

36 Case Reports of Cancers After COVID Vaccination

Plus a few documenting benign tumors or pathology affecting a tumor

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As I was collecting a new round of case reports for the compilation, I noticed a bunch mentioning cancers, which surprised me.

Cancers are probably pound for pound the least documented side effect of the genetic covid vaccines in the case report literature.

Firstly, the nexus between covid vaccines and cancer is inherently far murkier and harder to spot on an individual basis, for two reasons:

1. On the whole, there's going to be a substantial time gap between vaccination and clinical manifestation of the cancer
2. Partly because of #1, and also because of the uncharted pathological territory for the novel mRNA platform, doctors are less likely to think there may be a connection between their patient's cancer and vaccination.

Secondly, even if a doctor thinks that there might be a connection between some aspect of a cancer's pathology and the patient's covid vaccines, it is not the sort of thing that lends itself to being written up as a case report:

1. Because of the time gap and lack of direct pathological evidence, it is intrinsically more speculative and less grounded in discrete evidence that you can identify, and so less likely to be written up as a case study
2. The censorship regime, and the culture of golden calving the covid vaccines more generally, regards criticism of the covid vaccines with a very wary eye, something that is especially intense when it comes to the potential genotoxicity of the covid vaccines which is a very big deal.

Thus doctors and clinicians are less likely to even entertain a possible relationship between a cancer and the vaccination status of a covid patient, and much less submit a study with their name attached claiming the possibility of a covid vaccine-induced cancer.

Conversely, there is substantial evidence both anecdotally and in population and economic data that there is ongoing widespread excess cancer incidence, morbidity and mortality especially in highly vaccinated countries.

Cancer Mortality continues to be elevated, featuring a novel CAGR.

Not 'skyrocketing' - don't use that term. Rhetoric specialists shift the focus to that word and distract from the critical path issue, as would a stage magician.

"Cancer exhibits a 6.7% elevation in excess... pic.twitter.com/E2WBvIFyaY

— Ethical Skeptic * (@EthicalSkeptic) [May 2, 2024](#)

There are also multiple well-grounded hypotheses for the mechanistic plausibility that the covid vaccines possess substantial oncogenicity, including the likelihood of reverse transcription of mRNA or contaminant DNA into cellular DNA, the interference of the spike protein with the P53 tumor suppression gene, and the dysregulation of critical TLR's critical for cancer surveillance, among others.

(Both of these points I presume anyone reading this are already quite familiar with so we needn't belabor the point further here.)

So I decided to check how many case reports were there that I could identify as documenting a cancer case possibly related to vaccination, which resulted in the list below:

- 29 case reports that documented a cancer whose genesis and/or metastasis was potentially attributable at least in part to vaccination.
- Seven additional case reports documented a cancer, but framed it as an incidental or background phenomenon. I included these because while it may be that these cancers were truly "with" vaccination and not "because" of vaccination (like the with/because of covid dichotomy that created hundreds of thousands of phantom covid deaths and millions of phantom cases), it may also very well be the case that these cancers were impacted by vaccination. The fact that the case report authors did not think so is immaterial, because of the widespread ignorance about the carcinogenic potential of the covid vaccines and that doctors are heavily biased to avoid drawing such a connection.
- Three case reports I found documented benign tumors that were judged possibly attributable to a covid vaccine. These are significant because the ability to cause benign tumors - especially in light of the broader evidence base here - implies the potential to cause malignant tumors, plus benign tumors can sometimes turn malignant.
- Finally, there are two case reports where the covid vaccine led to a spontaneous and unexpected regression of the cancer. Although superficially these case reports might seem to reflect favorably upon the covid vaccines, the fact that the covid vaccines can spur tumor regression points to something far more ominous - that the covid vaccines interfere with or reprogram the immune

system in unanticipated ways, including the mechanics of how the immune system deals with cancers. There's an old medical adage "a cure for one is poison for another". The fact that the covid vaccines can interfere with the immune system's cancer-fighting ability in a positive way suggests an ability to do so in a deleterious manner as well in others.

I also included a quote from each case report discussing the potential causal role of the covid vaccine if there was one that was written in clear enough language inside the study.

So without further ado....

1. A Case of Chronic Myelomonocytic Leukemia Unmasked After Receiving J&J COVID-19 Vaccine (Veerballi et al)

<https://pubmed.ncbi.nlm.nih.gov/35865440/>

"Our case suggests the possibility of developing CMML associated with limited scleroderma after receiving the J&J COVID vaccine."

2. Anaplastic large cell lymphoma at the SARS-CoV2 vaccine injection site (Revenga-Porcel et al)

<https://pubmed.ncbi.nlm.nih.gov/36166359/>

paywall

3. Bell's palsy or an aggressive infiltrating basaloid carcinoma post-mRNA vaccination for COVID-19? A case report and review of the literature (Kyriakopoulos AM et al)

<https://pubmed.ncbi.nlm.nih.gov/37927346/>

"Overall, the short time frame and extremely invasive characteristics of BCC metastases in our patient suggest that immune system disturbances by the mRNA anti-COVID-19 vaccination may have led to the accelerated progression of the disease."

"A serious limitation in the case we report is the refusal of the hospital that performed the biopsy to provide the histopathological images or perform immunohistochemical staining for the spike protein."

4. COVID-19 Vaccine-Induced Expansion of Pituitary Adenoma: A Case Report (Srimanan W & Panyakorn S)

<https://pubmed.ncbi.nlm.nih.gov/38229808/>

"Pituitary gland tumors are slowly growing, primarily asymptomatic, with incidental findings. Early detection, reduced aggravating factors, and specific treatment are essential. The COVID-19 vaccine represents a novel potential contributor to the enlargement of the pituitary gland. Individuals with preexisting pituitary adenomas should be particularly vigilant regarding the possible side effects associated with this vaccine."

5. Development of High-Grade Sarcoma After Second Dose of Moderna Vaccine

(Bae E et al)

<https://pubmed.ncbi.nlm.nih.gov/37197108/>

“Based on an extensive search, we describe the first case of rapidly progressive, high-grade undifferentiated sarcoma that seems to have a strong association with the Moderna vaccination.”

[Bonus: “It is well-documented in the literature for over 20 years that high-grade sarcomas have been linked to vaccine administration in felines.”]

6. Newly diagnosed extranodal NK/T-cell lymphoma, nasal type, at the injected left arm after BNT162b2 mRNA COVID-19 vaccination (Tachita et al)

<https://pubmed.ncbi.nlm.nih.gov/37093551/>

“Although the lymphoma lesions of previous reports were not observed at the vaccine injection sites, our case had a lymphoma lesion in the skin and muscle at the BNT162b2 mRNA-vaccine injection site. It is possible that our case is of different pathogenesis from previous reports, in that the disease occurred relatively late after vaccination and at the site of vaccine injection.” “There was no evidence of causal relationship between BNT162b2 mRNA vaccination and ENKL in this case, but we speculated that vaccination might lead to the development of ENKL in a manner similar to severe mosquito bite allergy (SMBA).”

7. Non-Hodgkin Lymphoma Developed Shortly after mRNA COVID-19 Vaccination: Report of a Case and Review of the Literature (Cavanna et al)

<https://pubmed.ncbi.nlm.nih.gov/36676781/>

8. Ph-Positive B-Cell Acute Lymphoblastic Leukemia Occurring after Receipt of Bivalent SARS-CoV-2 mRNA Vaccine Booster: A Case Report (Ang SY et al)

<https://pubmed.ncbi.nlm.nih.gov/36984629/>

“Therefore, this case report might present a possible correlation between the development of Ph-positive B-cell acute lymphoblastic leukemia and bivalent mRNA vaccinations.”

9. Primary Cutaneous Adenoid Cystic Carcinoma in a Rare Location With an Immune Response to a BNT162b2 Vaccine: A Case Report (Yilmaz A et al)

<https://pubmed.ncbi.nlm.nih.gov/38608126/>

“The BNT162b2 mRNA vaccine has been associated with a multisystem inflammatory syndrome (MIS-V). A comparable immune reaction could potentially enhance tumor growth rate.” [paywall]

10. Rapid Progression of Angioimmunoblastic T Cell Lymphoma Following BNT162b2 mRNA Vaccine Booster Shot: A Case Report (Goldman S et al)

<https://pubmed.ncbi.nlm.nih.gov/34901098/>

“To the best of our knowledge, this is the first observation suggesting that administration of

a SARS-CoV-2 vaccine might induce AITL progression. Several arguments support this possibility. First, the dramatic speed and magnitude of the progression manifested on two 18F-FDG PET-CT performed 22 days apart. Such a rapid evolution would be highly unexpected in the natural course in the disease. “

11. Rapid progression of marginal zone B-cell lymphoma after COVID-19 vaccination (BNT162b2): A case report (Sekizawa et al)

<https://pubmed.ncbi.nlm.nih.gov/35979213/>

“In our case, the same mechanism by which T-cell lymphomas are induced by the COVID-19 vaccine could be considered for the pathogenesis of MZL. mRNA COVID-19 vaccines are reported to induce T follicular helper cells with a Th1 functional profile, which is associated with selective generation of neutralizing antibodies, and stimulate germinal center B-cells, long-lived plasma cells, and memory B-cells. Therefore, these vaccines induce a stronger germinal center reaction than recombinant protein vaccines (11). However, the continuous stimulation of T- and B-cells by mRNA COVID-19 vaccines can trigger aberrant inflammatory responses, leading to lymphoma or accelerating its progression.”

12. Recurrence of cutaneous T-cell lymphoma post viral vector COVID-19 vaccination (Panou et al)

<https://pubmed.ncbi.nlm.nih.gov/34628691/>

“The question which is raised in these cases is whether and via which pathway the vaccine has caused the MF CD30+ LCT and the reappearance of primary cutaneous CD30+ lymphoproliferative disorder.

According to the literature, the education of CD4+ T, CD8+ T and B cells against SARS-CoV-2 S protein appears to be the most feasible way for COVID-19 vaccine production. Both cancers and coronavirus provide a persistent and chronic antigenic load, amongst which PD-1, resulting in T-cell exhaustion. Therefore, it is important to assure the vaccination would not cause a further T-cell exhaustion state which may have already been induced by tumour cells.”

13. Recurrence of primary cutaneous CD30-positive lymphoproliferative disorder following COVID-19 vaccination (Brumfiel et al)

<https://pubmed.ncbi.nlm.nih.gov/33974494/>

paywall

14. Solitary Eruptive Keratoacanthoma Developing at Site of COVID-19 Vaccine Injection (Yumeen S et al)

<https://pubmed.ncbi.nlm.nih.gov/38015786/>

“Our case report adds to the literature by describing development of a malignant lesion that may occur following COVID-19 vaccination, and warrants prompt recognition and treatment.”

15. Two cases of axillary lymphadenopathy diagnosed as diffuse large B-cell

lymphoma developed shortly after BNT162b2 COVID-19 vaccination (Mizutani et al)

<https://europepmc.org/article/pmc/pmc9114986>

“Thus, it might be conceivable that pre-existing or subclinical DLBCL may rapidly grow in a specific condition induced by BNT162b2 vaccination.” “In conclusion, DLBCL may rapidly grow after BNT162b2 vaccination. Dermatologists should pay attention to enlarging LNs or mass near the injection site of BNT162b2 vaccine.”

16. Unilateral conjunctival Classic Kaposi Sarcoma following a COVID 19 booster (White E et al)

<https://pubmed.ncbi.nlm.nih.gov/38601193/>

“In that the vaccine booster preceded the cancer, it appears etiologic to the appearance of Kaposi’s sarcoma. The patient’s monocular vision and glaucoma complicated her treatment. This case expands on current concepts of cofactors needed for the development of Kaposi’s sarcoma in that vaccine booster administration was relevant to tumor progression and both clinical and mechanistic evidence is presented to support this hypothesis.” “In this particular case, it appears that COVID19 vaccination acted as one of the additional co-factors necessary to induce KS in that there was no other clear cause other than the temporal relationship between booster vaccine and development of KS.”

17. A Case Report of Posttransplant Lymphoproliferative Disorder After AstraZeneca Coronavirus Disease 2019 Vaccine in a Heart Transplant Recipient (Tang WR et al)

<https://pubmed.ncbi.nlm.nih.gov/34702598/>

“In summary, we hypothesize that the vaccine may contribute to B lymphocyte tumorigenesis via the reactivation of latent EBV.” “We report a case of PTLD after COVID-19 vaccination in a heart transplant recipient, which might show a possible pathogenic link. Although we are not able to exclude the coincidence of COVID-19 vaccination and the development of PTLD in this case, transplant surgeons should be aware of the immunomodulatory effect after COVID-19 vaccination and always think the worst until proven otherwise.”

18. Case report: A case of metastatic BRAFV600-mutated melanoma with heart failure treated with immune checkpoint inhibitors and BRAF/MEK inhibitors (Nishizawa A et al)

<https://pubmed.ncbi.nlm.nih.gov/38529375/>

“In the present case, the vaccine might have elicited a strong immune response, leading to the spontaneous resolution of the primary tumor while simultaneously promoting the axillary lymph node metastasis.”

19. Fatal hemophagocytic lymphohistiocytosis with intravascular large B-cell lymphoma following coronavirus disease 2019 vaccination in a patient with systemic lupus erythematosus: an intertwined case (Ueda Y et al)

<https://pubmed.ncbi.nlm.nih.gov/38619098/>

“We speculate that the COVID-19 vaccination and our patient’s autoimmune condition, which predisposes her to develop lymphoma, may have contributed to IVLBCL development. The activation of the B cell activating factor belonging to the tumor necrosis factor family (BAFF) pathway was seen in aggressive B cell lymphoma”

20. Hematologic Malignancies Diagnosed in the Context of the mRNA COVID-19 Vaccination Campaign: A Report of Two Cases (Zamfir et al)

<https://www.mdpi.com/1648-9144/58/7/874>

“To our knowledge, this is the first report of a severe post-vaccination oral manifestation, immunohistochemically confirmed as T/NK-cell non-Hodgkin lymphoma, emerging within days after mRNA COVID-19 vaccination.”

21. Hematopoietic Adverse Events Associated with BNT162b2 mRNA Covid-19 Vaccine (Erdogdu B et al)

<https://avesis.hacettepe.edu.tr/yayin/64667112-eb73-4bd3-b8c5-d5df96cc4e09/hematopoietic-adverse-events-associated-with-bnt162b2-mrna-covid-19-vaccine>

22. Indolent cutaneous lymphoma with gamma/delta expression after COVID-19 vaccination (Hobayan CG & Chung CG)

<https://pubmed.ncbi.nlm.nih.gov/36530557/>

“Our patient’s presentation is unusual as it arose at the site of a COVID-19 vaccination several days after vaccination.” “Since this presentation and course are not typical of PCGDTCL, it is unclear if his lesions represent an indolent variant of PCGDTCL or other lymphoma with gamma/delta expression. It is unknown if the COVID-19 vaccine directly contributed to his presentation or disease course. One additional case report shows an atypical lymphoproliferative lesion with features mimicking lymphoma following the vaccine booster, monotypic proliferation of B-cells was found histologically.”

23. Primary cardiac mesothelioma presenting with fulminant recurrent pericarditis: a case report (Schwartzenberg et al)

<https://pubmed.ncbi.nlm.nih.gov/36937239/>

“To the best of our knowledge, this is the only second case of pathologically confirmed pericarditis that transformed into mesothelioma,¹⁷ in this case within only 4 months. It is unlikely that an earlier correct diagnosis would have made a clinical difference in this case in view of the accelerated disease course.”

24. Sporadic Kaposi Sarcoma Following a COVID-19 Vaccine: Mere Coincidence or Something More? (Martínez-Ortega JI et al)

<https://pubmed.ncbi.nlm.nih.gov/38465101/>

“KSHV is an absolute requirement of oncogenesis and is a direct carcinogen, so when we are

looking into the relationship between the AstraZeneca vaccine and Kaposi sarcoma, we may focus on the reactivation of KSHV [1].

Studies have shown that spike proteins of SARS-CoV-2 can reactivate the lytic phase of KSHV. The ChAdOx1 nCoV-19 vaccine contains DNA eDNA-encoding proteins. If these spike proteins encounter HHV8-infected cells, it could potentially trigger the reactivation of the virus, leading to the lytic phase.” “While more research is needed to establish a definitive connection, the evidence discussed in this report points to potential mechanisms involving KSHV reactivation, the influence of adenovirus-induced inflammation, and spike protein-related effects.”

25. Subcutaneous panniculitis-like T-cell lymphoma after COVID-19 vaccination (Kreher et al)

<https://pubmed.ncbi.nlm.nih.gov/35966352/>

“In this manuscript, we present a case of SPTCL that developed following the Ad26 viral vector-based COVID-19 vaccine (Janssen Pharmaceuticals). Although causation cannot be established in this single case, this case supports the understanding that certain immunologic triggers, such as a modified adenovirus vaccine, may contribute to the development or exacerbation of SPTCL. Aberrant immune function or lymphocyte hyperstimulation may also be responsible. For example, an association has been established between SPTCL and systemic lupus erythematosus, Sjögren’s syndrome, type 1 diabetes mellitus, and juvenile idiopathic arthritis.”

26. Subcutaneous panniculitis-like T-cell lymphoma post-mRNA-1273 COVID-19 vaccination (Ukishima et al)

<https://pubmed.ncbi.nlm.nih.gov/37035606/>

“Overall, more research is needed to examine possible associations between COVID-19 vaccination and SPTCL. In this case, COVID-19 vaccines may cause SPTCL, and skin biopsy at an early stage may help in the diagnosis of erythema nodosum.”

27. The case of T-ALL presenting with NK phenotype after COVID-19 vaccination (Yanagida E et al)

<https://pubmed.ncbi.nlm.nih.gov/36706586/>

“Although the presence of a direct causal relationship between T-ALL and COVID-19 vaccination is unclear, the immunization could be directly related to the immune response of the host.” “Although the relationship between vaccination and the onset of this case is unclear, we have reported that careful observation of similar cases is required in order to elucidate the pathophysiology.”

28. The first autopsy case of Epstein-Barr virus-positive marginal zone lymphoma that deteriorated after COVID-19 vaccination (Wang Z et al)

<https://pubmed.ncbi.nlm.nih.gov/38116849/>

paywall

29. Unusual Clinical Presentation of Clear Cell Sarcoma in a Young Woman (Asif S et al)

<https://pubmed.ncbi.nlm.nih.gov/37877807/>

Documented as Incidental/Background in the Case Report

30. Axillary lymphadenopathy in a high-risk breast screening patient following the COVID-19 vaccine: a diagnostic conundrum (Musaddaq et al)

<https://pubmed.ncbi.nlm.nih.gov/35300233/>

31. Breast Cancer Screening and Axillary Adenopathy in the Era of COVID-19 Vaccination (Wolfson & Kim)

<https://pubmed.ncbi.nlm.nih.gov/36219117/>

32. Hypermetabolic lymphadenopathy following the administration of COVID-19 vaccine and immunotherapy in a lung cancer patient: a case report (Tripathy et al)

<https://pubmed.ncbi.nlm.nih.gov/36434709/>

33. Lymphedema of the Arm after COVID-19 Vaccination in a Patient with Hidden Breast Cancer and Paraneoplastic Dermatomyositis (Aimo et al)

<https://pubmed.ncbi.nlm.nih.gov/36016107/>

34. Metastatic melanoma in the breast and axilla: A case report (Barnett C et al)

<https://pubmed.ncbi.nlm.nih.gov/35255441/>

35. Metastatic prostatic adenocarcinoma presenting as generalized lymphadenopathy unmasked by a COVID booster vaccine (Bharathidasan K et al)

<https://pubmed.ncbi.nlm.nih.gov/38033690/>

36. Progressive multifocal leukoencephalopathy in a patient with B-cell chronic lymphocytic leukemia after COVID-19 vaccination, complicated with COVID-19 and mucormycosis: a case report (Amirifard H et al)

<https://pubmed.ncbi.nlm.nih.gov/38704555/>

Benign Tumors

37. Pilomatricoma Growing at the SARS-CoV-2 mRNA Vaccination Site (Erkayman MH et al)

<https://pubmed.ncbi.nlm.nih.gov/38099131/>

38. Reactive Angioendotheliomatosis Following Ad26.COVS.2.S Vaccination (Faulkner C et al)

<https://pubmed.ncbi.nlm.nih.gov/38290076/>

39. Development of Pilomatrixoma at the Vaccination Site: A Rare Complication of COVID-19 Vaccination - A Case Report (Yang Z et al)

<https://pubmed.ncbi.nlm.nih.gov/38055654/>

Vaccine Cured Cancer

40. Primary cutaneous anaplastic large-cell lymphoma with marked spontaneous regression of organ manifestation after SARS-CoV-2 vaccination (Gambicher et al)

<https://pubmed.ncbi.nlm.nih.gov/34228815/>

41. Spontaneous tumor regression following COVID-19 vaccination (de Sousa LG et al)

<https://pubmed.ncbi.nlm.nih.gov/35241495/>

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