

COVID mRNA Vaccine-Induced Turbo Cancer Tsunami Is Underway - And It's Driven by Young People

American Cancer Society is engaging in a "limited hangout" - reality is much, much worse!

By [Dr. William Makis](#)

Theme: [Science and Medicine](#)

Global Research, January 19, 2024

[COVID Intel](#)

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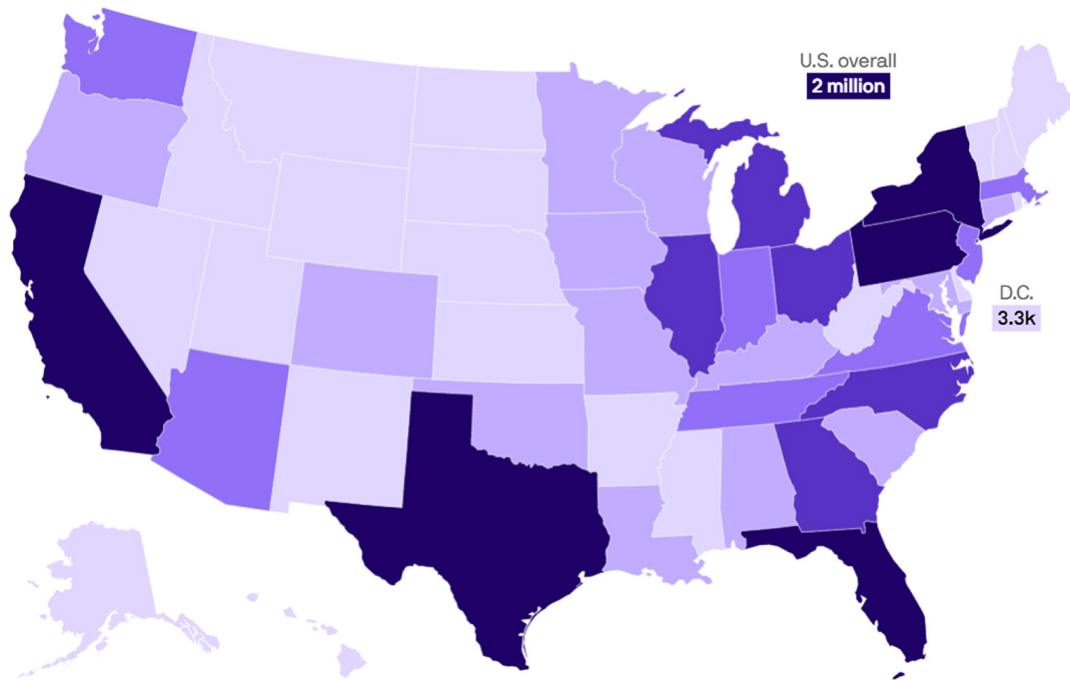
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[Jan. 17, 2024](#) - *New cancer diagnoses expected to hit record high this year.*

- New cancer diagnoses in the U.S. are expected to top 2 million for the first time in 2024, driven in large part by an alarming increase in [cancers](#) among younger Americans, according to new American Cancer Society data.
- "Doctors are trying to figure out why they're seeing more young patients with cancer."
- "Colorectal cancers are presenting with more aggressive disease and larger tumors at diagnosis," ACS chief scientific officer William Dahut told Axios.
- "Preliminary MSK research found significant differences in the microbiomes of early-onset colorectal cancer patients compared with older ones."
- "Notably, people aged younger than 50 years were the only one of these three age groups to experience an increase in overall cancer incidence during this time period," the [ACS report](#) said.



Data: American Cancer Society; Map: Tory Lysik/Axios Visuals

New cancer diagnoses expected to hit record high this year



Tina Reed, author of [Axios Vitals](#)



Projected new cancer diagnoses in 2024, by state



New cancer diagnoses in the U.S. are expected to top **2 million** for the first time in 2024, driven in large part by an alarming increase in [cancers](#) among younger Americans, according to new American Cancer Society data.

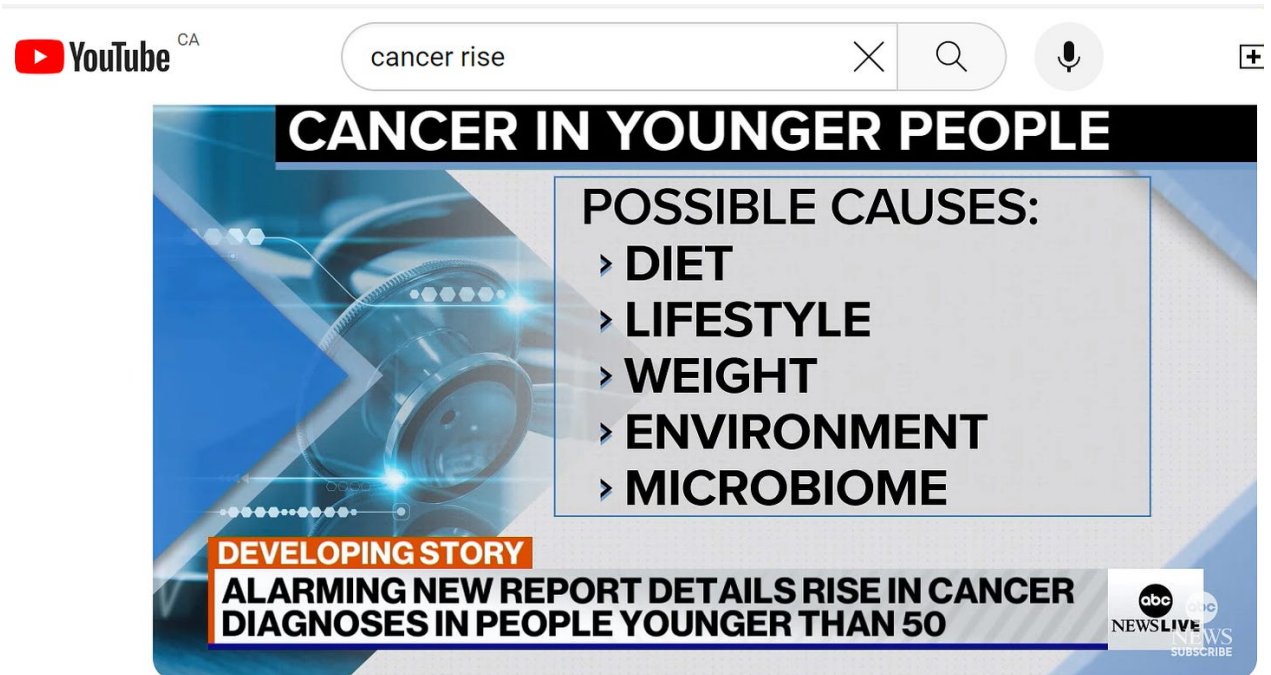
[American Cancer Society Report](#), My Take

- This ACS report only goes to 2021. Even though they have 2022 and 2023 data.
- This data is heavily manipulated if not outright fraudulent.
- So why would they admit that cancer is on the rise in people younger than 50, which is true?
- Because they then cover it up by saying that cancer rates dropped in 2021, which is false.

Limited Hangout

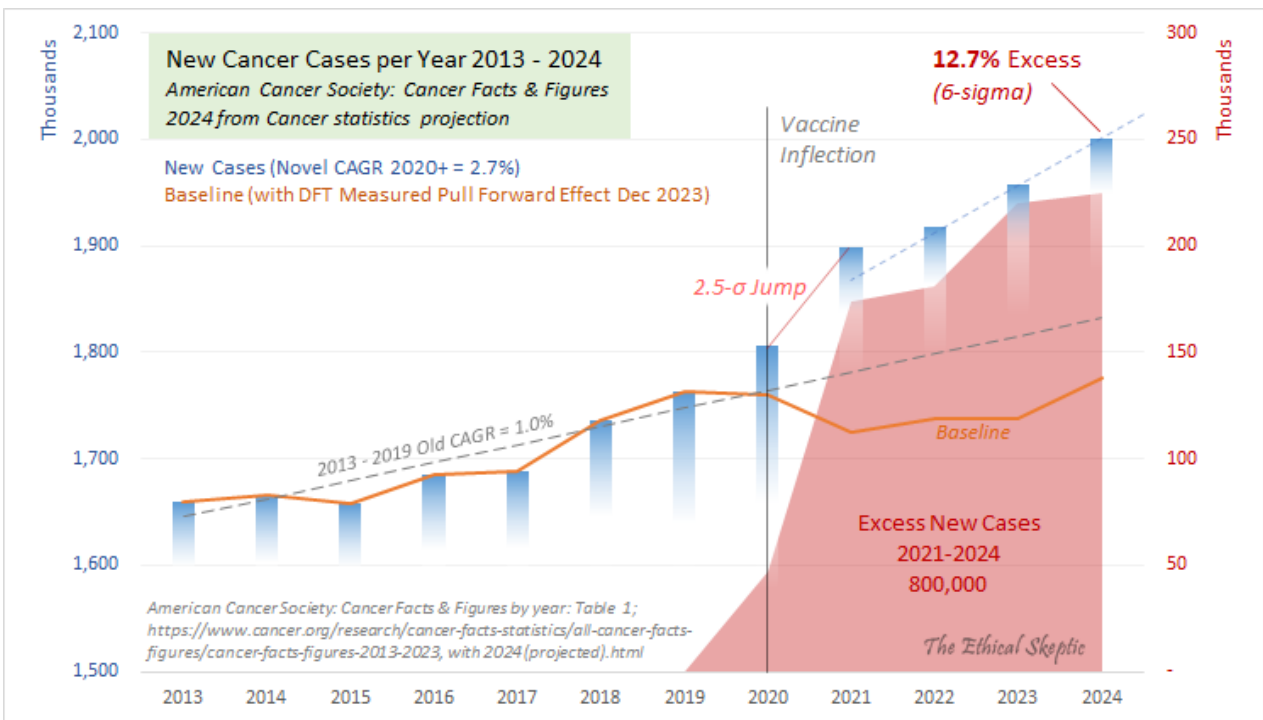
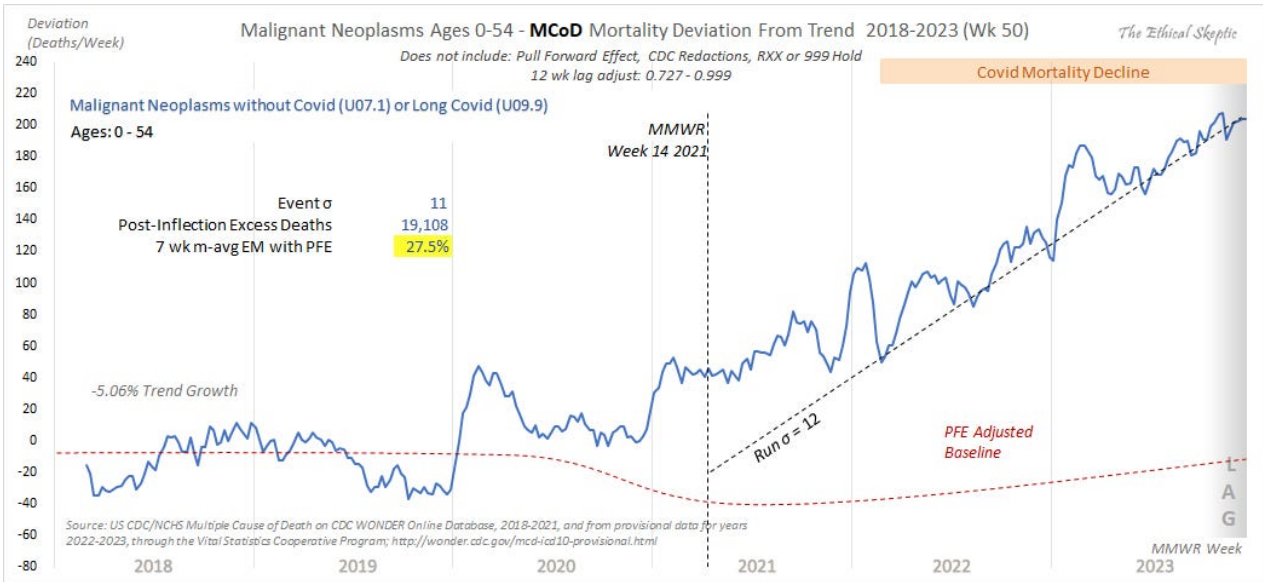
- “A LIMITED HANGOUT is a phrase used in the intelligence community to describe situations where leaking or revealing *parts* of the truth operates to control the public narrative. Manipulative partial disclosure.”

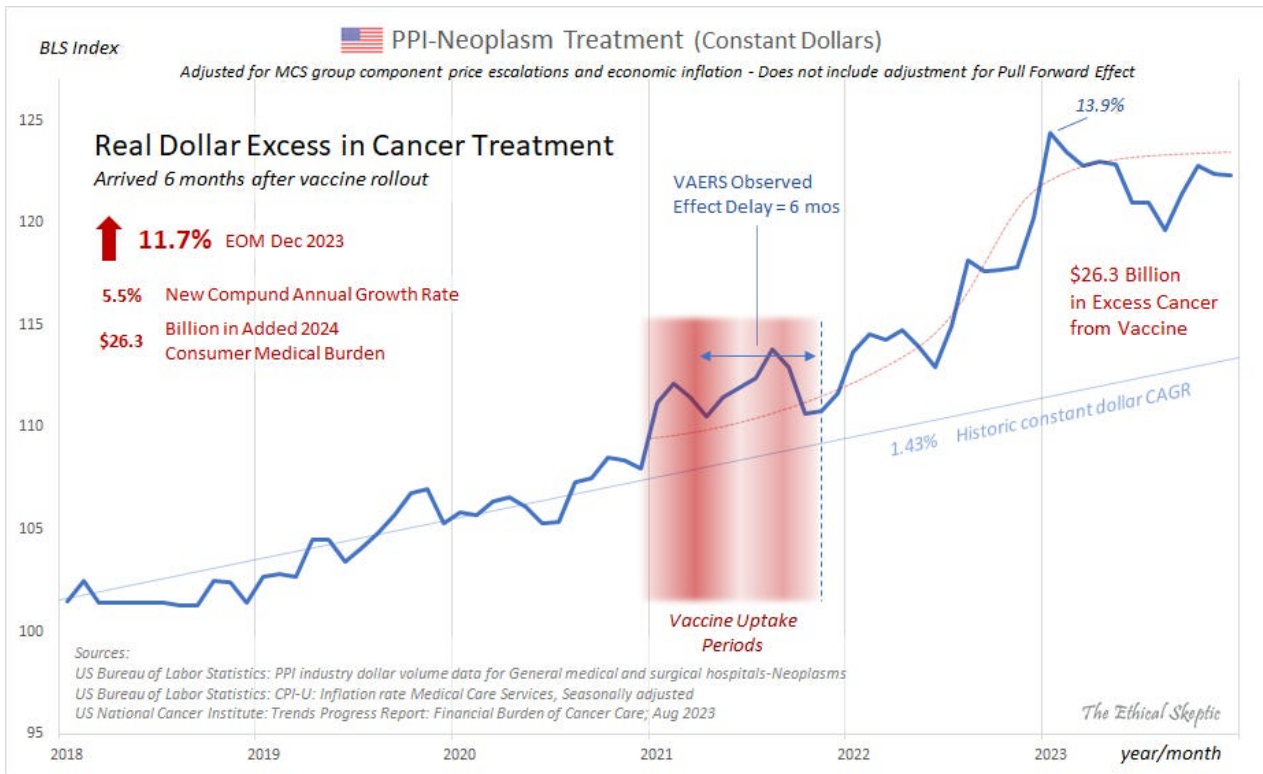
- Cancer is on the rise in people younger than 50 - is a small piece of the truth
- “Cancer mortality continued to decline through 2021” - is the lie
- The combination of the two allows control of the narrative.
- What is the narrative? [Have a look:](#)



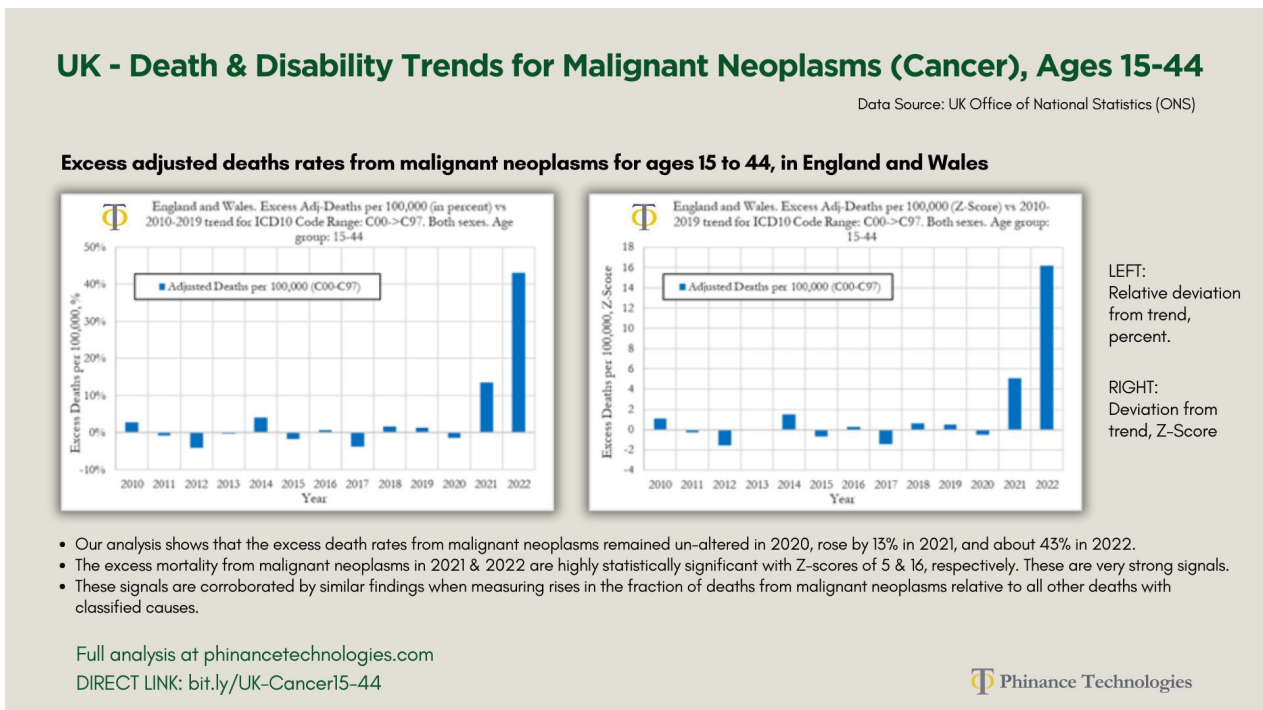
Ethical Skeptic - Latest USA Malignant Neoplasms Mortality (Jan. 18, 2024)

- This graph shows how manipulative the ACS Report is by only including 2021 data and none from 2022 or 2023.
- There is a significant jump in Turbo Cancers in 2023.





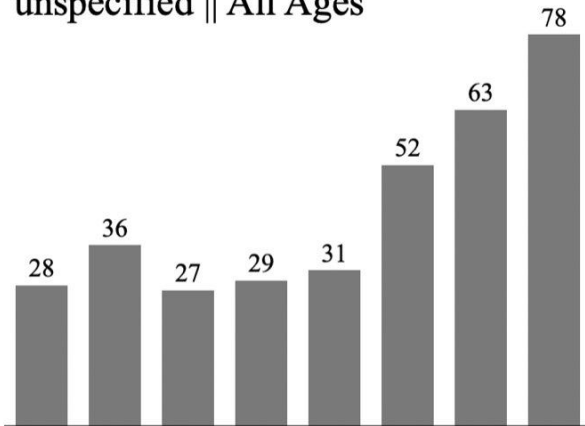
ED DOWD – UK Death & Disability Trends for Malignant Neoplasms



John Beaudoin – Massachusetts Death Certificates

C77.9 Secondary neoplasm: Lymph node Massachusetts

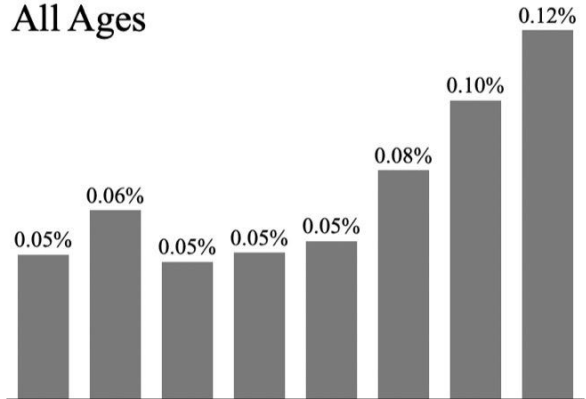
Massachusetts Annual Deaths involving C77.9 Secondary malignant neoplasm: Lymph node, unspecified || All Ages



Source: Massachusetts Department of Health, Office of Vital Records
Compiled by: John Paul Beaudoin, Sr. || Data Received April 2023

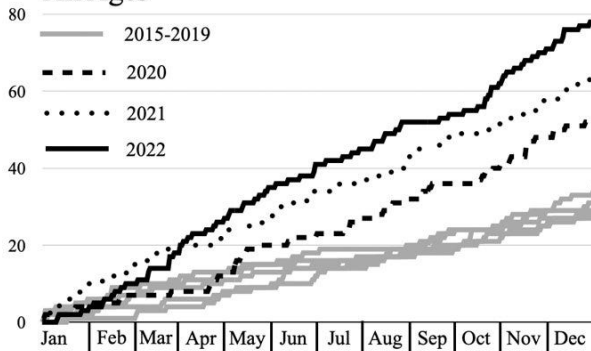
Year	Excess	Excess % over Expected
2020	22	72.2%
2021	33	108.6%
2022	48	158.3%

Massachusetts C77.9 Secondary malignant neoplasm: Lymph node, unspecified involved deaths as a percentage of All-Cause deaths All Ages



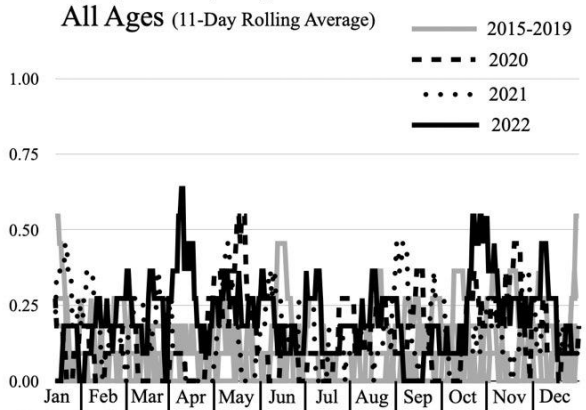
Source: Massachusetts Department of Health, Office of Vital Records
Compiled by: John Paul Beaudoin, Sr. || Data Received April 2023

Massachusetts Cumulative Deaths involving C77.9 Secondary malignant neoplasm: Lymph node, unspecified (2015 - 2022) All Ages



Source: Massachusetts Department of Health, Office of Vital Records
Compiled by: John Paul Beaudoin, Sr. || Data Received April 2023

Massachusetts Daily Deaths involving C77.9 Secondary malignant neoplasm: Lymph node, unspecified All Ages (11-Day Rolling Average)



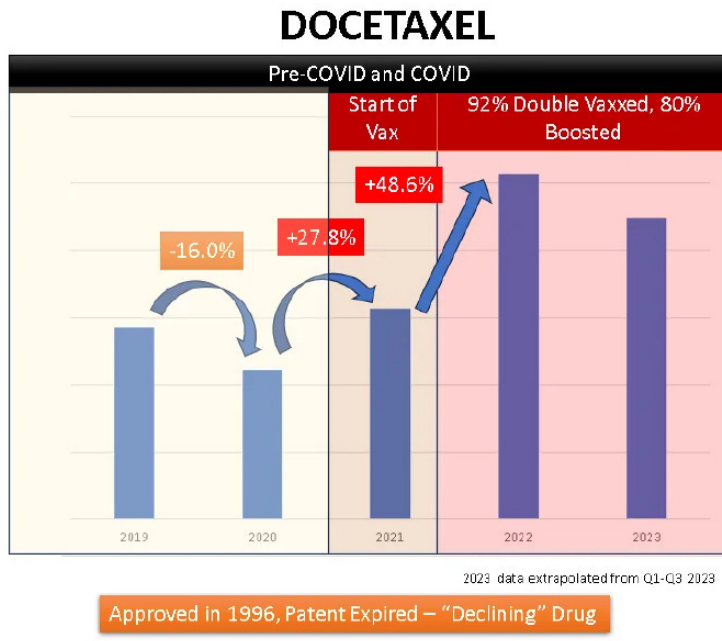
Source: Massachusetts Department of Health, Office of Vital Records
Compiled by: John Paul Beaudoin, Sr. || Data Received April 2023

AUSSIE17 - Chemotherapy Sales in Singapore

- This data from Aussie17 is absolutely stunning

- If we can't get proper Cancer mortality data from the American Cancer Society or Canadian Cancer Society, we can take a close look at cancer drug sales:

NATIONAL SALES DATA – Singapore 2019 - 2023



COMMENTARY

Docetaxel, marketed under the brand name **Taxotere** (Sanofi-Aventis), is a chemotherapy drug that is used primarily for the treatment of several types of cancer. First approved in 1996

Used to treat a variety of cancers, including:

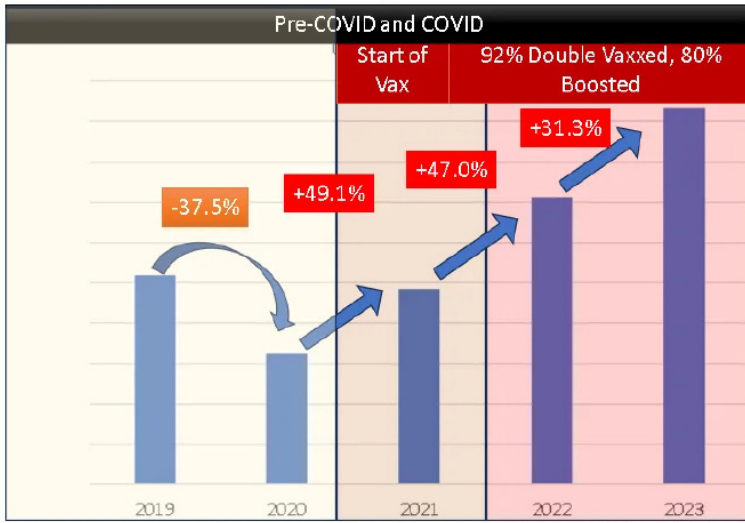
- **Breast Cancer:** Patients with locally advanced or metastatic breast cancer after failure of prior chemotherapy.
- **Non-Small Cell Lung Cancer (NSCLC):** locally advanced or metastatic NSCLC
- **Prostate Cancer:** Docetaxel is used in combination with prednisone for the treatment of metastatic castration-resistant prostate cancer.
- **Gastric Cancer:** It can be used for the treatment of patients with advanced gastric adenocarcinoma, including cancer of the gastroesophageal junction.
- **Head and Neck Cancer:** Docetaxel is sometimes used as part of a combination treatment for certain types of H&N cancers

The chemo drug Docetaxel, first approved in **1996** for the treatment of various types of cancers, is considered a **well-established medication**.



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Oxaliplatin



2023 data extrapolated from Q1-Q3 2023

Approved in 2002, Patent Expired – “Declining” Drug

COMMENTARY

Oxaliplatin is a chemotherapeutic agent used primarily in the treatment of **colorectal cancer**.

Approved in August 9, 2002, initially developed by **Debiopharm** and was marketed under the brand name **Eloxatin** by Sanofi-Aventis.

Uses: Oxaliplatin is indicated for:

- Stage III Colon Cancer**: For adjuvant treatment in patients who have undergone complete resection of the primary tumor when used in combination with **infusional 5-fluorouracil/leucovorin**, known colloquially as the **FOLFOX** regimen.

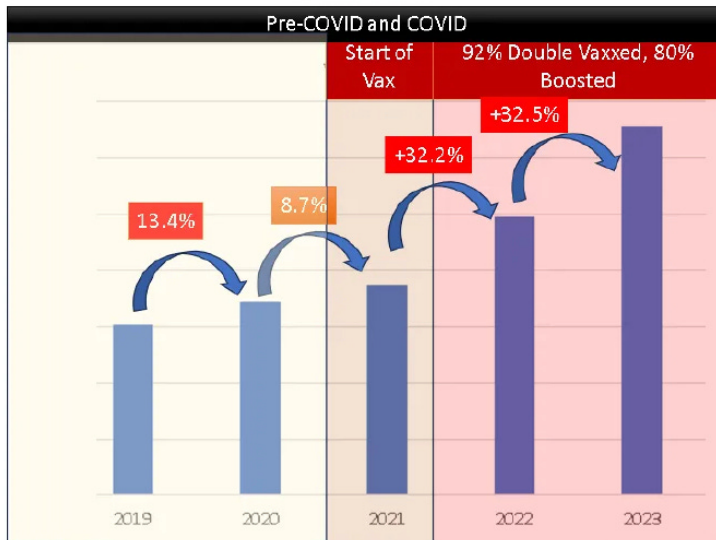
- Metastatic Colorectal Cancer**: As a **first-line therapy for the treatment of metastatic colorectal cancer** when combined with 5-fluorouracil and leucovorin. It can help shrink tumors, delay their growth, or alleviate symptoms related to the cancer.



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Vectibix



2023 data extrapolated from Q1-Q3 2023

Approved in 2006, Patented – “Mature” Drug nearing end of life

COMMENTARY

Vectibix, known generically as panitumumab, is a monoclonal antibody used as a targeted therapy to treat **metastatic colorectal cancer** that has a specific gene mutation known as wild-type RAS. This means **Vectibix** is often prescribed for patients whose **cancer has not responded to or has progressed following other chemotherapy treatments**.

This drug was developed by Amgen and received approval from the U.S. Food and Drug Administration (FDA) for use in treating metastatic colorectal cancer in **2006**.

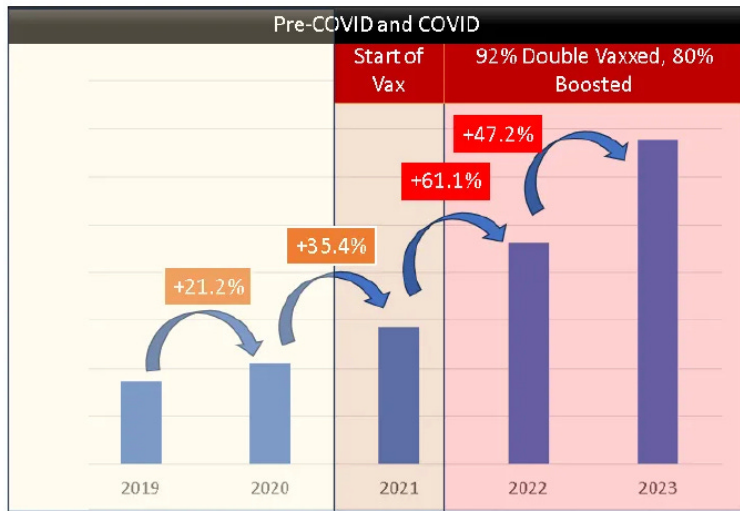
Vectibix is often prescribed for patients whose **cancer has not responded to or has progressed following other chemotherapy treatments**.



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KISQALI



2023 data extrapolated from Q1-Q3 2023

Approved in 2017, Patented – “Growing-Maturing” Drug

COMMENTARY

Kisqali (ribociclib), first approved by FDA in March 13, 2017 by Novartis,, is an oral medication that is classified as a cyclin-dependent kinase inhibitor, specifically inhibiting CDK4 and CDK6. Ribociclib is used in combination with an aromatase inhibitor to treat HR-positive, HER2-negative **advanced or metastatic breast cancer in postmenopausal women**.

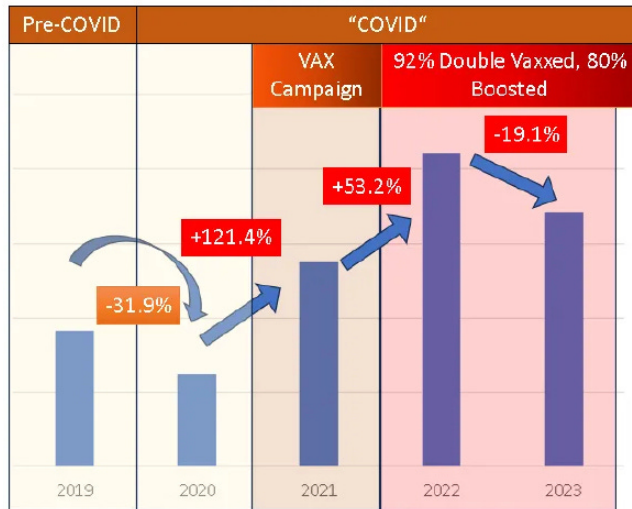
Kisqali is utilized as a first-line treatment for **advanced breast cancer**, meaning it can be used in patients who have not received prior hormone therapy. In breast cancer, the combination of a CDK4/6 inhibitor like **Kisqali** and hormone therapy can be effective in slowing the progression of the disease.

Kisqali is utilized as a first-line treatment for advanced breast cancer. "First-line treatment" simply means it's the initial recommended therapy.



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Temodal



2023 data extrapolated from Q1-Q3 2023

Approved in 1990s, Patent expiry in 2023 – “Mature-Declining” Drug

COMMENTARY

Temodal (generic name temozolomide) is an oral chemotherapy drug that is widely recognized as the most frequently used medication for treating certain types of brain cancer.

Approval:

The U.S. Food and Drug Administration (FDA) approved temozolomide in the late 1990s. Since then, it has become a staple in the treatment of brain tumors, especially glioblastoma multiforme, which is the most aggressive and most common primary brain tumor in adults.

Manufactured By:

Originally developed by Schering-Plough (now part of Merck & Co.)

Uses:

Temozolomide is primarily used for:

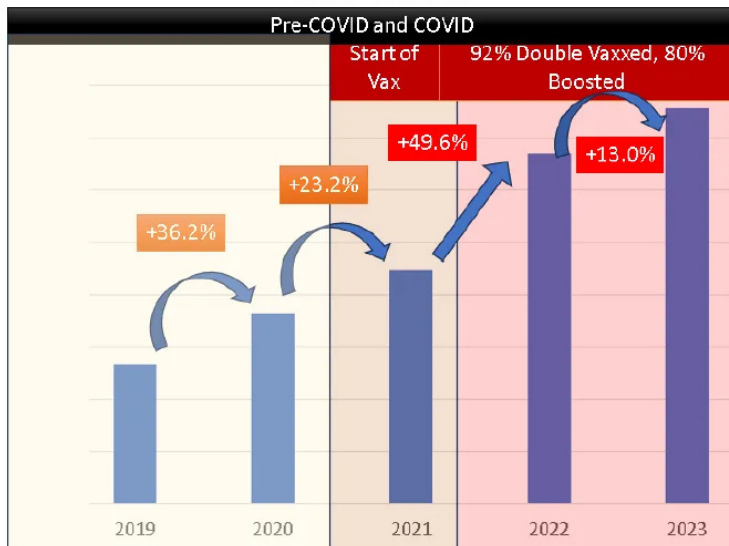
- High-Grade Gliomas:** fast-growing, aggressive brain tumors that arise from glial cells in the central nervous system.
- Anaplastic Astrocytoma:** It is administered in patients with this type of brain cancer, which is slightly less aggressive than glioblastoma.



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KYPROLIS



Extrapolated from Q1-Q3 2023

Approved in 2012, Patented – “Growing - Mature” Drug

COMMENTARY

Kyprolis, known generically as **carfilzomib**, is a medication used in the treatment of **multiple myeloma**, a type of blood cancer.

Approved on July 20, 2012. It received accelerated approval for use in patients with multiple myeloma who had received at least two prior therapies, including treatment with bortezomib and an immunomodulatory agent, and who had demonstrated disease progression on or within 60 days of completion of the last therapy.

Developed by Onyx Pharmaceuticals, which was later acquired by Amgen.

Indicated for the treatment of:

- Multiple Myeloma:** It is used for patients with relapsed or refractory multiple myeloma



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My Take...

COVID-19 mRNA Vaccine Induced Turbo Cancer tsunami is well underway and as I documented in a recent substack, all the big pharmaceutical players are buying up smaller cancer therapy companies and positioning themselves for 2025.

I have been repeatedly told by a California Medical Oncologist, Dr. Jan Kirsch, that there is no increase in cancer.



This is where the mainstream of Medical Oncology is today, with their heads completely buried in the sand.

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

Featured image: NOT a Vaccine: the mRNA COVID vax is a chemical pathogen production device and a technocratic, transhumanistic tool to repprogram you. Image credit: Jordan Henderson

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