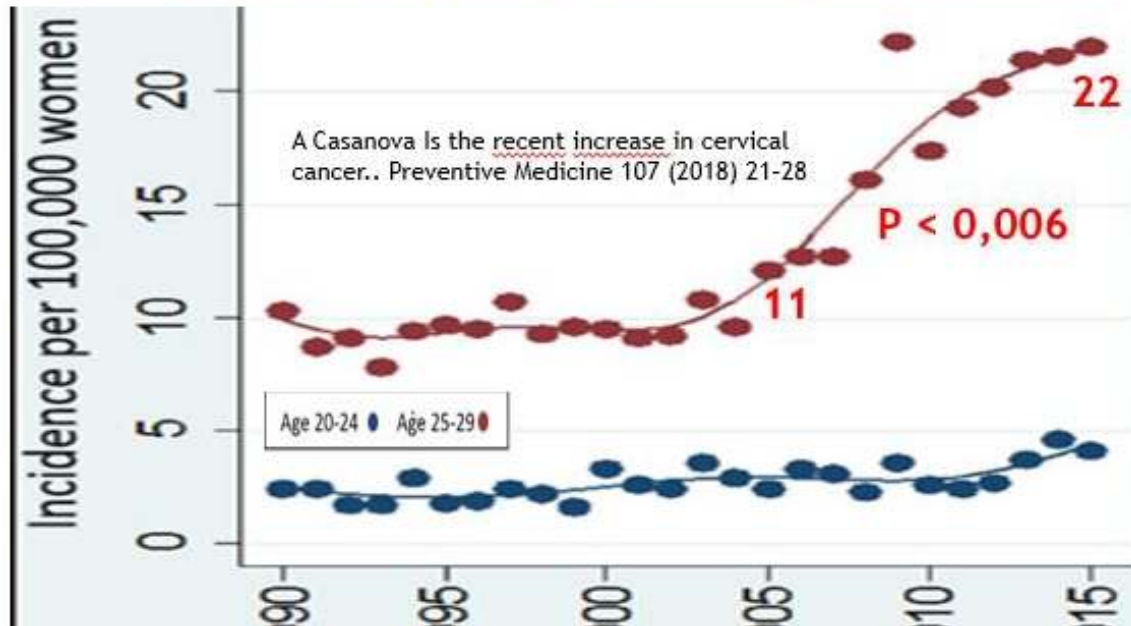




Nicole Delépine



Rechercher

## PARADOXICAL EFFECT OF ANTI-HPV VACCINE GARDASIL ON CERVICAL CANCER RATE

31 janvier 2019 / dans Actus, Articles, Bibliographie, Littérature Médicale, Livres, Media, Non classé, Publications, Une /

## PARADOXICAL EFFECT OF ANTI-HPV VACCINE GARDASIL ON CERVICAL CANCER RATE

State of published results in registers, on January 2019



**Nicole  
Delépine**

**“How wonderful that we have met with a paradox. Now we have some hope of making progress”. Niels Bohr (Nobel prized for his works on the structure of the atom and chemical reactions )**

***Changing the natural history of cancer that increases in frequency and occurs faster.***

It takes a long time to affirm that a preventive action really protects. But the failure of this supposed protection can sometimes be very quickly obvious. To prove that the Titanic was truly unsinkable would have required decades of navigation on the most dangerous seas of the world. Demonstrating that it wasn't, took only a few hours ... This » Titanic » demonstration is unfortunately reproduced by the Gardasil vaccination.

Evidence that vaccination increases the risk of invasive cancer can be rapid, if the vaccine changes the natural history of cancer by accelerating it. The analysis of trends in the incidence of invasive cervical cancer published in official statistics (registers) was studied in the first and most fully vaccinated countries (Australia, Great Britain, Sweden and Norway). Unfortunately, it's the case for HPV vaccines.

***Pre-vaccination period : spectacular success of cervical smear screening with a steady decrease in the rate of invasive cervical cancer.***



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from :

13.5 to 9.4 in Great Britain [1] [1] [#\_ftn1]

13.5 to 7 in Australia[2] [#\_ftn2] [1],

11.6 to 10.2 in Sweden [1] [3] [#\_ftn3],

15.1 to 11 in Norway [1] [4] [#\_ftn4],

10.7 to 6.67 in the USA [1] [5] [#\_ftn5],

11 to 7.1 in France.

Globally, in the countries that used smear screening, the average annual rate of decline was 2.5% between 1989 and 2000 and 1% between 2000 and 2007, resulting in a total decrease of nearly 30% across 1989-2007.

**Era of vaccination: reversal of the trend. *Gardasil's prevention failure erases the beneficial effects of the smear and accelerates the onset of cervical cancer.***

Since vaccination, in all the countries implemented with a large vaccination program, there is a reversal of the trend, with a *significant increase in the frequency of invasive cancers in the most vaccinated groups*. Let's look at OFFICIAL sources.



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2007 school-based program for females aged 12–13 years, July 2007 time-limited catch-up program targeting females aged 14–26 years) and then for boys (2013).. According to the last Australian Institute of Health and Welfare publication (2018 publication describing the detailed rates until 2014 ) [6] [# ftn6] [https://translate.googleusercontent.com/translate\_f#\_ftn111], the standardized incidence in the overall population has not decreased since vaccination 7/100000 in 2007 versus 7.4 in 2014.

This global stabilization results from two contradictory trends that only appears by examining trends, according to age groups.

Vaccinated age groups women have seen their risk increase:

100% increase for those aged 15 to 19 (from 0.1 in 2007 to 0.2 in 2014)

113% increase (from 0.7 to 1.5) in groups aged 20 to 24 more than 80% of them were catch up vaccinated when 13 to 17 years old.

But, as the figures are very small, this increase does not reach statistical significance.

About a third increase for 25-29 group (from 5.9 to 8 , $p=0.06$ ) and for 30-34 (from 9.9 to 12.4  $c=0.80$   $p=0.01$ ) less vaccinated [7]. These increases are statistically significant cannot be due to hazard.

### ***A drama known to one top athlete : Sarah Tait***

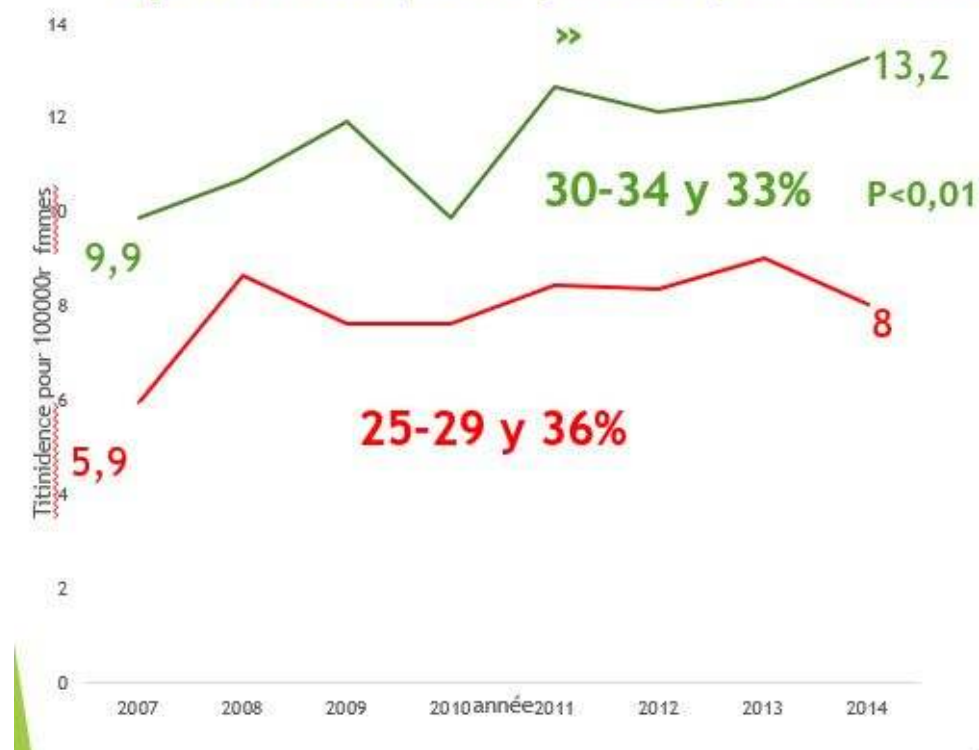
This increased risk of cancer following vaccination was dramatically illustrated by



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vaccination (to be part of the 113% increase of cancer observed after vaccination).  
In addition, we remark that cancer appears very early in this woman.

## Australia Increase of incidence after « catch up vaccins (14-26 y in 2007, 21-33 in 2014)



*Non vaccinated women continue to benefit from screening with pap smear*

During the same period, older women (and therefore unvaccinated) saw



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less 23% for those aged 75 to 79 (from 11.5 to 8.8)

and even less 31% for those aged 80 to 84 (from 14.5 to 10).

### **GREAT BRITAIN : THE PARADOXICAL EFFECT OF GARDASIL PROMOTING CANCER**

In UK, a national program was introduced in 2008 to offer HPV vaccination routinely to 12–13-year-old and offer catch-up vaccination to girls up to 18 years old. The UK national program initially used the bivalent HPV vaccine (Cervarix), but, changed in 2012 to use the quadrivalent vaccine (Gardasil). HPV vaccination coverage in England has been high with over 80% of 12–13 years old receiving the full course coverage. The catch-up cohort has been lower covered (ranging from 39% to 76%).

Since the vaccination, the standardized incidence in the overall population increased from 9.4 per 100000 in 2007 to 9.6 in 2015. We observe contrasting trends between the age groups.

Vaccination promoters expected cervical cancer rates decrease in women aged 20 to 24 from 2014, as vaccinated adolescents enter their second decade. However, in 2016, national statistics showed a *sharp and significant increase in the rate of cervical cancer in this age group*. This information of 2016 has unfortunately not been publicized. They could have served as an alert.

*Women aged between 20 and 25 years, vaccinated for more than 85% of them, when they were between 14 and 18 years old, have seen their cancer risk increase by 70% in 2 years (from 2.7 in 2012 to 4.6 per 100,000 in 2014 p =*



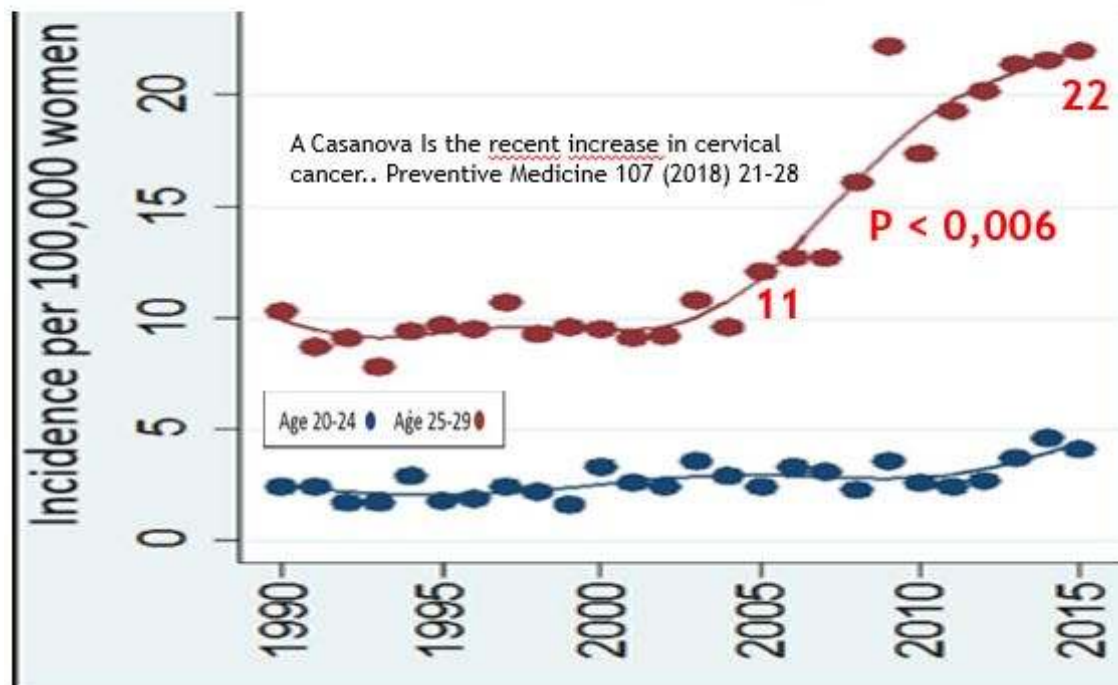
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vaccinations), have seen their risk increased by 18% (from 17 in 2007 to 20 in 2014).

In Great Britain, as in Australia, older, unvaccinated women have seen their risk decrease:

( -13% for women aged 65 to 79 and -10% for those over 80 ), most likely because continuation of smear screening.

## UK : catastrophic oncologic results





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rolled out in 2010, with vaccination coverage of 12-year-old girls approaching 80%. In 2012-2013, with a catch-up program, almost all girls aged 13 to 18 were vaccinated.

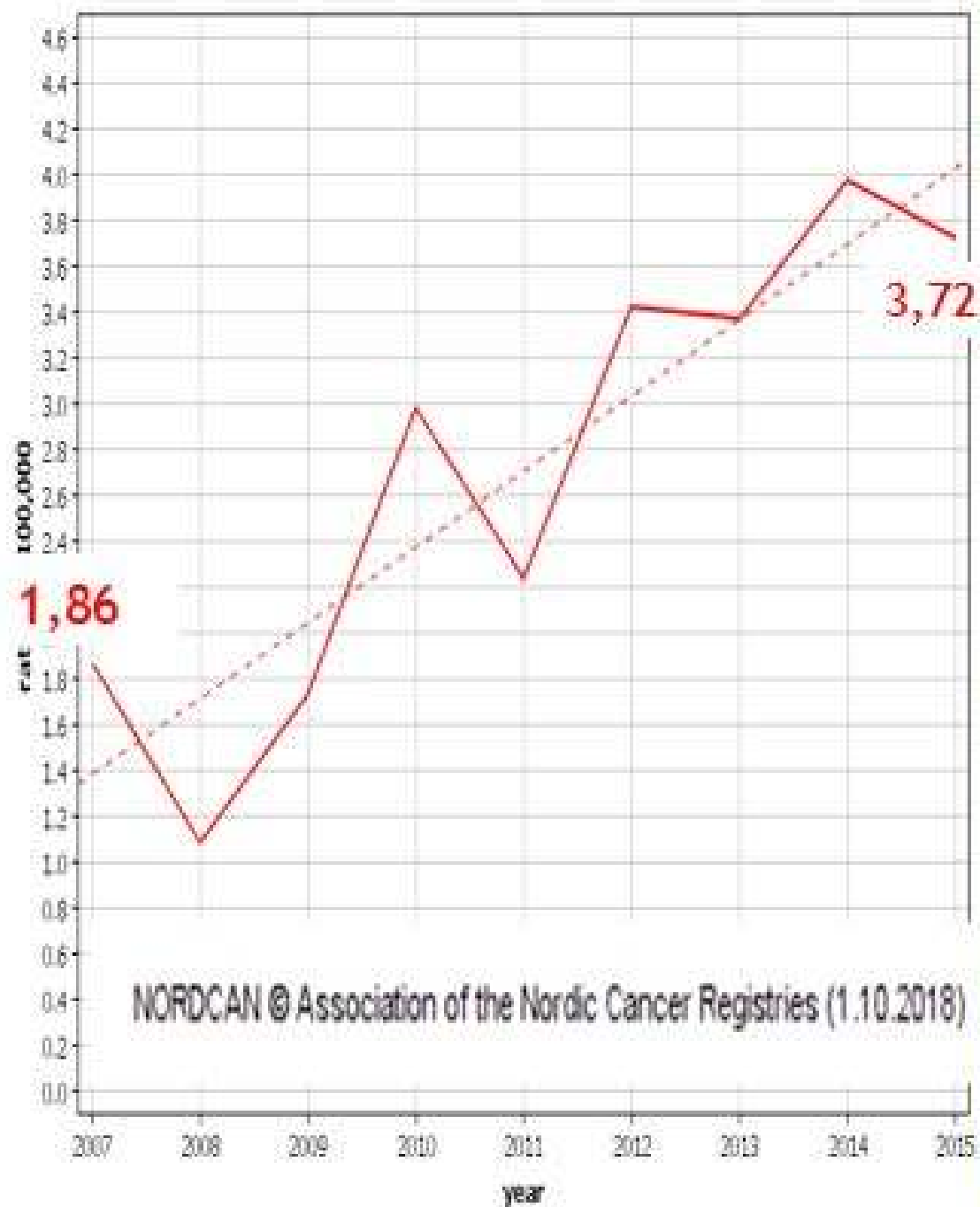
In this country, the standardized incidence of cervical cancer in the global population has increased steadily since vaccination from 9.6 per 100000 in 2006 to 9.7 in 2009, 10.3 in 2012 and 11.49 in 2015<sup>[8]</sup> [\[#\\_ftn8\]](#). This increase is mostly due to the increase in the incidence of invasive cancers among women aged 20-24 whose incidence doubled ( from 1.86 in 2007 to 3.72 in 2015  $p < 0.001$ )<sup>[9]</sup> [\[#\\_ftn9\]](#) and in women aged 20 to 29 the incidence of invasive cancer of the cervix increased by 19% (from 6.69 to 8.01)

In contrast, as in Australia and Great Britain, a decrease in the incidence of invasive cancer has been observed in women over 50, a group that has not been included in the vaccination program. The incidence of invasive cancer of the cervix decreased between 2007 and 2015 by 6% for women aged 50 to 59 (from 14.24 to 13.34), and 4% for those aged 60 to 69 (12.63% to 12.04), 17% for those aged 70 to 79 (from 15.28 to 12.66) and 12% for those over 80 (from 15.6 to 13.68).





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14. 9 2015 [10] [# ftn10] [].

This increase is due -almost exclusively- to young women, which include all vaccinated, as evidenced by the sharp decline of the average age of onset of the cervix cancer from 48 years in 2002 -2006 to 45 years in 2012-2016.

Between 2007 and 2015 , the incidence of invasive cervical cancer increased by 8% among women aged 20 to 29 (from 7.78 to 8.47)[11] [# ftn11] [].

During the same period, a decrease in the incidence of invasive cancer was observed in older women, not involved in the vaccination program: -11% for women aged 55 to 64 (15.47 to 13.7), -16% for those aged 65 to 74 (17.7 to 14.71) and -29% for those aged 75 to 85 (18.39 to 13) .

## **In USA**

In this country, vaccination coverage is lower than in previous countries (close to 60%).

According to the Cancer Statistics Review 1975-2015[12] [# ftn12] [], the standardized incidence of invasive cervical cancer remains stable(+0.1) since vaccination.



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vaccinated, have given their risk increase of 4% (5.24 in 2007 to 5.47 in 2015).

#### WITNESS COUNTRY: FRANCE

The evolution of these countries, with high immunization coverage, can be compared to the trend observed in metropolitan France, where HPV vaccination coverage is very low (around 15%). France can be considered, for this reason, as a control country. In France<sup>[13]</sup> <sup>[#\_ftn13]</sup> <sup>[1]</sup> the incidence of cervical cancer has steadily decreased from 15 in 1995 to 7.5 in 2007, 6.7 in 2012 and 6 in 2017, much lower than those of countries with high vaccine coverage.

This decrease in incidence was accompanied by a decrease in mortality from 5 in 1980 to 1.8 in 2012 and 1.7 in 2017.

It is paradoxical and very worrying that these excellent French results, with low cervix cancer rate and low related mortality, could be jeopardized by an obligation considered in the short term by our policies, for some misinformed and other big pharma links<sup>[14]</sup> <sup>[#\_ftn14]</sup> <sup>[1]</sup>.

#### DRAMATIC AND UNEXPECTED PARADOXICAL EFFECT OF GARDASIL: THE ALERT MUST BE GIVEN TO DECISION MAKERS AND THE MEDIA.

In all countries that achieved high HPV vaccination coverage, official cancer registries show an increase in the incidence of invasive cervical cancer.



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significant ( $p < 0.01$  or  $0.001$ ). In these same countries, during the same period, older women, not vaccinated, have seen their risk of cervical cancer continue to decline.

Similarly, in metropolitan France, a country with low vaccination coverage, the incidence of cervical cancer continues to decline at a rate comparable to the pre-vaccination period.

These paradoxical results plea for a rapid revision of recommendations and intensive research to explain this catastrophic issue.

[1] [\[#\\_ftnref1\]](#) Cancer Research UK, Cervical Cancer (C53): 1993-2015, European Age-Standardized Incidence Rates per 100,000 Population, Females, UK Accessed 08 [ 2018 ].

[2] [\[#\\_ftnref2\]](#) AIHW [2]. 13. AIHW 2017. Cancer in Australia 2017. Cancer series no. 101. Cat. No. CAN 100. Canberra: AIHW.

[3] [\[#\\_ftnref3\]](#) NORDCAN, Association of the Nordic Cancer Registries 3.1.2018

[4] [\[#\\_ftnref4\]](#) Bo T Hansen, Suzanne Campbell, Mari Nygård Long-term incidence of HPVrelated cancers, and cases preventableby HPV vaccination: a registry-based study in Norway *BMJ Open* 2018; 8: e019005

[5] [\[#\\_ftnref5\]](#) Table 5.1 Cancer of the Cervix Uteri (Invasive) Trends in SEER Incidence and US Mortality SEER Cancer Statistics Review 1975-2012



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women aged 20-24 years in

England a cause for concern? Preventive Medicine 107 (2018) 21-28

[8] [#\_ftnref8] Nationellt Kvalitetsregister för Cervix cancer prevention (NKCx), [http://nkcx.se/templates/\\_rsrapport\\_2017.pdf](http://nkcx.se/templates/_rsrapport_2017.pdf) [in Swedish]

[9] [#\_ftnref9] Engholm G, Ferlay J, Christensen N, Hansen HL, Hertzum-Larsen R, Johannesen TB, Kejs AMT, Khan S, Olafsdottir E, Petersen T, Schmidt LKH, Virtanen A and Storm HH: Cancer Incidence, Mortality, Prevalence and Survival in the Nordic Countries, Version 8.1 (28.06.2018). Association of the Nordic Cancer Registries. Danish Cancer Society. Available from <http://www.ancr.nu>, accessed it 30 / 09 / 2018 .

[10] [#\_ftnref10] Cancer in Norway 2016

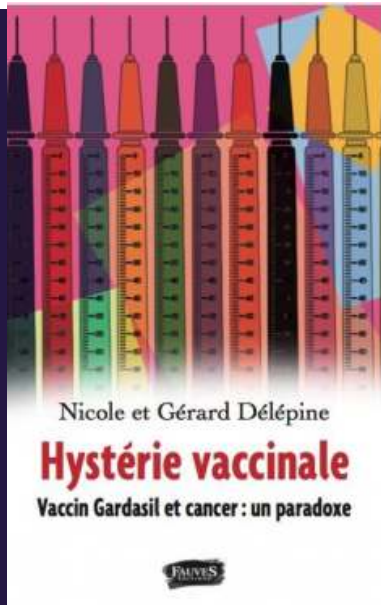
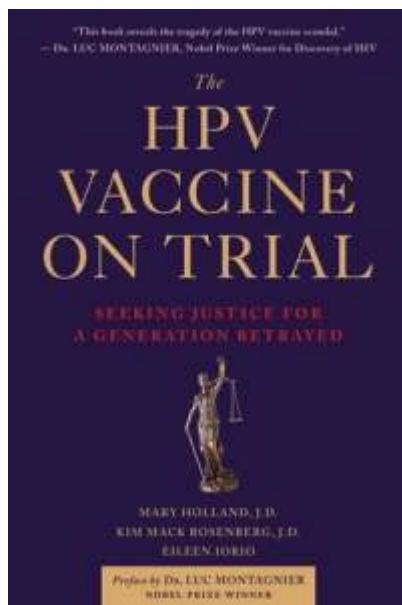
[11] [#\_ftnref11] Engholm G, Ferlay J, Christensen N, Hansen HL, Hertzum-Larsen R, Johannesen TB, Kejs AMT, Khan S, Olafsdottir E, Petersen T, Schmidt LKH, Virtanen A and Storm HH: Cancer Incidence, Mortality, Prevalence and Survival in the Nordic Countries, Version 8.1 (28.06.2018). Association of the Nordic Cancer Registries. Danish Cancer Society. Available from <http://www.ancr.nu>, accessed is 1 / 10 / 2018

[12] [#\_ftnref12] SEER 9 National Center for Health Statistics, CDC

[13] [#\_ftnref13] Francim, HCL, Public Health France, INCa. Projections of Cancer Incidence and Mortality in Metropolitan France in 2017 - Solid Tumors [Internet]. Saint-Maurice: Public health France [updated 02/01/2018; viewed on the 09/05/2018



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**Hystérie vaccinale**

Le Gardasil, vaccin contre le papillomavirus, a pour objectif officiel de diminuer la fréquence des cancers du col utérin dans les populations vaccinées. Pourtant ce cancer est rare (moins de 5000 par an en France, pour 1000 décès) et prévenu à plus de 80 % par le dépistage. Quand aucune urgence de santé publique n'existe, pourquoi les agences de médicament accélèrent-elles des autorisations à toute vitesse, comme s'il s'agissait de maladies graves ? Pourquoi le Gardasil a-t-il été traité comme un produit d'urgence vitale et bénéficié d'une publicité et d'un soutien massif des sociétés savantes, des experts et des gouvernements ? Pourquoi chaque jour apporte un nouvel article publicitaire trompeur dans les grands médias ? Pourquoi des députés déposent-ils un amendement pour rendre ce vaccin obligatoire ? Pourquoi tant d'émotions répandent-elles la peur chez les familles des jeunes femmes, et bientôt des garçons ?

Autant de questions auxquelles tente de répondre cet ouvrage, en faisant le bilan à 12 ans de la commercialisation sur les résultats avérés, et mettant en lumière la santé des résultats des vaccinations larges et les conformances aux espérances des inconditionnels du vaccin, bercés d'illusions par les médiatisations et simulations sur des hypothèses qui s'avèrent fausses.

Ces résultats confirment la découverte de Lars Anderson sur la population suédoise : contrairement aux espoirs et simulations statistiques, le nombre de cancers du col utérin a augmenté chez les populations vaccinées.

Ainsi, en l'absence de prise de conscience rapide et mondiale, le Gardasil pourrait bien être le prochain scandale sanitaire, bien plus grave par son ampleur (plus de 200 millions de doses administrées) que ceux du Distillé, du Vioxx, de la Diphakine ou encore du Médiane.

*Gérard Delépine, chirurgien, oncologue et statisticien et Nicole Delépine, pédiatre, oncologue, se battent depuis plus de 40 ans pour améliorer la prise en charge des malades atteints de cancer et informer la population sur l'état actuel de la science en se basant sur les faits avérés. Les registres nationaux des cancers et publications internationales: <http://docteur.nicolodelépine.fr>*



18 €

Mots-clés : bigpharma, cancer, cancer du col, gardasil, liberté de soigner, marchandisation, obligation vaccinale, prévention, propagande, publicité, vaccins

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cervical  
cancer in  
young  
women**

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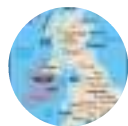
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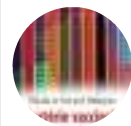
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augmentation  
du nombre de  
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per... ..

14

RÉPONSES



Nicole Delépine

14 juin 2019 à 18 h 05 min

thank you but i cannot read the text on your site .... best regards nicole

### Trackbacks (rétroliens) & Pingbacks

1. [Understand the problem | jmgauley](#)

14 juin 2019 à 23 h 06 min

[...] where HPV vaccination coverage is high, including Australia, official cancer registries show “an increase in the incidence of invasive cervical cancer” in the vaccinated age groups. In England, “2016 national statistics showed a worrying and [...]

2. [Paradoxical Effect of Anti-HPV Vaccine Gardasil on Cervical Cancer Rate -](#)

[Matthews' Blog](#)

13 juin 2019 à 21 h 55 min

[...] Originally published on <http://www.docteur.nicoledelepine.fr> [...]

3. [HPV Vaccine The Greatest Medical Scandal of Our Time - Jeffrey Dach MD](#)

13 juin 2019 à 12 h 03 min

[...] 2019: PARADOXICAL EFFECT OF ANTI-HPV VACCINE GARDASIL ON





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[...] where HPV vaccination coverage is high, including Australia, official cancer registries show “an increase in the incidence of invasive cervical cancer” in the vaccinated age groups. In England, “2016 national statistics showed a worrying and [...]

5. Public Health Agencies Working to Keep Vaccine Dangers Secret – Report – NewsWars

11 juin 2019 à 19 h 53 min

[...] where HPV vaccination coverage is high, including Australia, official cancer registries show “an increase in the incidence of invasive cervical cancer” in the vaccinated age groups. In England, “2016 national statistics showed a [...]

6. Vaccine Rhetoric vs. Reality—Keeping Vaccination’s Unflattering Track Record Secret • Children's Health Defense

11 juin 2019 à 18 h 52 min

[...] where HPV vaccination coverage is high, including Australia, official cancer registries show “an increase in the incidence of invasive cervical cancer” in the vaccinated age groups. In England, “2016 national statistics showed a worrying and [...]

7. Robert F. Kennedy Jr Explains the Dangers of the HPV | NoPartySystem.Com

6 avril 2019 à 18 h 51 min

[...] In 2017, Sweden’s Center for Cervical Cancer prevention reported that incidences of invasive cervical cancer are climbing in nearly all countries. Over the two-year period from 2013 to 2015, for example, there was a steep 20 percent increase. (source) Note that in Sweden, the Gardasil vaccination program was rolled out in 2010, with vaccination coverage of 12-year-old girls approaching 80%. In 2012-2013, thanks to a catch-up program, almost all girls aged 13 to 18 were vaccinated. (source) [...]



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9. [AQ's Winter Playlist.....Supermoon In Virgo: Balancing Practical Matters With Idealism.....Doctor Explains How The HPV Vaccine Is Linked To A Rise In Cervical Cancer](#)

22 février 2019 à 17 h 49 min

[...] above quotation comes from the research of Dr. Nicole Delepine, a surgeon and Oncologist from France. It's not really a surprise, as a [...]

10. [Paradoxical Effect of Anti-HPV Vaccine Gardasil on Cervical Cancer Rate - Ahima](#)

18 février 2019 à 11 h 14 min

[...] 13.5 to 9.4 in Great Britain [1] [...]

11. [Studies indicate countries with high HPV vaccination coverage show increased incidence of invasive cervical cancer | Rangitikei Environmental Health Watch](#)

15 février 2019 à 19 h 32 min

[...] Originally published on [www.docteur.nicoledelapine.fr](http://www.docteur.nicoledelapine.fr) [...]

12. [HPV is INCREASING CANCER CASES - Vaccine Liberation Army](#)

8 février 2019 à 18 h 40 min

[...] PARADOXICAL EFFECT OF ANTI-HPV VACCINE GARDASIL ON CERVICAL CANCER RATE [...]

13. [Gardasil - buyer beware. - WeeksMD](#)

1 février 2019 à 18 h 34 min

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