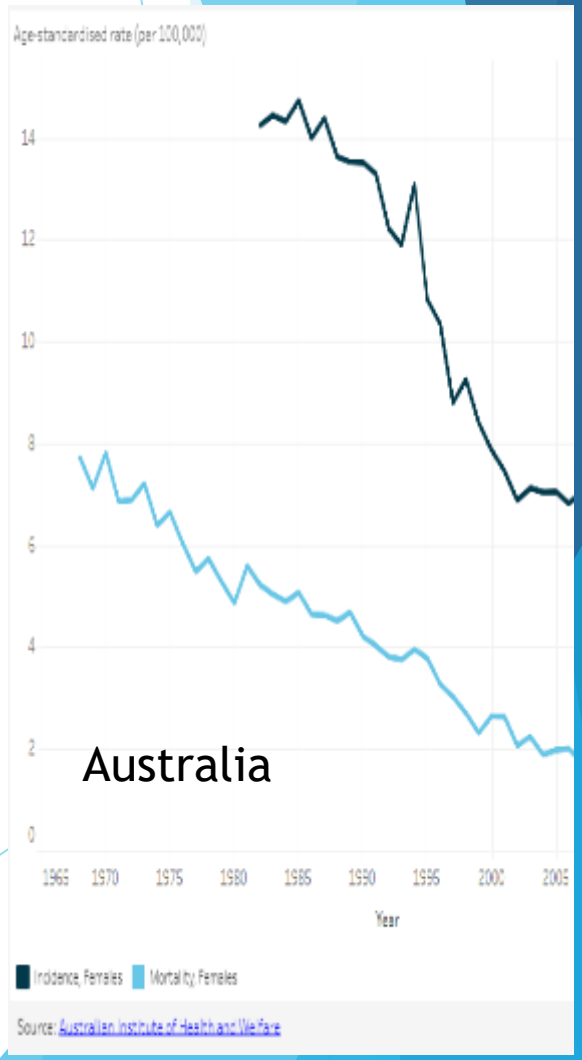
RESULTS : PRE VACCINATION PERIOD

During the 1989-2007 period, the incidence of invasive cervical cancer declined continuously in all countries with pap screening



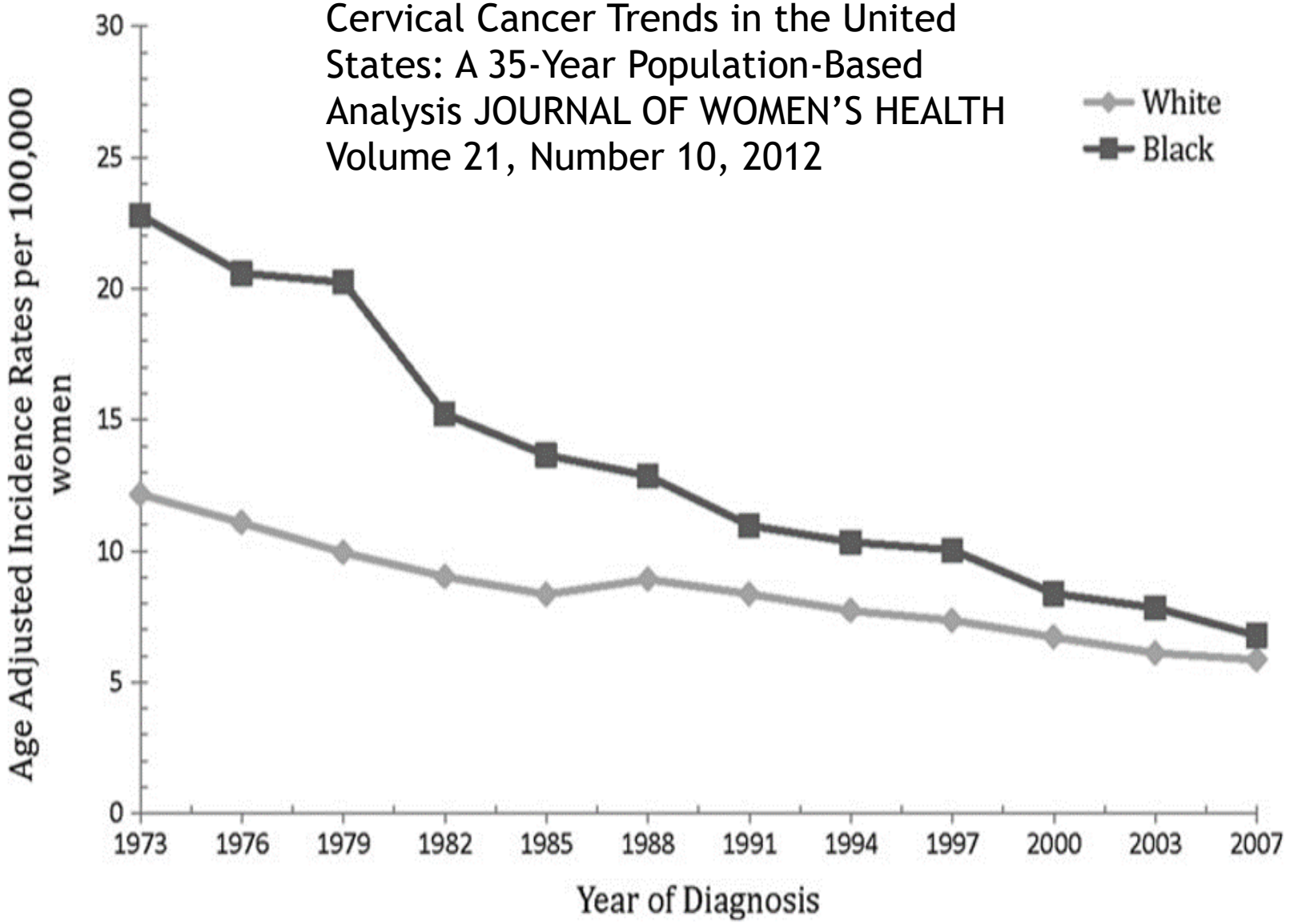


These impressive advances are due to pap screening



US cervical cancer incidence 1973-2007

Cervical Cancer Trends in the United States: A 35-Year Population-Based Analysis JOURNAL OF WOMEN'S HEALTH Volume 21, Number 10, 2012



SCHOOL VACCINATION CAMPAIGNS STARTED

- *2007 Australia*
- *2008 Great Britain*
- *2010 Sweden and Norway*

- ***Since vaccination in all countries with high immunization coverage :***
- ***follow up 6-7 y***
- ***cancer registers increase in the incidence of invasive cervical cancer***

  that appears after the beginning of vaccination campaign

  affects almost exclusively the most vaccinated age groups

FIRST 5 Y AFTER VACCINE FOR 20-29

In Great Britain women aged 16-18 in 2008 (when vaccinated) reached 20-22 in 2012

Australian women vaccinated when they were 13-26 in 2007 where 18-31 in 2012

Compare to France (less than 20% vaccine coverage) : decreasing incidence

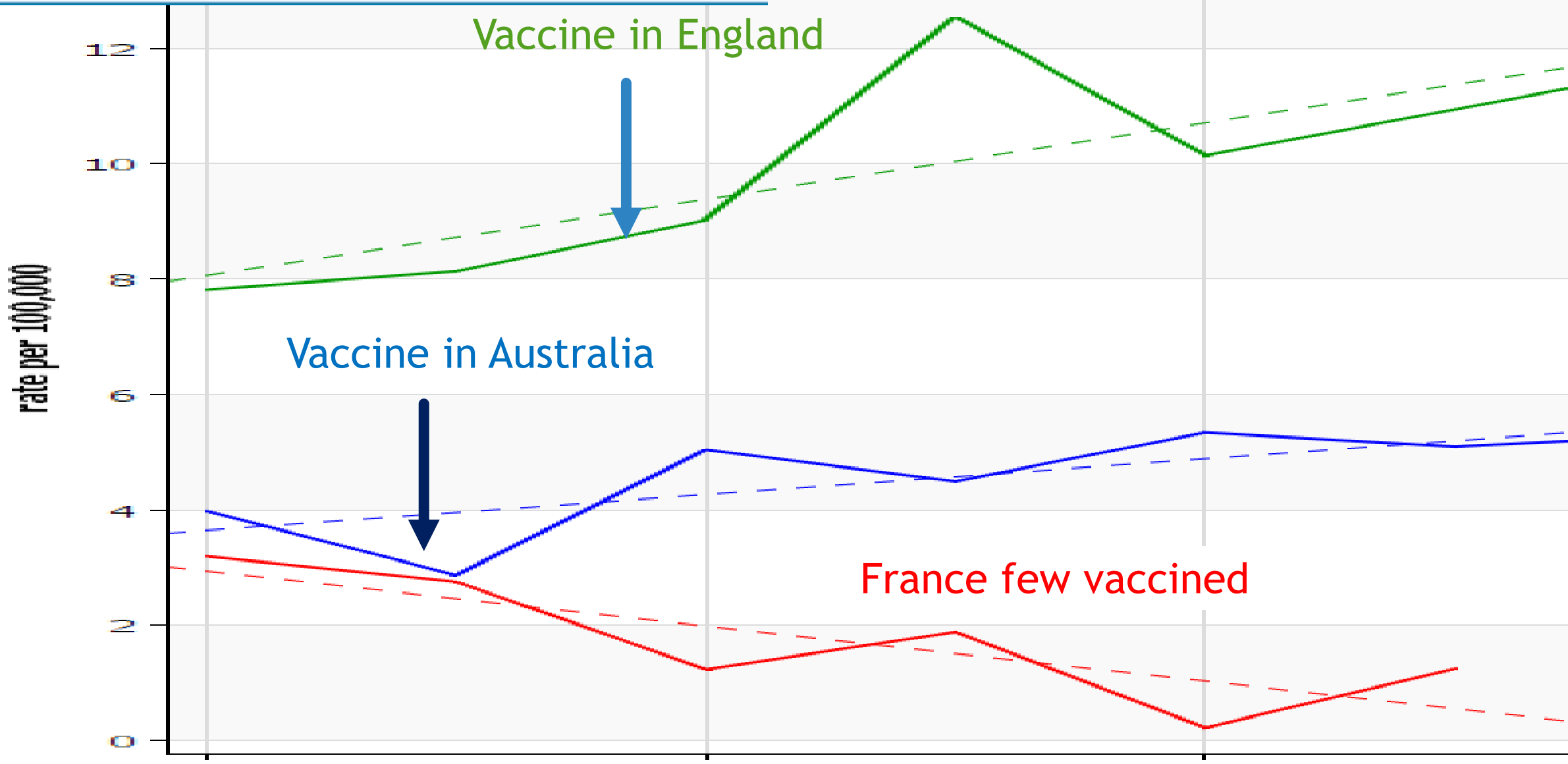
Age-specific incidence used to compare the evolution of incidence with time in the age groups (**to compare the trends** of vaccinated versus unvaccinated groups)

Cervix uteri
Age Standardised Incidence Rate (World),

International Agency for Research on Cancer
World Health Organization

GLOBAL CANCER OBSERVATORY

(September 2018 report)



AUSTRALIAN VACCINATION PROGRAM

Significant events in human papillomavirus (HPV) vaccination practice in Australia

Year	Month	Intervention
2006	June	4-valent human papillomavirus vaccine (4vHPV) registered for use in females aged 9–26 years as a 3-dose schedule
2007	March	2-valent human papillomavirus vaccine (2vHPV) registered for use in females aged 10–45 years as a 3-dose schedule
2007	April	A 3-dose schedule of HPV recommended for females aged 12–26 years
	April	A 3-dose schedule of 4vHPV funded for females aged 12–13 years, delivered through a school-based program
	July	Time-limited catch-up program of a 3-dose schedule of 4vHPV delivered through schools or primary care providers targeting females aged 14–26 years

Vaccination campaign started in April 2007 for girls aged 12-13 years(19-20 in 2014)

catch up program for 14 to 26 year females (21 to 33 in 2014)

Australia Global trend of incidence : No more advance since vaccination

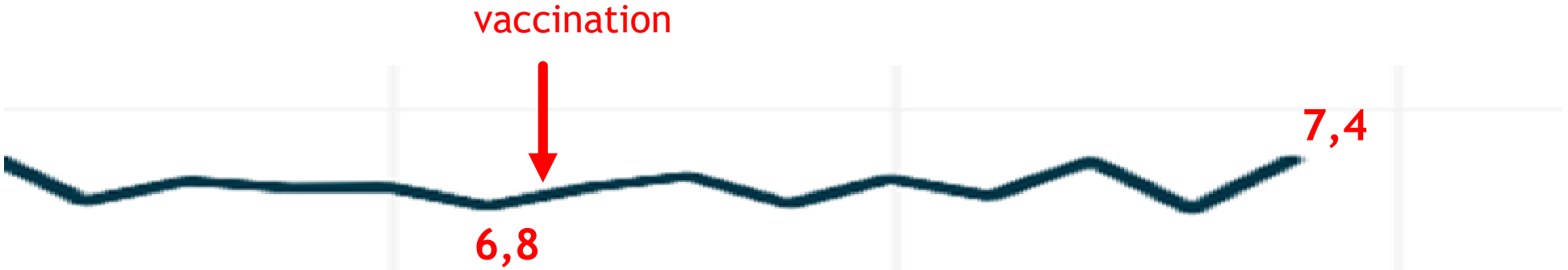


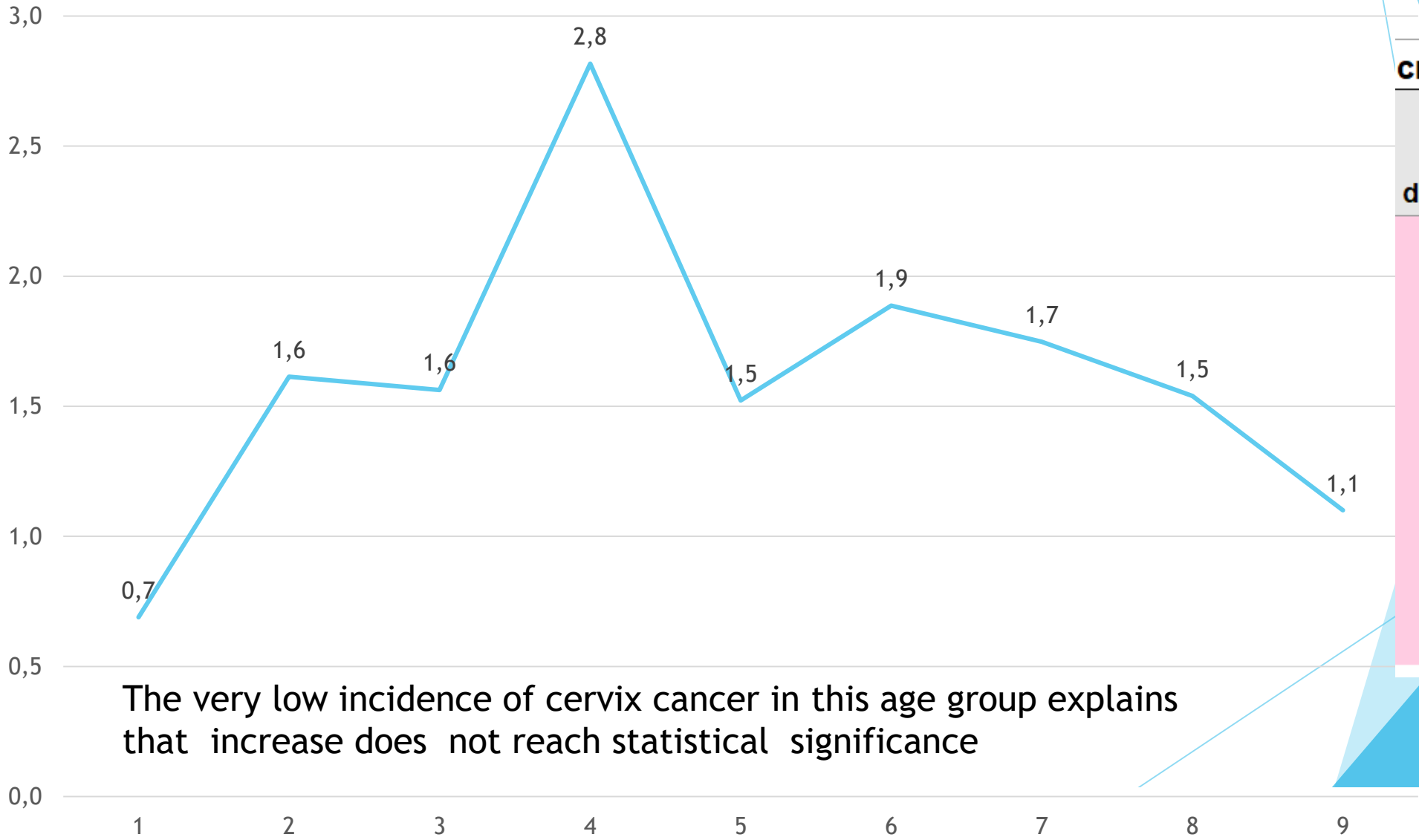
Table S6.2: Incidence of cervical cancer, by age, 1982 to 2014

	2006	2007	2008	2009	2010	2011	2012	2013	2014
All ages									
AS rate	6,8	7	7,2	6,8	7,1	6,9	7,4	6,8	7,4

mortality increased from 1.7 in 2014 to 2 in 2017

AIHW 2017. Cancer in Australia 2017. Cancer series no. 101. Cat. No. CAN 100. Canberra: AIHW.

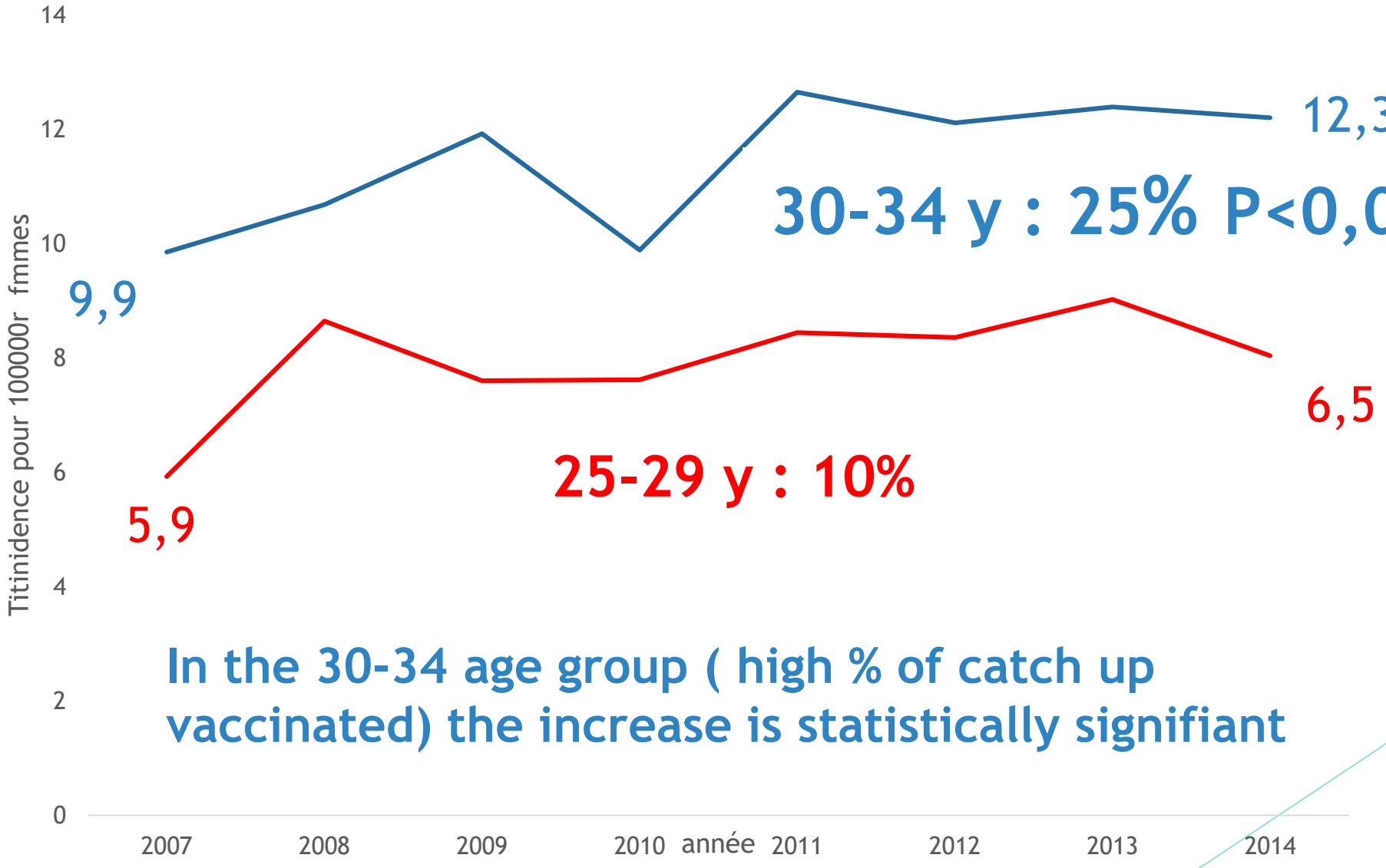
FOR 20-24 GIRLS (13-17 IN 2007) INCIDENCE OF INVASIVE CERVIX CANCER INCREASED BY 50%



crude incidence rates	
Year of diagnosis	20–24
2007	0,7
2008	1,6
2009	1,6
2010	2,8
2011	1,5
2012	1,9
2013	1,9
2014	1,5
2015	1,1

The very low incidence of cervix cancer in this age group explains that increase does not reach statistical significance

INCREASE OF INCIDENCE AFTER « CATCH UP » VACCINE (14-26 Y IN 2007, 22-34 IN 2015)



In the 30-34 age group (high % of catch up vaccinated) the increase is statistically signifiant

crude incidence rates of cerv		
Year of diagnosis	25–29	30–34
2007	5,9	9,9
2008	8,6	10,7
2009	7,6	11,9
2010	7,7	9,9
2011	8,4	12,6
2012	8,6	12,1
2013	9,2	12,5
2014	8,2	12,2
2015	6,5	12,3

Australian over 50 benefited of decreasing incidence

Australian Government
Australian Institute of Health and Welfare

	2007	2008	2009	2010	2011	2012	2013	2014
50–54	11,1	9,8	11,9	9,6	8,5	10,1	8,9	10,9
55–59	9,7	10,7	8,3	11,5	10,4	8,7	8,4	8,1
60–64	10,3	7,2	10,2	9,5	8,5	7,3	7,2	8,8
65–69	11,4	12,5	8,5	10,7	9,0	8,8	9,0	10,5
70–74	11,1	9,4	11,4	12,2	10,0	11,4	6,5	10,6
75–79	11,5	12,9	9,2	10,1	9,7	10,8	7,7	8,8
80–84	14,5	13,9	12,1	12,0	8,7	9,1	11,5	10,1

During the same period, the incidence of invasive cancer decreased for un vaccinated women

AUSTRALIAN MYTH AND LIES BASED ON BIAISED SIMULATIONS

Article by Don Ward Hackett

precision VACCINATIONS

HPV Vaccine Knocking-Out Cervical Cancer in Australia

A decade on, vaccine has halved cervical cancer rate

BBC NEWS

29 August 2016

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Australia Is Set to Become The First Country to Completely Eliminate One Type of Cancer

BRAD JONES, FUTURISM
7 MAR 2018

ScienceAlert

The International Papillomavirus Society has announced that Australia could become the first country to eliminate cervical cancer entirely.

Australia on the verge of eliminating cervical cancer thanks to HPV vaccine and screening programs

newsGP

Cervical cancer is on track to be eliminated as a public health issue by 2020.

Australia could become first country to eradicate cervical cancer

The Guardian

Free vaccine program in schools leads to big drop in rates, although they remain high in the developing world

- **Ian Frazer: Eliminating cervical cancer globally is within reach**

False BBC news based on predictions

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Cervical cancer: Australia 'to be first to eliminate disease'

3 October 2018 https://www.bbc.com/news/world-australia-45727977

The projected timeframe until cervical cancer elimination in Australia: a modelling study T Hall, K T Simms, J-B Lew, M A Smith, J ML Brotherton, M Saville, Ian H Frazer, K Canfell 2018

Hard evidence of Facts from official register ACIM

30% increase in number of cases and deaths :

In 2006, 728 new cases of cervical cancer diagnosed and 201 deaths

In 2018, it is estimated that 930 new cases of cervical cancer will be diagnosed and that 258 women will died from cervix cancer

GREAT-BRITAIN

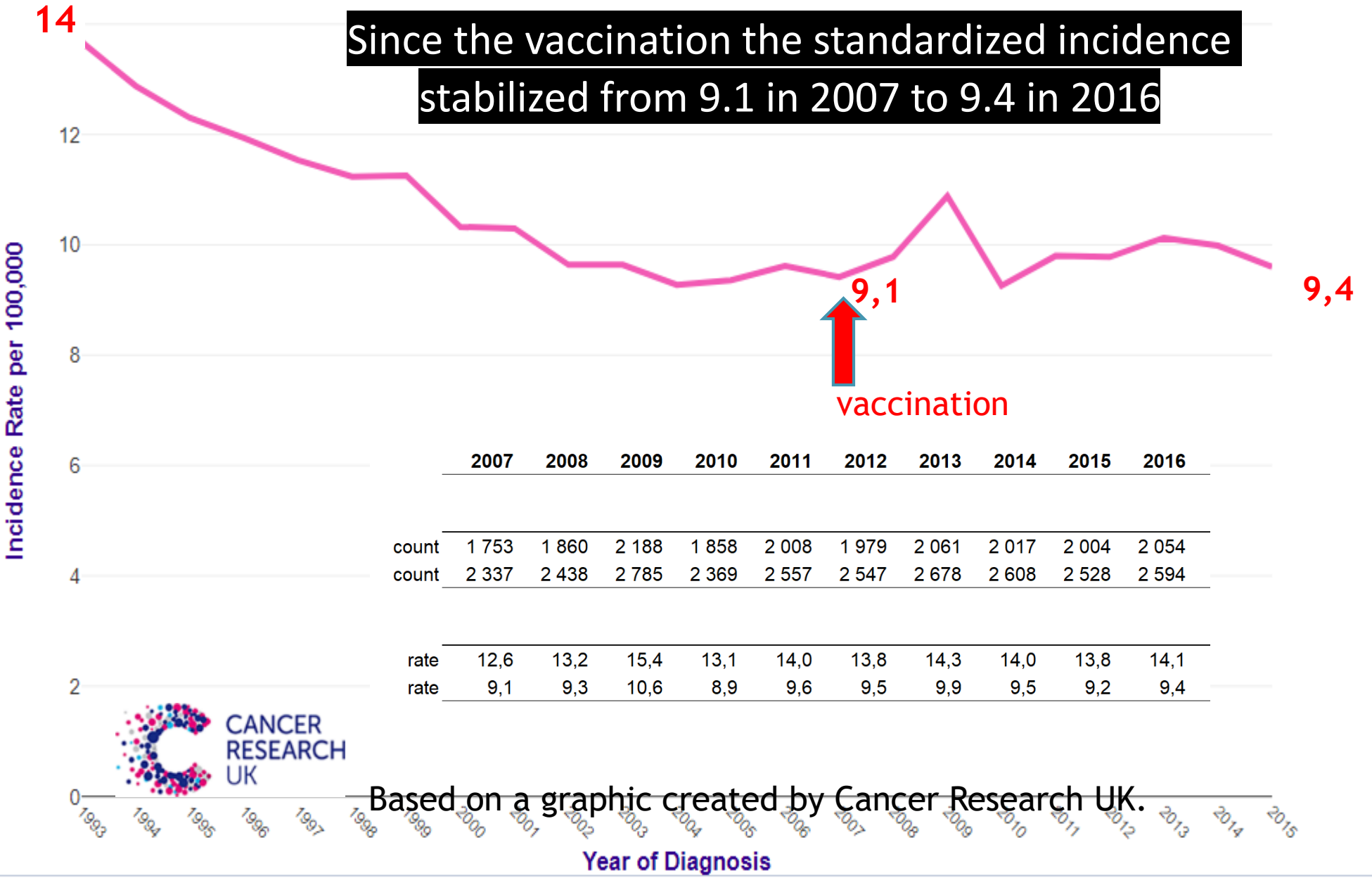
National Vaccination program introduced in 2008 to offer HPV vaccination routinely to 12–13-years

+ catch-up vaccination to girls up to 18 years,

HPV vaccination coverage in England is high with more than 80% of 12–13-y old receiving the full course

Coverage within the catch-up cohorts is lower (ranging from 39% to 76%).

UK: GLOBAL TREND NATIONAL CANCER REGISTER



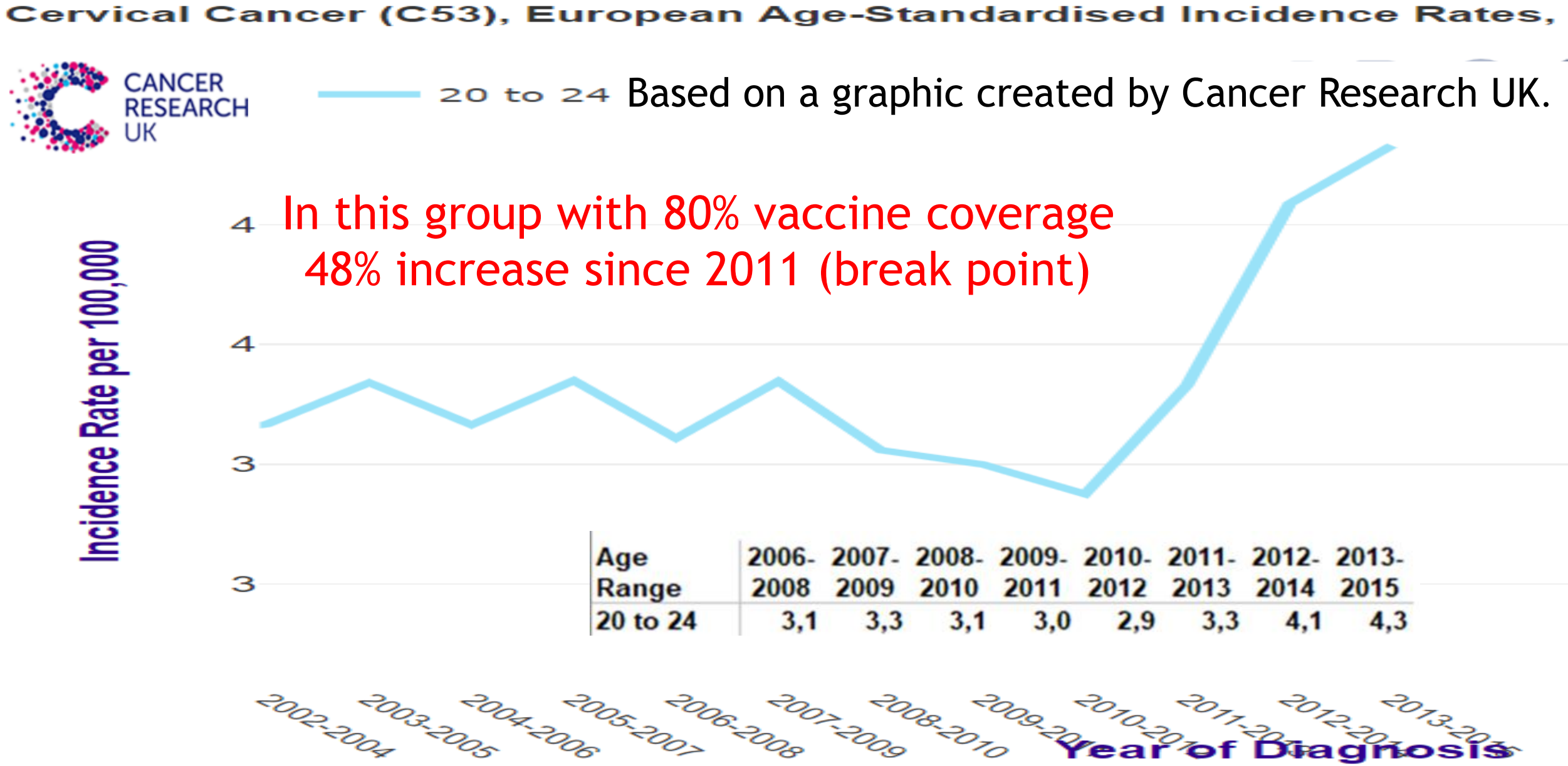
Since the vaccination the standardized incidence stabilized from 9.1 in 2007 to 9.4 in 2016

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
count	1 753	1 860	2 188	1 858	2 008	1 979	2 061	2 017	2 004	2 054
count	2 337	2 438	2 785	2 369	2 557	2 547	2 678	2 608	2 528	2 594
rate	12,6	13,2	15,4	13,1	14,0	13,8	14,3	14,0	13,8	14,1
rate	9,1	9,3	10,6	8,9	9,6	9,5	9,9	9,5	9,2	9,4

CANCER RESEARCH UK

Based on a graphic created by Cancer Research UK.

INCREASE OF INCIDENCE IN THE 20-24 AGE GROUP

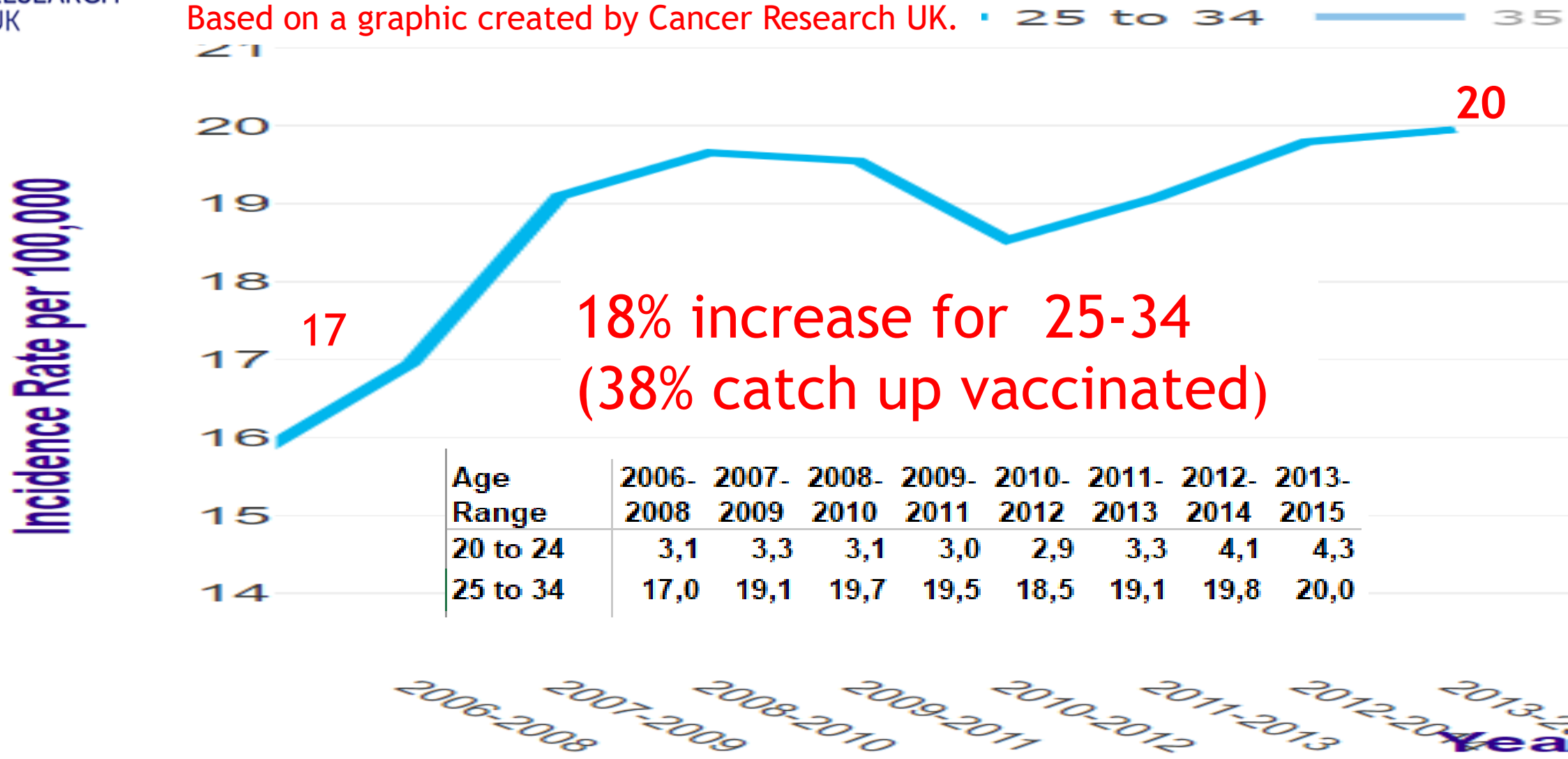


UK : TRENDS 2007-2014 FOR 25-34

Cervical Cancer (C53), European Age-Standardise

CANCER RESEARCH UK

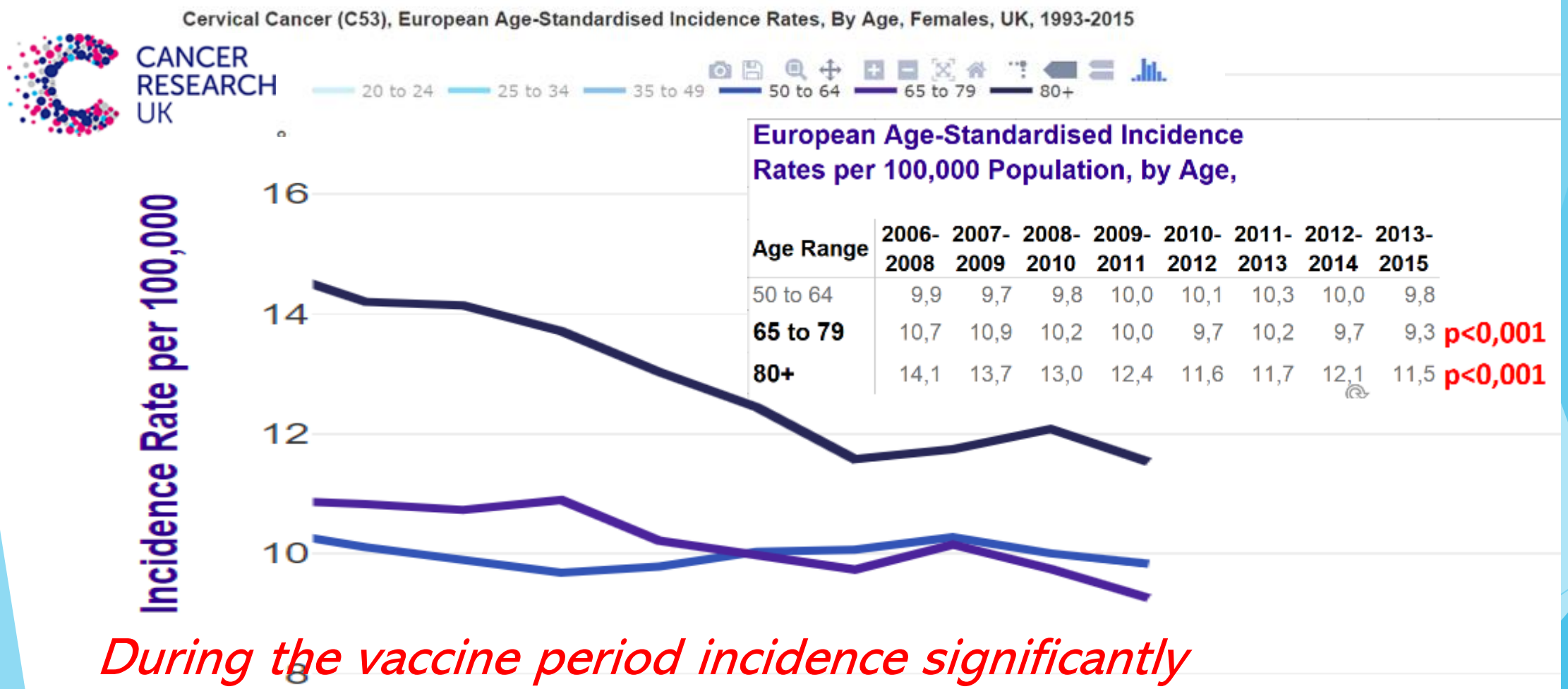
Based on a graphic created by Cancer Research UK.



18% increase for 25-34
(38% catch up vaccinated)

Age Range	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
20 to 24	3,1	3,3	3,1	3,0	2,9	3,3	4,1	4,3
25 to 34	17,0	19,1	19,7	19,5	18,5	19,1	19,8	20,0

INCIDENCE TRENDS FOR UN VACCINATED WOMEN



During the vaccine period incidence significantly decreased in un vaccinated age groups

Fake news and lies vs facts.

INDEPENDENT

HPV vaccine has led to 'significant drop' in cervical cancer rates among UK women, study reveals

Researchers in Scotland say the routine HPV vaccination of girls aged 12 to 13 has caused a dramatic reduction in cancer rates.

By James Matthews, Scotland correspondent

Thursday 4 April 2019 07:32, UK

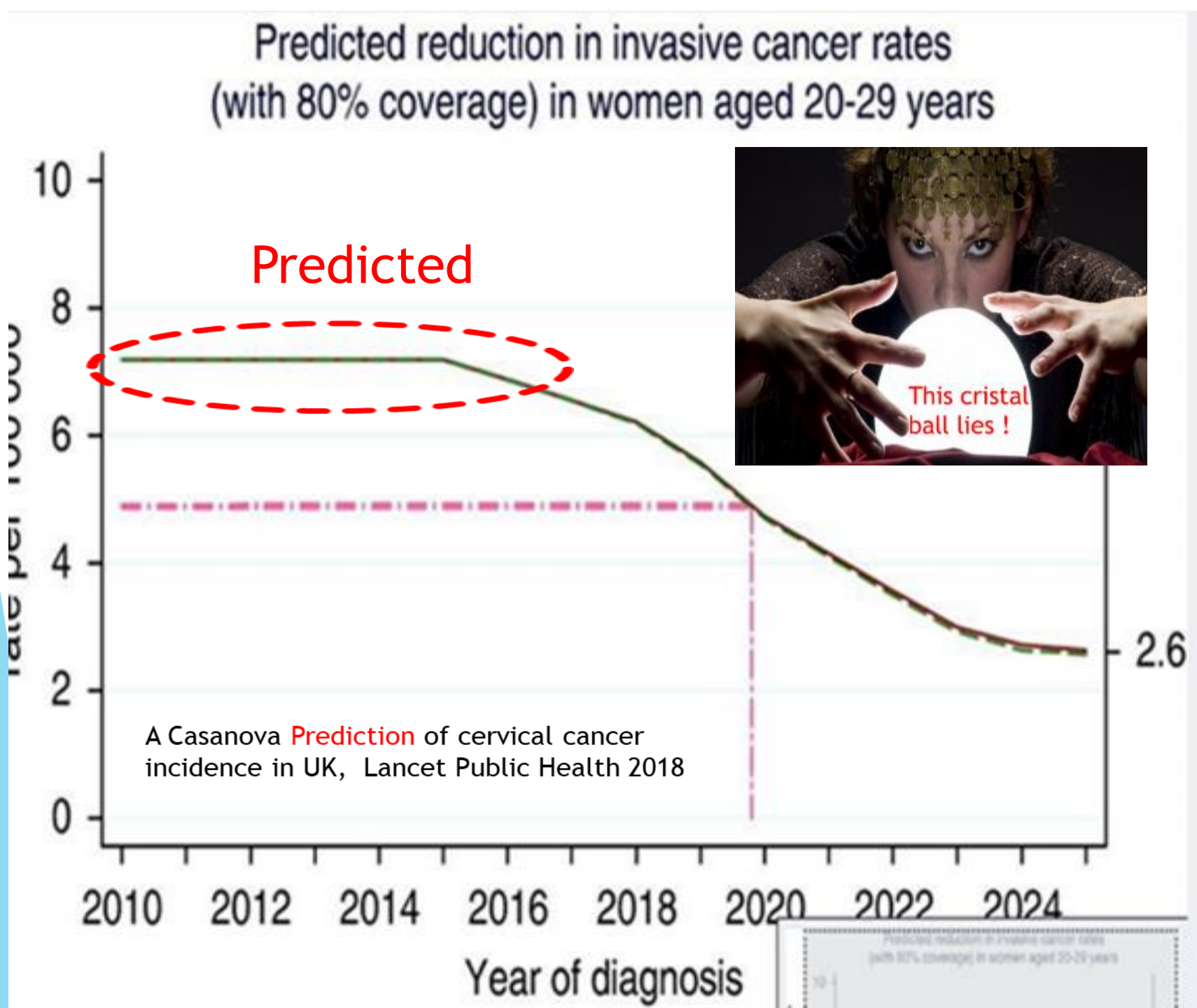
Hard evidence from scottish cancer registrie

	Three years smoothed incidence								
10-14									
15-19	2006-2008		2008-2010		2010-2012		2012-2014		2014-2016
20-24	1,9	3,8	3,0	4,1	4,3	5,6	6,3	5,4	4,2
25-29	16,6	16,2	18,0	16,3	17,7	15,7	17,7	18,6	21,7

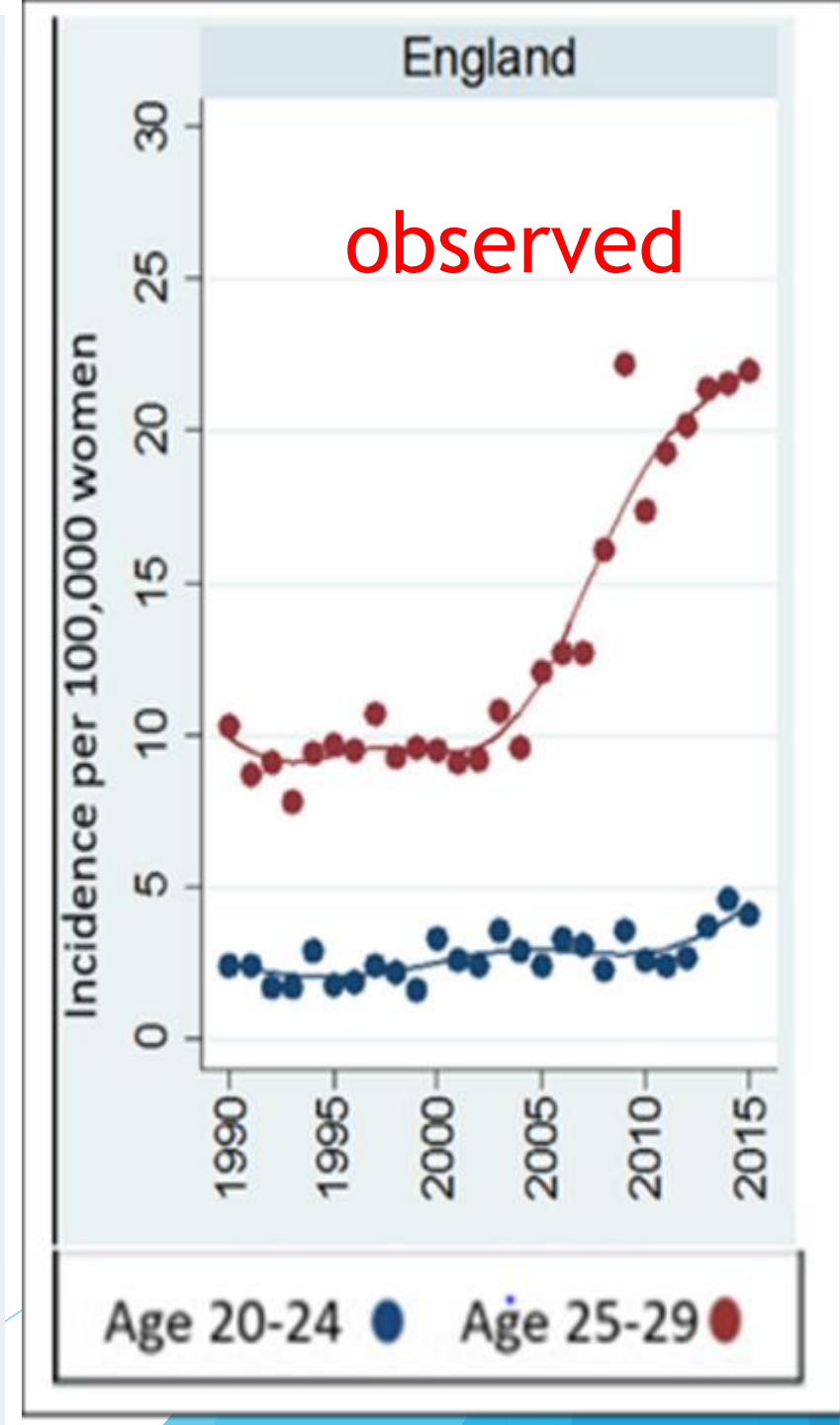
Predicted reduction in invasive cancer rates (with 80% coverage) in women aged 20-29 years

Predicted

A Casanova Prediction of cervical cancer incidence in UK, Lancet Public Health 2018

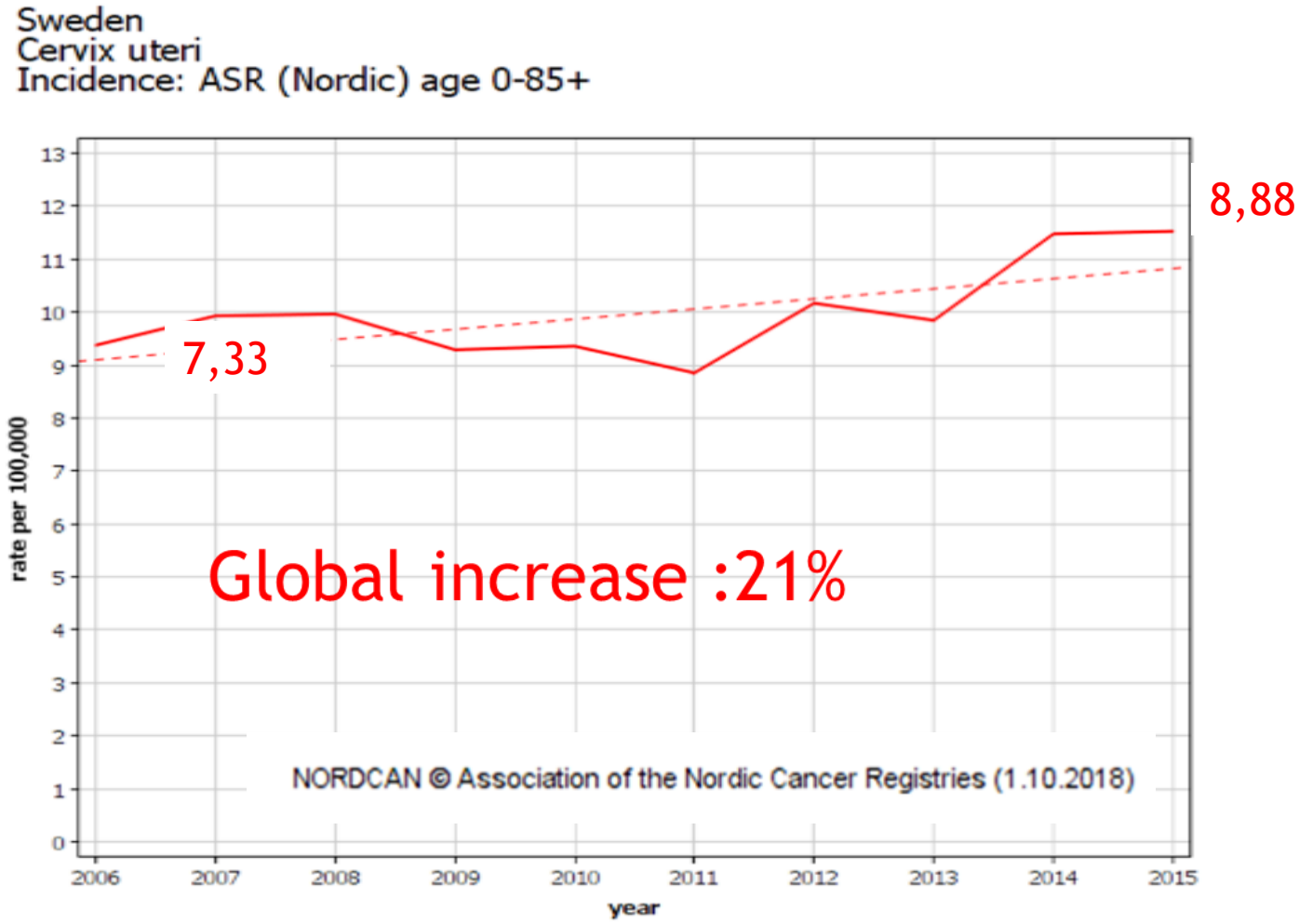


observed



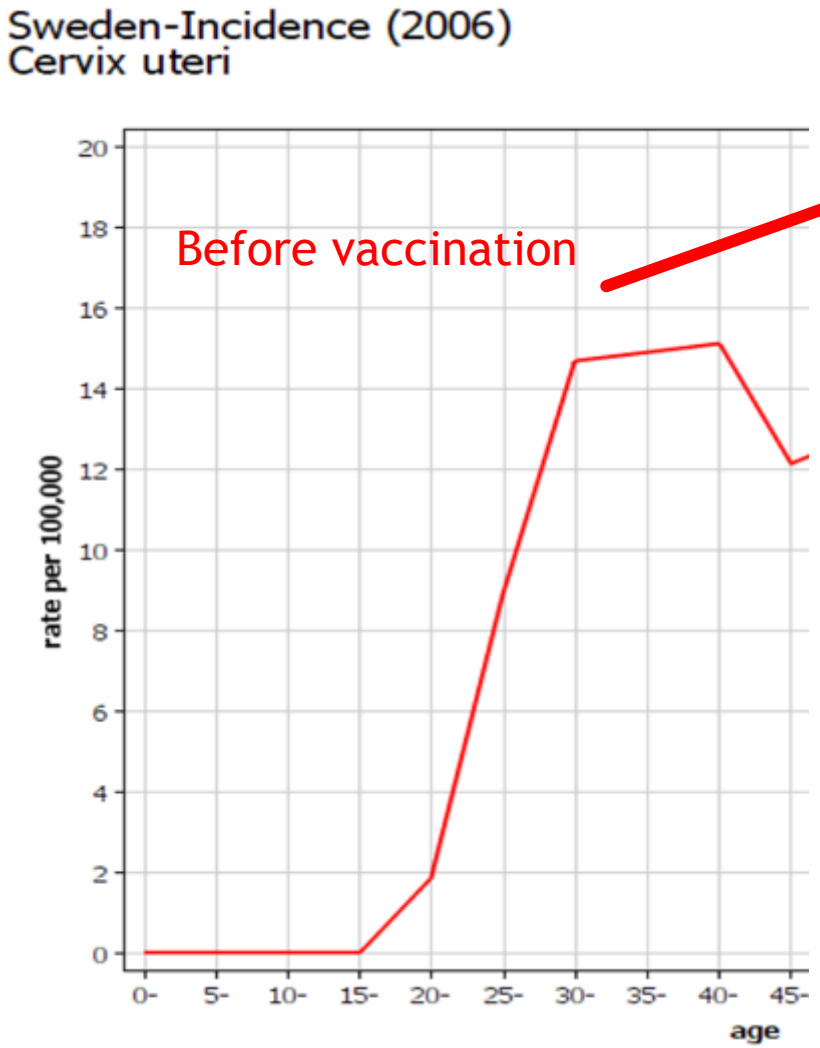
SWEDEN :GLOBAL INCIDENCE TREND

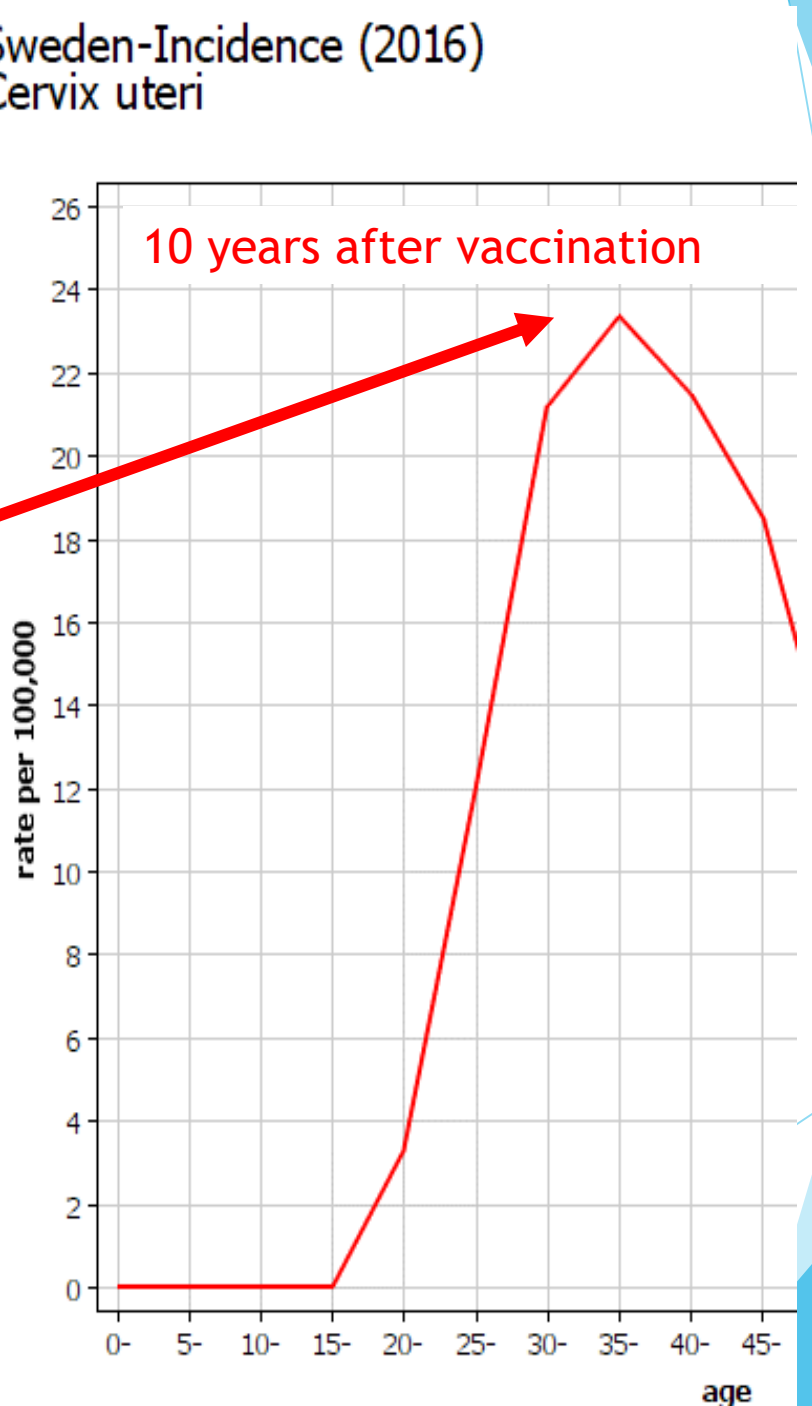
2006 Opportunistic vaccinations
2010 School vaccination campaign for 11-12 + catch up vaccination for 13-18



SWEDEN TRENDS/AGE

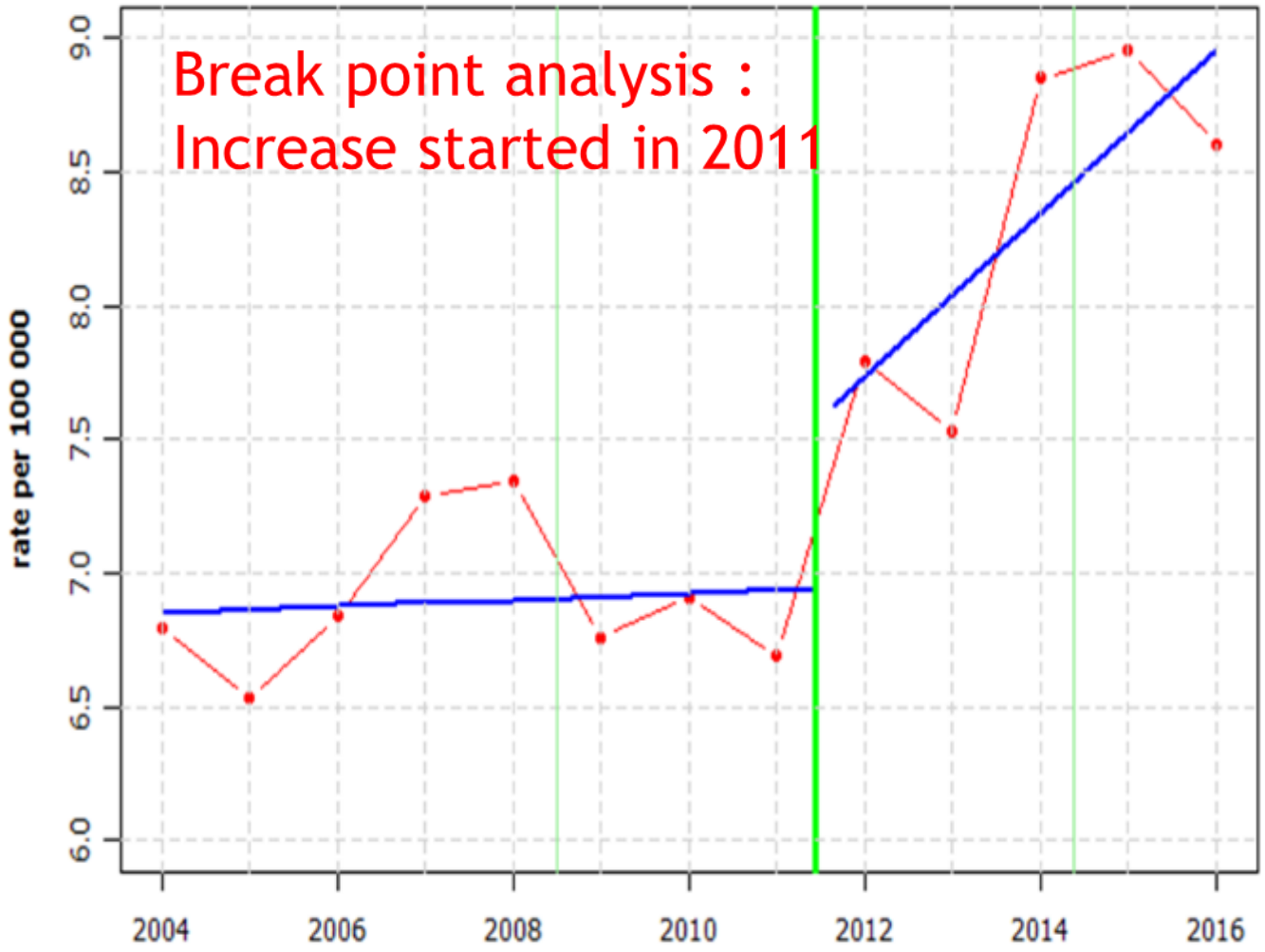
Vaccination followed by a huge increase of invasive cancer





BREAK POINTS ANALYSIS

- break-even point (BEP) is, the point at which a significant change in incidence trends appears
- That permit to establish a eventual time correlation between vaccine and incidence increasing
- In Sweden break point appears two years after school vaccination campaign



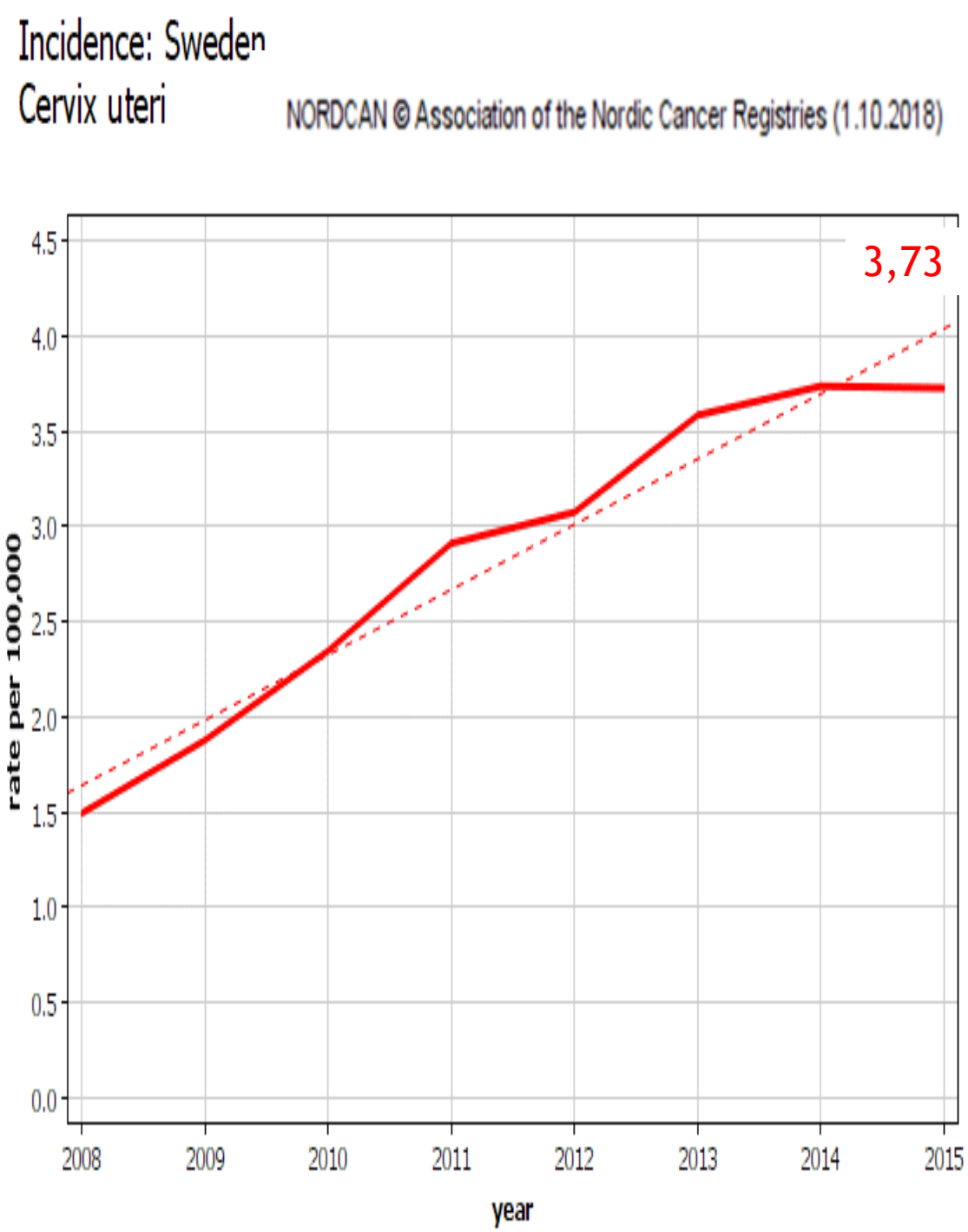
Breakpoint	Year	Standard error	95% CI
Estimated	**2011**	0.84	[2009;2012]
Slope			
Before (2000-2011)	0.17	2.09	[-4.34;4.68]
After (2011-2016)	25.94	5.23	[14.64;37.25]

INCIDENCE TREND FOR 20-24 GIRLS

Girls 14-18 during 2010 vaccination campaign were catch up vaccinated (80% vaccine coverage)

Their three years smoothed incidence increased by 150%

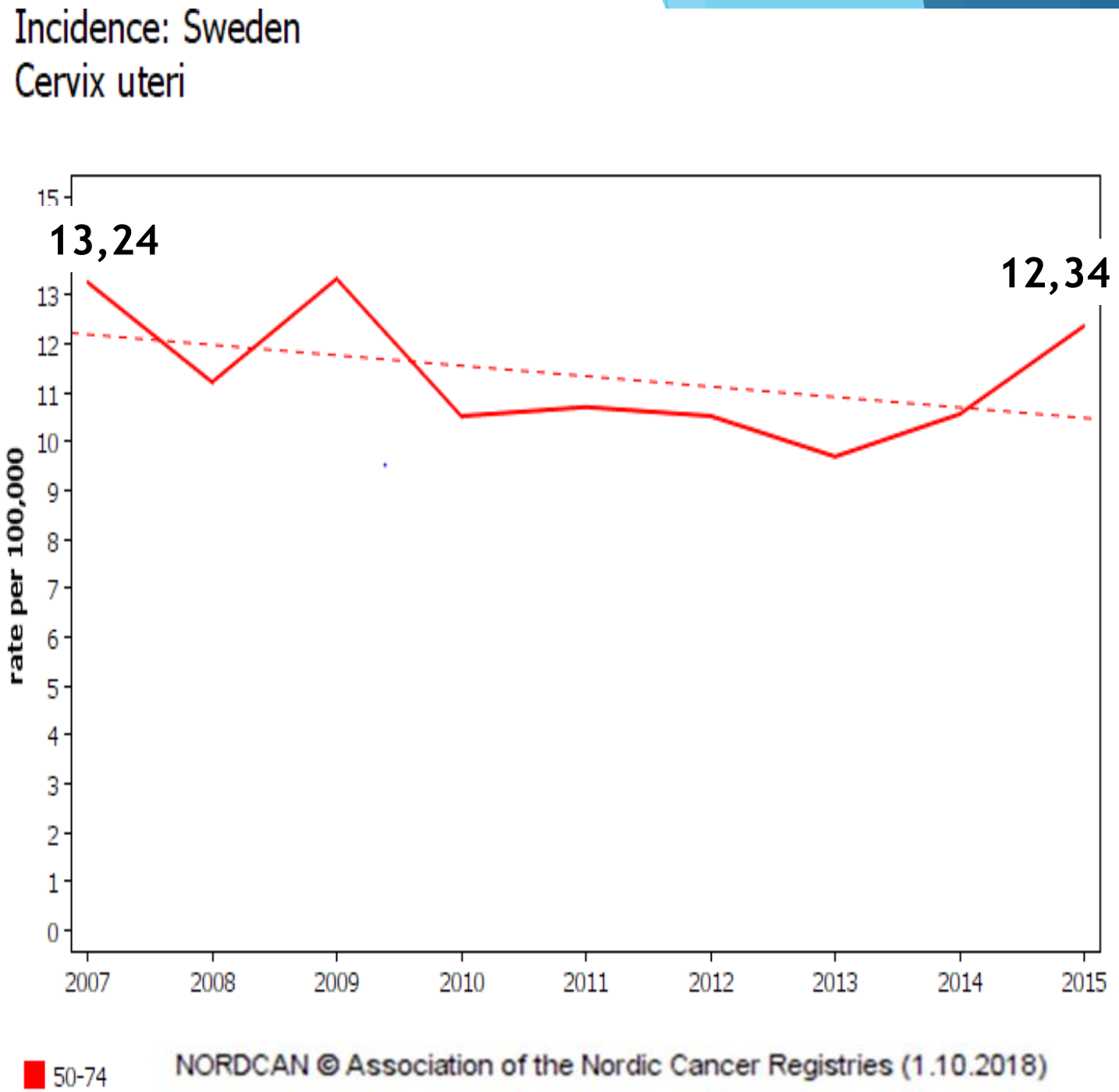
This increase is highly significant (P<0,001) and cannot be due to hazard



UNVACCINATED WOMEN

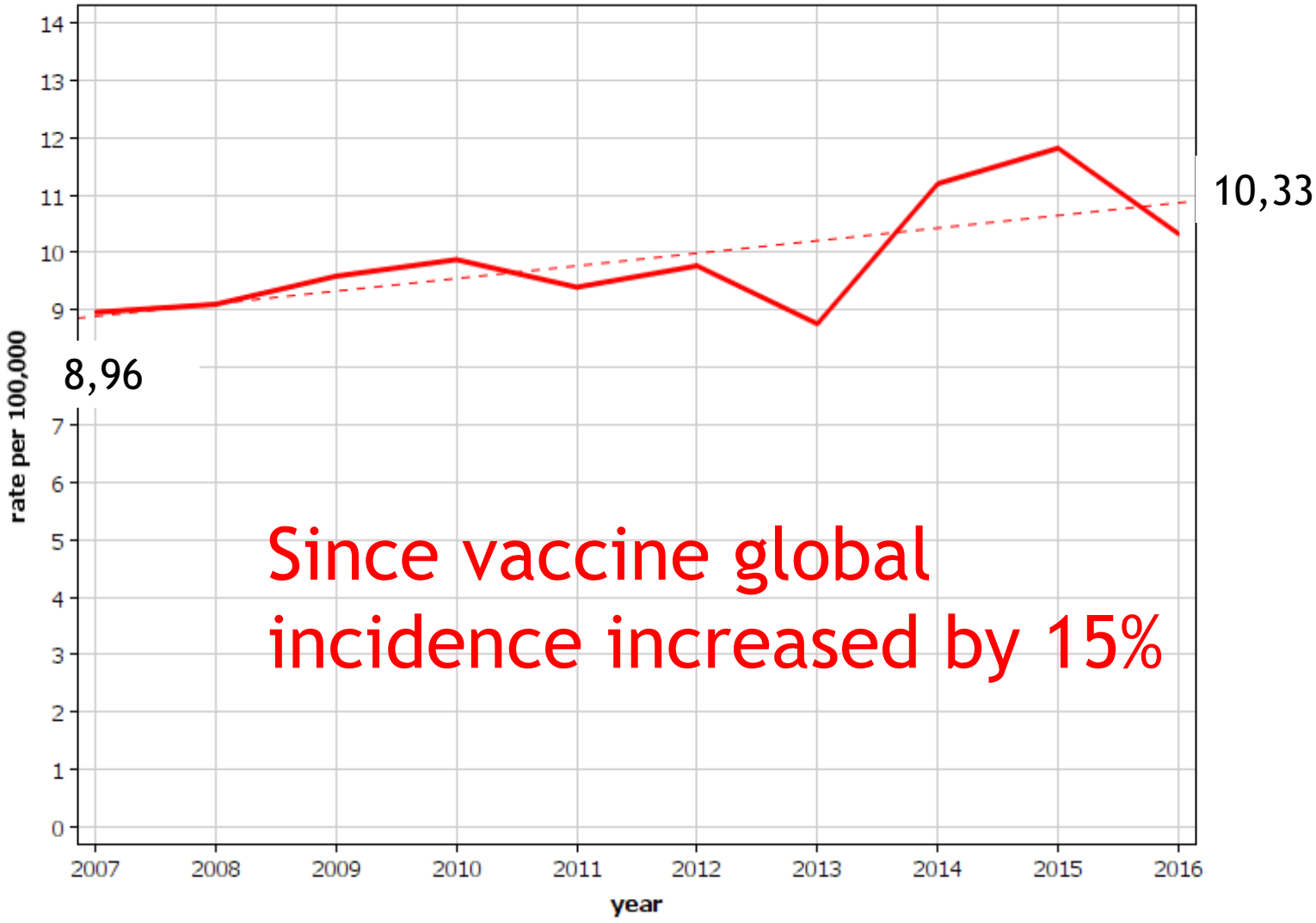
age group 50-74

Incidence decrease : 6%



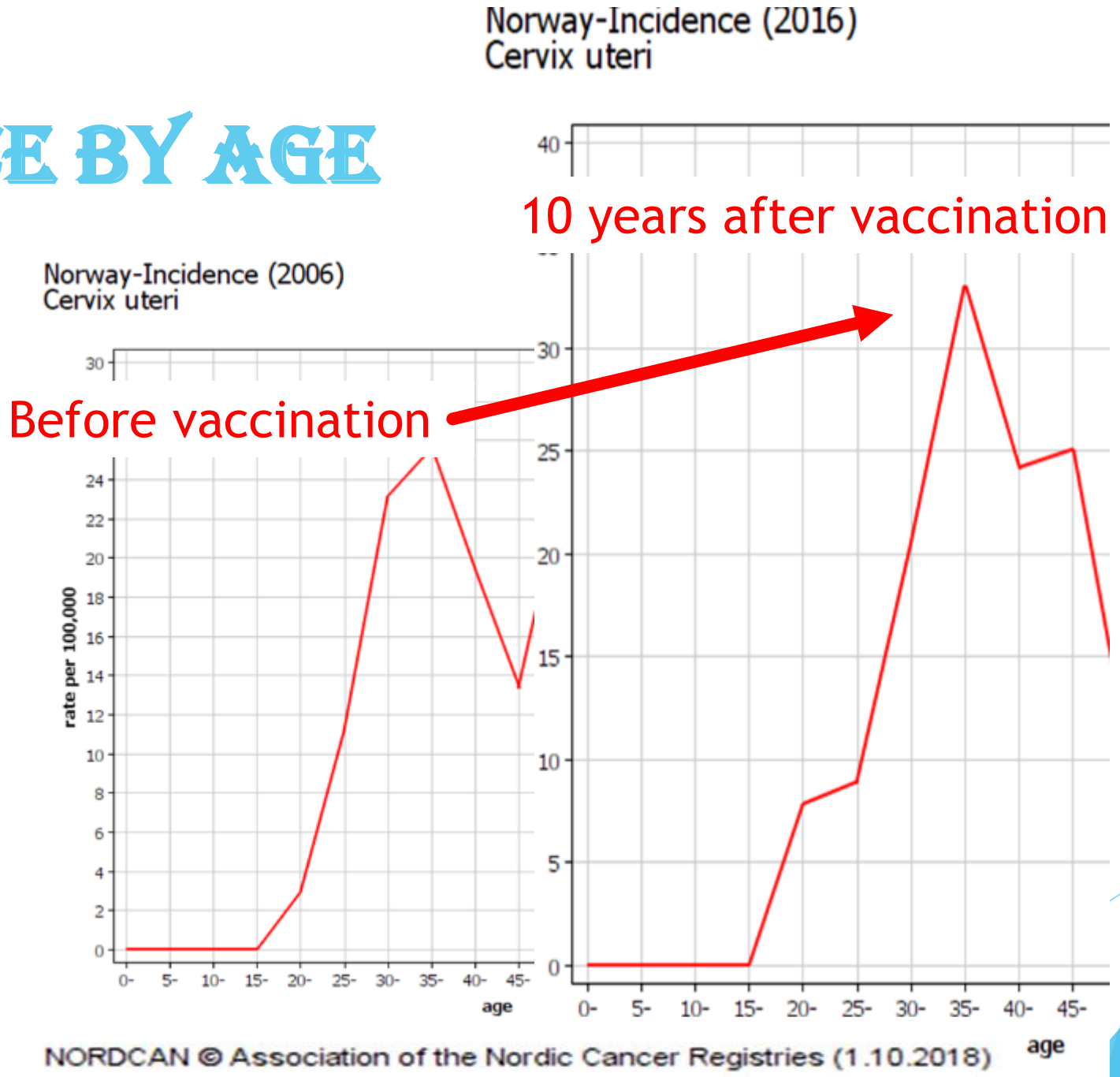
GLOBAL TREND IN NORWAY

Norway
Cervix uteri
Incidence: ASR (World) age 0-85+



Since vaccine global incidence increased by 15%

NORWAY INCIDENCE BY AGE



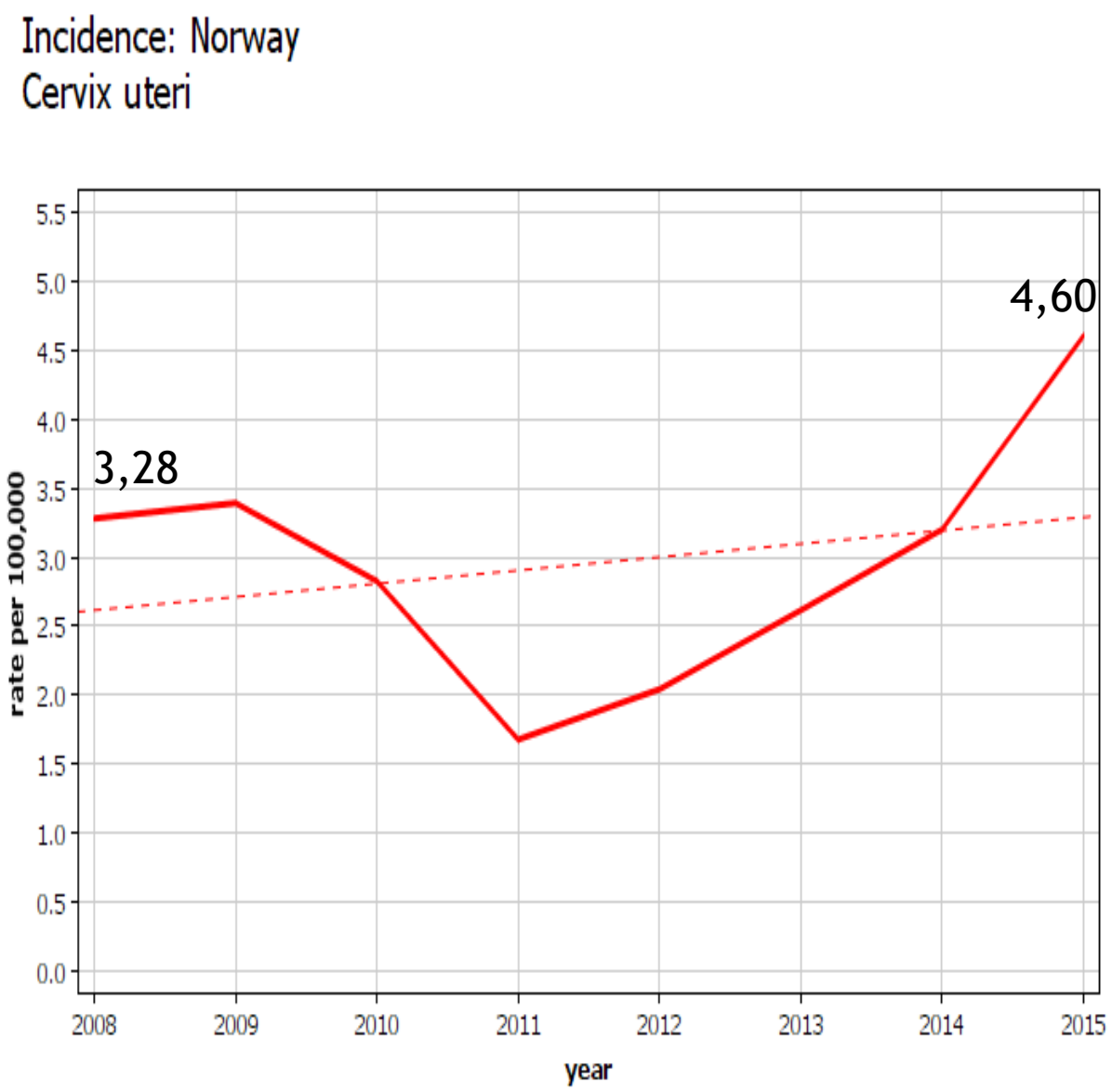
Break out point analysis shows that increase started in 2009

INCIDENCE TRENDS FOR 20-24

Three years smoothed incidence increased 38% in Women 20-24

were 12-16 during the vaccination Campaign (HPV coverage >80%)

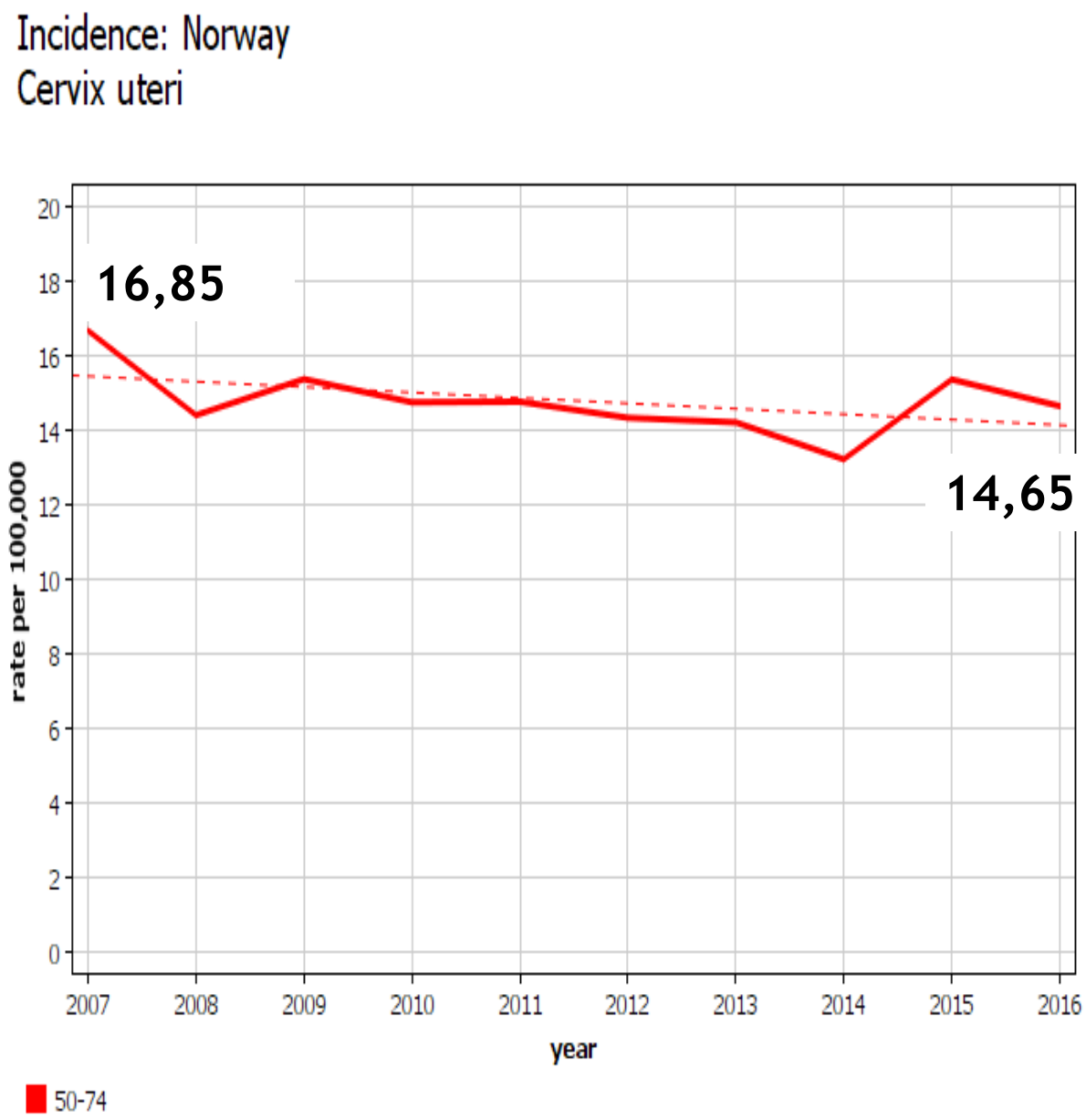
This increase is statistically significant (p<0,001)



NORDCAN © Association of the Nordic Cancer Registries (24.5.2019)

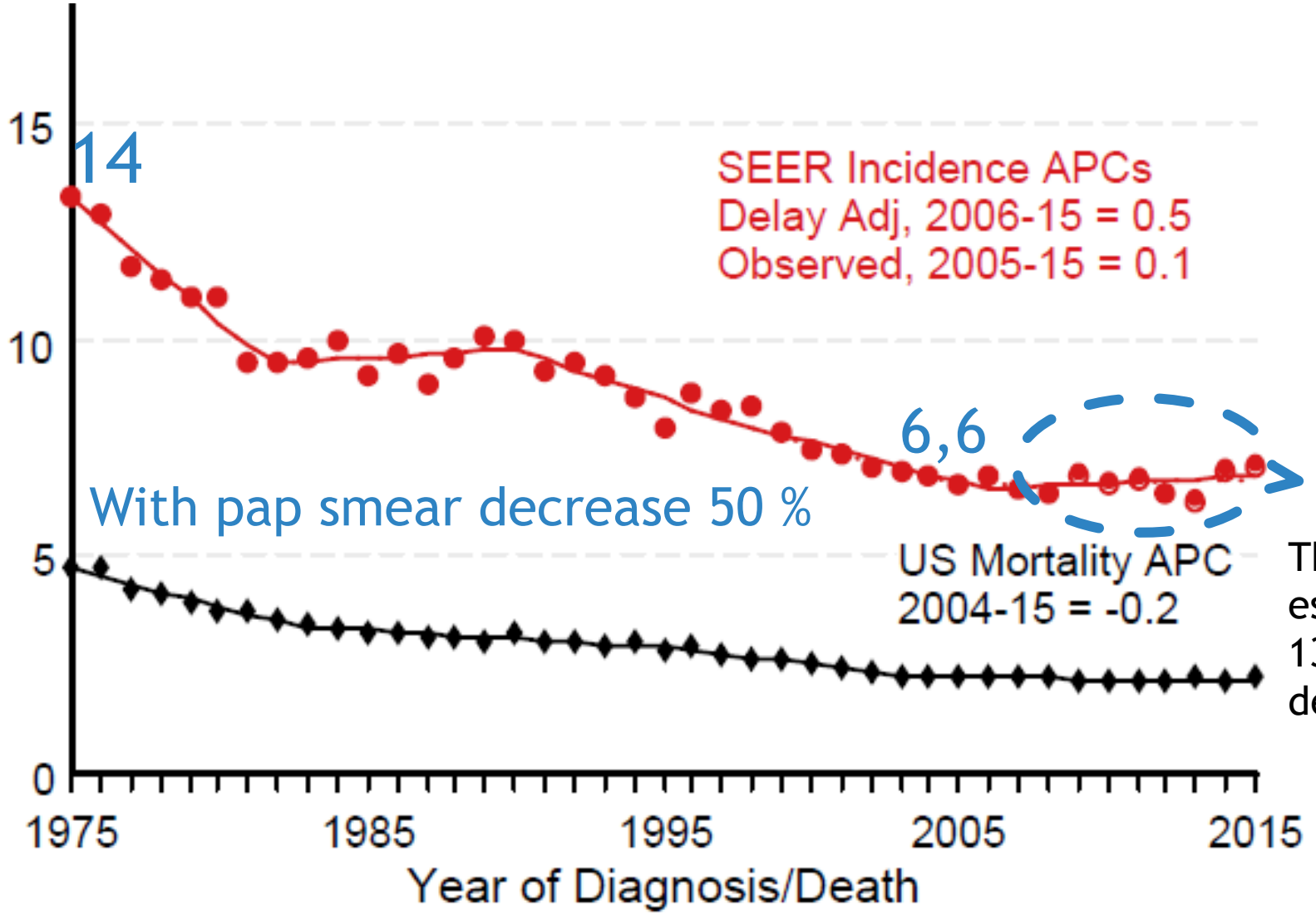
NORWAY : OLDER WOMEN

13% decrease for 50-74



NORDCAN © Association of the Nordic Cancer Registries (24.5.2019)

USA: INCIDENCE OF INVASIVE CANCER 1975 - 2015



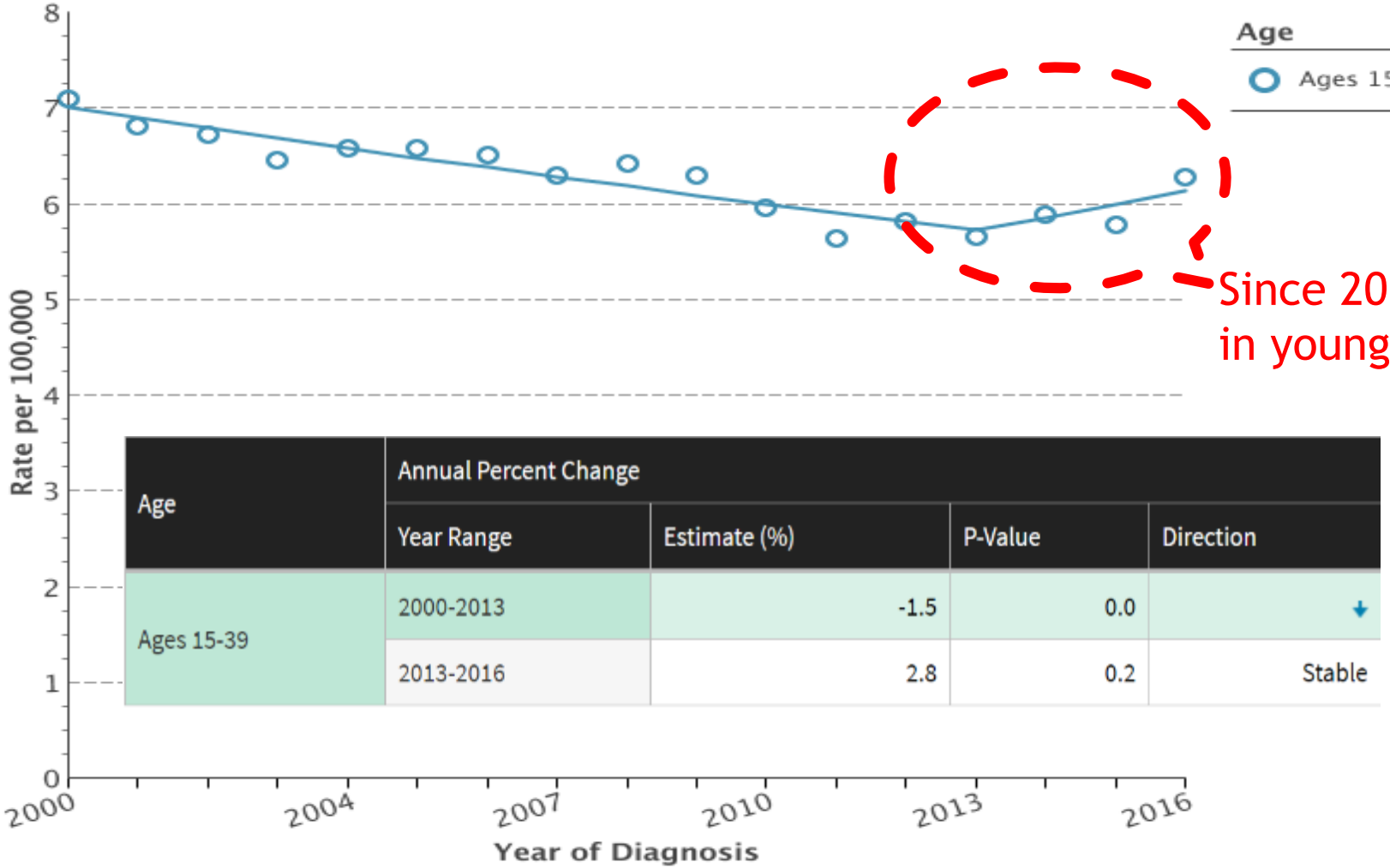
Since vaccin no more decrease

The American Cancer Society's estimates for 2019 : about 13,170 new cases and 4,250 deaths from cervical cancer.

Source: SEER 9 areas and US Mortality Files (National Center for Health

USA: INCIDENCE 2000-2016 FOR 15-39

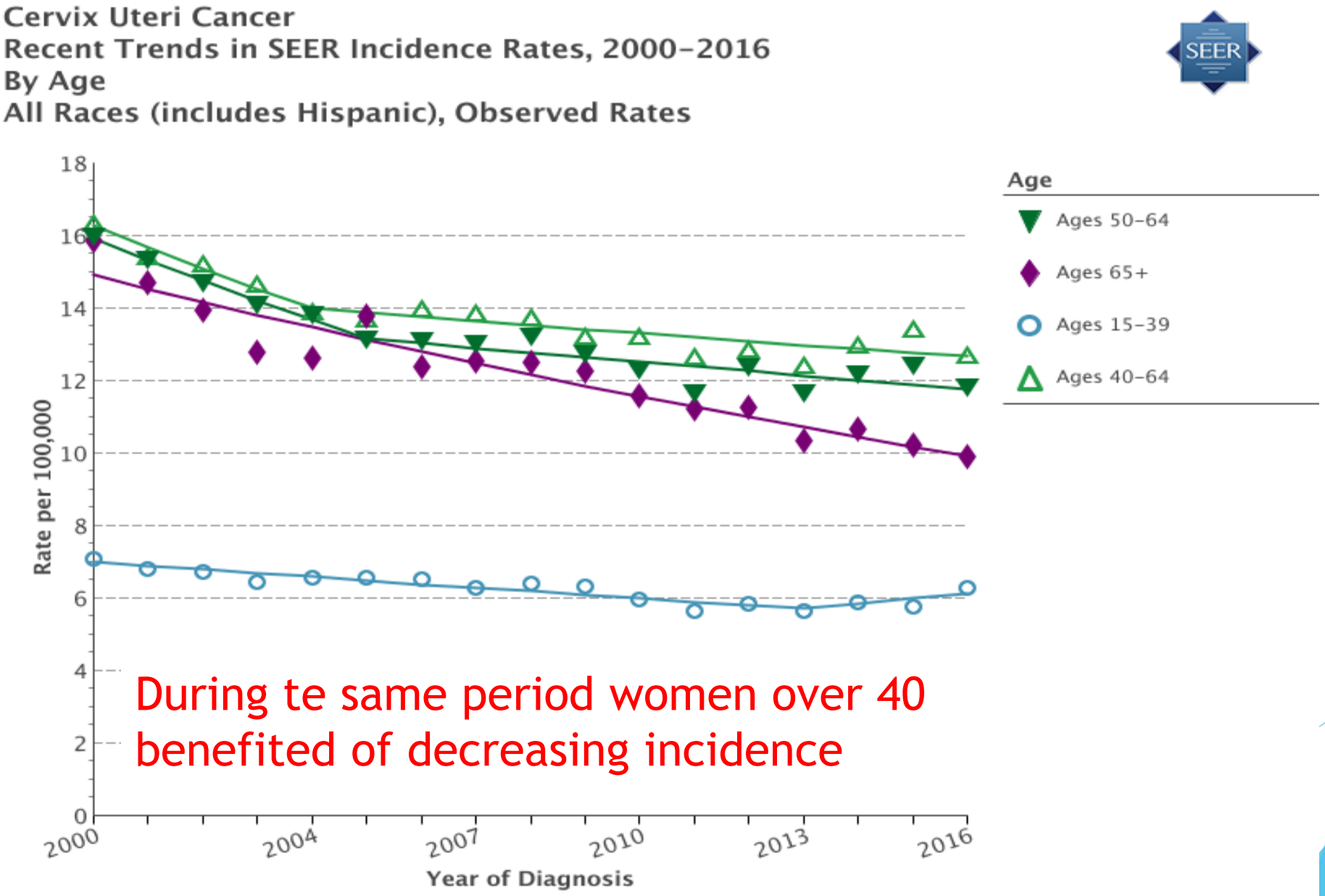
Cervix Uteri Cancer
Recent Trends in SEER Incidence Rates, 2000–2016
By Age
All Races (includes Hispanic), Observed Rates



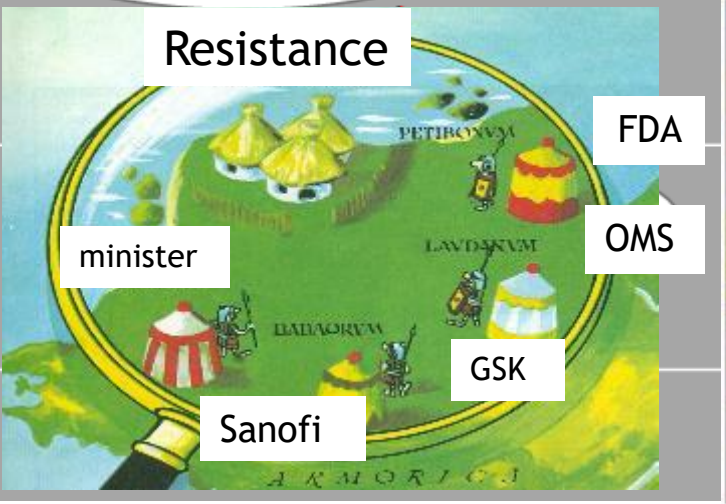
Since 2013 increase in young women

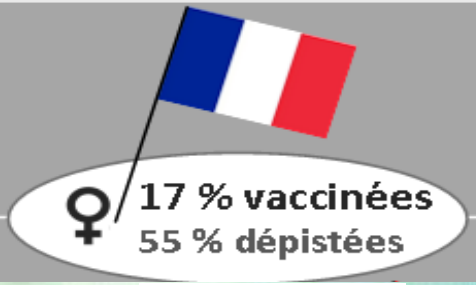
Age	Annual Percent Change			
	Year Range	Estimate (%)	P-Value	Direction
Ages 15-39	2000-2013	-1.5	0.0	↓
	2013-2016	2.8	0.2	Stable

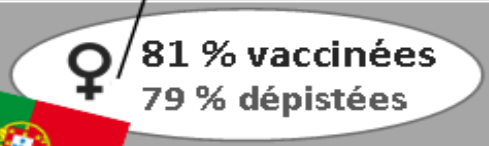
USA: INCIDENCE TREND FOR >40

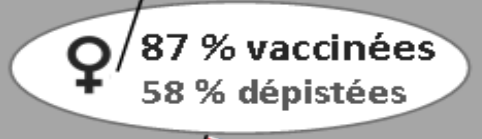


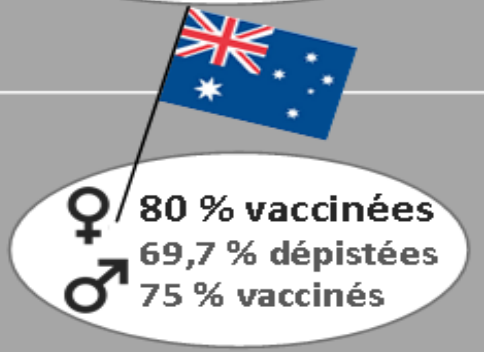
France has a long tradition of resistance





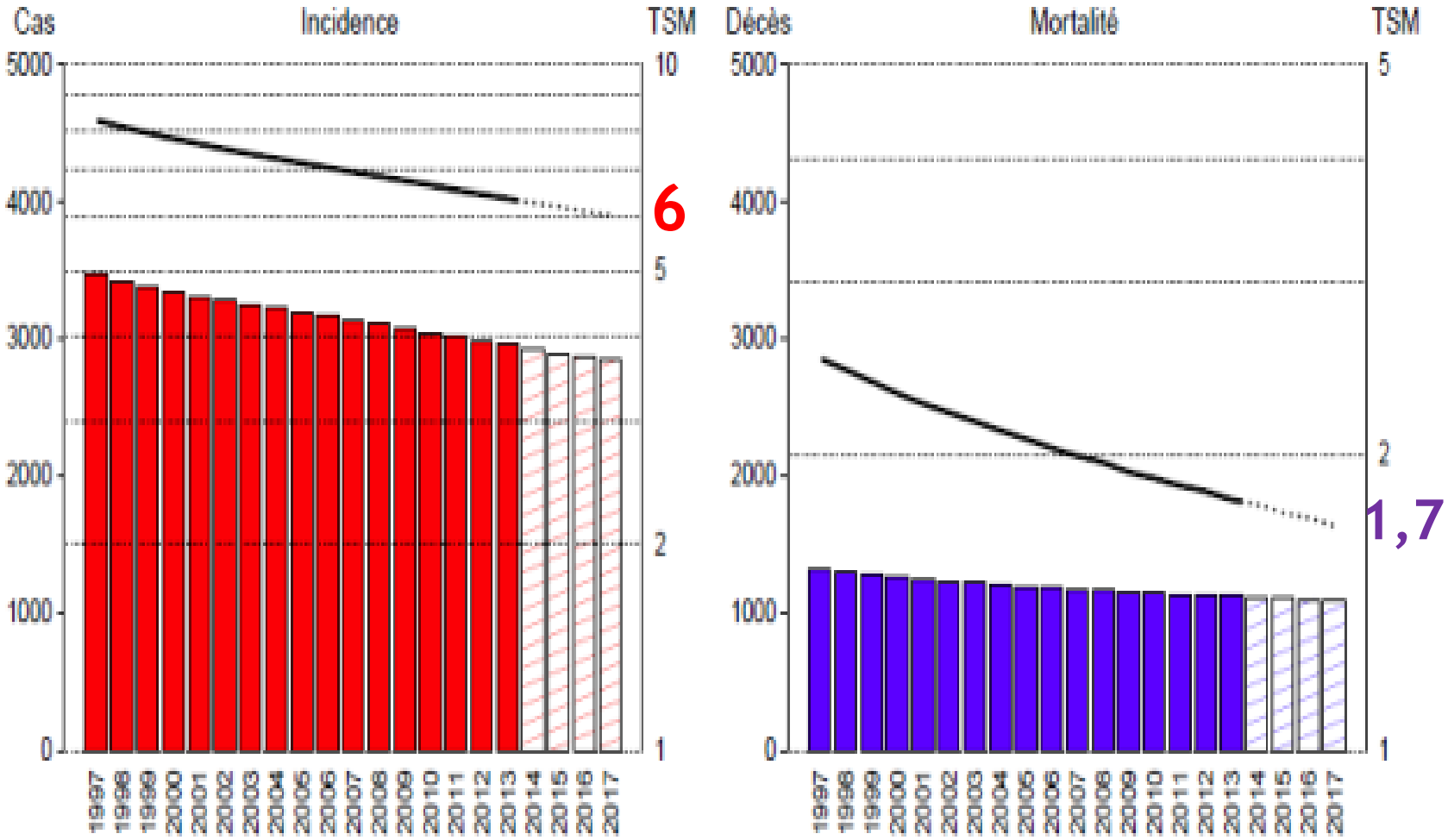


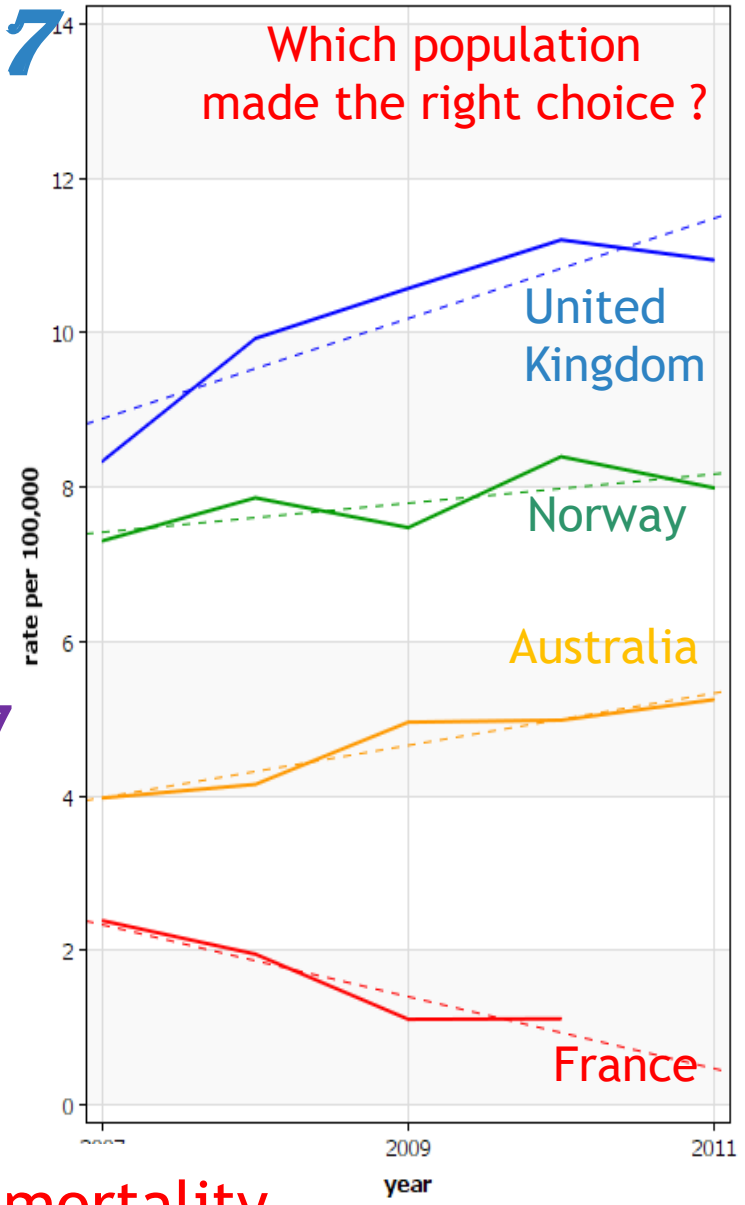




In France Gardasil coverage is very low (<20%)
Despite Sanofi Pasteur, President Macron, health minister, corrupted experts, scientific societies, Health agencies, institutional corruption of doctors (They can earn extra 10000 euros/year if they vaccine !)

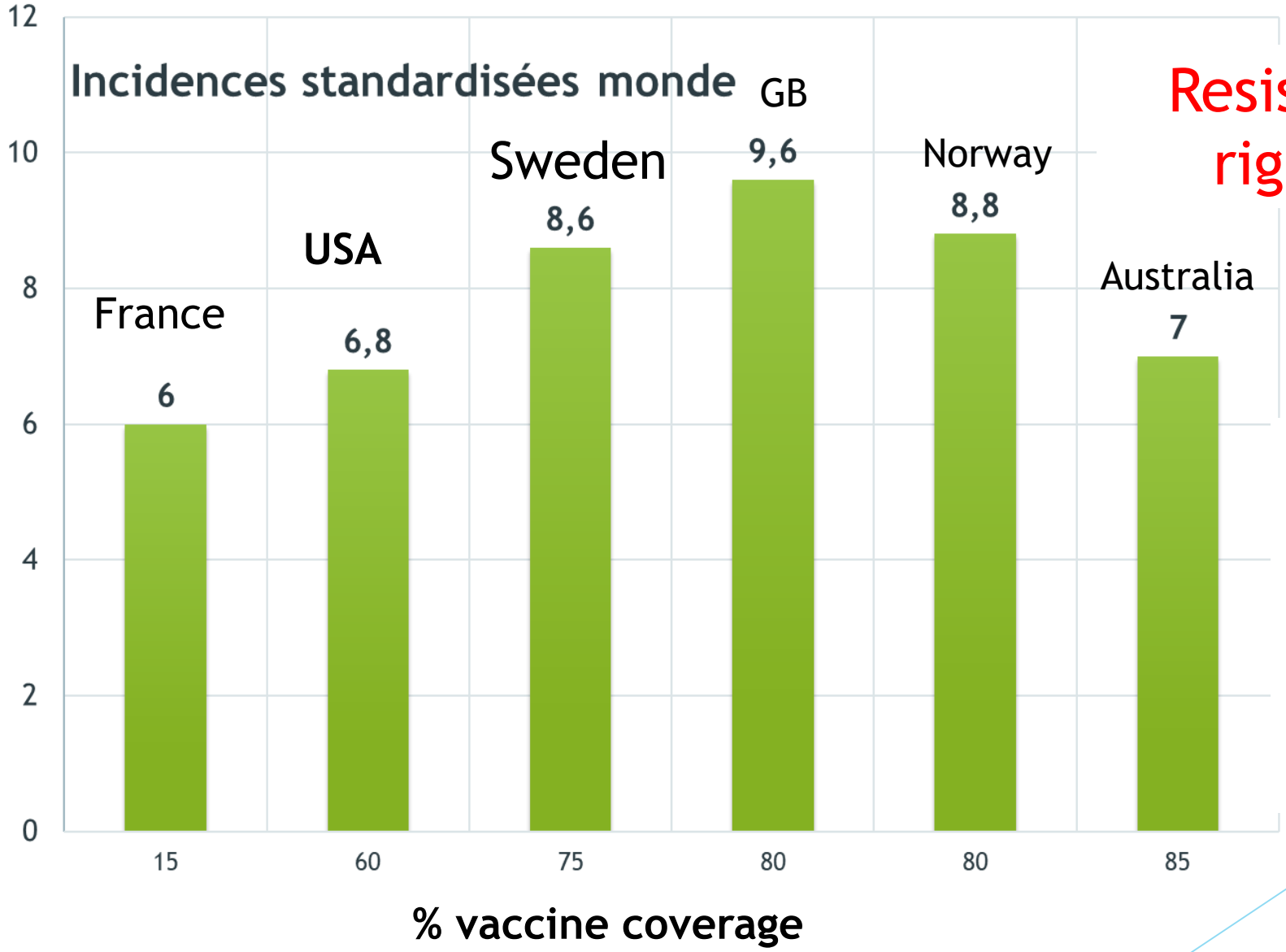
RESISTANCE IS WORTH ! FRANCE: INCIDENCE AND MORTALITY 1997-2017





France benefited of permanent decrease in incidence and mortality

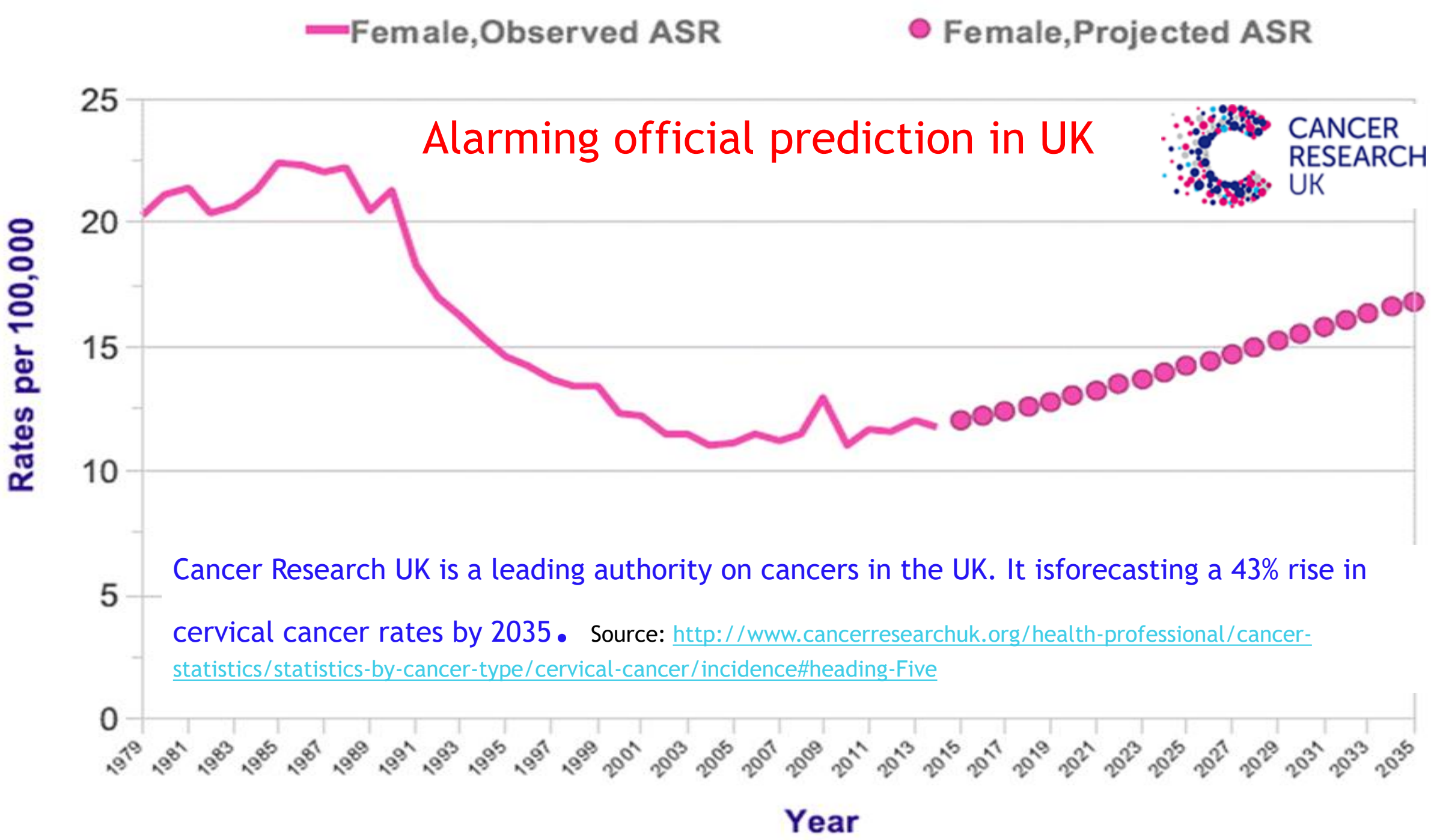
LAST PUBLISHED WSR OF CERVIX CANCER AND VACCINATION COVERAGE



Resistance is the right choice !

Higher the vaccine coverage higher the World Standardized Incidence of invasive cervix cancer

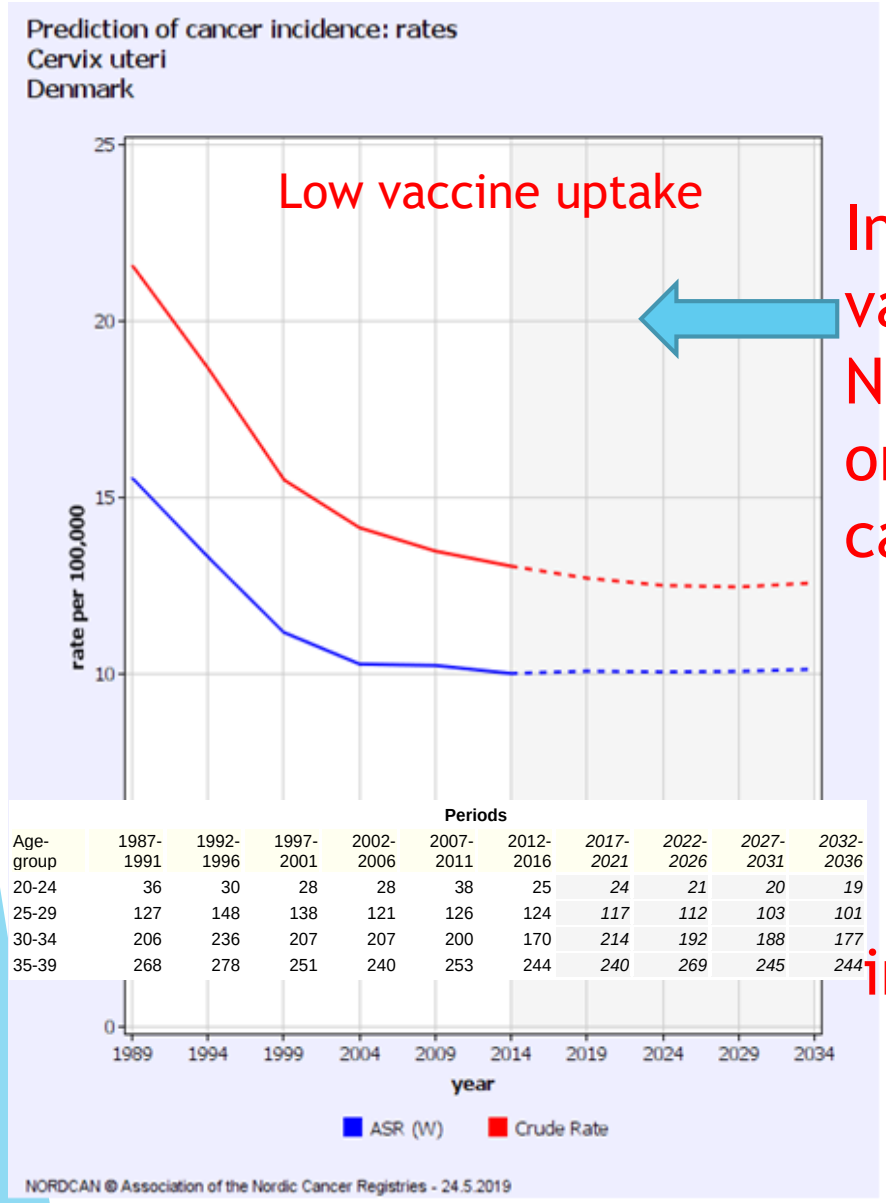
Alarming official prediction in UK



CANCER RESEARCH UK

Cancer Research UK is a leading authority on cancers in the UK. It isforecasting a 43% rise in cervical cancer rates by 2035. Source: http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/cervical-cancer/incidence#heading-Five

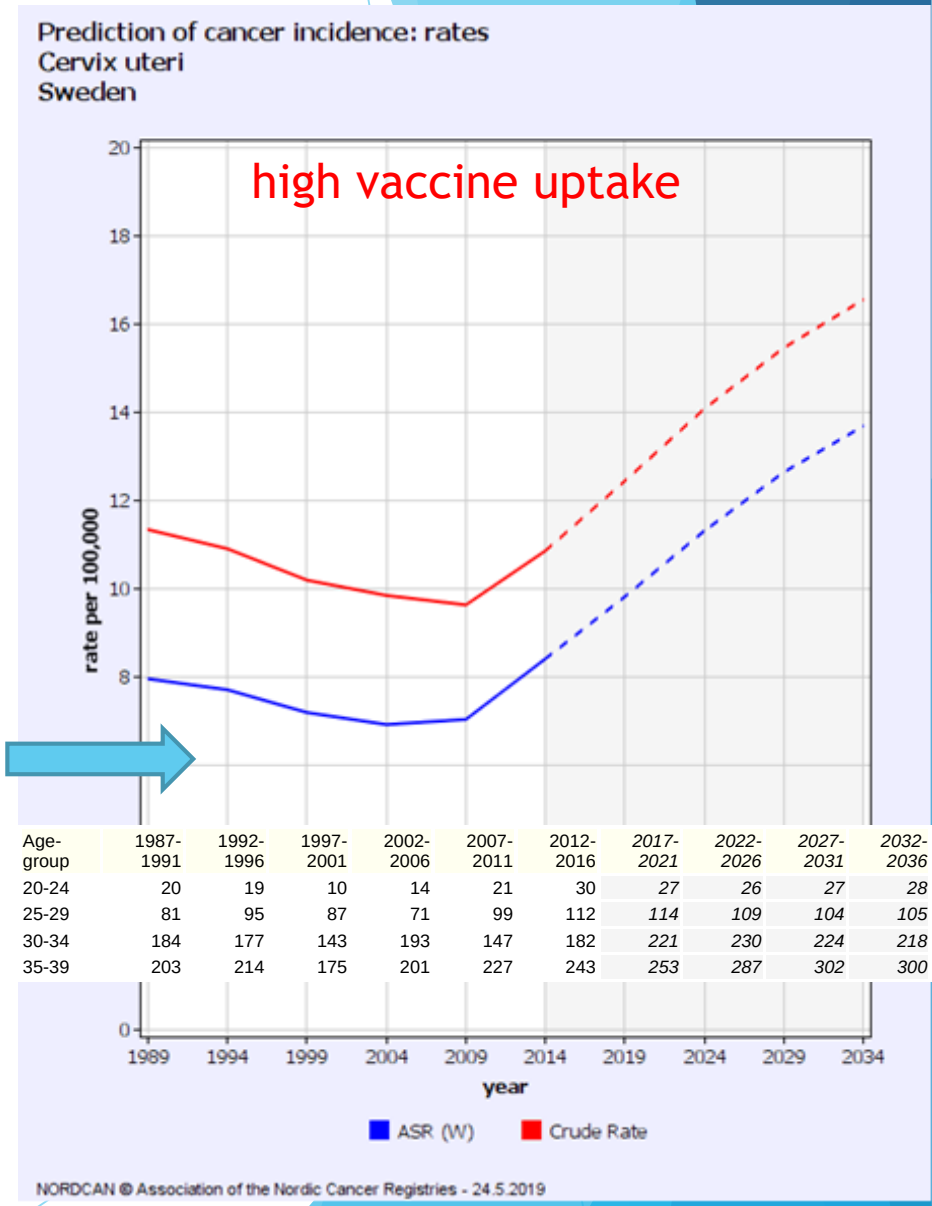
Official Predictions from Nordcan



Age-group	Periods 1987-1991	1992-1996	1997-2001	2002-2006	2007-2011	2012-2016	*2017-2021*	*2022-2026*	*2027-2031*	*2032-2036*
20-24	36	30	28	28	38	25	*24*	*21*	*20*	*19*
25-29	127	148	138	121	126	124	*117*	*112*	*103*	*101*
30-34	206	236	207	207	200	170	*214*	*192*	*188*	*177*
35-39	268	278	251	240	253	244	*240*	*269*	*245*	*244*

In Denmark with low vaccine coverage Nordcan predicts a stable or decreasing risk of cancer

In Sweden country with high vaccine uptake Nordcan predicts a high increase of cervix cancer



Age-group	1987-1991	1992-1996	1997-2001	2002-2006	2007-2011	2012-2016	*2017-2021*	*2022-2026*	*2027-2031*	*2032-2036*
20-24	20	19	10	14	21	30	*27*	*26*	*27*	*28*
25-29	81	95	87	71	99	112	*114*	*109*	*104*	*105*
30-34	184	177	143	193	147	182	*221*	*230*	*224*	*218*
35-39	203	214	175	201	227	243	*253*	*287*	*302*	*300*

Cost/effectivness of HPV vaccine in France

The HPV vaccine is the most expensive childhood vaccine and mass vaccination may jeopardize public healthpriorities

- In France we register yearly 3000 invasive cervical cancers and 1000 deaths. Among these about 700 women did not had pap smear according to recommandations. If all french women went to pap screening only 300 women may still die of this cancer (even less if curative treatments improve).

- In the ideal of vaccination (100% protection against cancer and 0% side effects) vaccination may save 300 women after 20 or 30 years

- To save these 300 women:year we should to vaccine all girls for a total cost of about 2 millions euros/ year at a cost of 660,000 euros per (eventually possible) saved life !

CONCLUSIONS (8/9 YEARS OF FOLLOW-UP)

- *No decrease of invasive cervix cancer has been observed in high vaccination coverage groups contrary to the vaccine goals*
- *For girls vaccinated when under12, the crude figures show an impressive (but non significant) incidence increase.*
- *Nevertheless, similar trends in all the studied countries constitute a strong alarm signal.*
- *For older girls, "catch up" vaccinated when over 13, a significant increase of invasive cancer incidence observed.*
- *This paradoxical oncologic result confirms the risk of this vaccination for non naïve girls observed initially in the pivotal study*

WHY SUCH A PARADOXICAL RESULT ?

How wonderful that we have met with a paradox.

Now we have some hope of making progress

SOME HYPOTHESES TO EXPLAIN THIS PARADOXICAL ONCOLOGIC RESULT

The modification of sexual practices *is frequently advocated by vaccine propagandists*

But why would the cancer increase appear just some years after vaccination campaign ?

when all studies on sexual practices show that changes are relatively minor and slow

and probably in the other direction: decrease in the frequency of sexual intercourse in UK

And why French girls whose practices do not seem different benefit of incidence decreasing ?

SOME HYPOTHESES TO EXPLAIN THIS PARADOXICAL ONCOLOGIC RESULT

The risk of some women abandoning smear screening due to the misleading propaganda that vaccination protects against cervical cancer was highlighted by Diane Harper

"If more vaccinated young girls become women who voluntarily refuse cervical cancer screening, the rates of cervical cancer will increase."

This has been observed in Australia but not in Great Britain nor Sweden.

Diane Harper Cervical cancer incidence can increase despite HPV vaccination www.thelancet.com/infection Vol 10 September 2010

Alison C Budd, Julia ML Brotherton, Dorota M Gertig, Theresa Chau, Kelly T Drennan and Marion Saville Cervical Screening for Women with Human Papillomavirus Med J Aust 2014; 201 (5) 279-282

THE « TYPE REPLACEMENT"

The eradication of the few strains of the vaccine promotes the emergence of competing strains, potentially more aggressive

*The efficacy of vaccine limited to 4 or 9 strains of HPV among 150 knowns, creates a true "**ecological niche**" , favourable to the proliferation of other possibly more dangerous strains*

Eliminating strains targeted by the vaccine allows other strains to multiply, some of which can be more dangerous than those they replace

Fangjian Guo Fangjian Guo, Jacqueline M. Hirth, Abbey B. Berenson. Comparison of HPV prevalence between HPV-vaccinated and non-vaccinated young adults (20-26 years) Abstract n° 844 ASCO 2015 meeting Philadelphia

THE INCREASE IN THE RISK OF INVASIVE CANCERS IN WOMEN PREVIOUSLY INFECTED WITH THE HPV VIRUS

*the initial review of the dossier provided by the laboratory to obtain the Market Authorization justified the **FDA's recommendation to vaccinate prior to first intercourse***

*But **this recommendation was neglected** to expand the market and many vaccinations (so-called catch-up) were carried out in sexually active women*

FDA Gardasil Clinical Review 2006 [cited 2018 Mar 22]. http://www.impfkritik.de/download/gardasil_fda_464_pages.pdf (pp.359-360)

IF THE VACCINE FACILITATES CANCER DIRECTLY ?

Our study demonstrate that HPV vaccination is correlated with increase of incidence of invasive cervix cancer.

But outside a randomized study, correlation between 2 variables does not mean causation

Some others criteria reinforce the probability of causation :

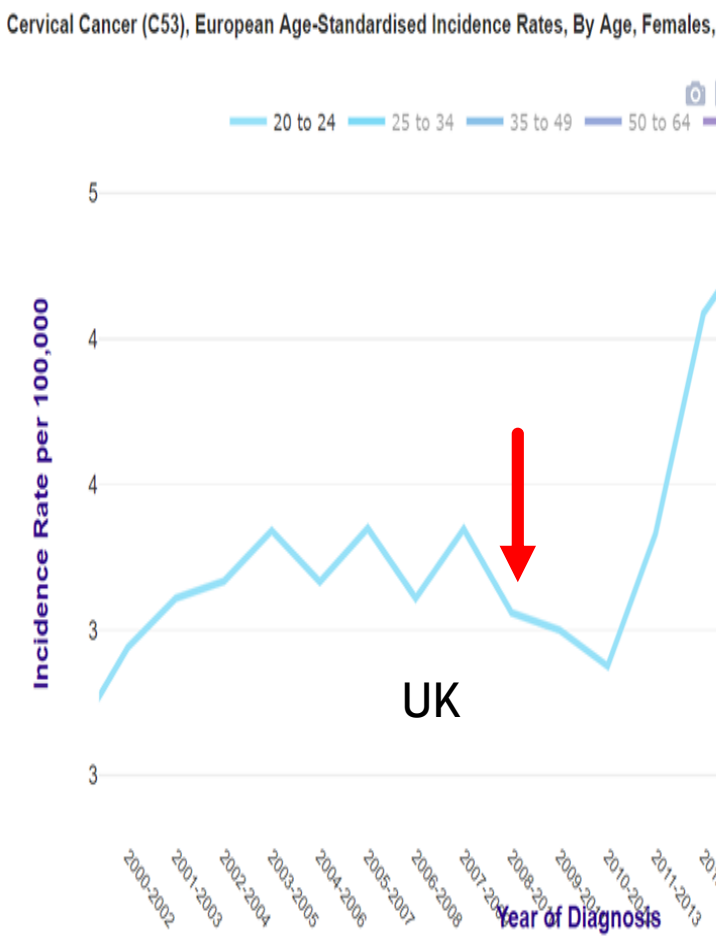
- Time relationship
- Credibiity
- Dose/effect correlation

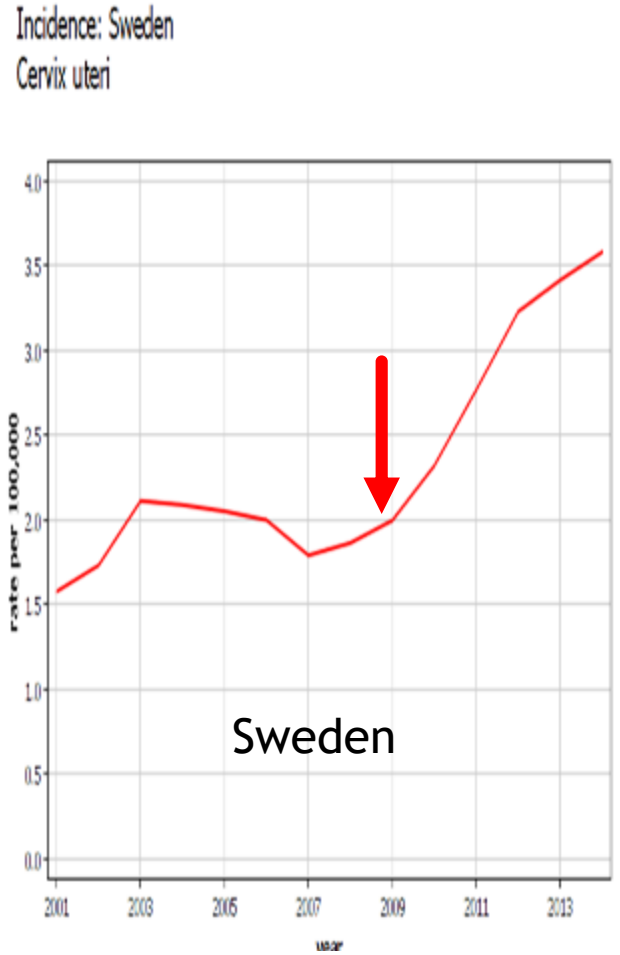
The very early onset of increased incidence after vaccination campaigns

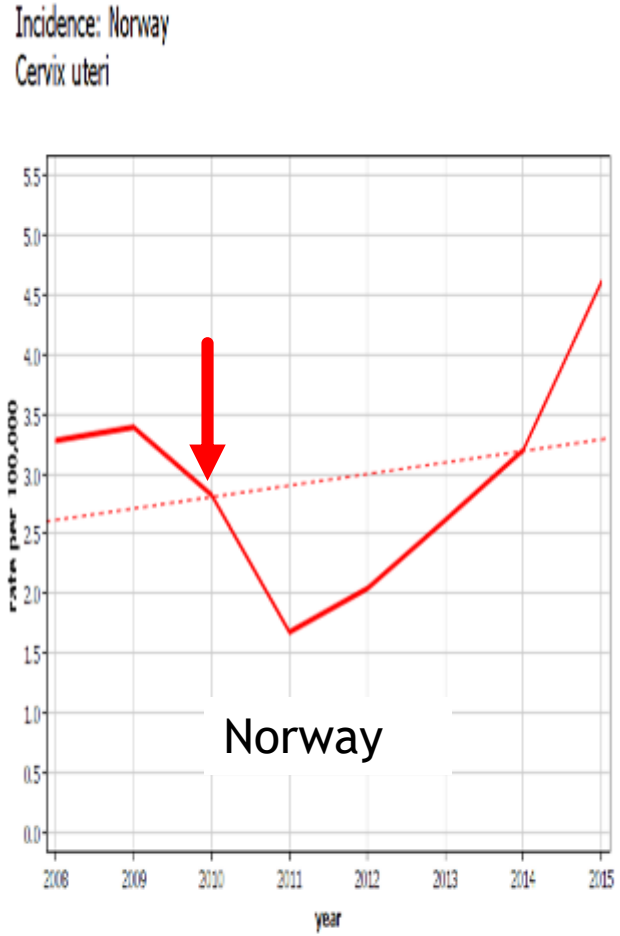
as early as the second or fourth year after vaccination suggests a direct accelerating action of the vaccine

which may behave as a facilitator of cervical cancer, whose natural evolution requires 10 to 20 years rather.

IN U.K, SWEDEN, AUSTRALIA AND NORWAY THE TEMPORALITY CRITERIA IS PRESENT

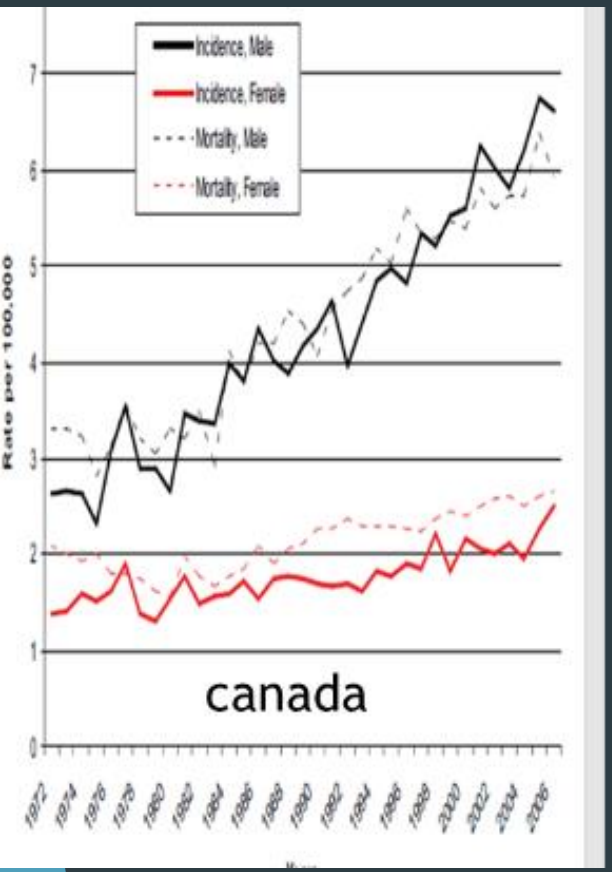


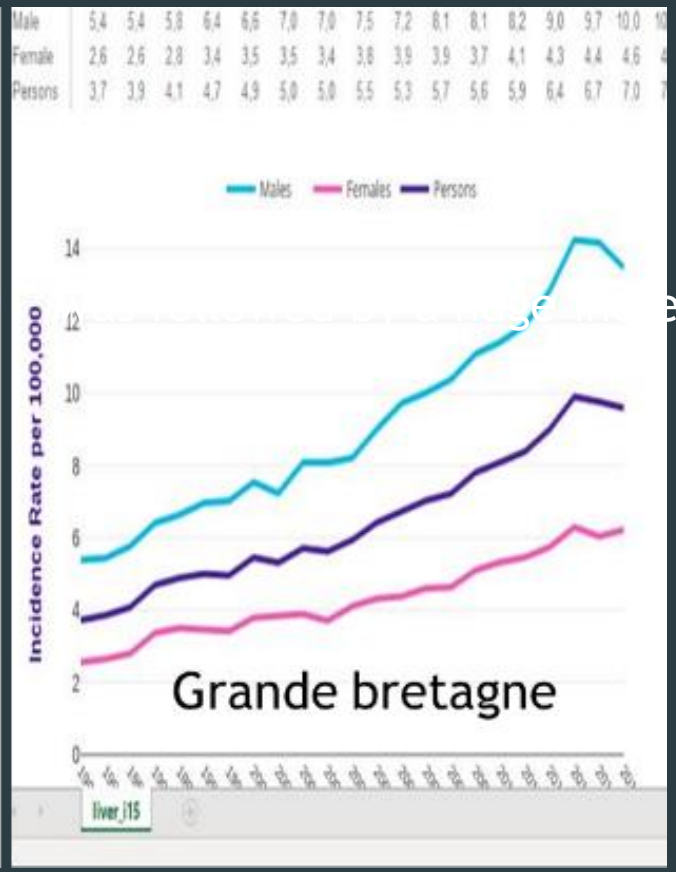


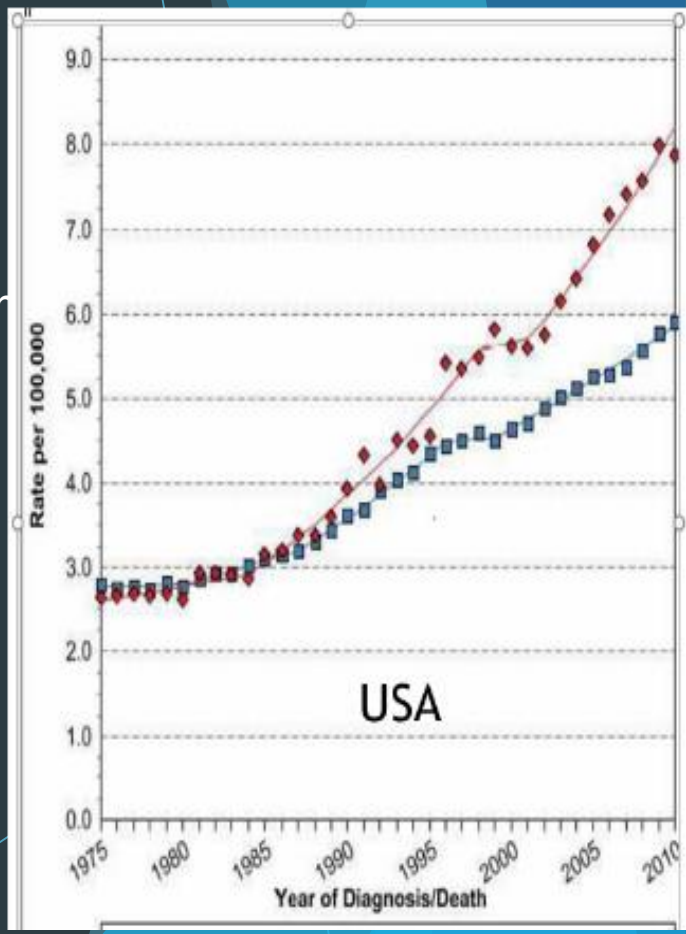


In these countries the increase appeared in the vaccinated groups 1 to 2 years after the start of the vaccination campaigns

Facilitator action of vaccine is credible as for hepatitis B vaccination







Followed by an impressive increase of incidence of liver cancer in all western countries

Dose/effect correlation is also present

Higher the vaccination rate

Higher the increase of incidence of cancer

In the youngest group (most vaccinated) impressive increase

In catch up group (less vaccine, moderate increase)

In older women no vaccin, no increase

CONCLUSIONS: HPV VACCINE

- Experimental vaccine
- no proof of preventive efficacy against cancer
- Concordant indices of increasing cancer risk
- Heavy side effects
- Useless (pap test)
- Too risky bet
- Too high price, high corruption

But in Poland cervix cancer is still a problem

Table 1. *Numbers of medical procedures and their costs in organised and opportunistic cervical cancer screening in Poland in 2012*

	Type of procedure				
	Pap smears collected in organised screening	**Pap smears evaluated in organised screening**	**Colposcopy in organised screening**	**Colposcopy with directed biopsy in organised screening**	**NHF-Reimbursed opportunistic screening procedures[a]**
Numbers	765,266	764,977	1,717	4,483	74,591
Unit cost in PLN[b]	26.22	26.4	73.57	241.73	58.78[c]
Total costs in PLN	20,065,275	20,195,393	126,320	1,083,676	4,384,725

Data from the databases of the National Health Fund

[a]Include only services coded with ICD10 code Z12.4 (special screening examination for neoplasm of the uterine cervix). The total number of Pap smears collected within NHF reimbursed services outside organized screening in 2012 was 1,288,358. These include Pap smears used for triage of previous abnormal cytology, follow-up of women treated for CIN and cancer, opportunistic screening and other indications at the discretion of gynaecologists. These services were coded with various ICD10 codes. 1,213,767 of these Pap test were collected within services coded with ICD10 codes other than Z12.4 and therefore cannot be formally classified as "opportunistic screening" Pap smears. These procedures are included into evaluated costs of the management of glandular ectropion/erosion, CIN and CC (Table 2).

[b]Average unit cost in the country

[c]Average unit cost of appointment at gynaecological office with a Pap smear collection and evaluation

Table 2. *Numbers of women reported with cervical lesions in Poland, numbers of procedures and their reimbursed costs in 2012*

	Type of cervical lesion				
	Glandular ectropion/erosion	**CIN1**	**CIN2**	**CIN3/carcinoma *in situ***	**CIN unspecified**
Number of women with the respective diagnosis	208,033	10,521	5,812	6,487	36,575
Total number of all reported medical procedures[a]	530,089	29,520	18,436	21,641	40,535
Total number of reported local therapeutic procedures[b]	39,996	1,725	1,875	2,137	1,925
Total number of reported hysterectomies	17	130	196	684	294
Ambulatory costs[c]	20,869,985	683,937	280,770	343,173	3,119,762
Hospital costs[c]	16,479,530	5,932,438	4,790,386	7,267,889	9,232,272
Total costs[c]	37,349,515	6,616,375	5,071,155	7,611,062	12,352,034

Data from the databases of the National Health Fund

[a]Include all types of medical procedures such as consultations, diagnostic tests, therapeutic procedures etc. reported with respective ICD-9-CM codes

[b]Include cryotherapy, diathermy, laser vaporisation, loop electrosurgical excision procedure (LEEP), large loop excision of the transformation zone (LLETZ), cold knife conisation, amputation of the uterine cervix

[c]Data presented in PLN

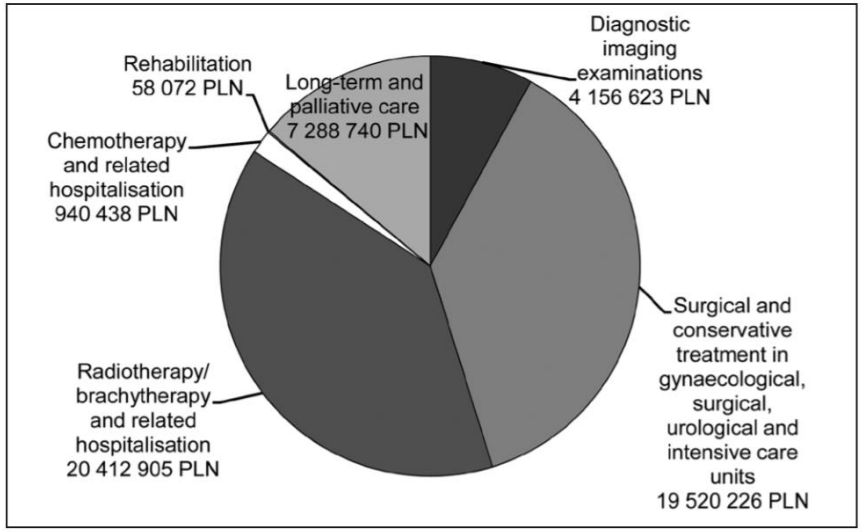
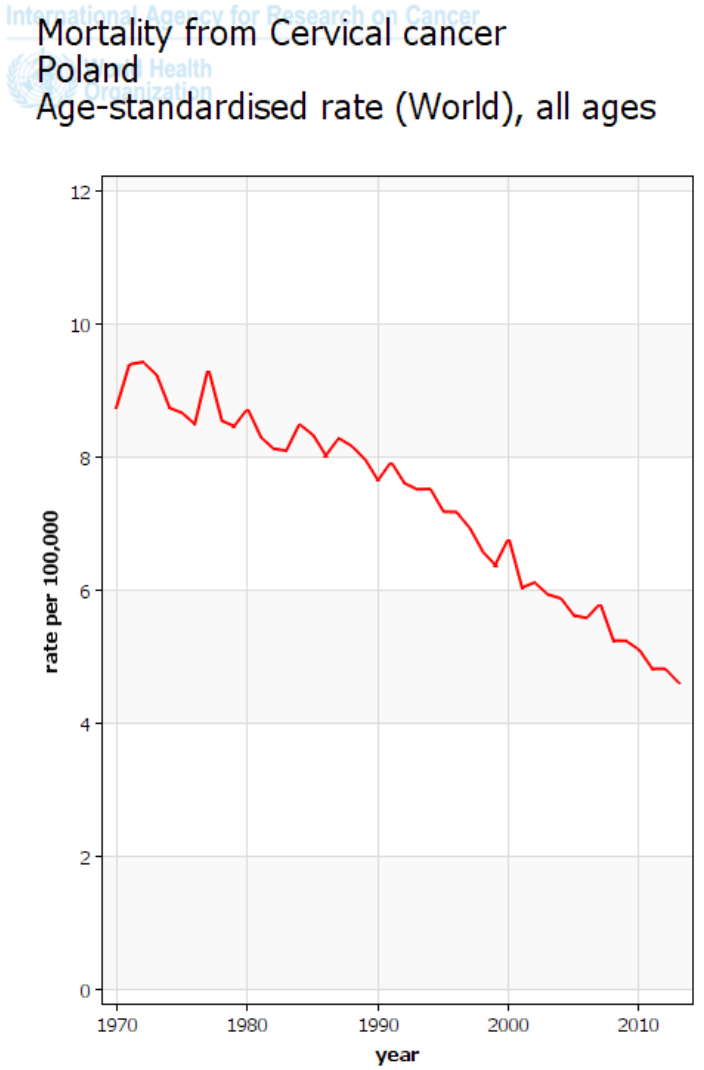


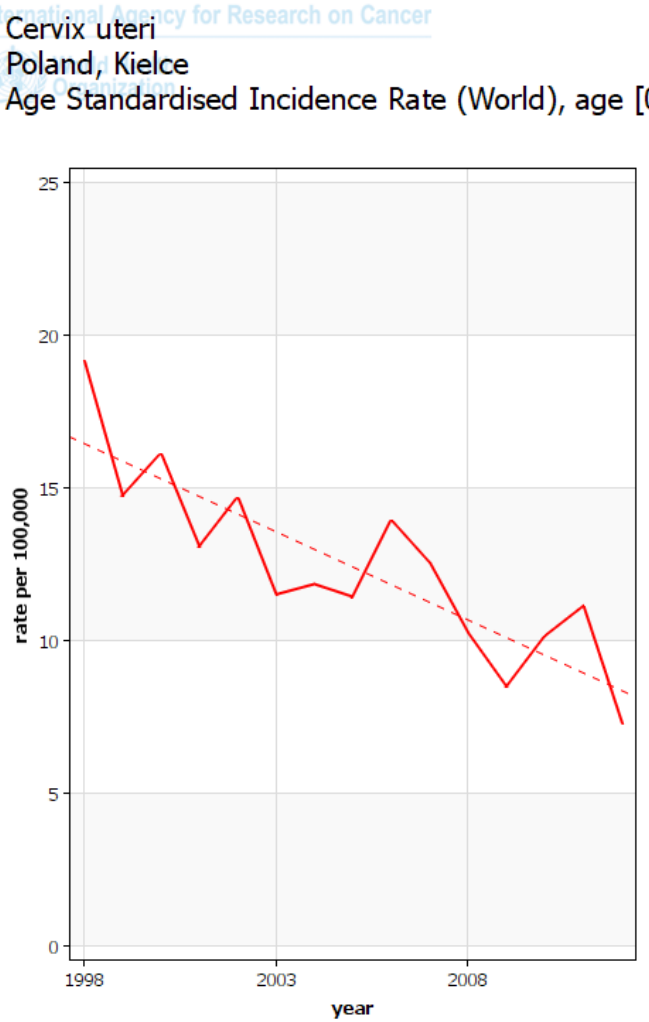
Fig. 1. *National Health Fund-reimbursed costs of treatment of invasive cervical cancer in Poland in 2012.*

POLAND: WITH PAP SCREENING CERVICAL CANCER IS A DECREASING PROBLEM

According to the latest WHO data published in 2017 the age adjusted Death Rate is 5.32 per 100,000 of population
ranks Poland #123 in the world.

Larger implementation of pap screening should decrease the mortality much quicker



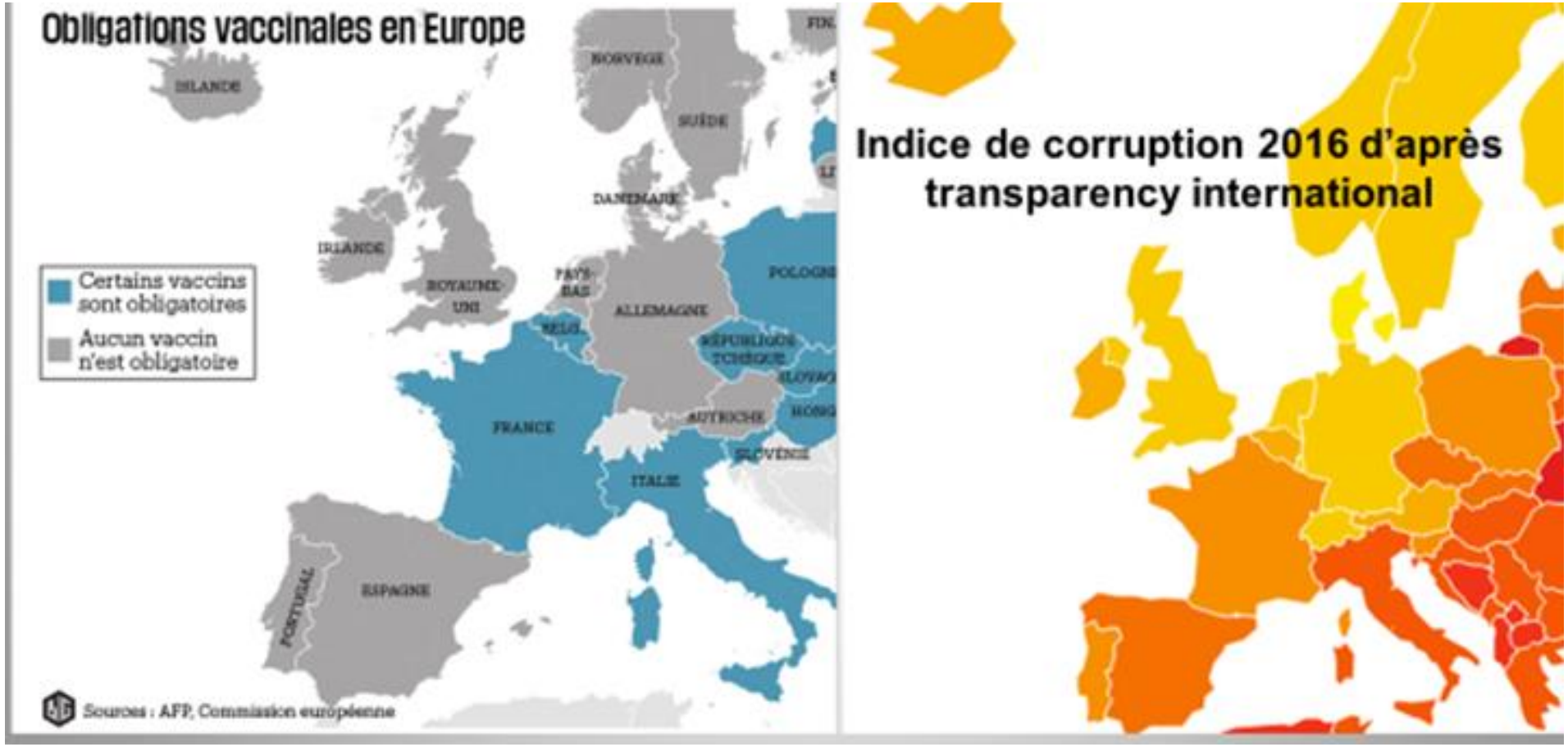


International Agency for Research on Cancer (IARC) - 4.6.2019

Cost effectivness of screning in Poland

- Only 25-35% of polish women are screened according to recommandations.
- Every year 3200 women suffer from invasive cervix cancer with 1900 related deaths.
- More than 70% of deaths are observed in women who did not follow the screening recommandations.
- Universal screening may reduce the incidence of invasive cancer by 50% and the mortalit by 70% in about 3 to 7 years for an affordable cost (10% of vaccine cost+ medical acts) leaving 550 deads.
- In ideal situation (100% life long effectivness, 0% side effects) vaccine may prevent some invasive cancer in 20 years with annual an extra cost of 60 millions euros but screening should be maintained. In ideal situation every saved life should cost 100 000 euros. **Not cost effective even in best situation!**
- This money can be spent in much more effective actions!

Correlation vaccines mandat/corruption

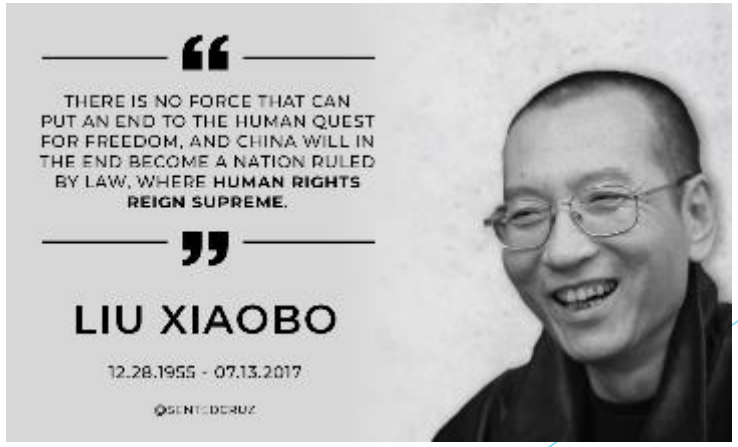


- Countries with vaccines mandats are those most corrupted

Resist. The only fight you are sure to loose is the one you resign

The system has no other resource than lying to maintain itself. ***If everyone refuses the lie, the lie-based regime will collapse.***

The pork's philosophy by Liu Xiaobo

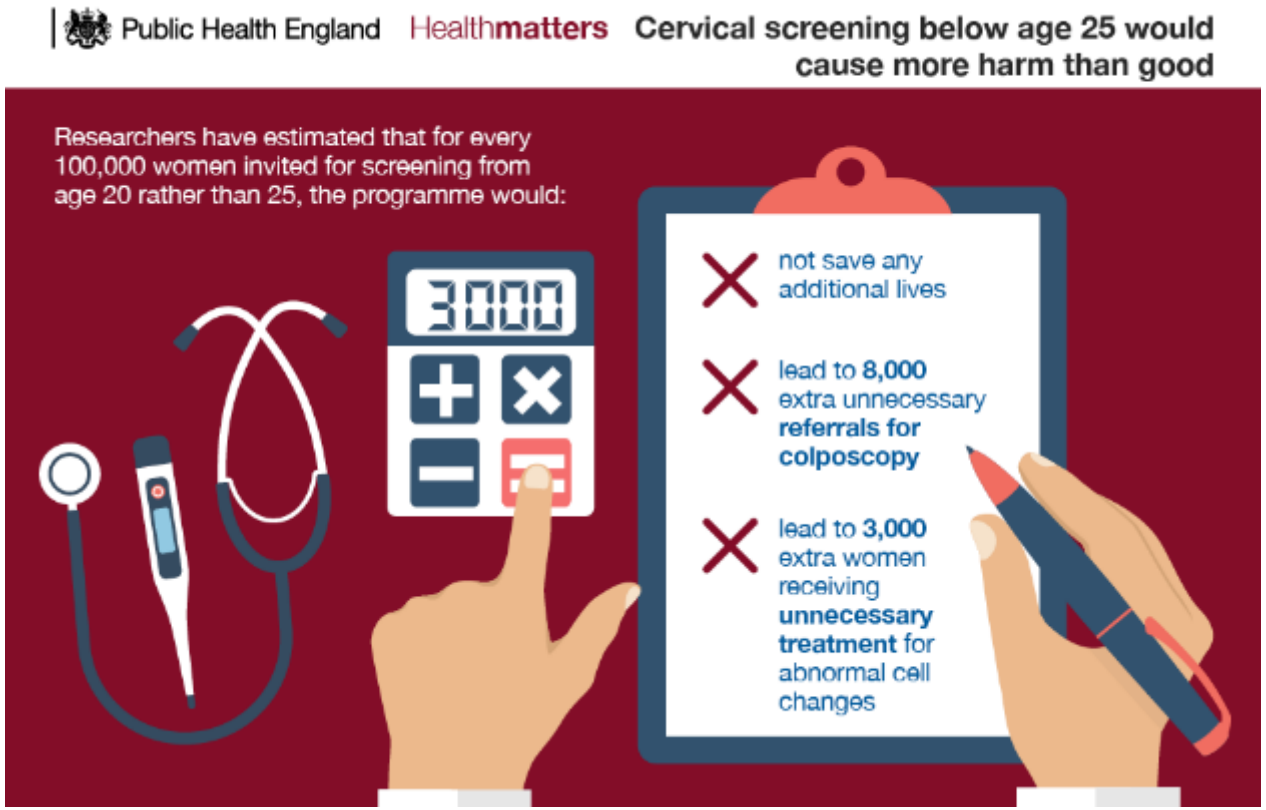


What can do unvaccinated girls ?

If authorities insist, ask for written real proof of preventive efficacy against invasive cancer

What can do women already completely vaccinated ?

- Do not worry
- But use pap screening every two years instead of every three years
- Only after 25



What can do women suffering of cervix cancer after vaccine ?

- **Sue lab and health agencies for misleading informations**

  for recommandation of vaccine said to prevent cancer when it in fact increases the risk

- **Sue EMA for inadequate market autorization**

Do not forget Sarah Tattes

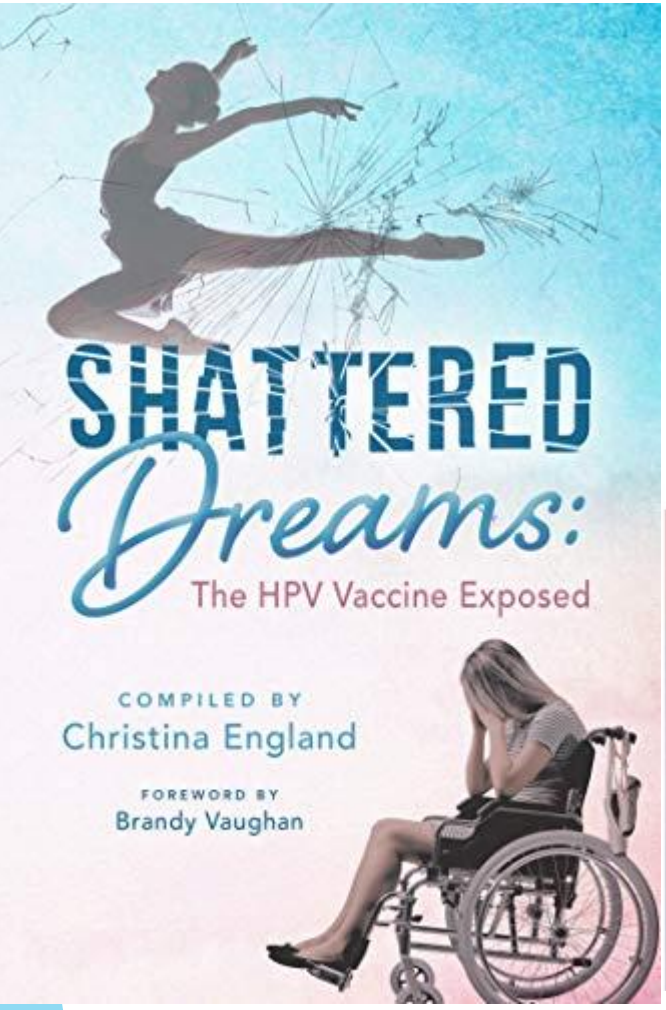
Australian Olympic champion in London
Catch up Vaccinated against HPV when 23
Died fron cervix cancer when 30

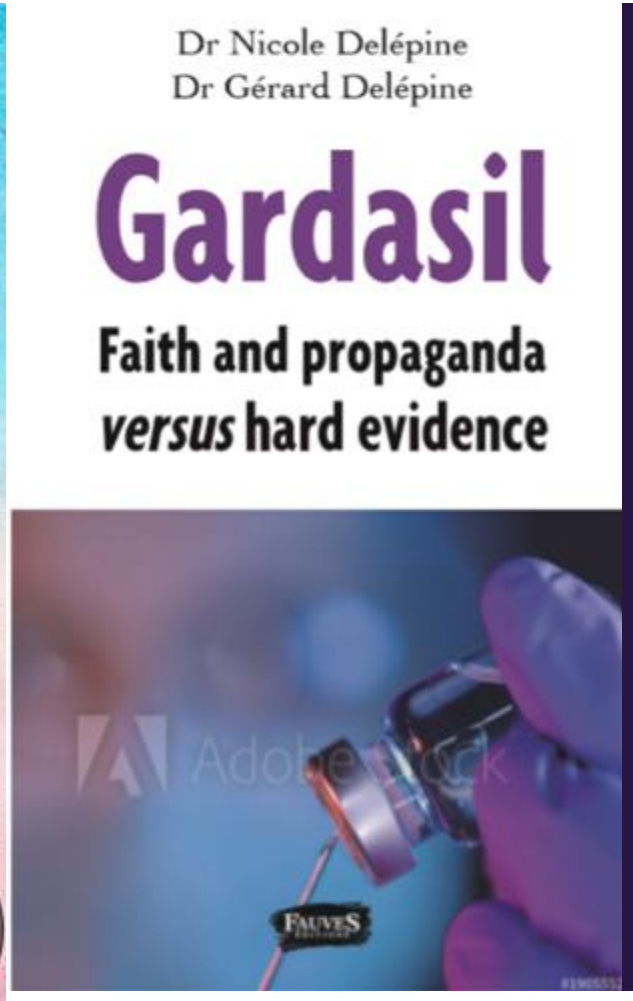
What can parents do ?

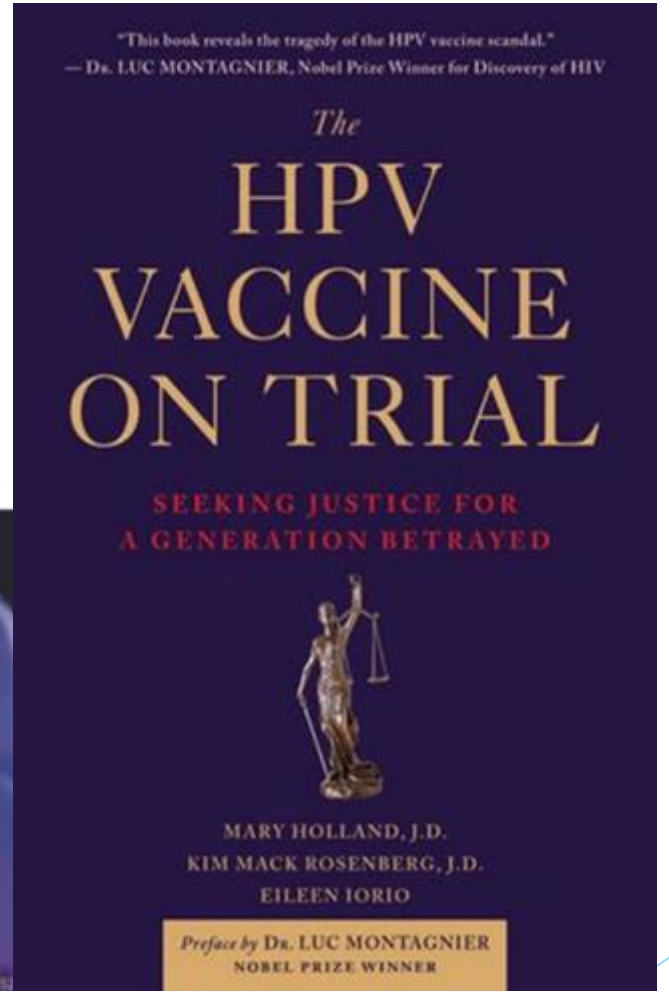
- *Meet your representatives*
- *Show them the figures of cancer registers*
- *Ask them to precise what they plan :*
- *-to fight corruption in health services*
- *-to obtain transparency in expertise and health agencies*

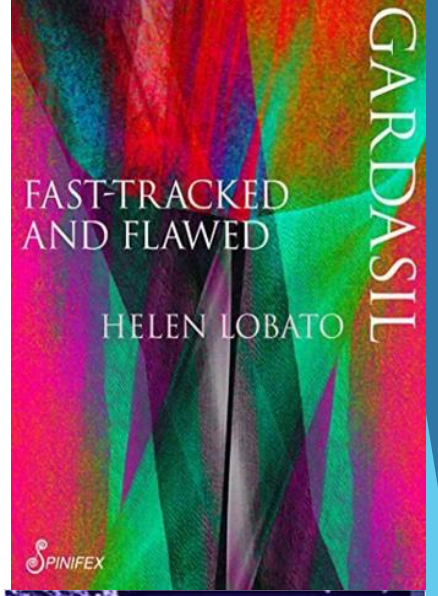
"Those who do not know have a duty to learn " " Those who have the privilege of knowledge have a duty to act " Albert Einstein

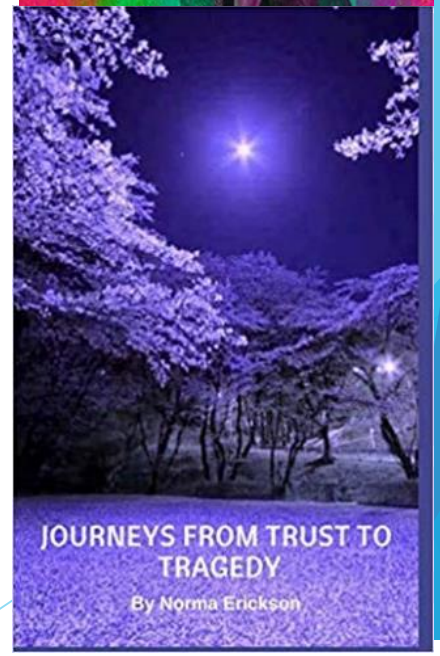
For more informations !











We are not fighting against vaccins, we fight against HPV vaccins because they increase the risk of cervical cancer !