

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



Dr G Delépine surgeon oncologist

N Delépine pediatrician oncologist

Paris, France

nicole.delepine@bbox.fr
gerard.delepine@bbox.fr

Authors have no competing interest

AutismOne 2019, May 22-26
CHICAGO, IL
The world's most comprehensive and
cutting-edge autism conference.

**Where Science, Hope,
and Recovery Meet**
I'm speaking there -
come hear me!

I dedicate this talk to Lars Andersson-Zorro !

**INDIAN JOURNAL OF
MEDICAL ETHICS**
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Increased incidence of cervical cancer in Sweden: Possible link with HPV vaccination

Indian Journal of Medical Ethics May 26, 2018

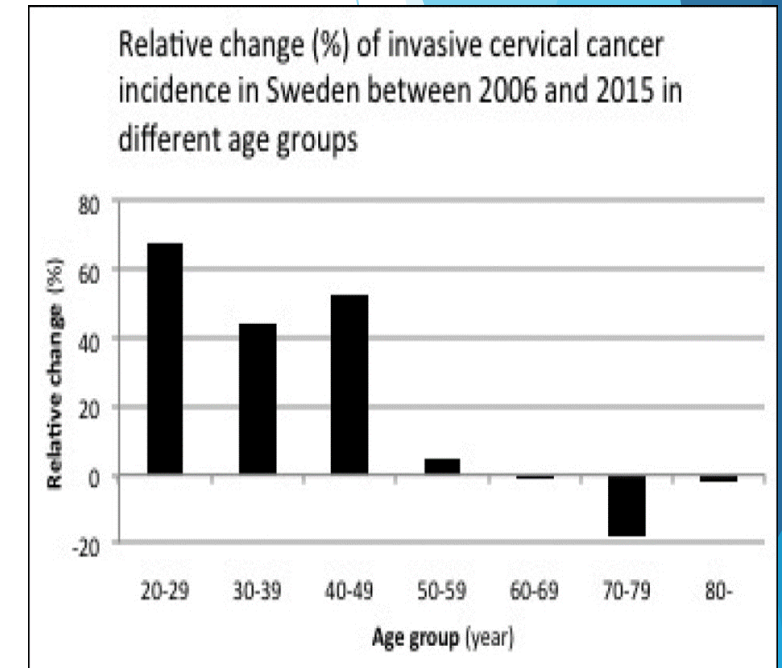
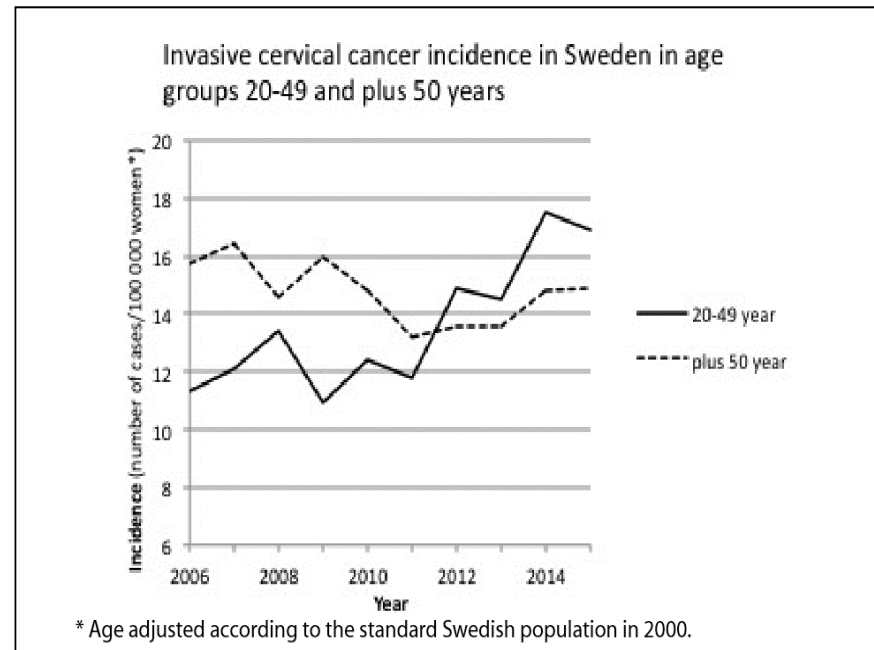


Fig. 1: Increase in incidence of cervical cancer among younger women (<50 years) as compared with women ≥50 years. The data shows the

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 vaccinate 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***



« Gift from god to women »

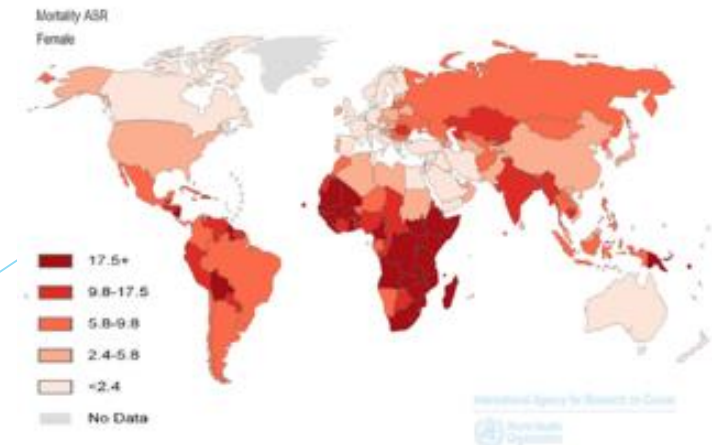
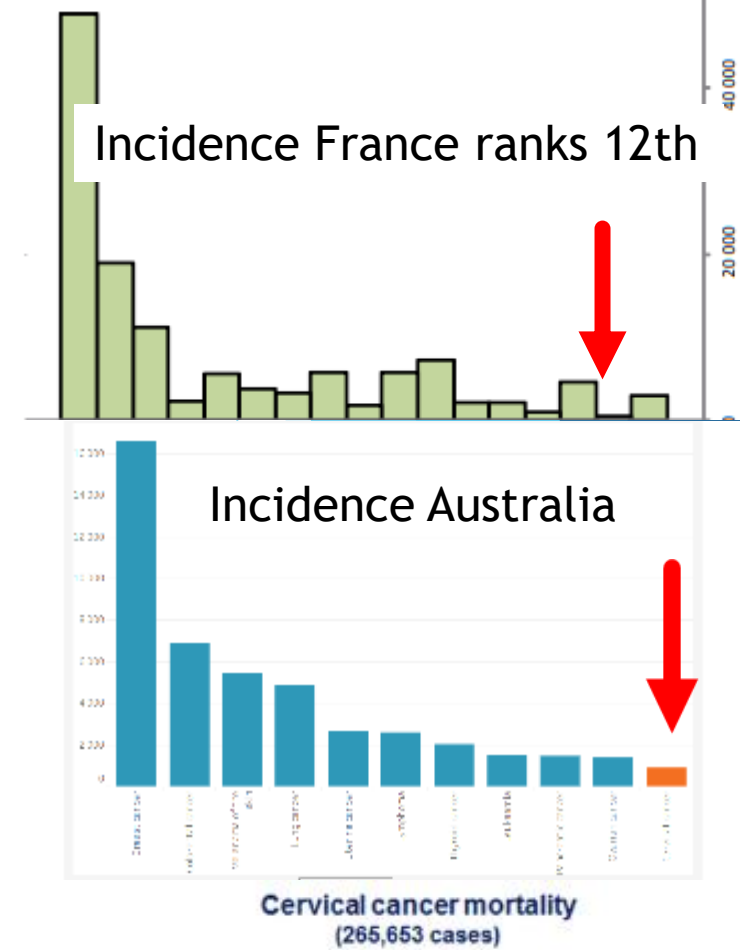


FIRST LIE : CERVIX CANCER REPRESENTS A MAJOR THREAT FOR WOMEN IN WESTERN COUNTRIES

Ranks 12th

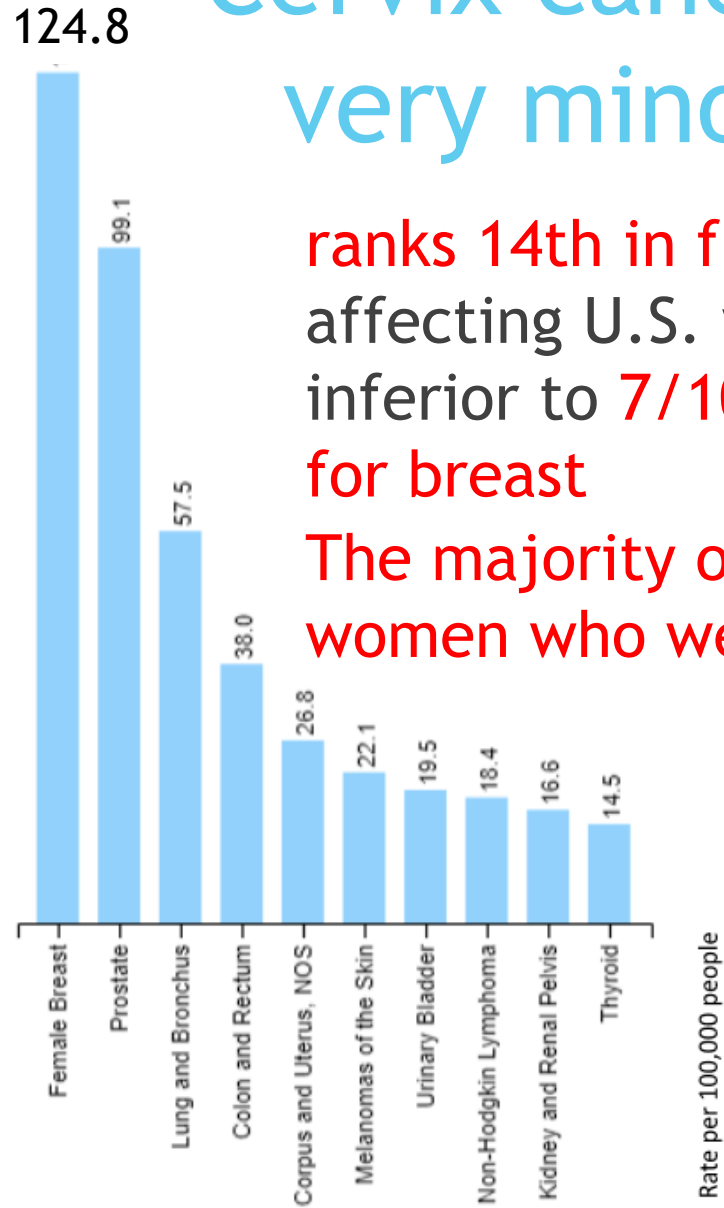
- ▶ *Less than 1% cancers and 0,6% of mortality from cancer in US, France, UK, Australia, Canada*
- ▶ *Mostly preventable deaths with pap screening*
- ▶ *Most women (70%) who die of cervix cancer did not follow screening recommendations*

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



Top 10 Cancers by Rates of New Cancer Cases

All Types of Cancer, United States, 2015



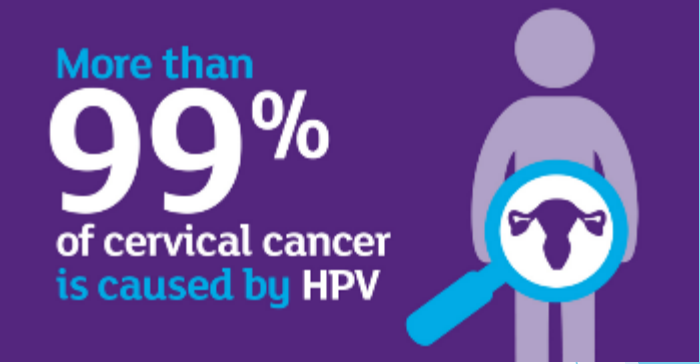
Cervix cancer represents a very minor threat in US

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

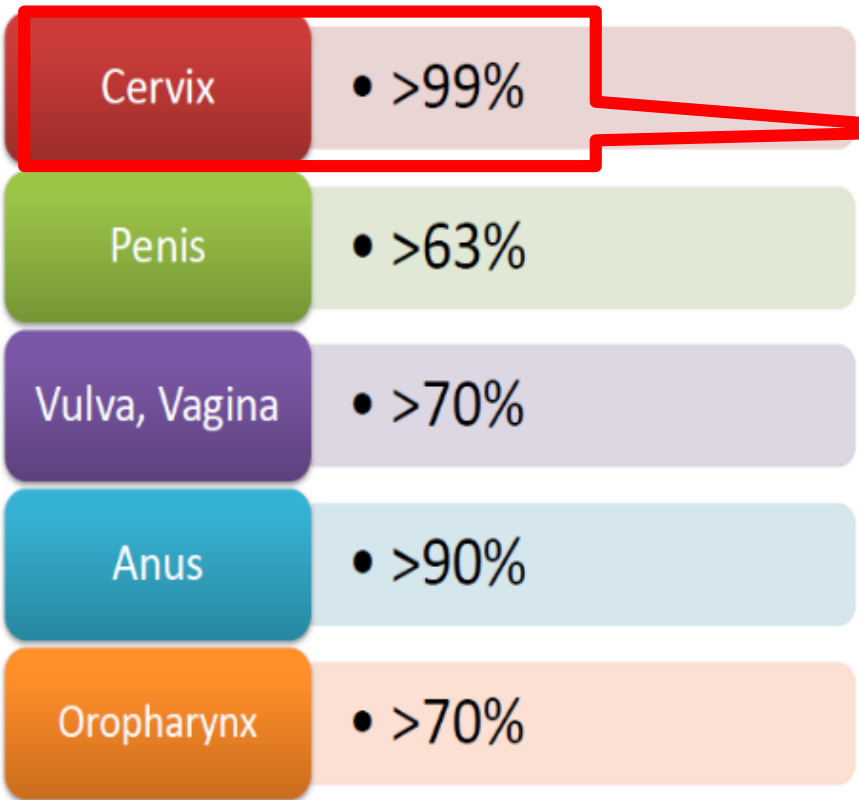
The majority of cancers (50% to 64%) occur in women who were rarely or never screened

7
Cervix cancer

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



Cancers caused by high-risk HPV types



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

***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



Australia



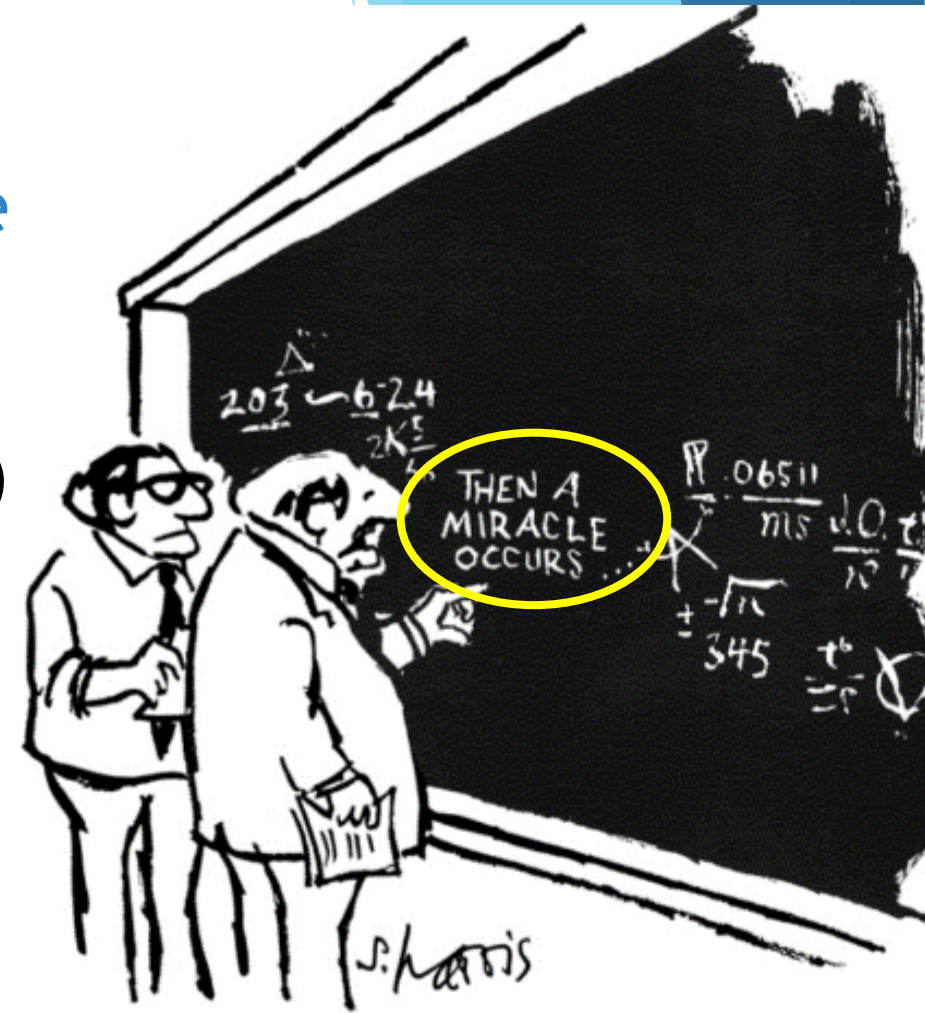
Protecting and improving the nation's health

Human papillomavirus (HPV)
vaccination coverage in adolescent
females in England: 2017/18

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

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)

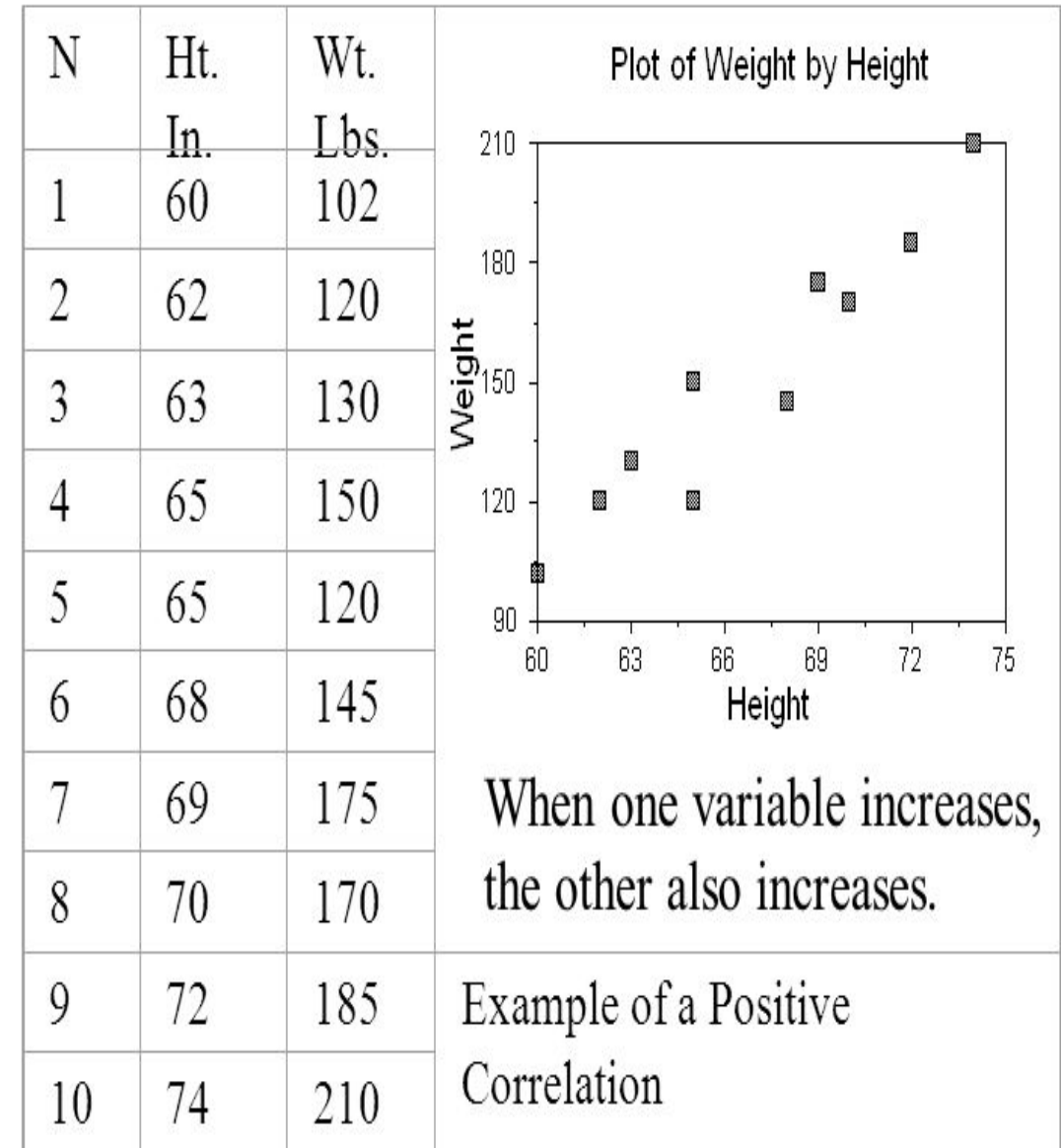


"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

Method : affirmation of trends

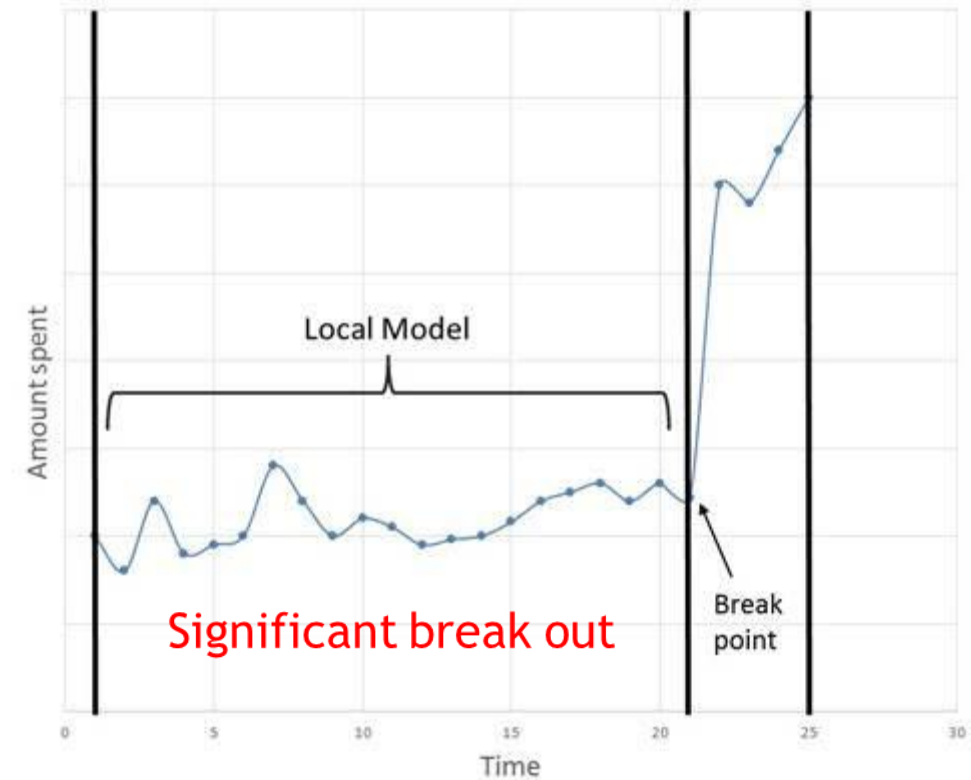
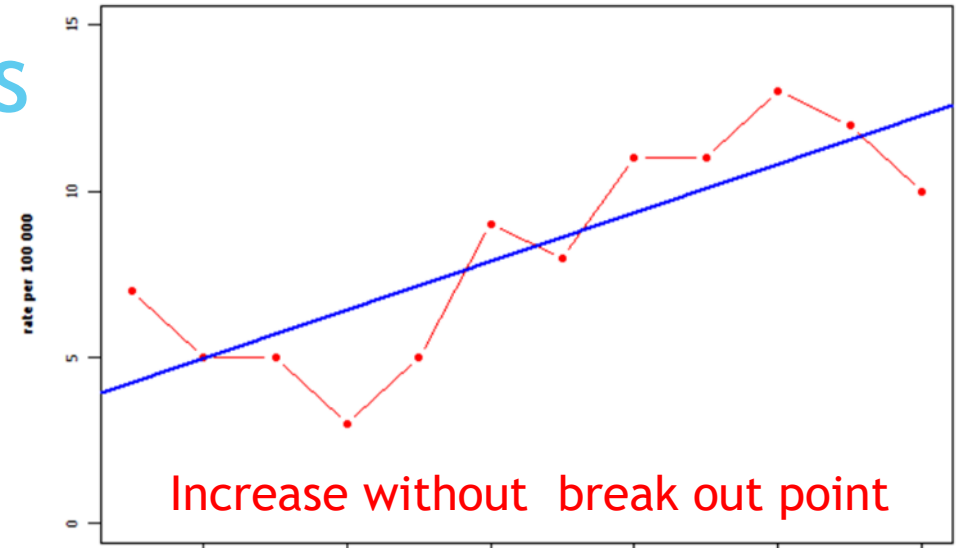
- To test the reality of trends we use **Pearson's correlation coefficient** between years and incidences.
- As usual we fix the probability of alpha risk (defined as the risk of rejecting the null hypothesis when in fact is true) **p value to 0,05**

Positive Correlation



Method : watching for break points

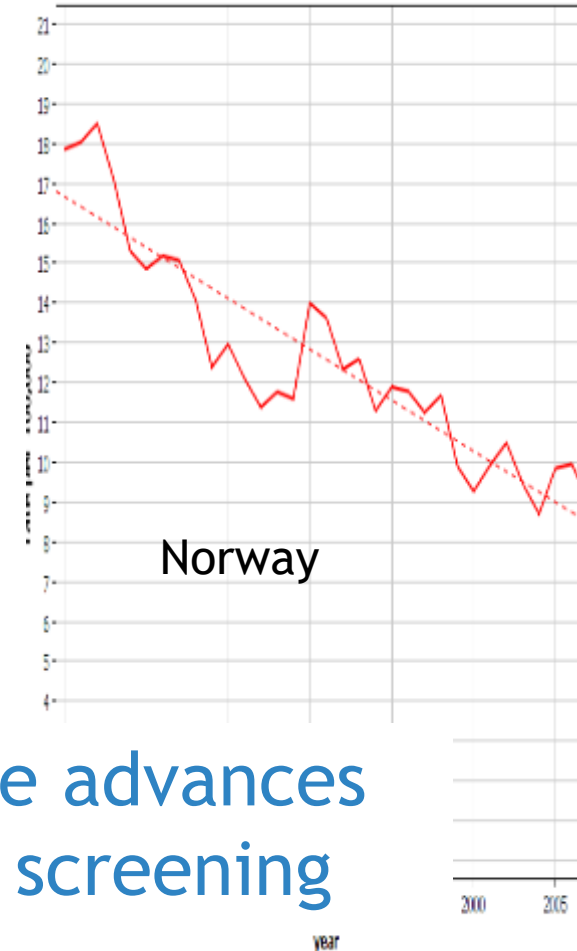
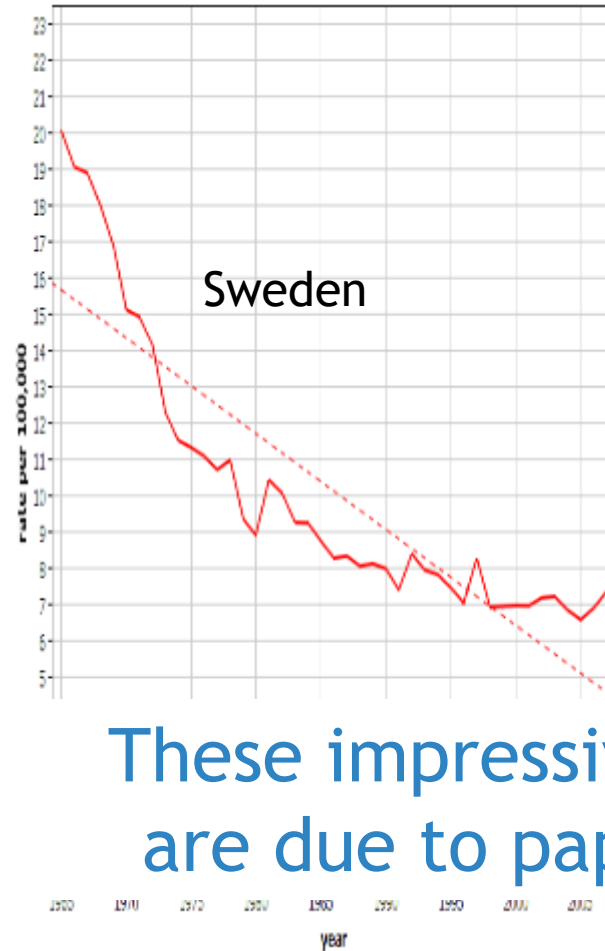
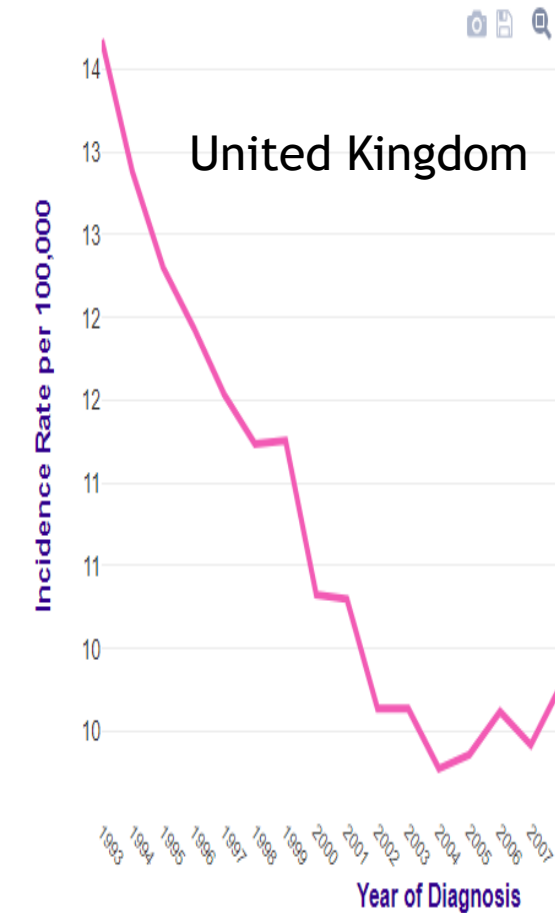
- The break-even point (BEP) is, the point at which a significant change in trends appears
- To determine the eventual year of significant modification in trends we perform break point analysis.
- This method is mostly use in financial reports
- That permits to establish a eventual time correlation between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



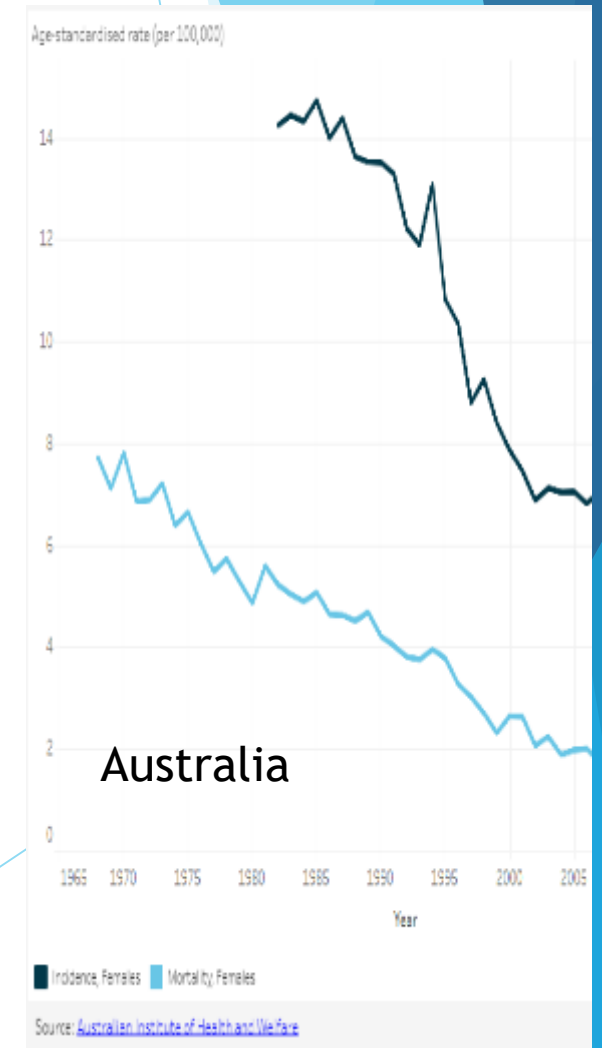
RESULTS : PRE VACCINATION PERIOD

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

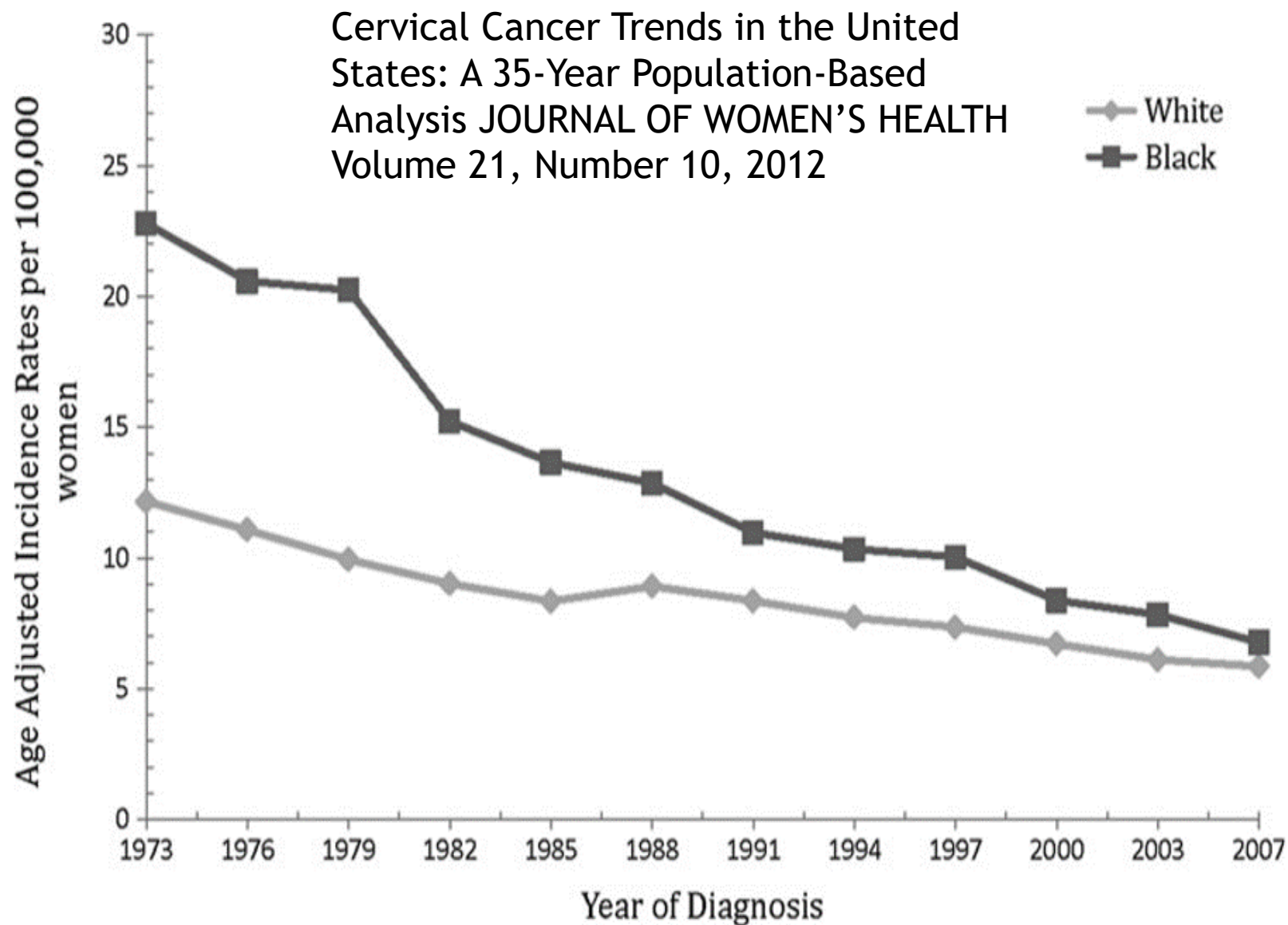
Cervical Cancer (C53), European Age-Standardised Incidence Rates



These impressive advances are due to pap screening



US cervical cancer incidence 1973-2007



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)

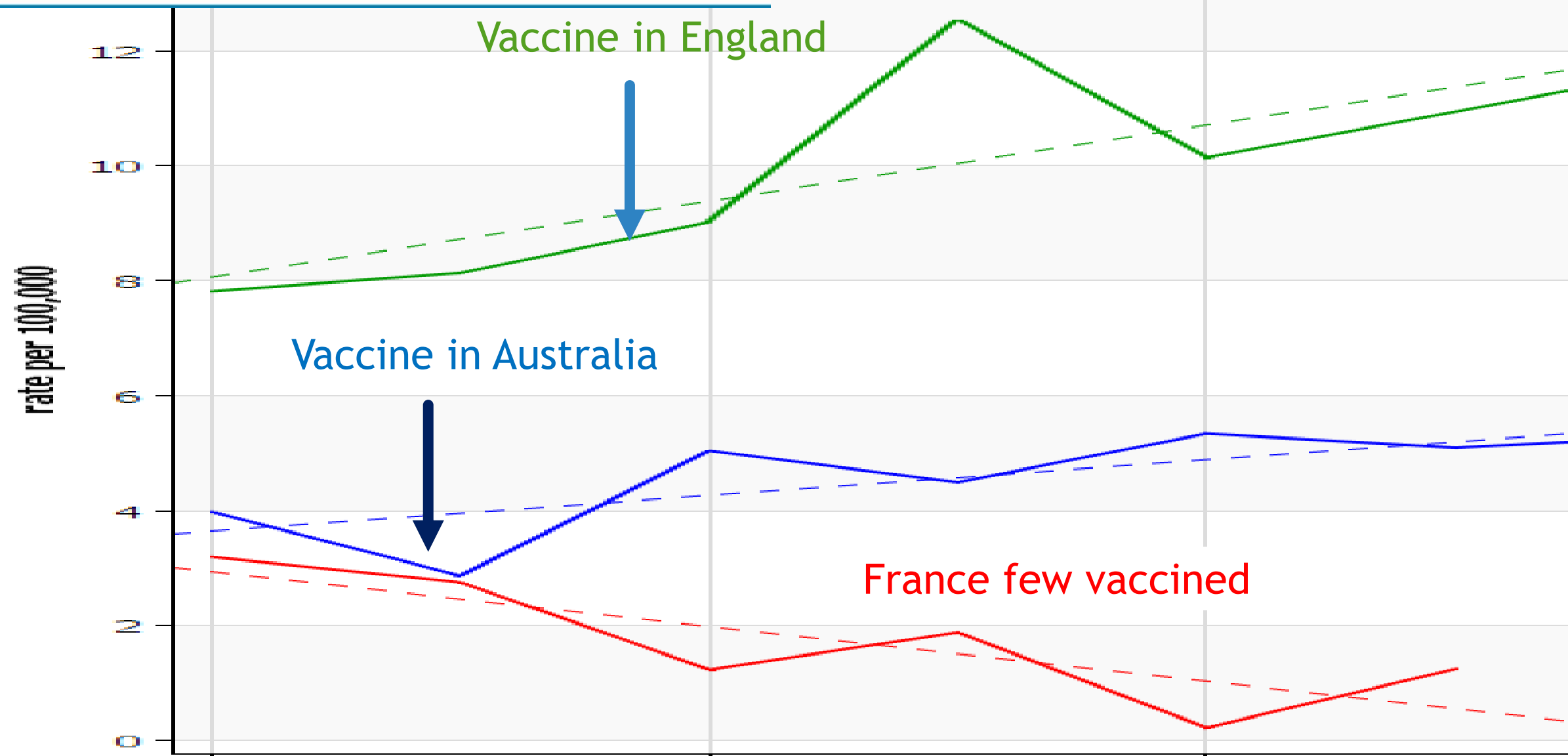
Cervix uteri Age Standardised Incidence Rate (World), Organization

International Agency for Research on Cancer



**GLOBAL CANCER
OBSERVATORY**

(September 2018 report)



AUSTRALIAN VACCINATION PROGRAM



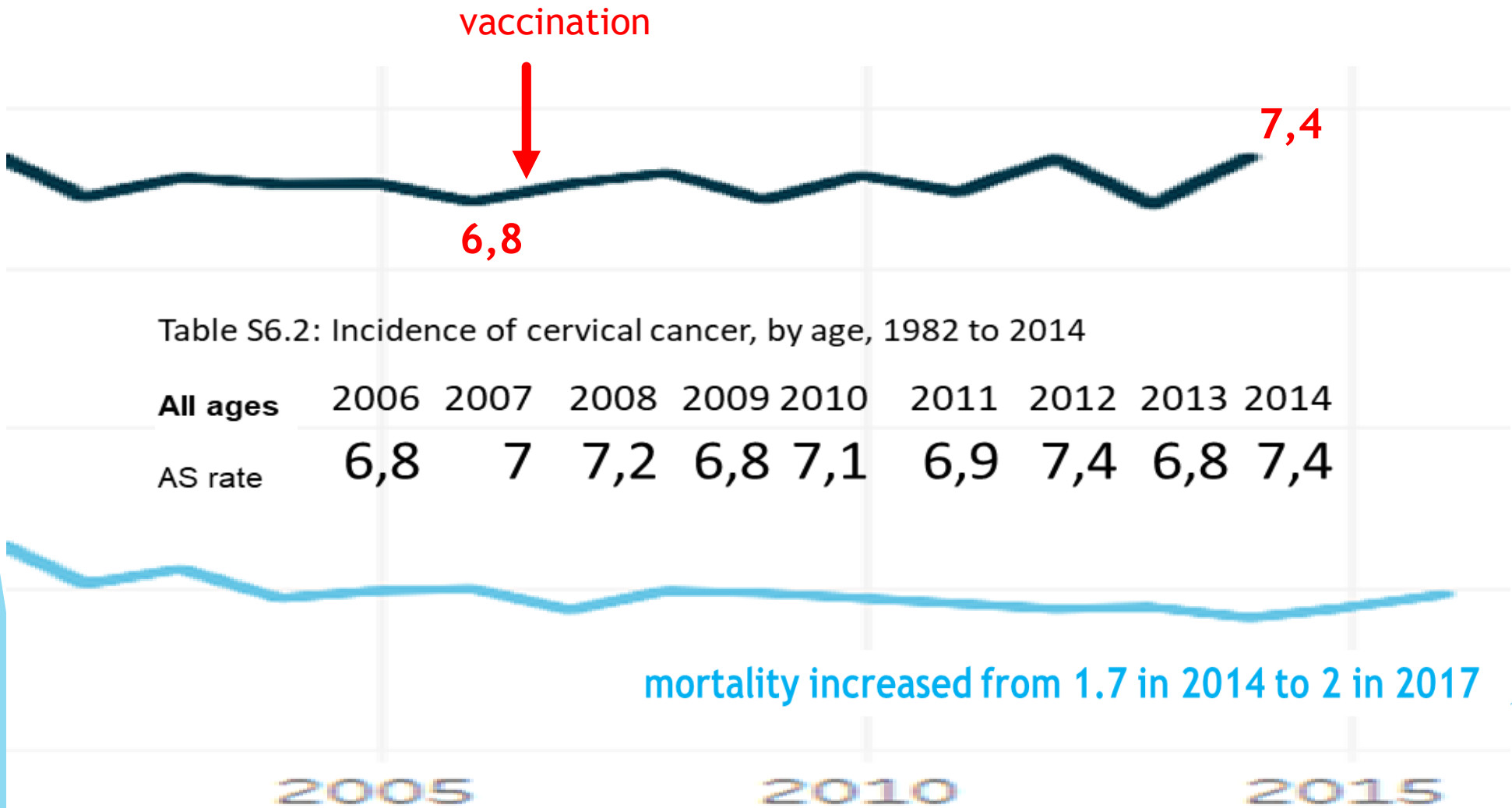
Significant events in **human papillomavirus (HPV)** vaccination practice in Australia

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

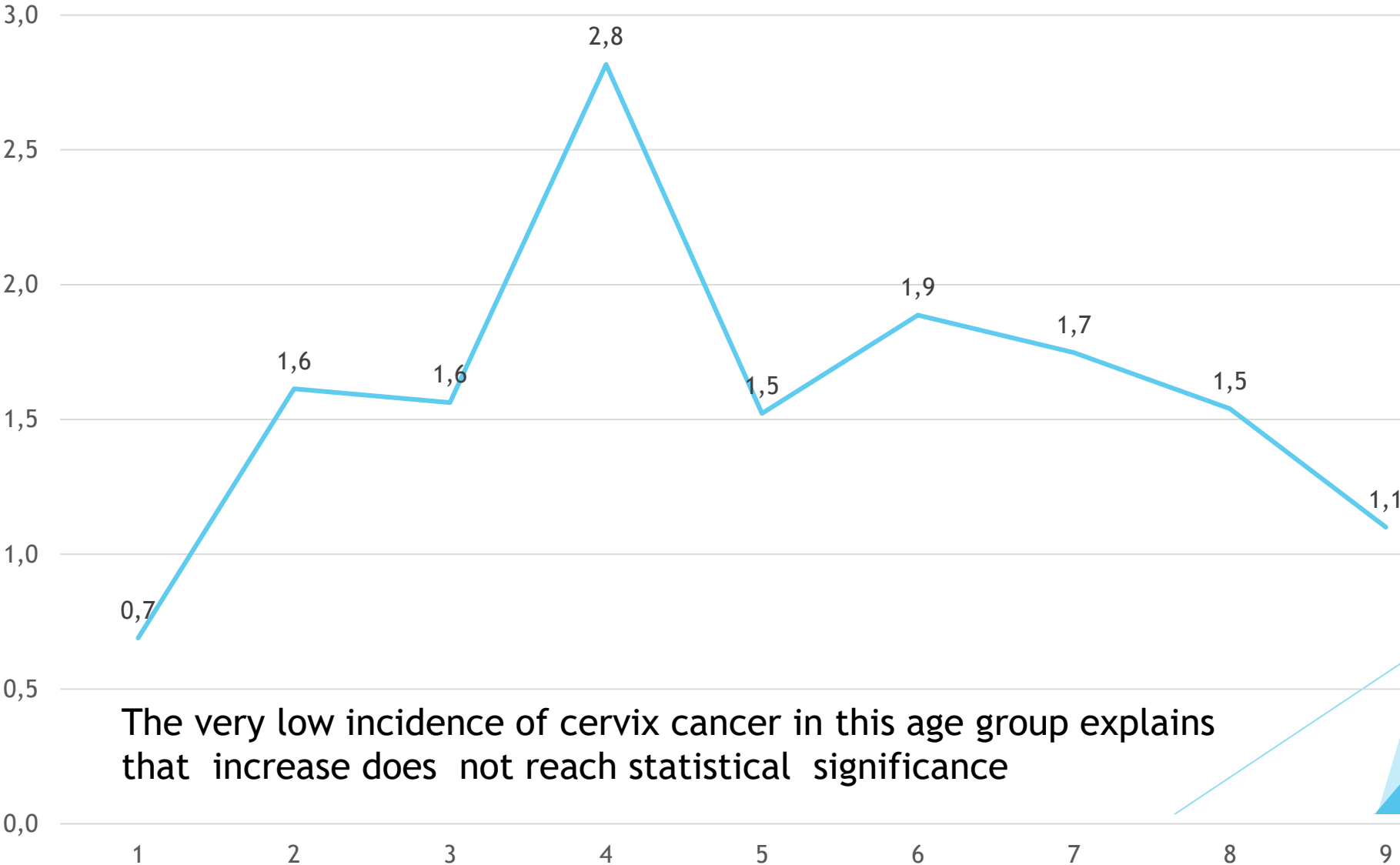
Vaccination campaign started in **April 2007** for girls aged 12-13 years(19-20 in 2014)

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

Australia Global trend of incidence : No more advance since vaccination



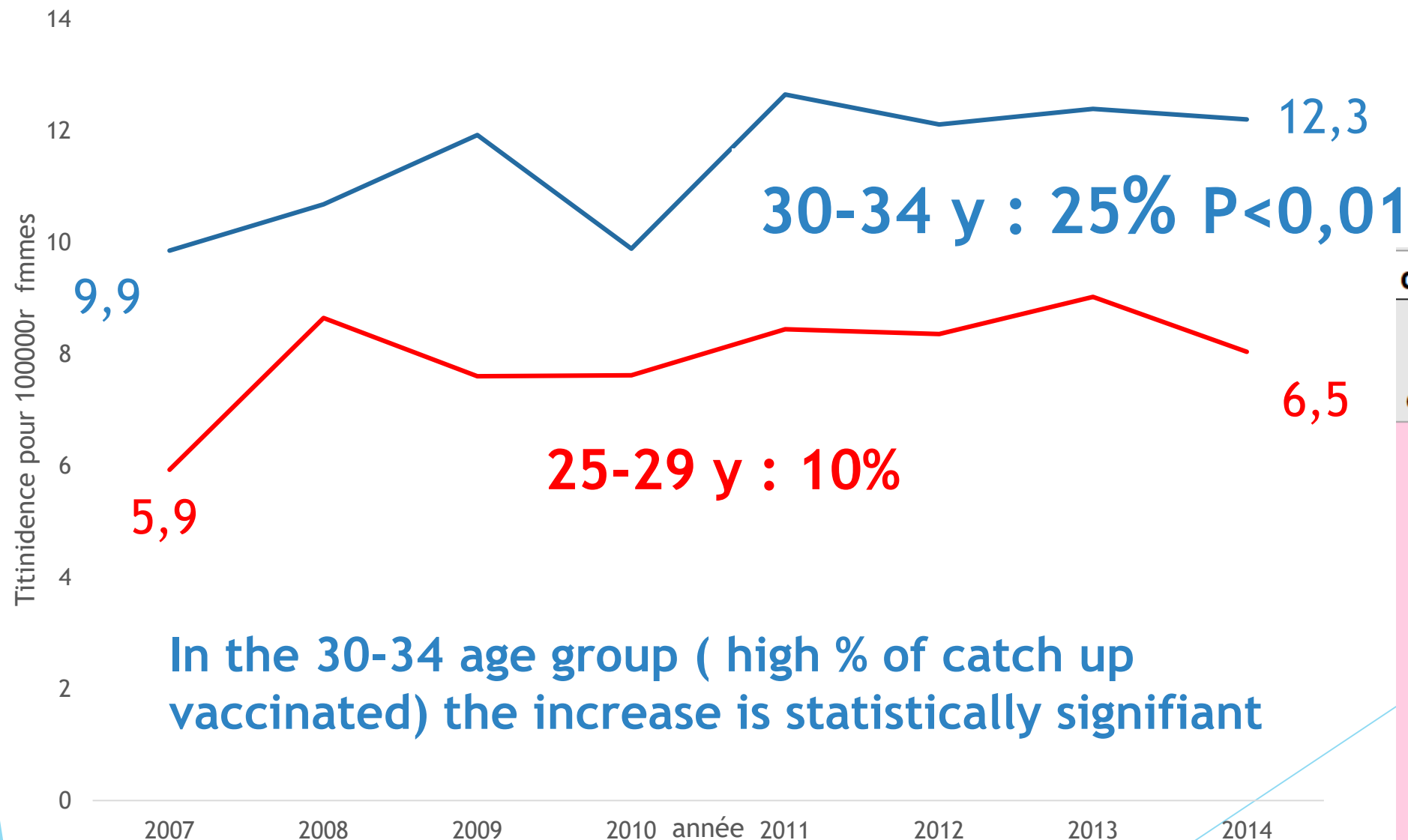
***FOR 20-24 GIRLS (13-17 IN 2007) INCIDENCE OF
INVASIVE CERVIX CANCER INCREASED BY 50%***



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)



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 BLAISED SIMULATIONS



Article by *Don Ward Hackett*



HPV Vaccine Knocking-Out Cervical Cancer in Australia

A decade on, vaccine has halved cervical cancer rate

© 29 August 2016

BBC

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NEWS

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



BRAD JONES, FUTURISM
7 MAR 2018

science
alert

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

Australia could become first country to eradicate cervical cancer

Search - The Guardian International edition

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**

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.

False BBC news based on predictions



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

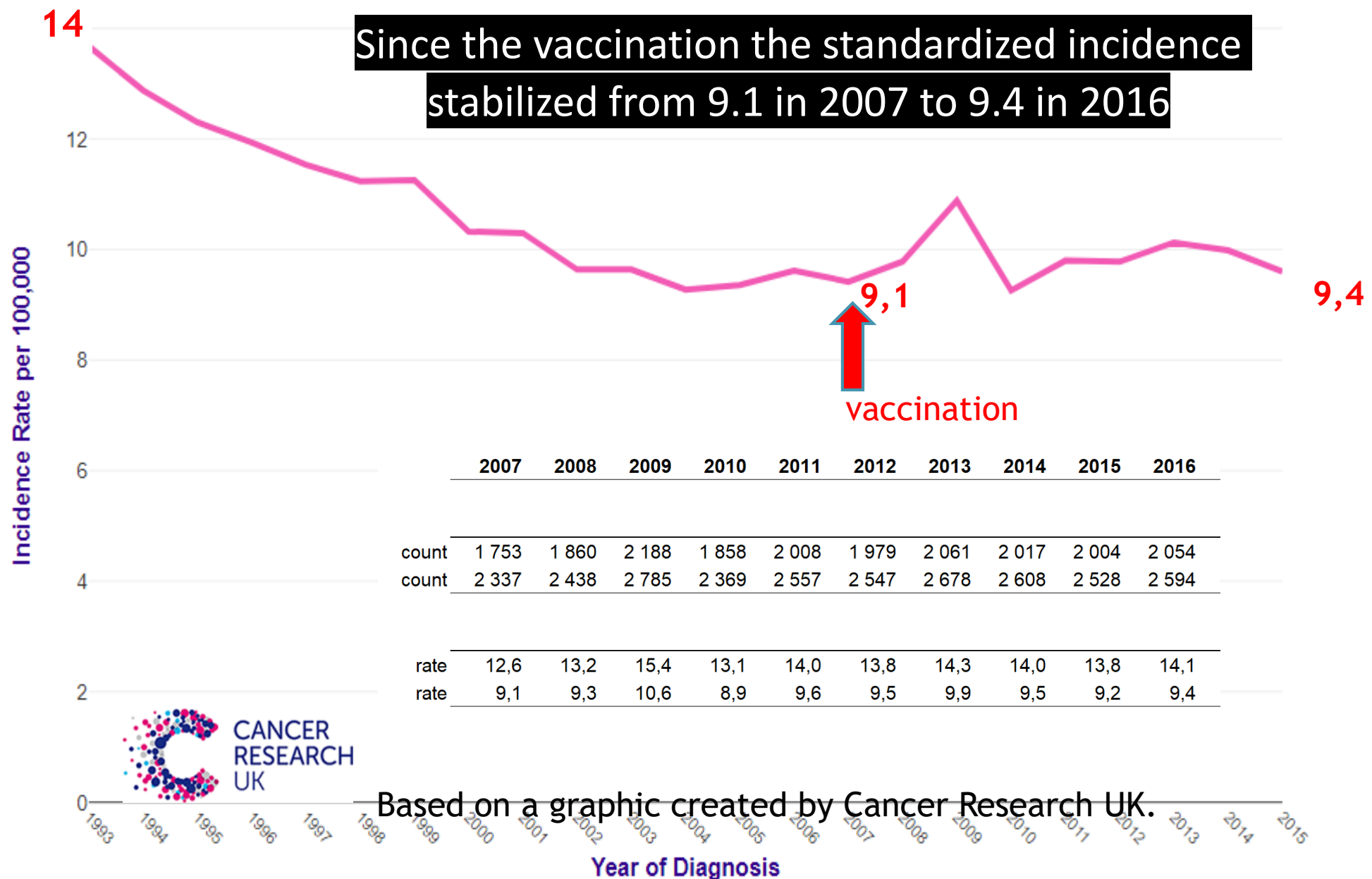
National Vaccination program
introduced in 2008 to offer HPV vaccination
routinely to 12-13-years
+ catch-up vaccination to girls up to 18 years,

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



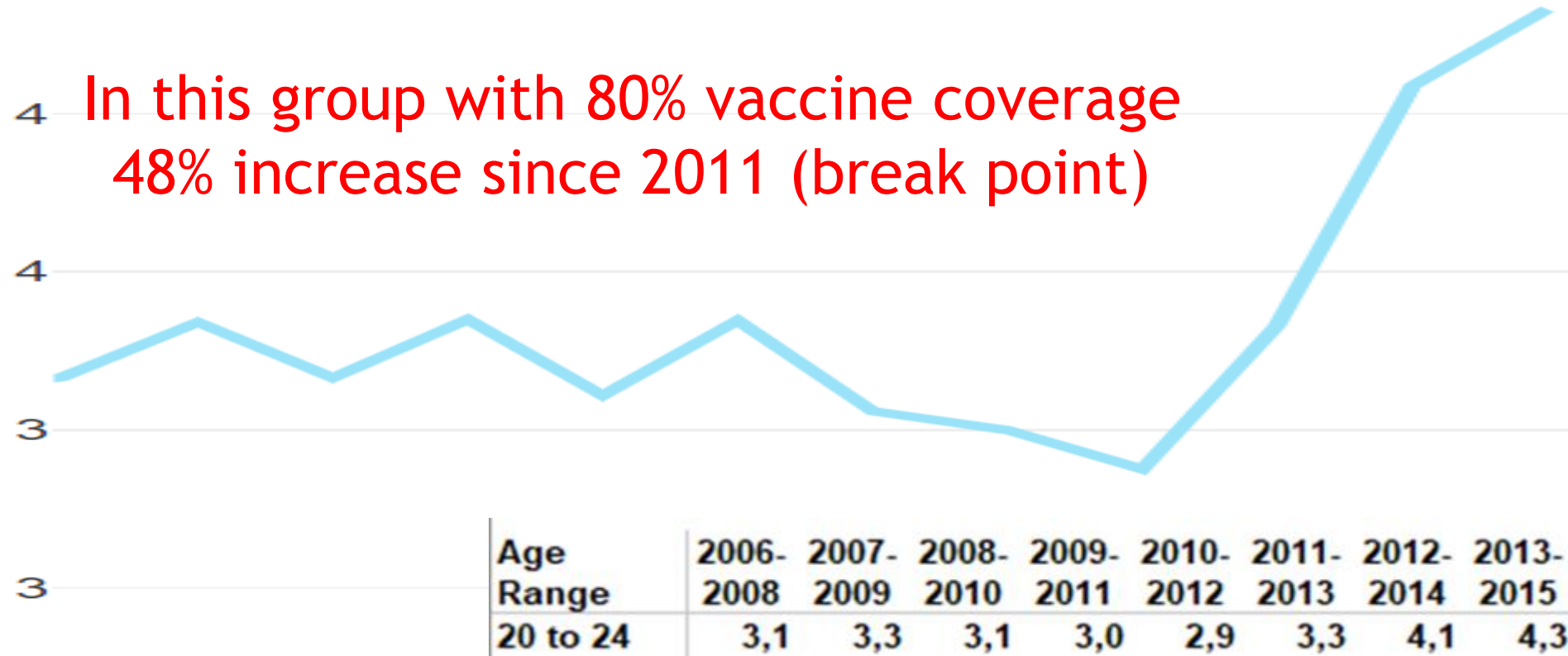
INCREASE OF INCIDENCE IN THE 20-24 AGE GROUP

Cervical Cancer (C53), European Age-Standardised Incidence Rates,



20 to 24 Based on a graphic created by Cancer Research UK.

Incidence Rate per 100,000



In this group with 80% vaccine coverage
48% increase since 2011 (break point)

2002-2004 2003-2005 2004-2006 2005-2007 2006-2008 2007-2009 2008-2010 2009-2011 2010-2012 2011-2013 2012-2014 2013-2015

Year of Diagnosis

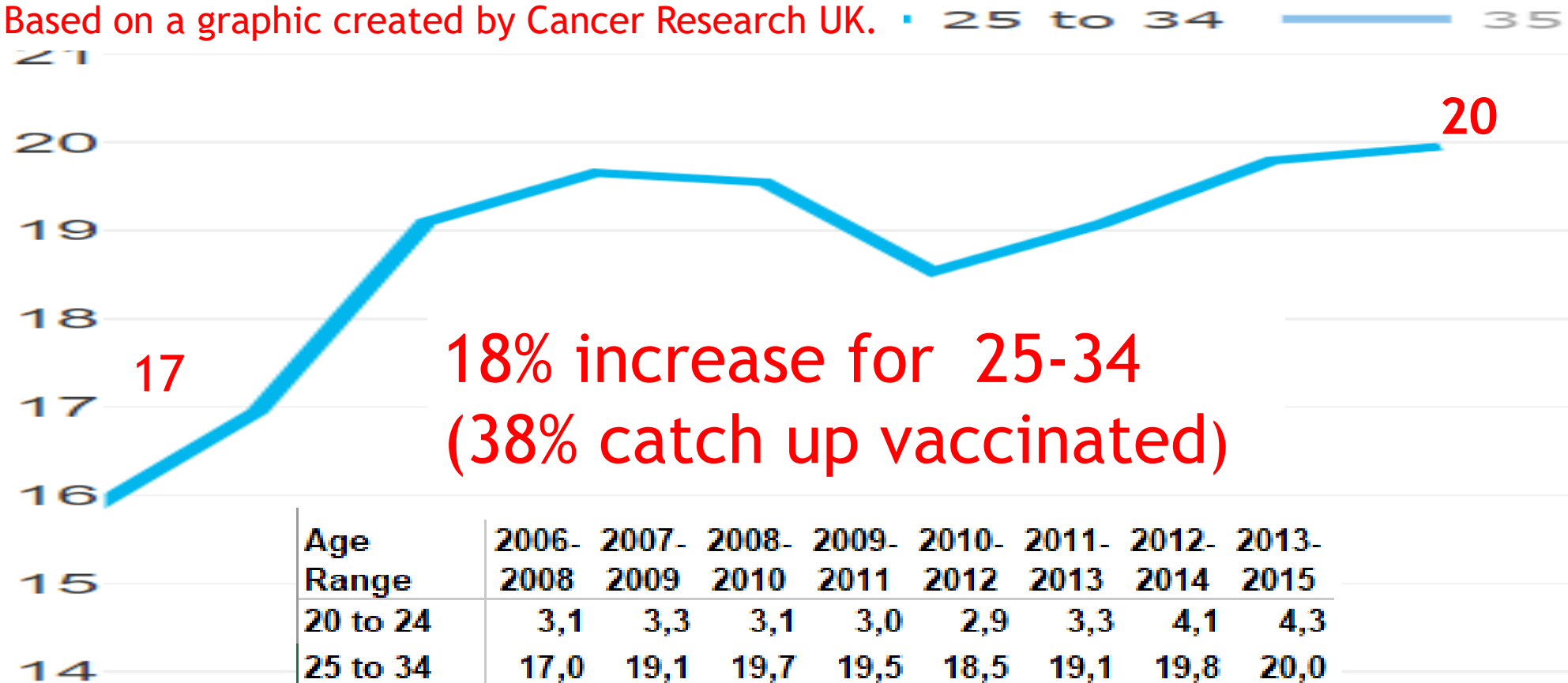
UK : TRENDS 2007-2014 FOR 25-34



Cervical Cancer (C53), European Age-Standardised

Based on a graphic created by Cancer Research UK.

Incidence Rate per 100,000



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

2006-2008 2007-2009 2008-2010 2009-2011 2010-2012 2011-2013 2012-2014 2013-2015

INCIDENCE TRENDS FOR UN VACCINATED WOMEN

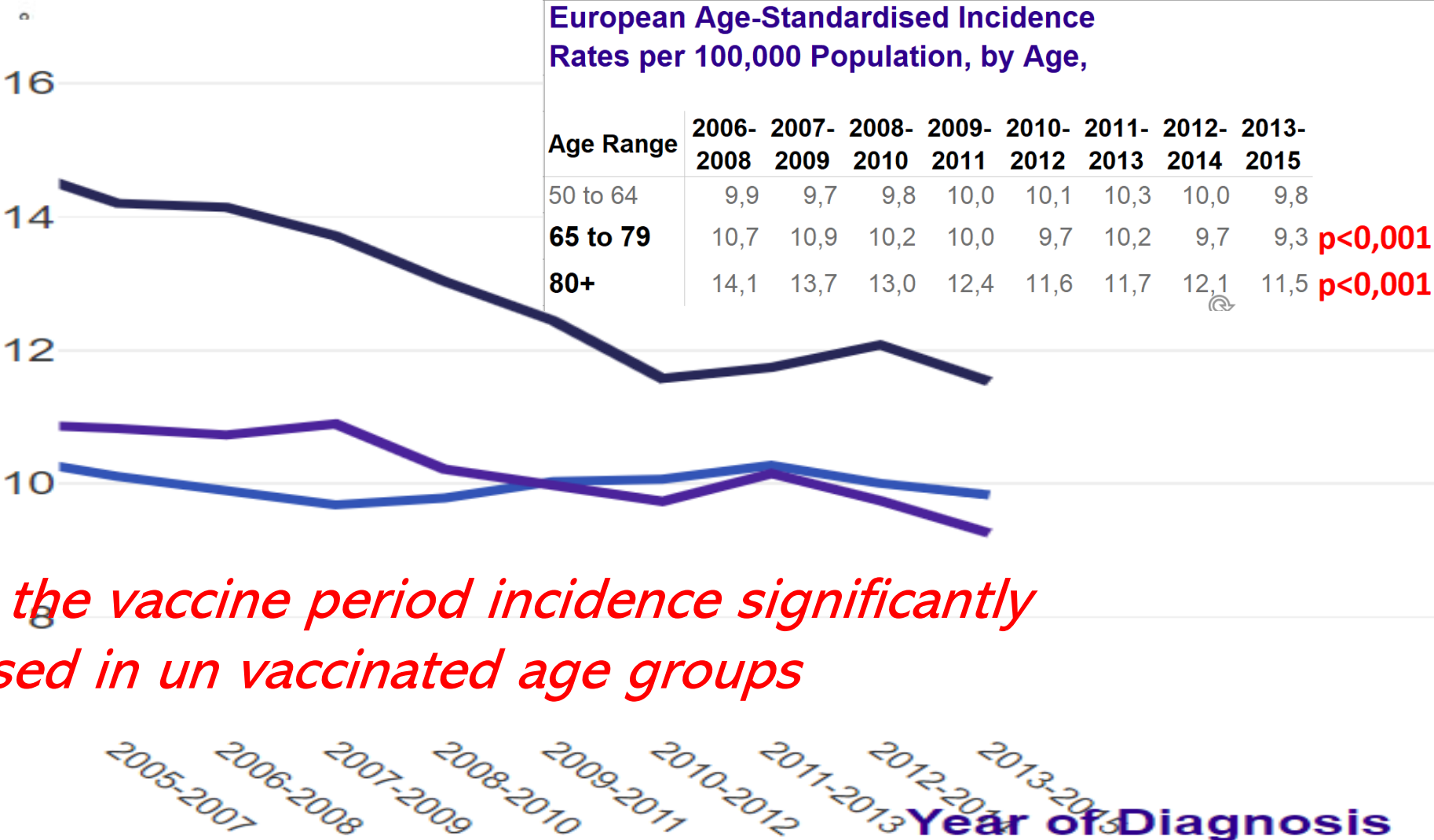
Cervical Cancer (C53), European Age-Standardised Incidence Rates, By Age, Females, UK, 1993-2015



CANCER
RESEARCH
UK

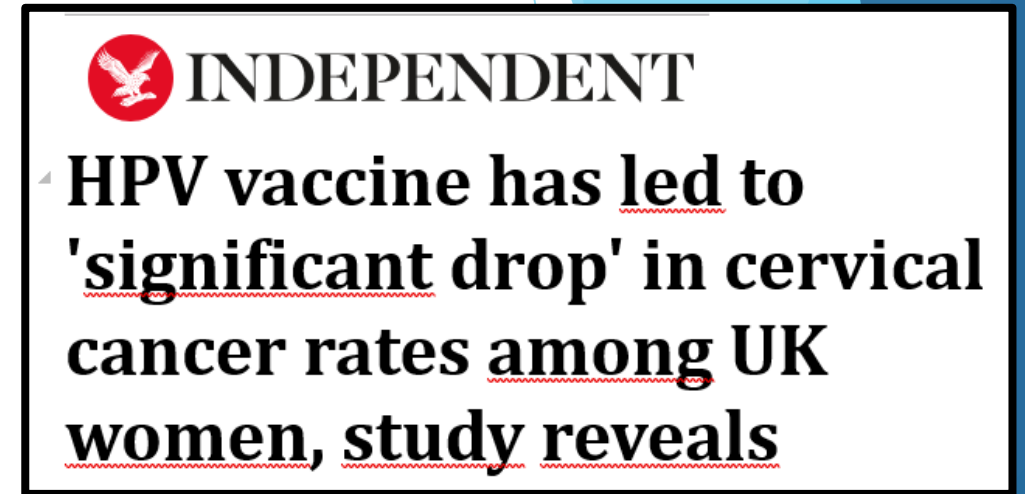
20 to 24 25 to 34 35 to 49 50 to 64 65 to 79 80+

Incidence Rate per 100,000



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

Fake news and lies vs facts.



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

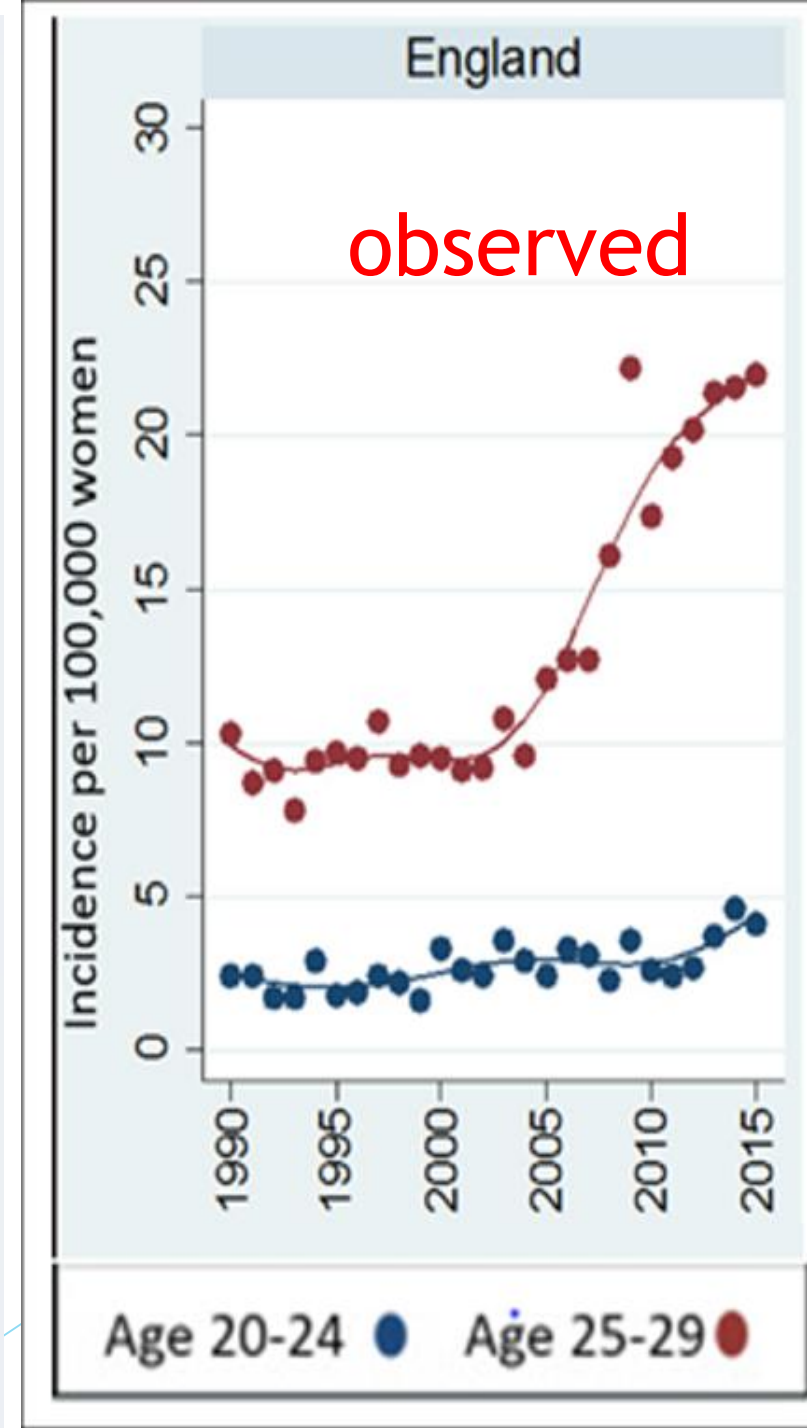
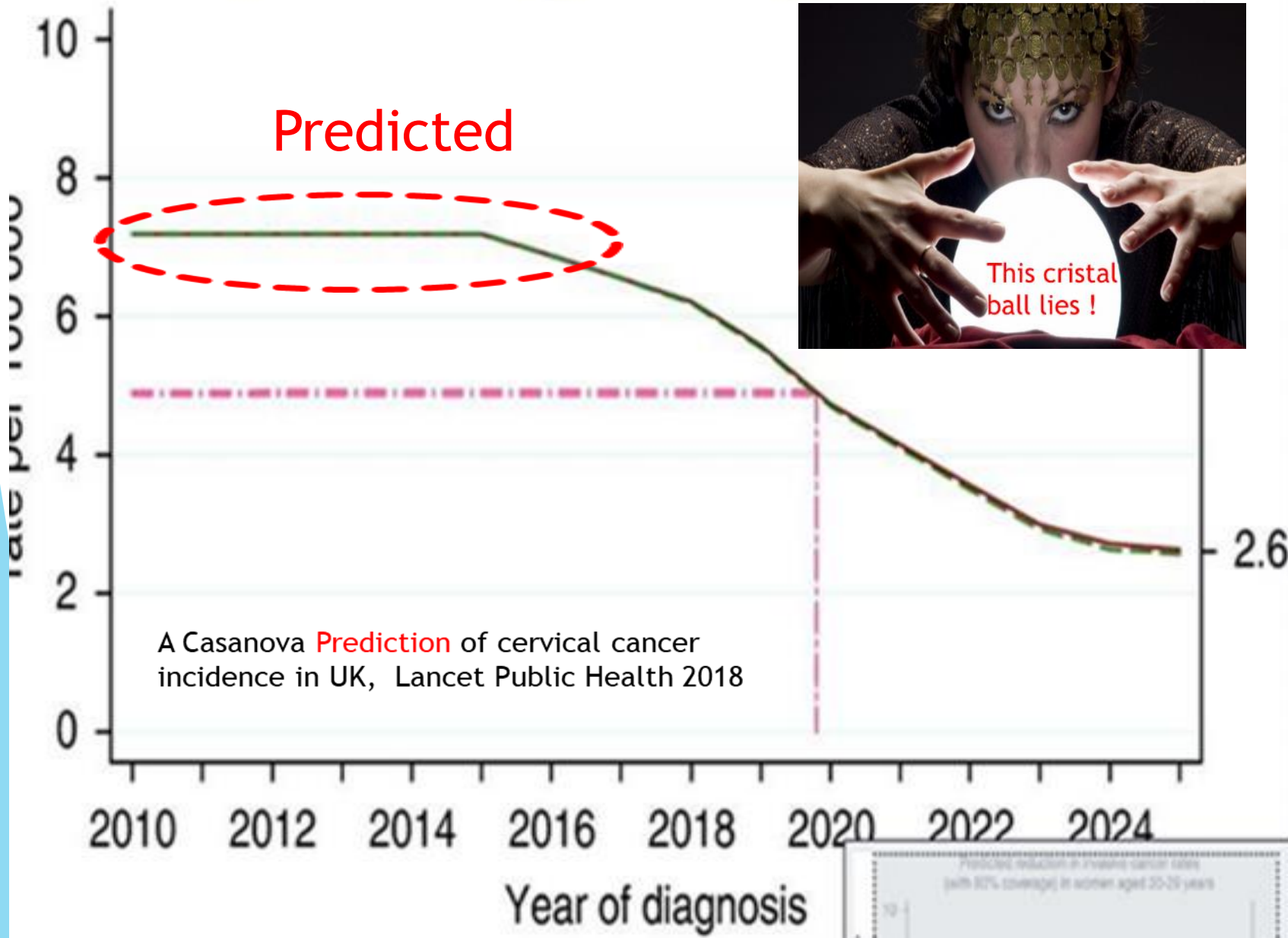
By James Matthews, Scotland correspondent

🕒 Thursday 4 April 2019 07:32, UK

Hard evidence from scottish cancer registrie

Age group	Three years smoothed incidence									
	2006-2008	2008-2010	2010-2012	2012-2014	2014-2016					
10-14										
15-19										
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



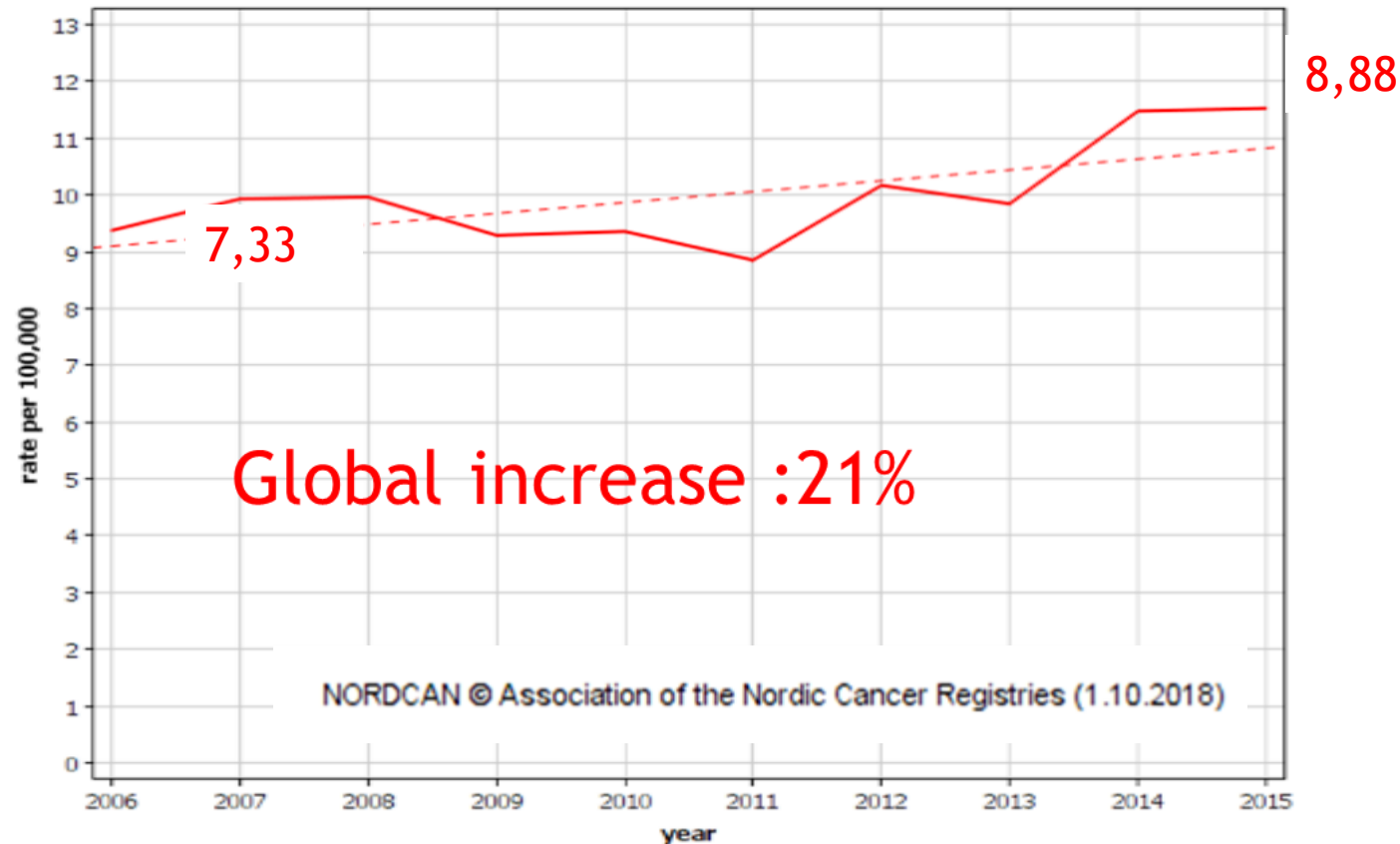
SWEDEN : GLOBAL INCIDENCE TREND

2006 Opportunistic vaccinations

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



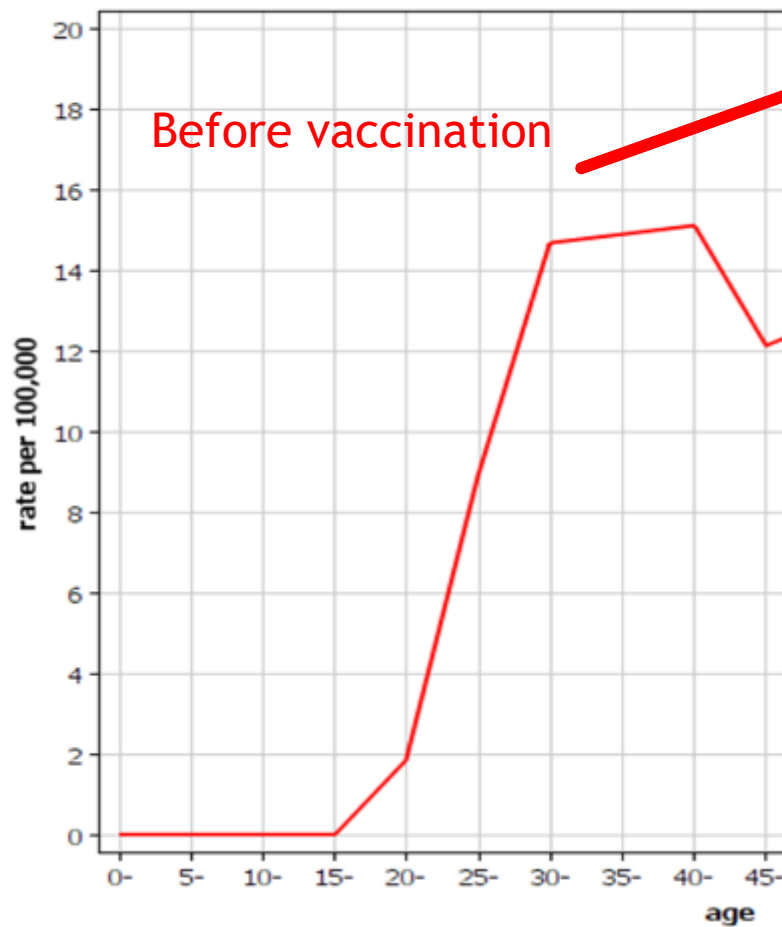
Sweden
Cervix uteri
Incidence: ASR (Nordic) age 0-85+



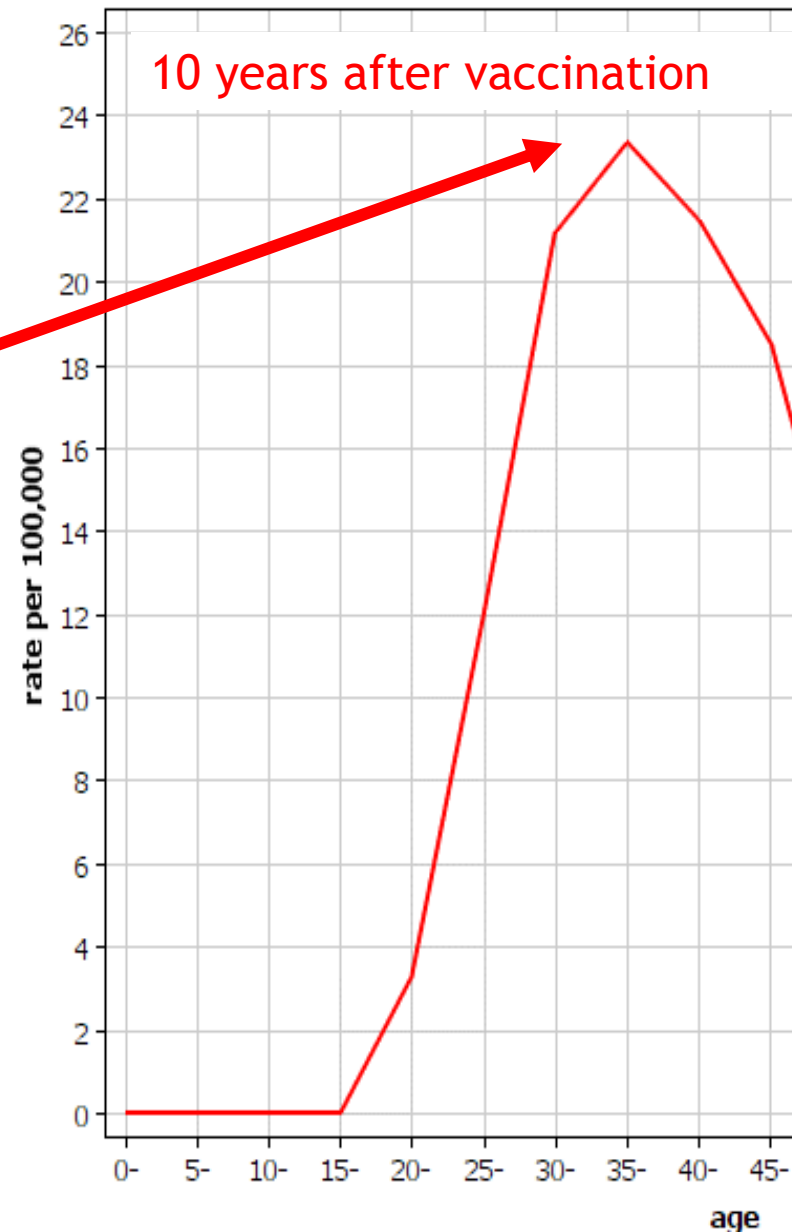
SWEDEN TRENDS/AGE

Vaccination followed by a huge increase of invasive cancer

Sweden-Incidence (2006)
Cervix uteri

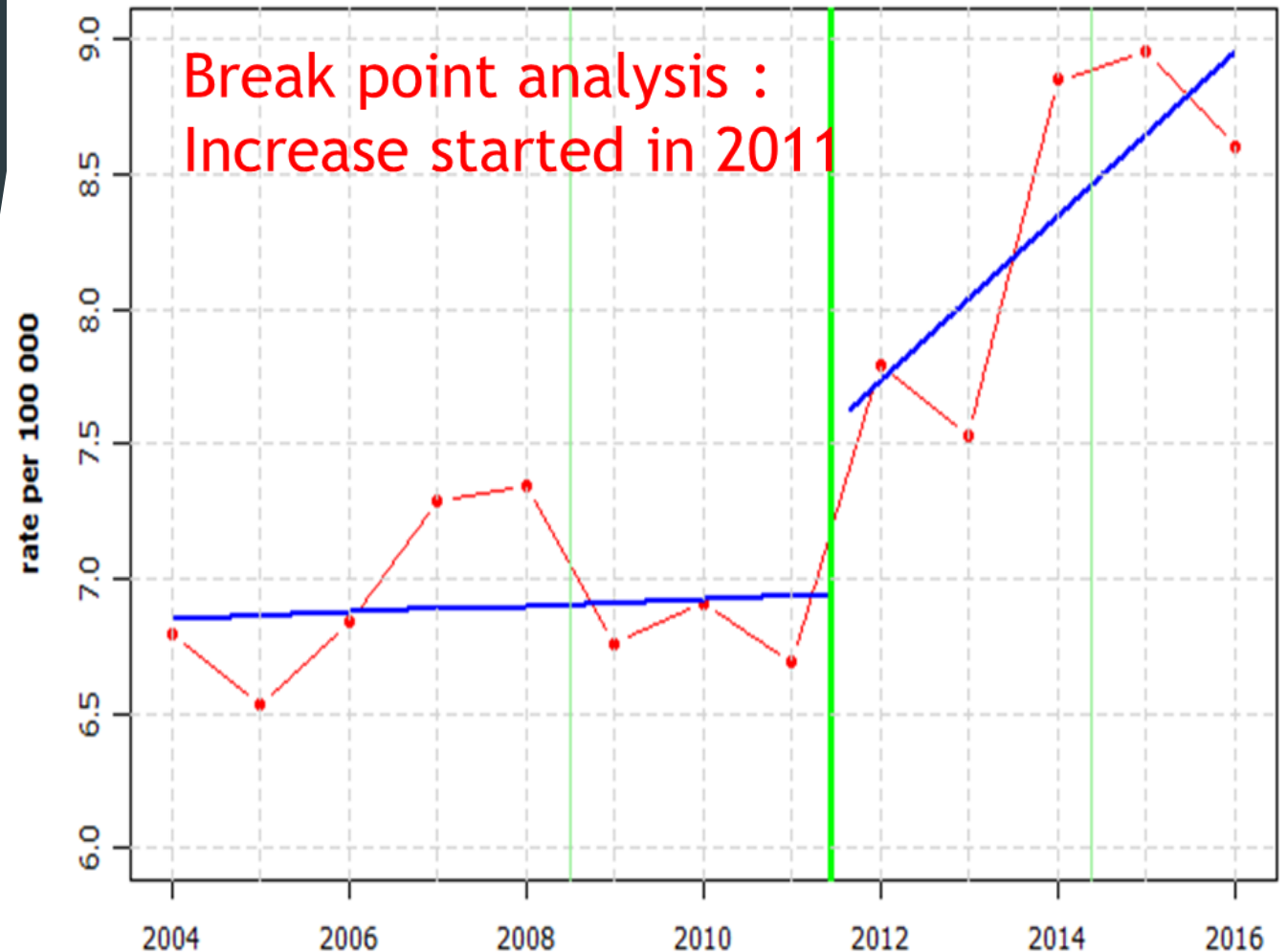


Sweden-Incidence (2016)
Cervix uteri



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	Standarderror	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

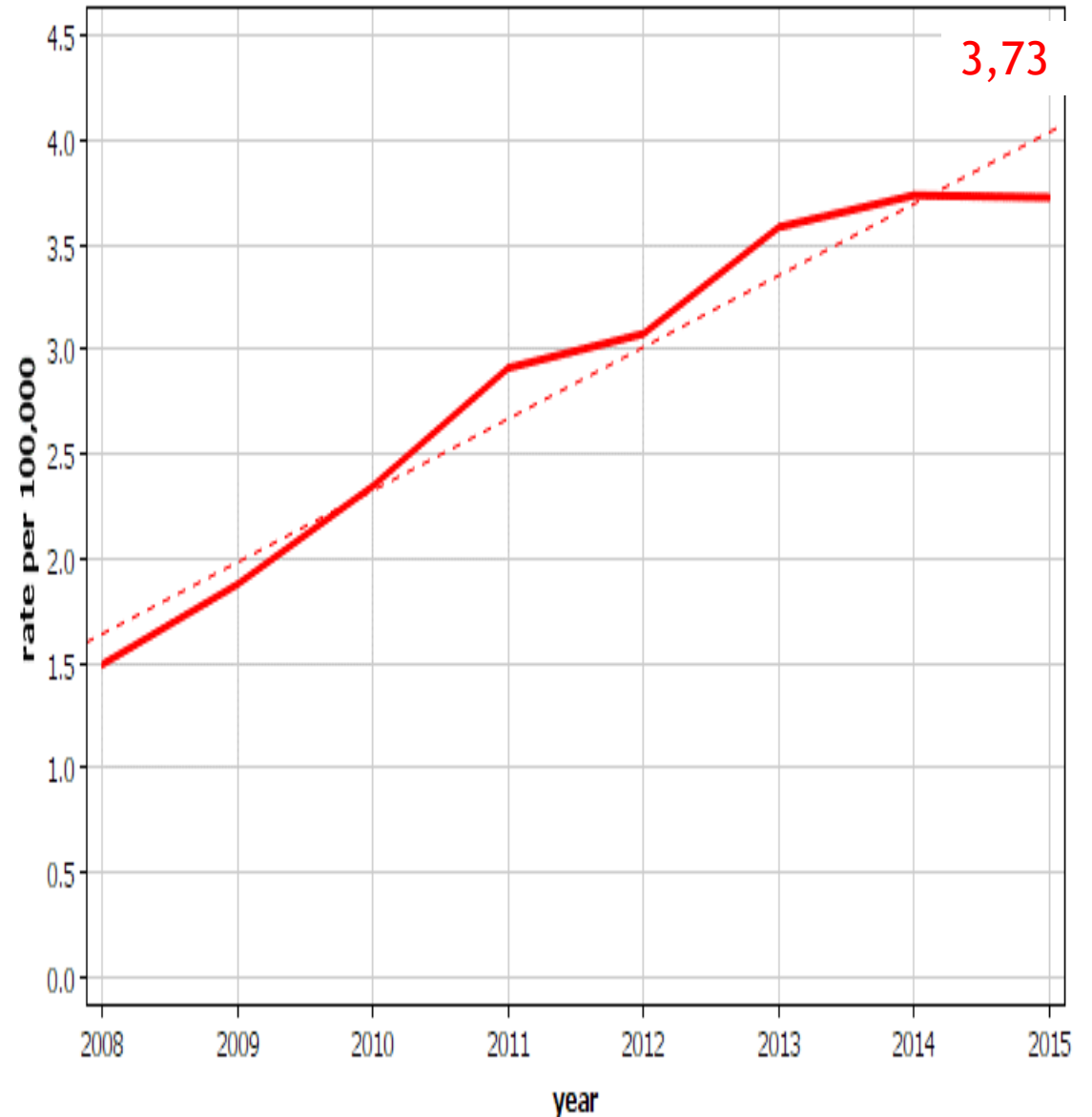
*Girls 14-18 during 2010
vaccination campaign were catch up
vaccinated (80% vaccine coverage)*

*Their three years smoothed
incidence increased by 150%*

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

Incidence: Sweden
Cervix uteri

NORDCAN © Association of the Nordic Cancer Registries (1.10.2018)

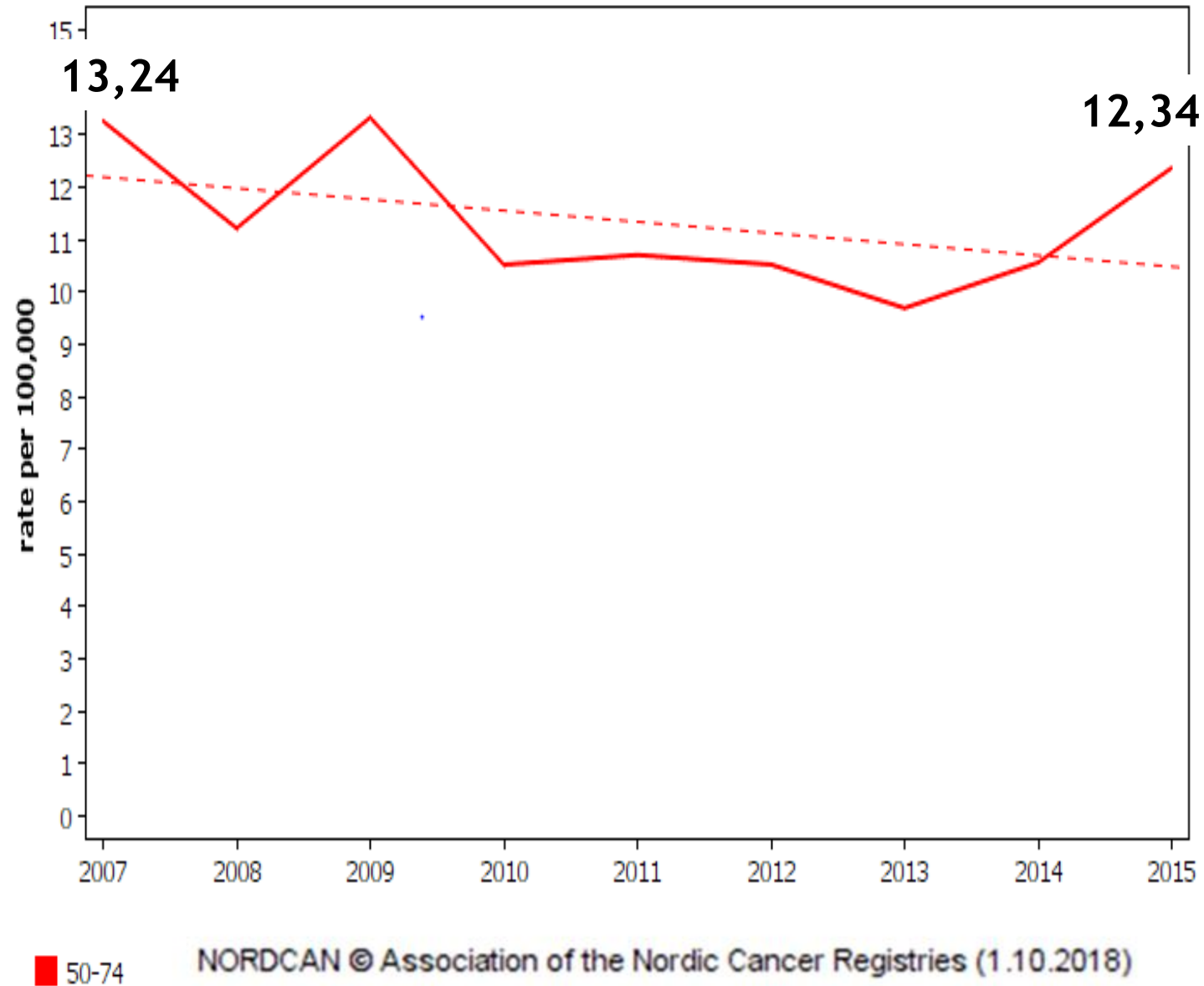


Incidence: Sweden
Cervix uteri

UNVACCINATED WOMEN

age group 50-74

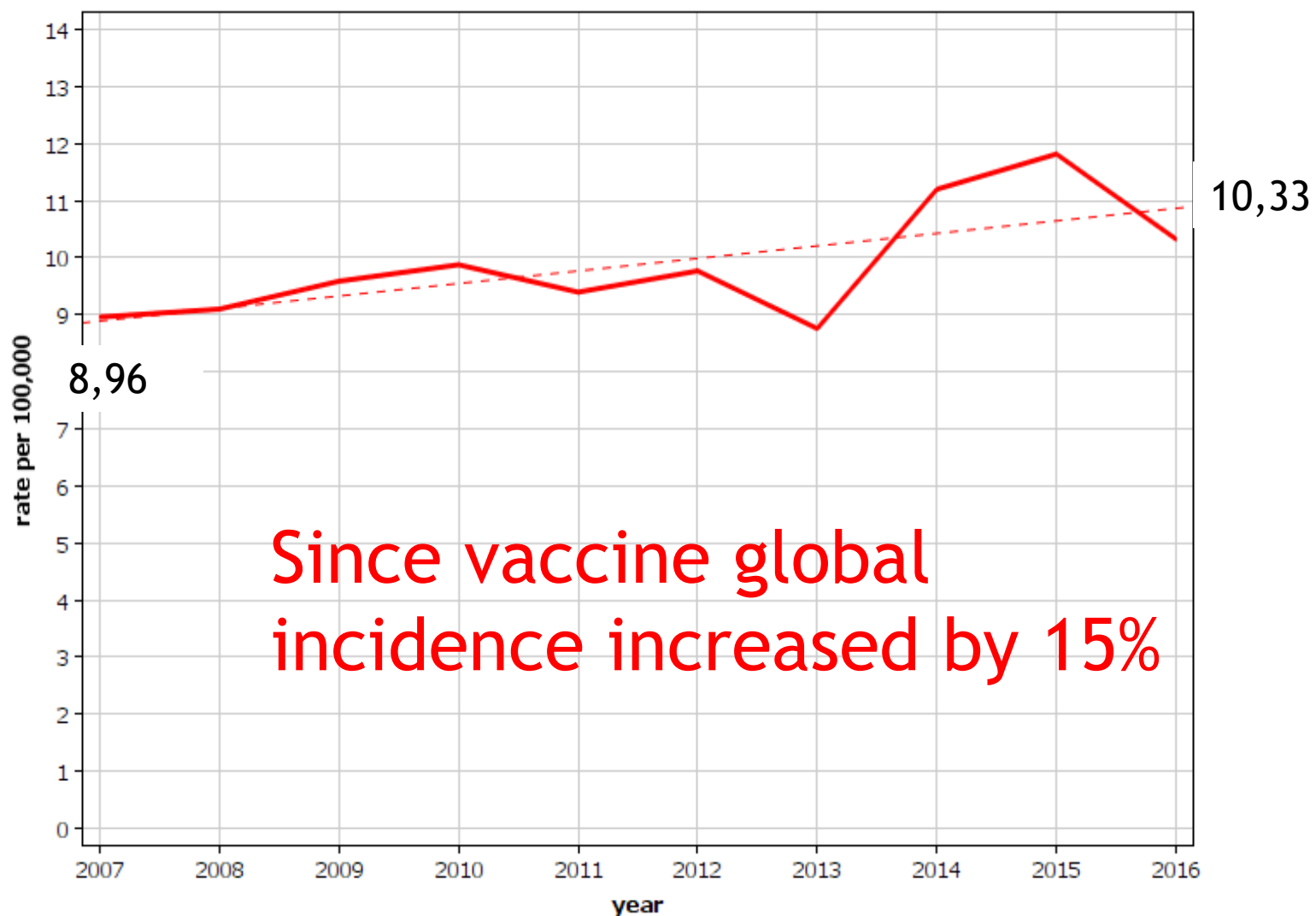
Incidence decrease : 6%



GLOBAL TREND IN NORWAY



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



NORWAY

INCIDENCE BY AGE

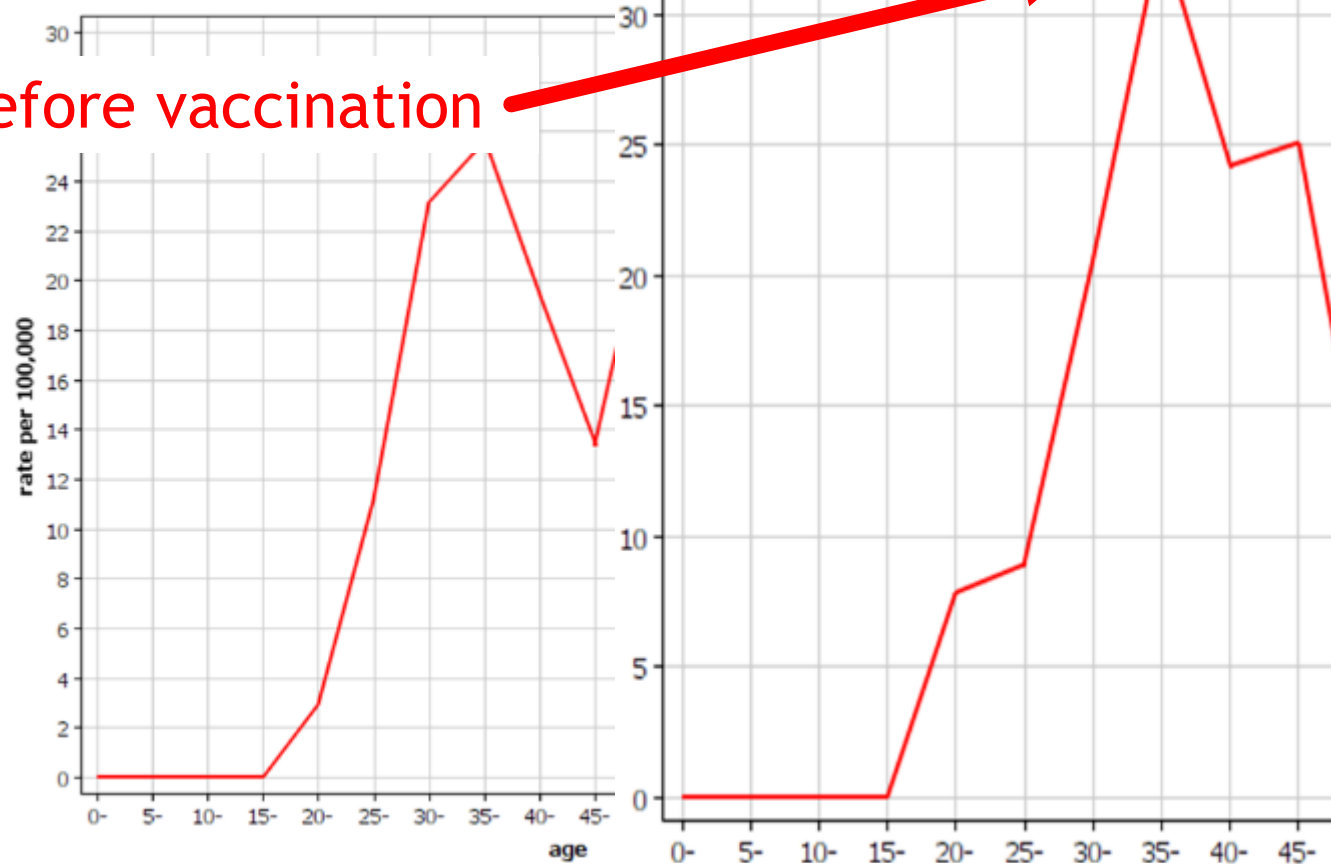
Norway-Incidence (2016)
Cervix uteri



10 years after vaccination

Norway-Incidence (2006)
Cervix uteri

Before vaccination



Break out point analysis shows that increase started in 2009



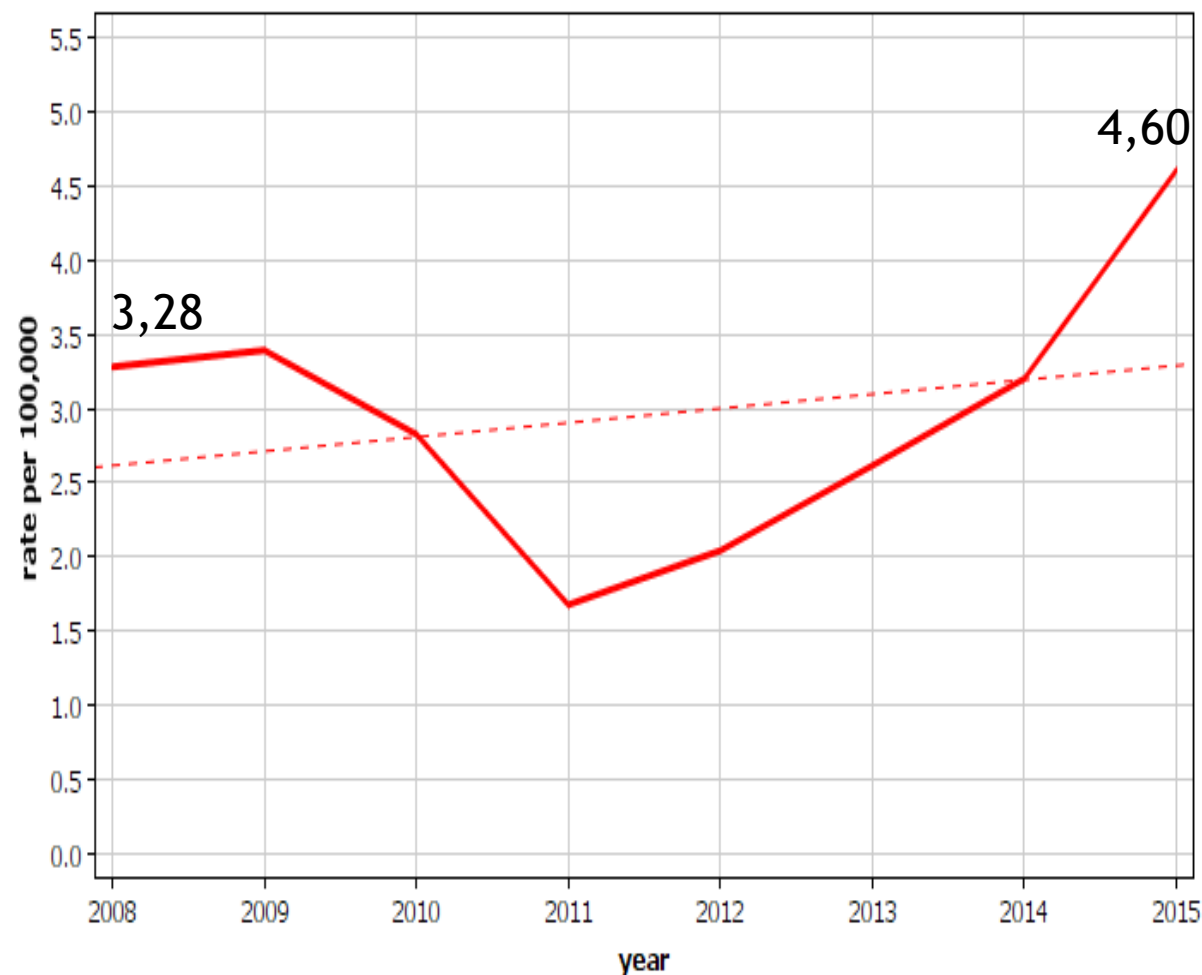
INCIDENCE TRENDS FOR 20-24

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 ($p < 0,001$)

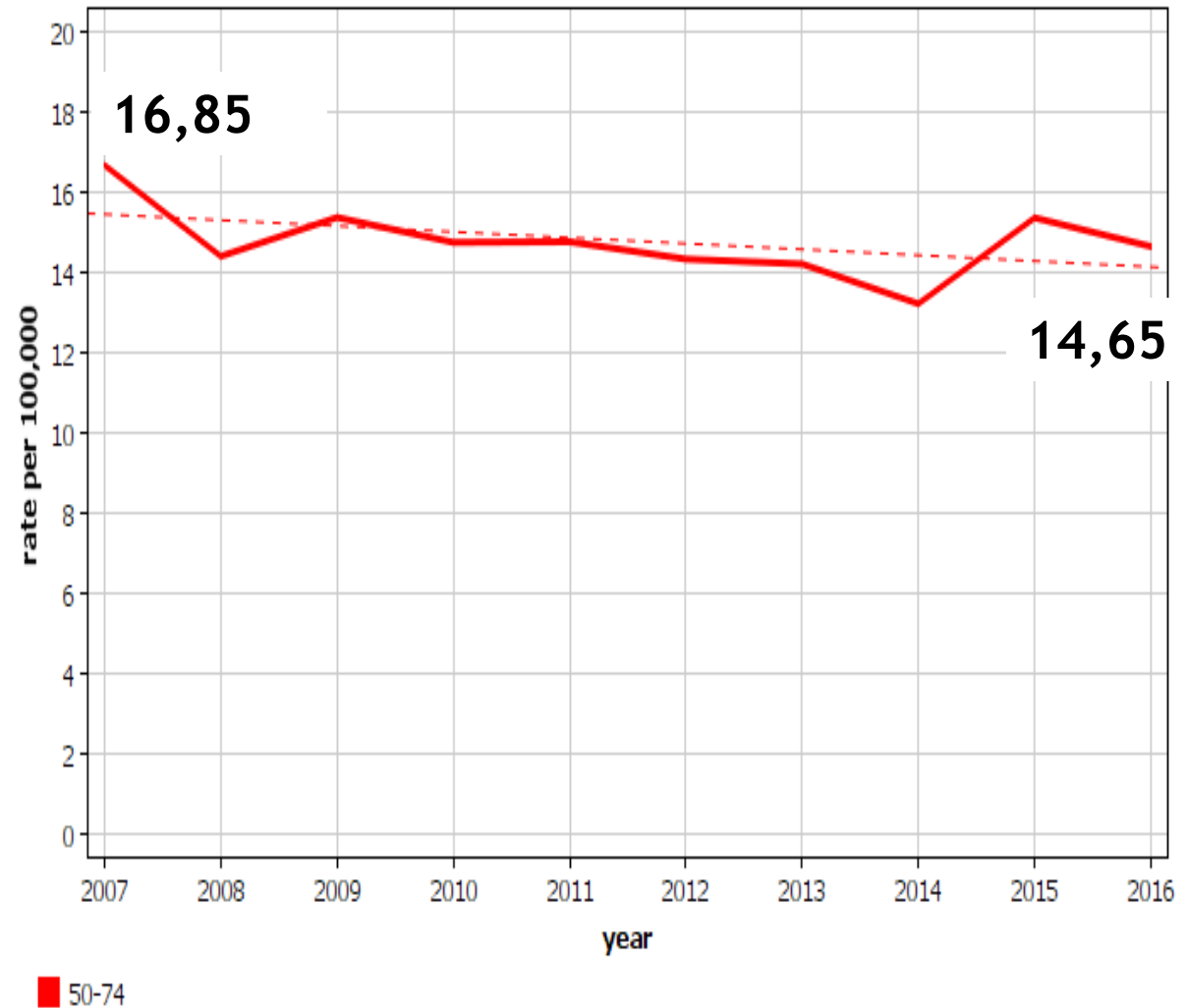
Incidence: Norway
Cervix uteri



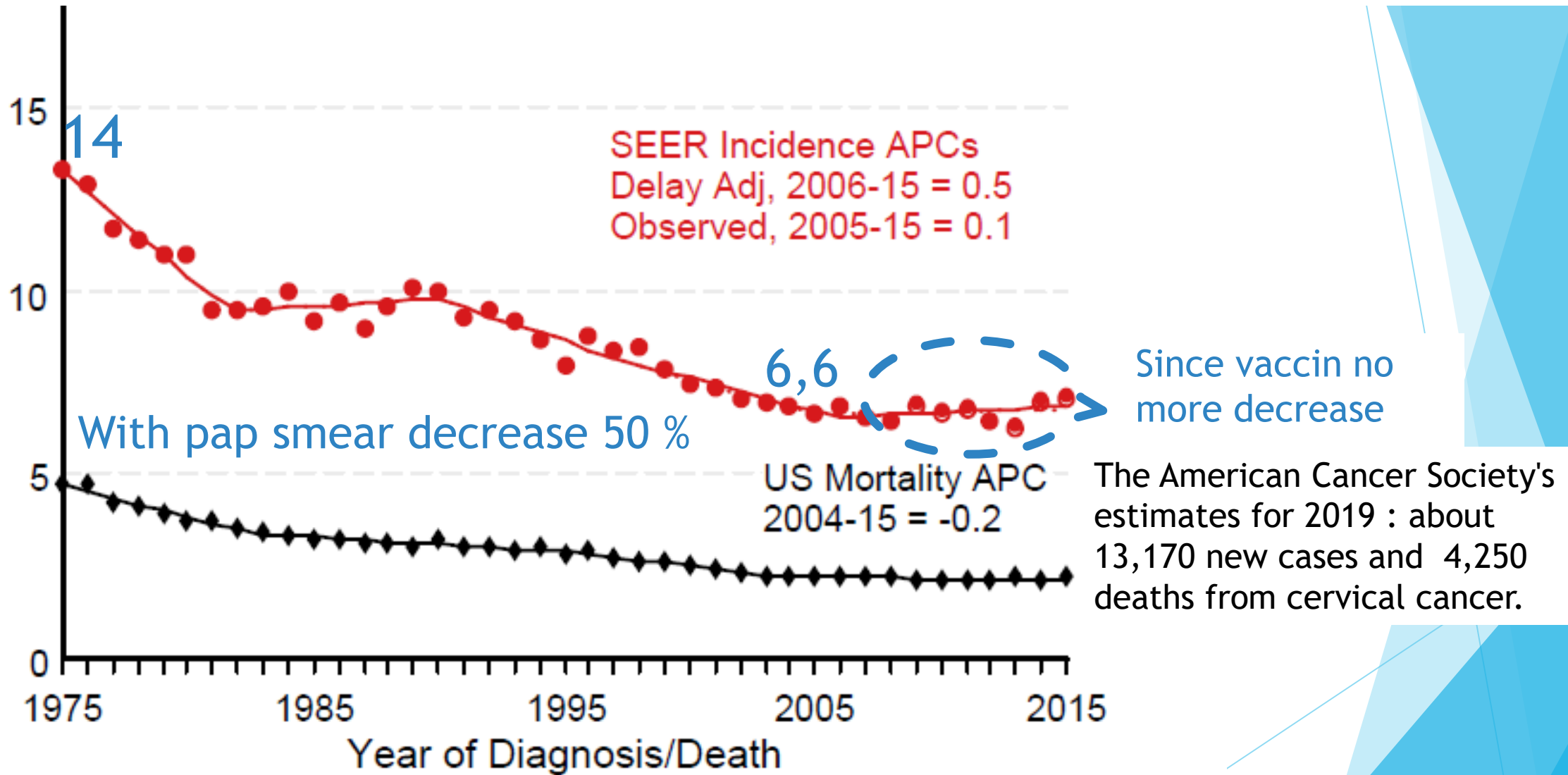
NORWAY: OLDER WOMEN

13% decrease for 50-74

Incidence: Norway
Cervix uteri



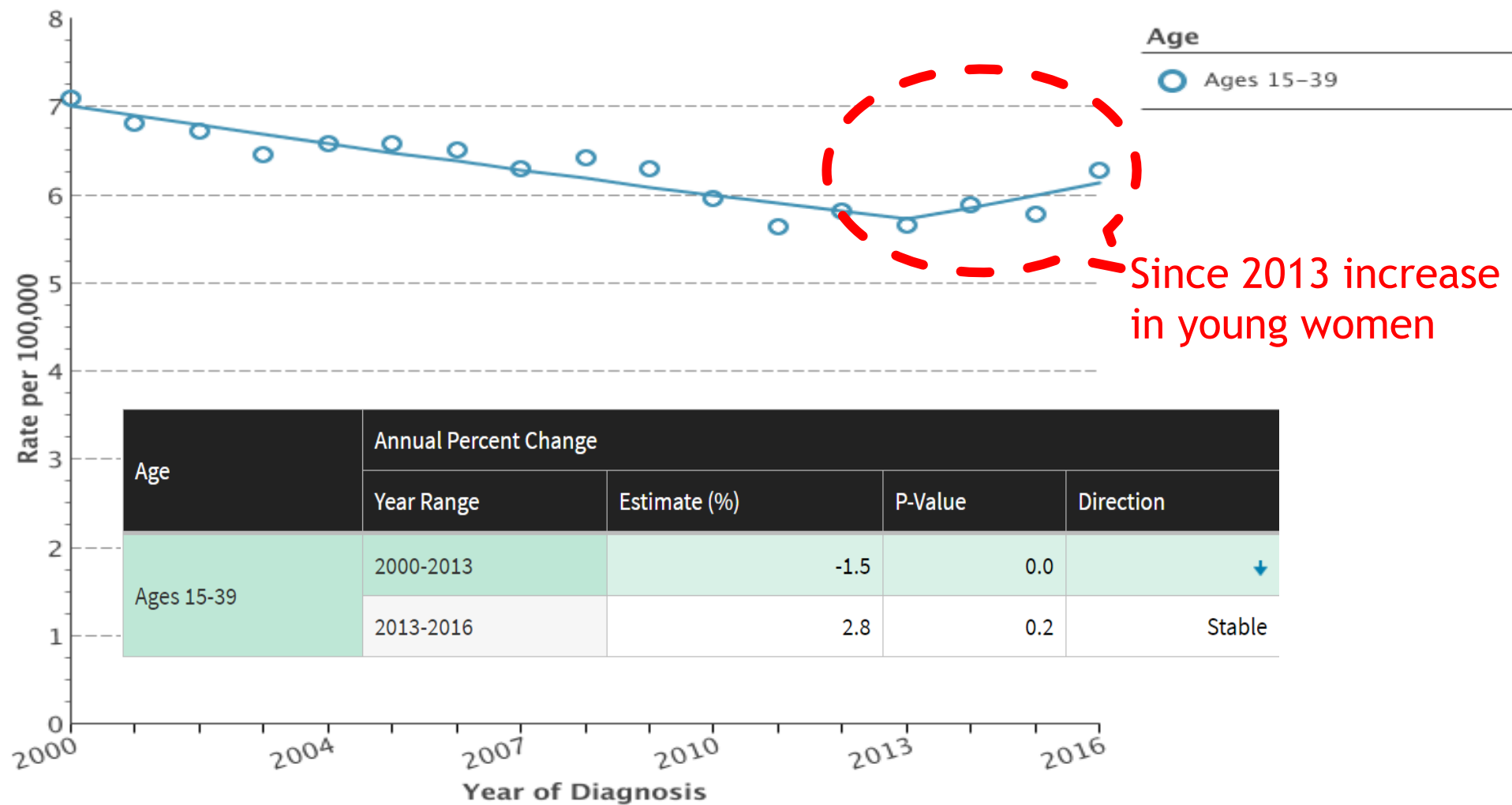
USA: INCIDENCE OF INVASIVE CANCER 1975 - 2015



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

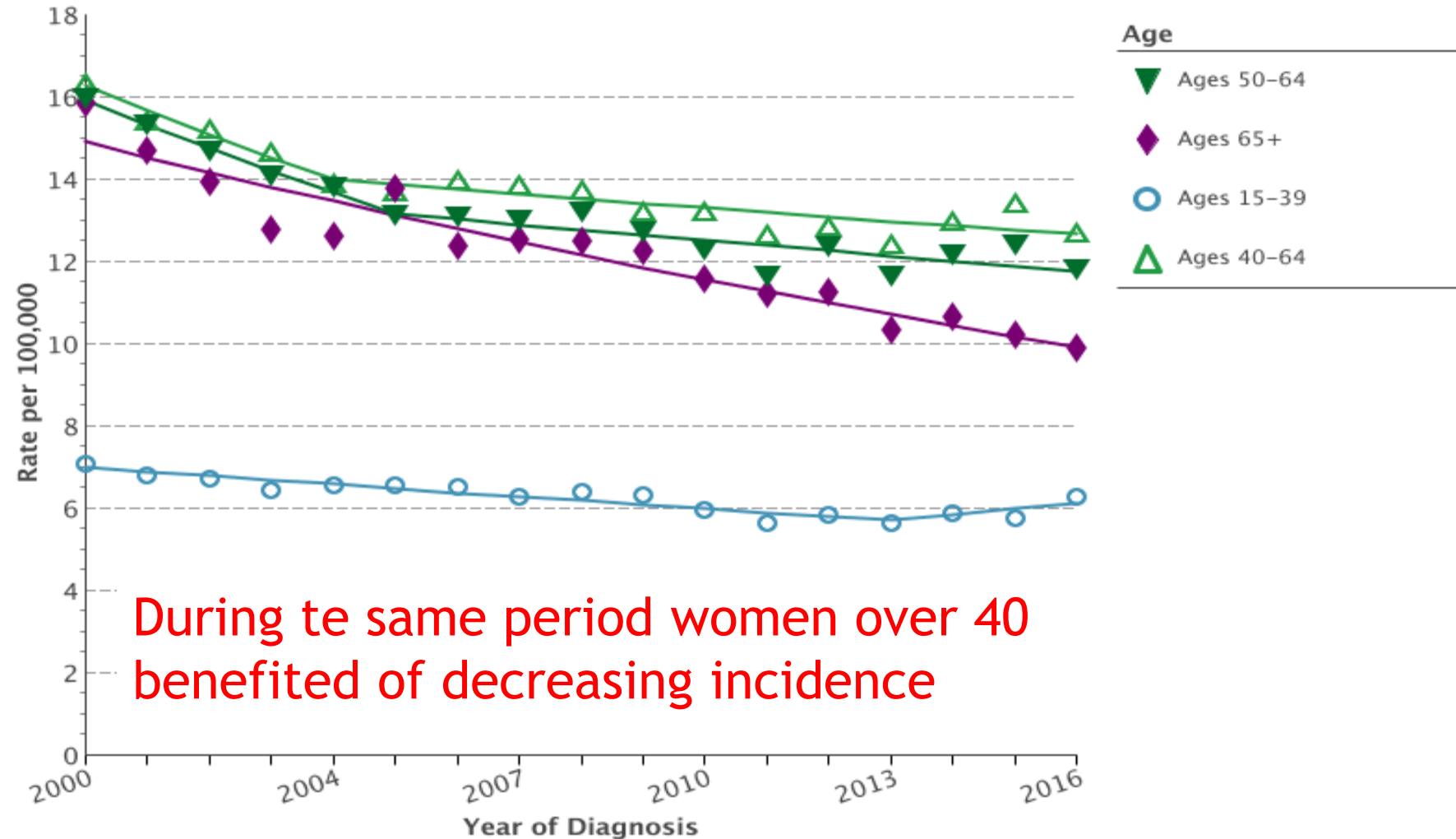
USA: INCIDENCE 2000-2016 FOR 15-39

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



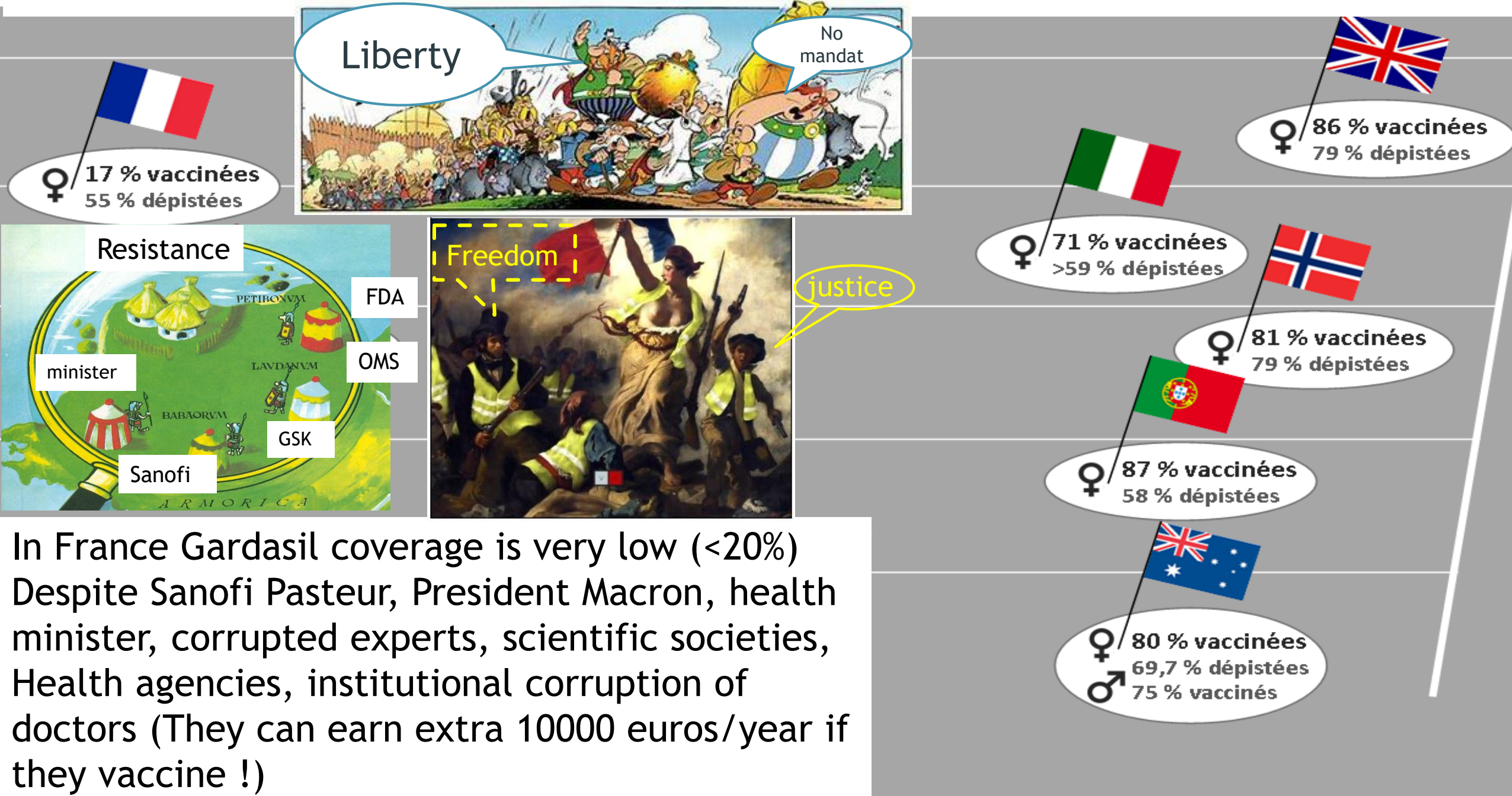
USA: INCIDENCE TREND FOR >40

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

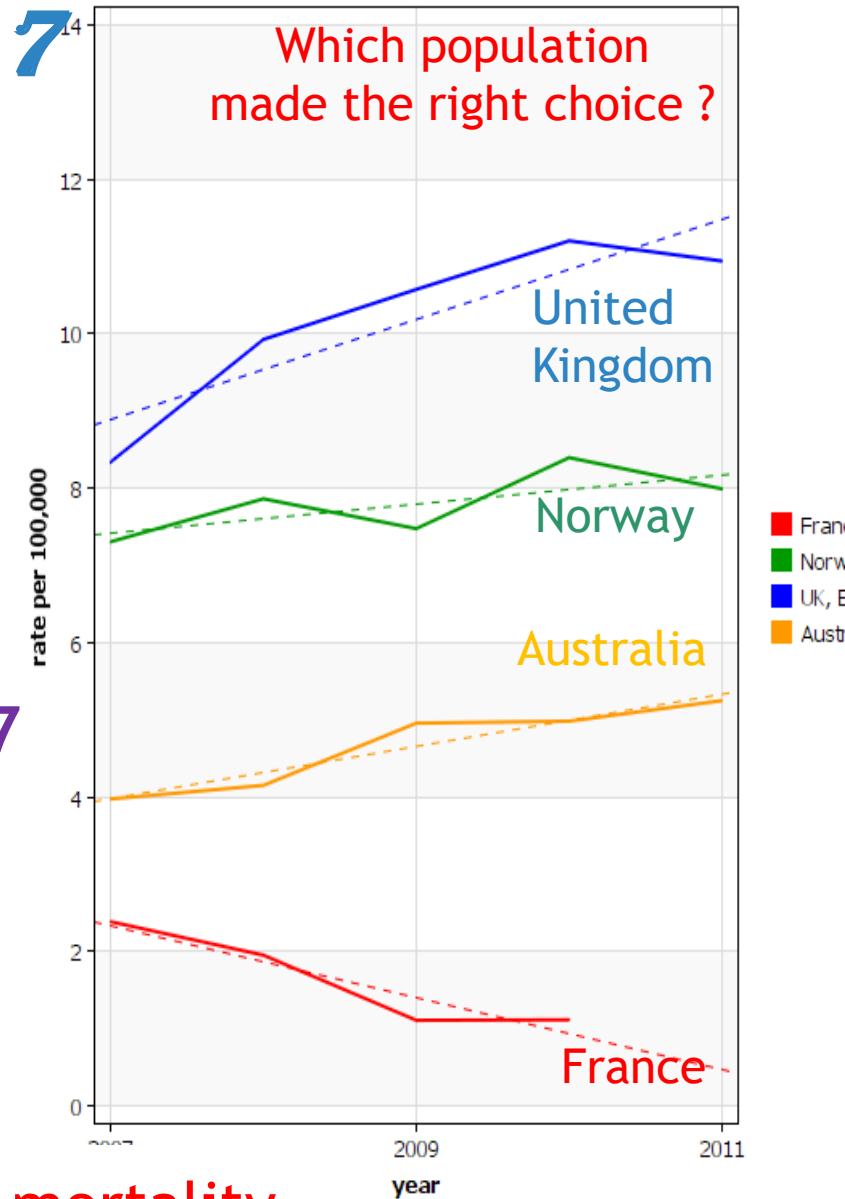
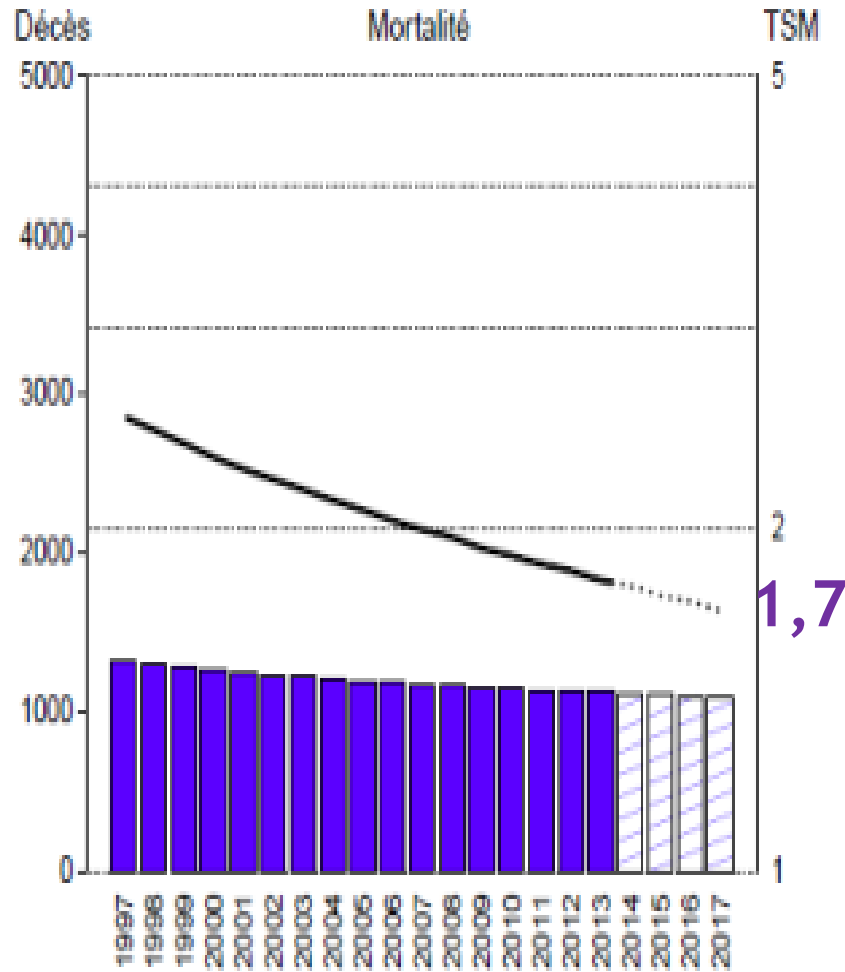
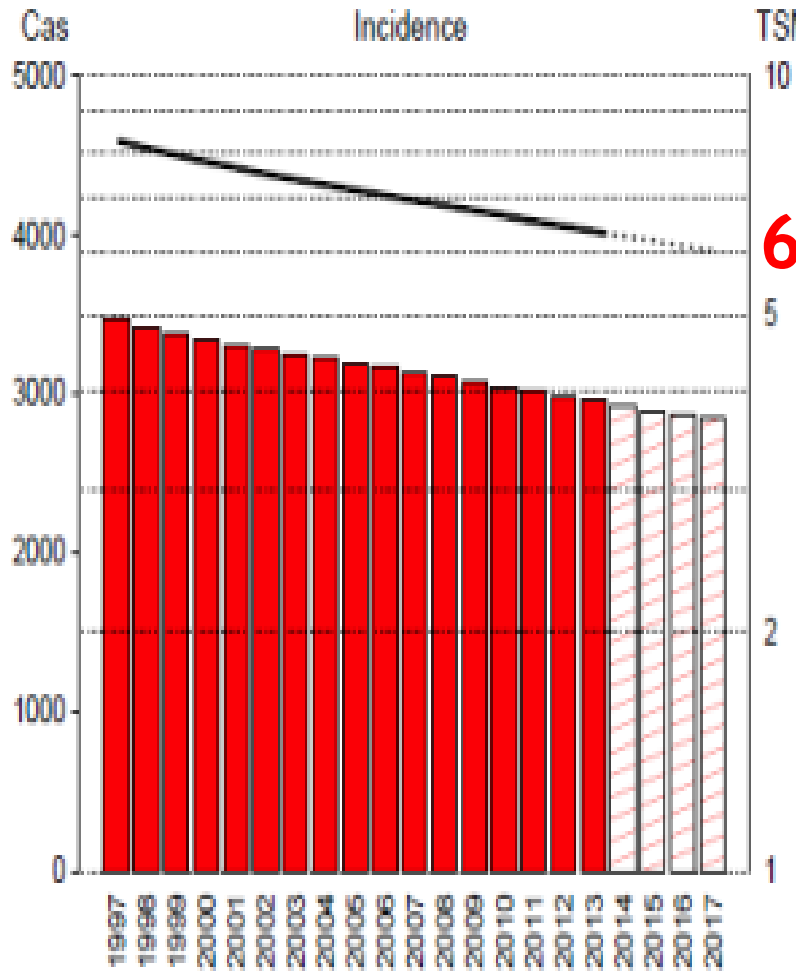


During the same period women over 40 benefited of decreasing incidence

France has a long tradition of resistance

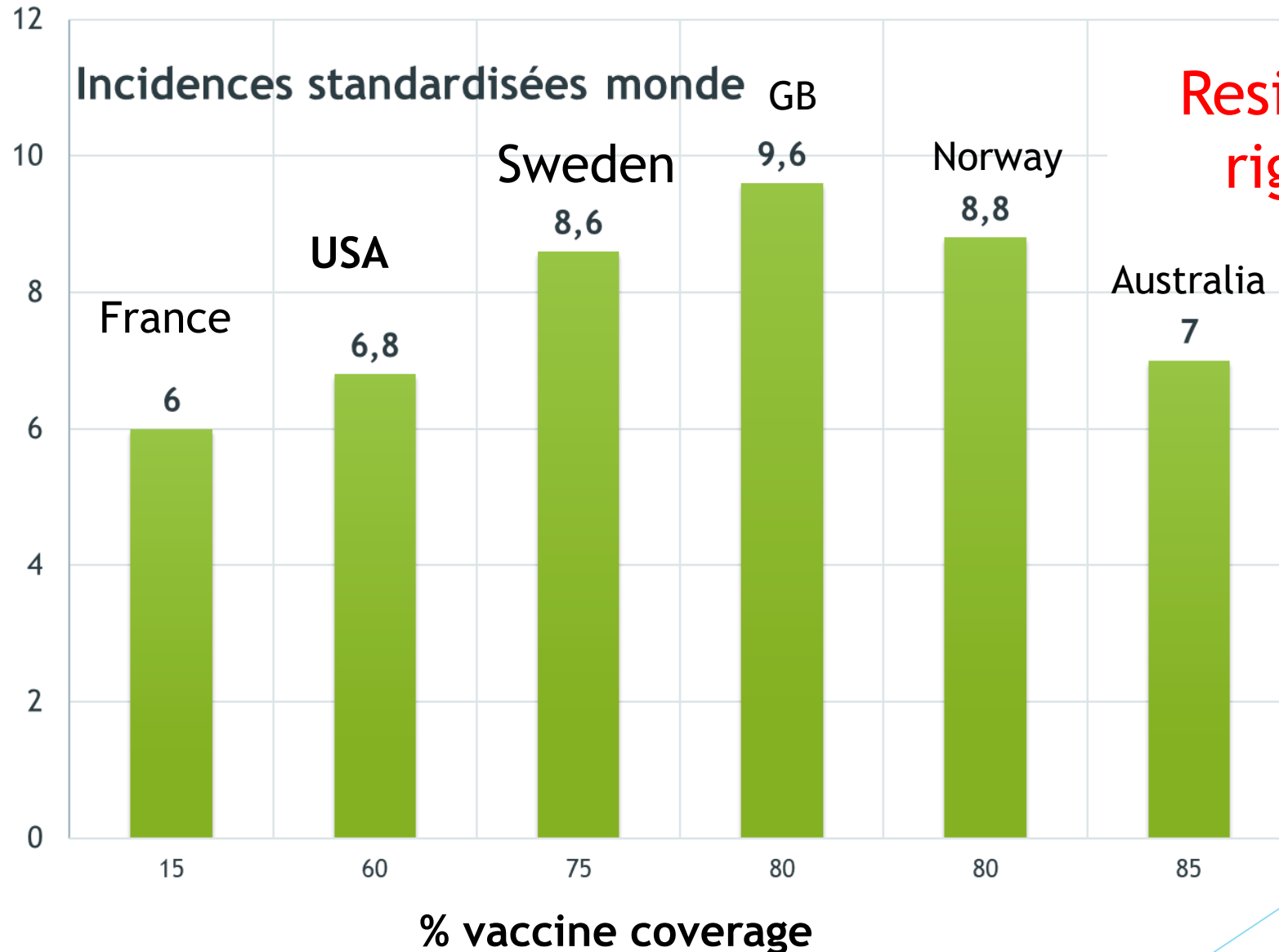


RESISTANCE IS WORTH! FRANCE: INCIDENCE AND MORTALITY 1997-2017



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**

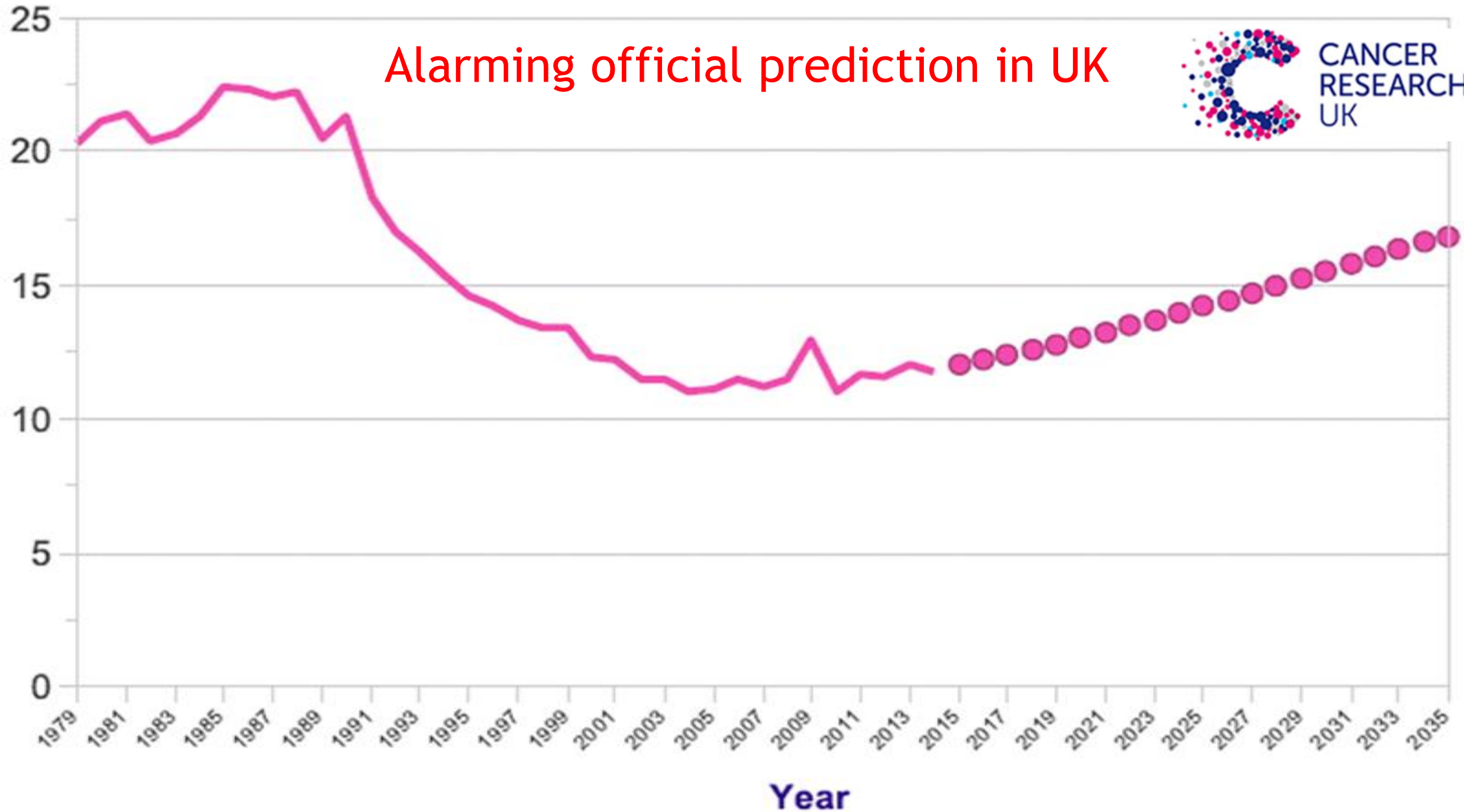
Female, Observed ASR

Female, Projected ASR

Alarming official prediction in UK

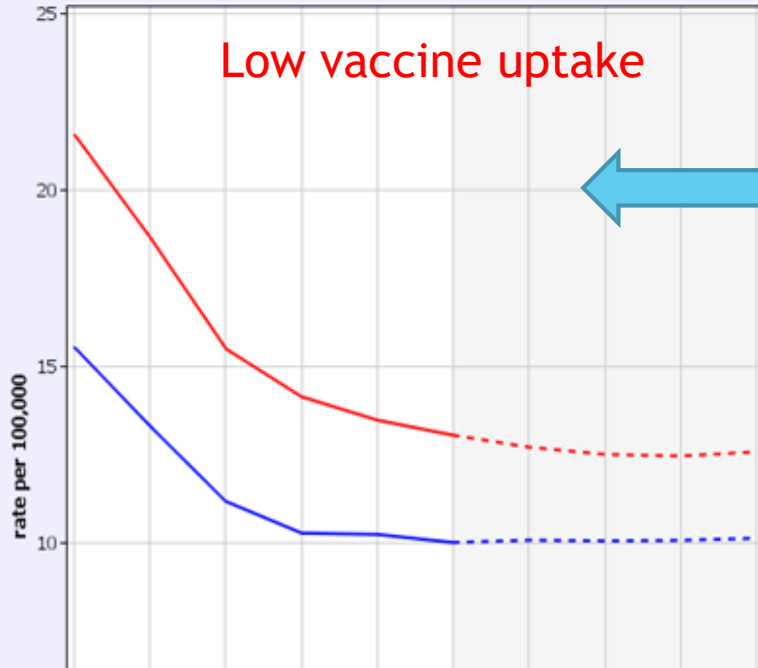


Rates per 100,000



Official Predictions from Nordcan

Prediction of cancer incidence: rates
Cervix uteri
Denmark



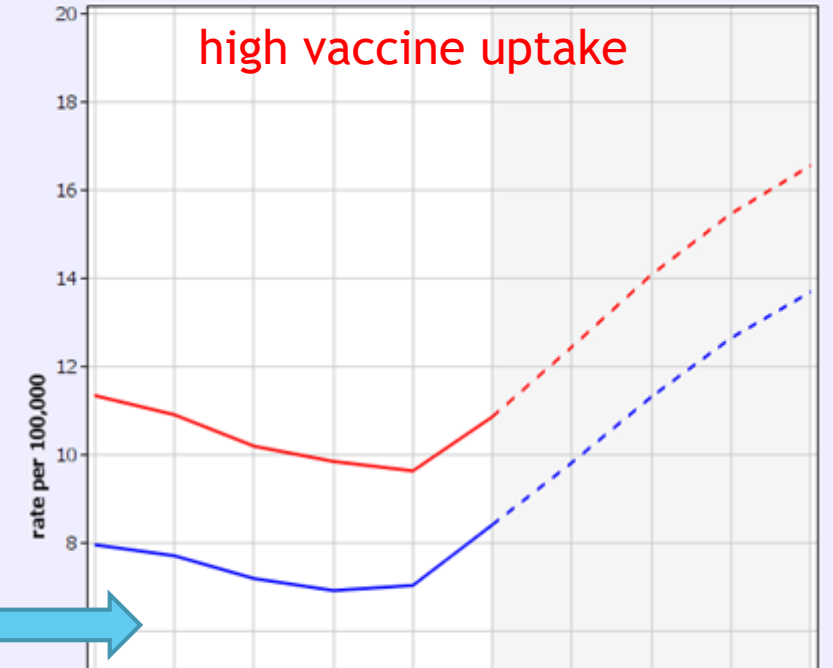
Age-group	1987-1991	1992-1996	1997-2001	2002-2006	2007-2011	2012-2016	2017-2021	2022-2026	2027-2031	2032-2036
20-24	36	30	28	28	38	25	24	21	20	19
25-29	127	148	138	121	126	124	117	112	103	101
30-34	206	236	207	207	200	170	214	192	188	177
35-39	268	278	251	240	253	244	240	269	245	244

■ ASR (W) ■ Crude Rate

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

Prediction of cancer incidence: rates
Cervix uteri
Sweden



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

■ ASR (W) ■ Crude Rate

Cost/effectiveness of vaccine in France

- ▶ 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 the french women went to pap screening only 300 women may still die of this cancer (less if 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 under 12, 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 ?

Niels Bohr Nobel Prize



*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.

Some others criteria reinforce the probability of causation :

- Time relationship
- Credibiity
- Dose/effect correlation

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

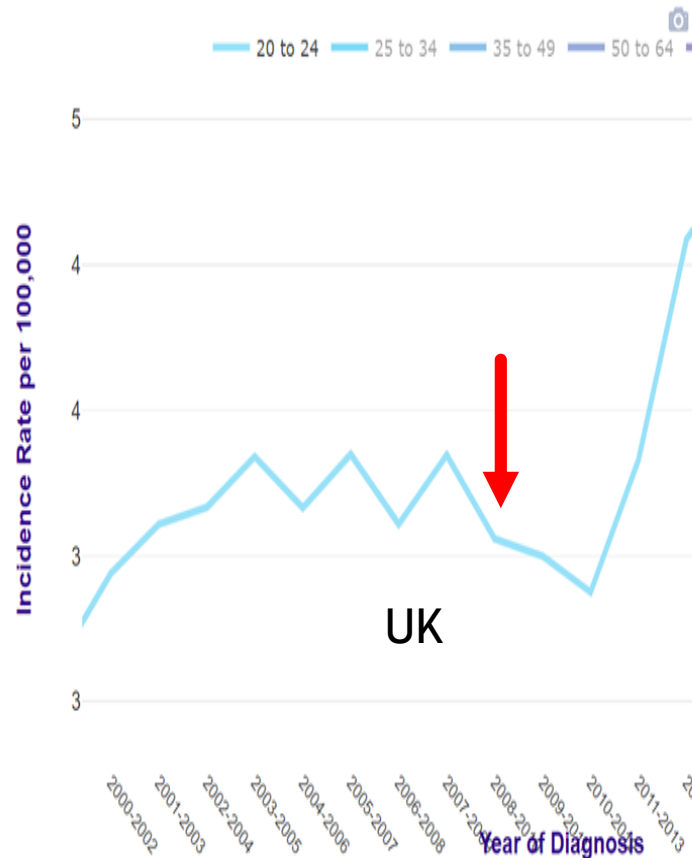
But outside a randomized study, correlation between 2 variables does not mean causation

The very early onset of increased incidence after vaccination campaigns

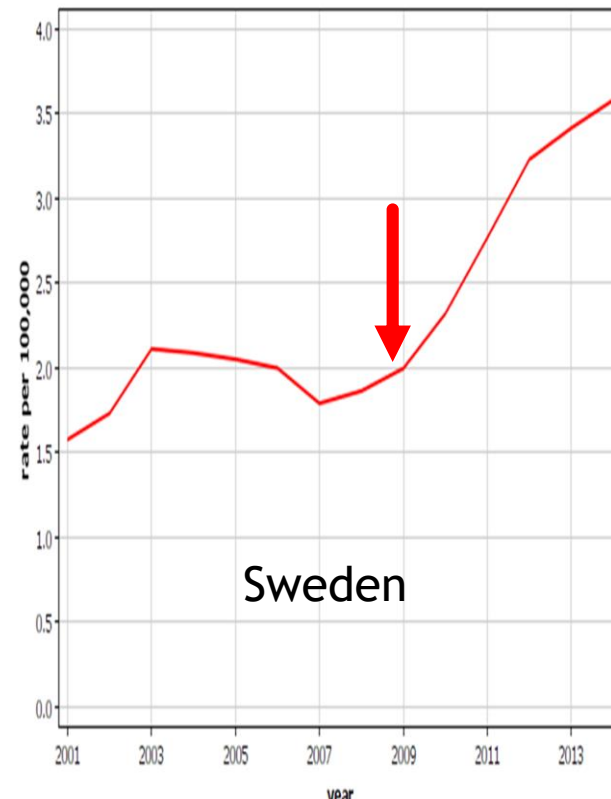
which may behave as a facilitator of cervical cancer, whose natural evolution requires 10 to 20 years rather.

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

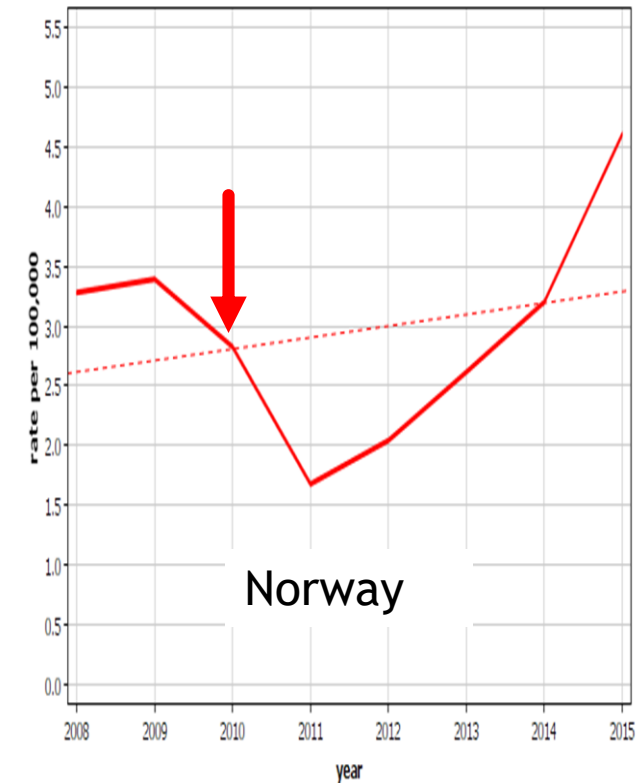
Cervical Cancer (C53), European Age-Standardised Incidence Rates, By Age, Females,



Incidence: Sweden
Cervix uteri

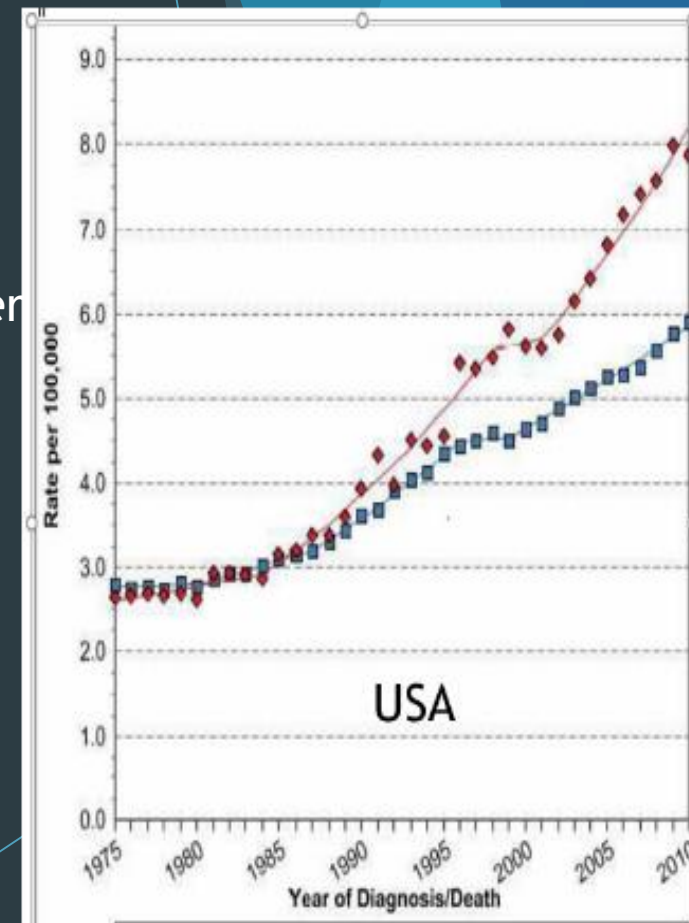
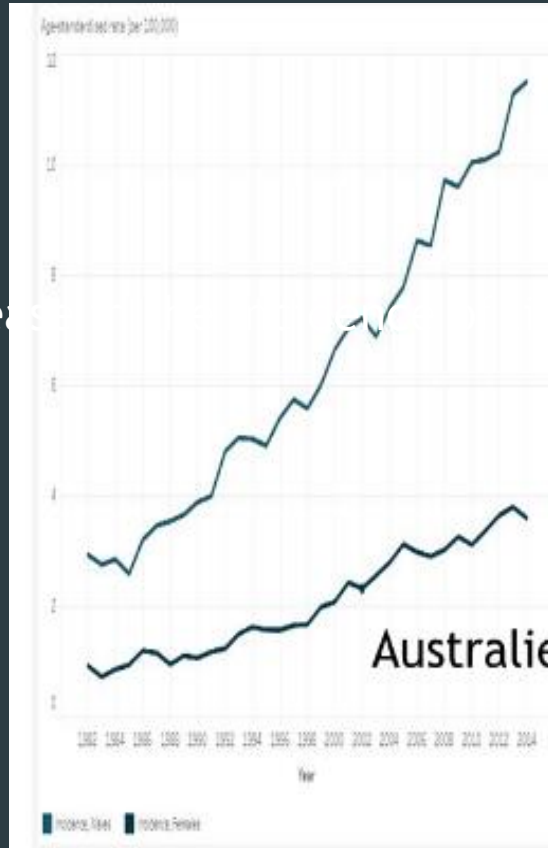
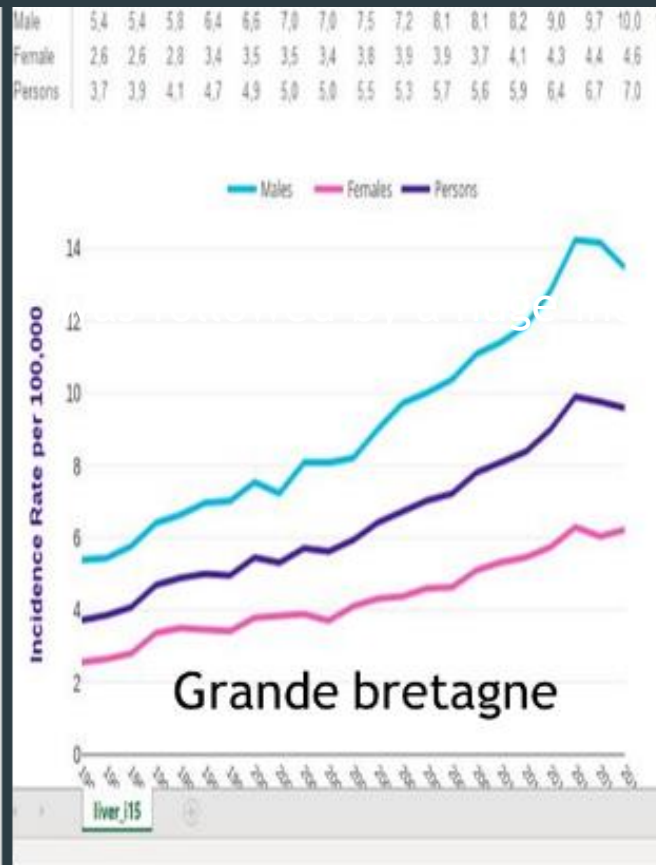
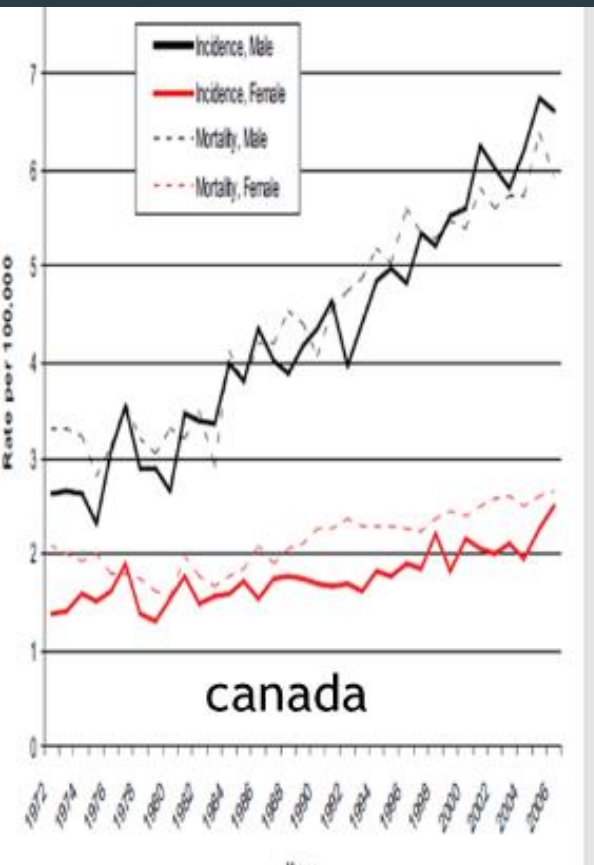


Incidence: Norway
Cervix uteri



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

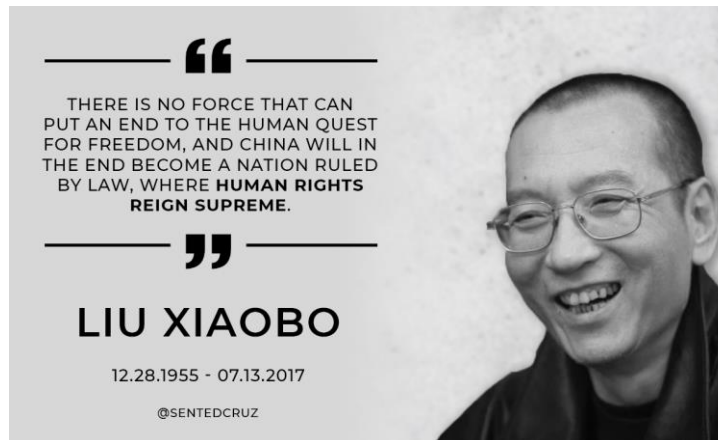
- ▶ Experimental vaccine
- ▶ no proof of preventive efficacy against cancer
- ▶ Concordant indices of increasing cancer risk
- ▶ Heavy side effects
- ▶ Useless (pap test)
- ▶ Too risky bet
- ▶ Too high price, high corruption

*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 ?

**Gardasil
HPV
Vaccine
Disaster**



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

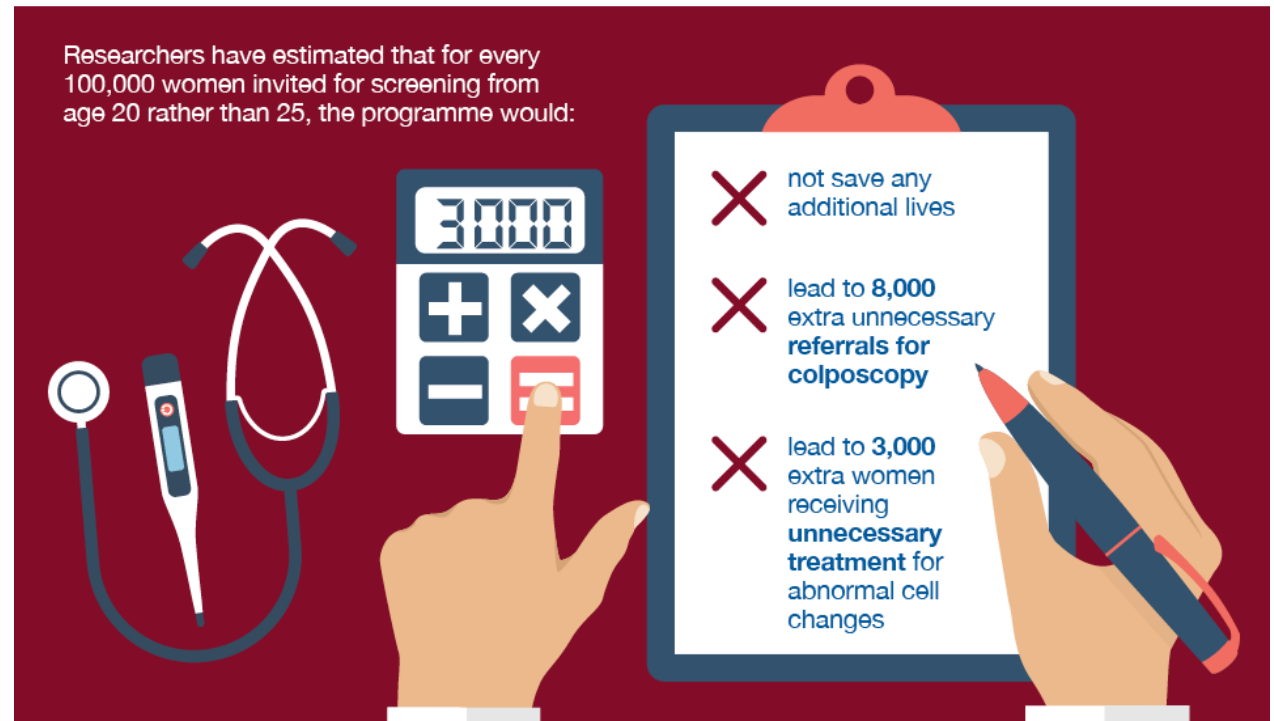
What can do women already completely vaccinated ?

► Do not worry

► But use pap screening every two years instead of every three years

► Only after 25

Public Health England Healthmatters Cervical screening below age 25 would cause more harm than good



What can do women suffering of cervix cancer after vaccine ?

► **Sue lab and CDC for misleading informations**

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

Sue FDA for inadequate market authorization

Do not forget Sarah Tattes



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

deceased 33

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 information!

Gardasil

Faith and propaganda versus hard evidence

Since smear cancer screening, cervical cancer has become a minor cause of death among women of industrialized countries (0.7 % of cancer deaths in US). This cancer is statistically linked to numerous factors including the frequent sexual activity, smoking and numerous sexually transmitted infections.

The authors evaluate the HPV vaccination results on the incidence of invasive cervical cancer in different countries, comparing their official national registers data.

In all studied countries, the evolution is similar: during the smear screening era (1989-2007), the incidence of cervical cancer declined by 50 %. Since 2007 and the Gardasil marketing authorization, a trend reversal has been observed in all countries with high immunization coverage (Australia, Great Britain, Norway, Sweden). The registers analysis reveals a paradoxical increase in the cancer incidence appearing 3 to 5 years following the vaccination campaign. This increase affects almost exclusively the most vaccinated age groups.

Gardasil trials have proved its effectiveness against HPV infection, genital warts and benign dysplasia, but not against invasive cancer. The Gardasil tolerance is the subject of debate. Serious neurological complications and even deaths are regularly reported. Today, the Gardasil benefit/risk balance is unfavourable. Inform elected officials to prevent an obligation threatening girls and boys.

This unexpected paradoxical result requires additional studies to determine the causes of such a health disaster and justifies an immediate review of vaccine recommendations.

Dr Nicole Delépine, pediatrician, oncologist, and Dr Gérard Delépine, orthopedic surgeon, oncologist and statistician, are fighting to improve the care of cancer patients.

ISBN : 979-10-302-0285-4



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18 €

Dr Nicole Delépine
Dr Gérard Delépine

Gardasil

Faith and propaganda versus hard evidence



"This book reveals the tragedy of the HPV vaccine scandal."
— Dr. LUC MONTAGNIER, Nobel Prize Winner for Discovery of HIV

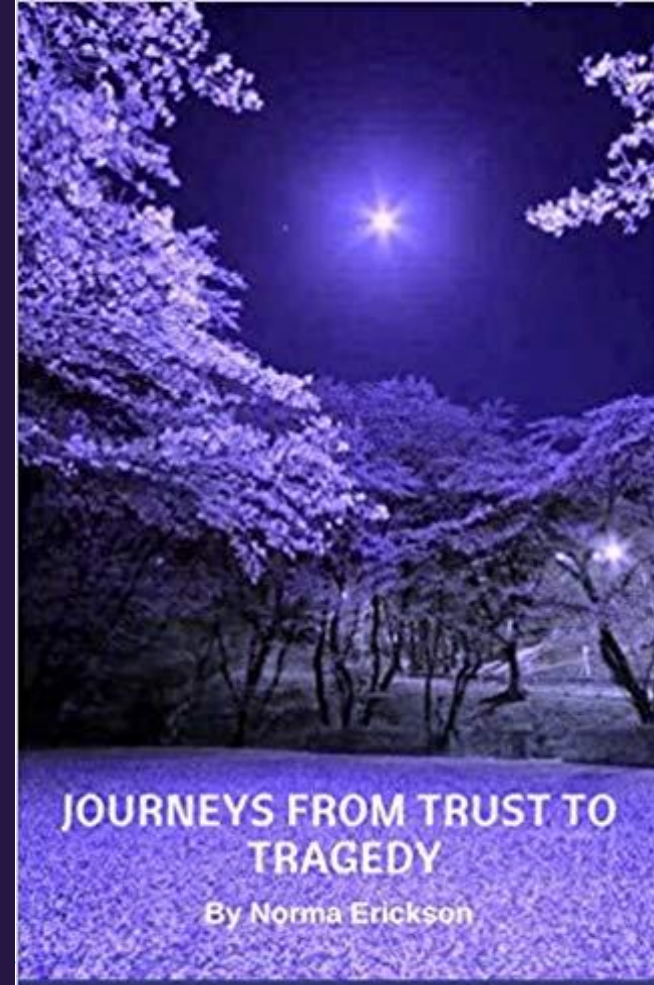
The HPV VACCINE ON TRIAL

SEEKING JUSTICE FOR
A GENERATION BETRAYED



MARY HOLLAND, J.D.
KIM MACK ROSENBERG, J.D.
EILEEN IORIO

Preface by DR. LUC MONTAGNIER
NOBEL PRIZE WINNER



JOURNEYS FROM TRUST TO TRAGEDY

By Norma Erickson

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