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Paradoxical oncologic results of HPV vaccination in real life A cancer registers study

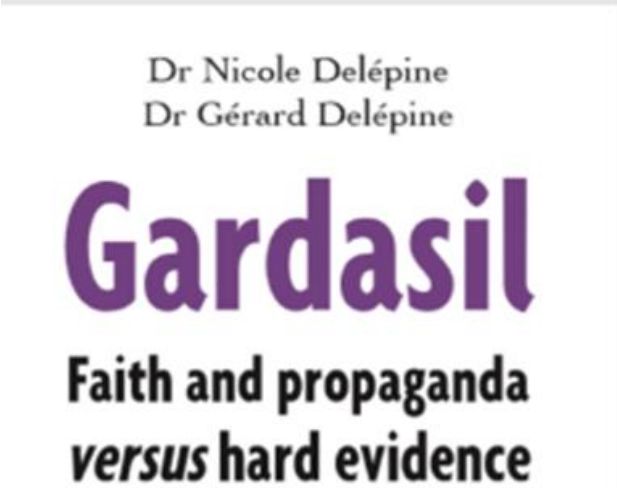
Dr G Delépine surgeon oncologist statistician

N Delépine pediatrician oncologist

Paris, France

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

Authors have no competing interest



WHY SUCH A STUDY ABOUT HPV VACCINE ?

- *A huge world propaganda leads families to vaccine their girls and now boys and make them feel guilty to hesitate*
- *The many complications already known don't stop the vaccine hysteria*

- *we decide to explore the true oncologic results of a 12Y campaign on the official goal : decrease of cervix cancer in the population in real life*
- *we focus on hard evidence as described in official statistics (national cancer registers)*

More than forty papers describe the efficacy of vaccine on infection and benign lesions

No one study on cancer incidence !

It is time to evaluate the vaccine effectiveness on cancer

- Marketing has been authorized14 years ago and vaccination campaign began 2007 in Australie, 2008 ans in GB and 2009-2010 in Scandinavia
- cancer registries publish world standardized incidences on global population including 2018
- estimates for 2019 and precise age groups results until 2014-2016
- (7 years average follow up)
- The girls vaccinated when less than 13 y did not enter the age risk period (>20) at last publications
- But most of vaccination campaign included « catch vaccination for girls 13-18 (26 in Australia)
- These catch up vaccinated girls aged 20-25 (20-33 in Australia) already permit a pertinent evaluation on oncologic effectiveness

Failure of prevention can be quickly obvious !

According to the natural history of cancer,the advocates of HPV vaccin pretend that we should wait 20 years to prove the oncologic efficacy of vaccin. But a vaccine can completly modify the natural course of an illness (that is even why it is given!)

- It takes a long time to affirm the efficacy of a preventive effect
- But the failure of the protection can sometimes become obvious very quickly
- **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 was not, took only a few hours ...**
- This "Titanic" demonstration is unfortunately reproduced by the Gardasil

Willy Stöwer — Magazine Die Gartenlaube

Method

To evaluate the results of a oncologic preventive action in real life the national cancer registries constitute the indisputable data bases

We included in our study all countries practicing cervix screening, with high vaccination coverage, national cancer registry, and enough population to permit age group comparisons

Only four countries met these criteria: Australia, United Kingdom, Sweden and Norway

Their evolution after vaccination were compared to those of France (vaccin coverage <20%) and Denmark

All our data can be obtain from :

https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/cervical-cancer

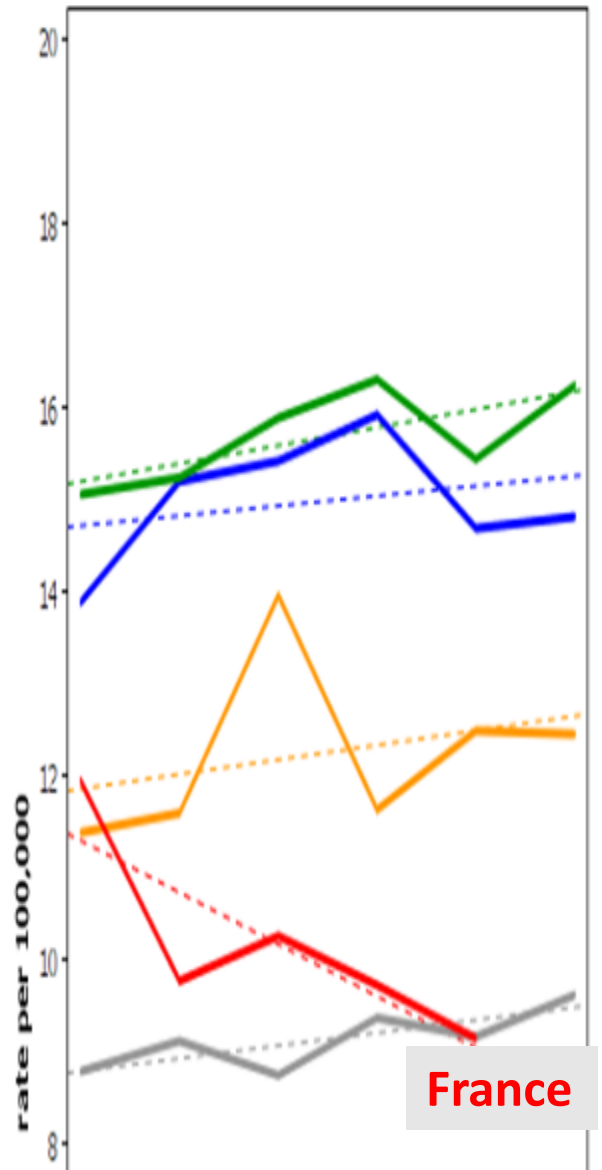
hhttps://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/trend
ttps://cervical-cancer.canceraustralia.gov.au/statistics

Global Cancer Observatory
gco.iarc.fr/databases.php

https://www.cancerresearchuk.ohttp://www-dep.iarc.fr/NORDCAN/english/frame.asprg/health-professional/

NORDCAN

Incidences trends : 2006-2012



France

For women 20-85 (l'IARC-OMS data base)

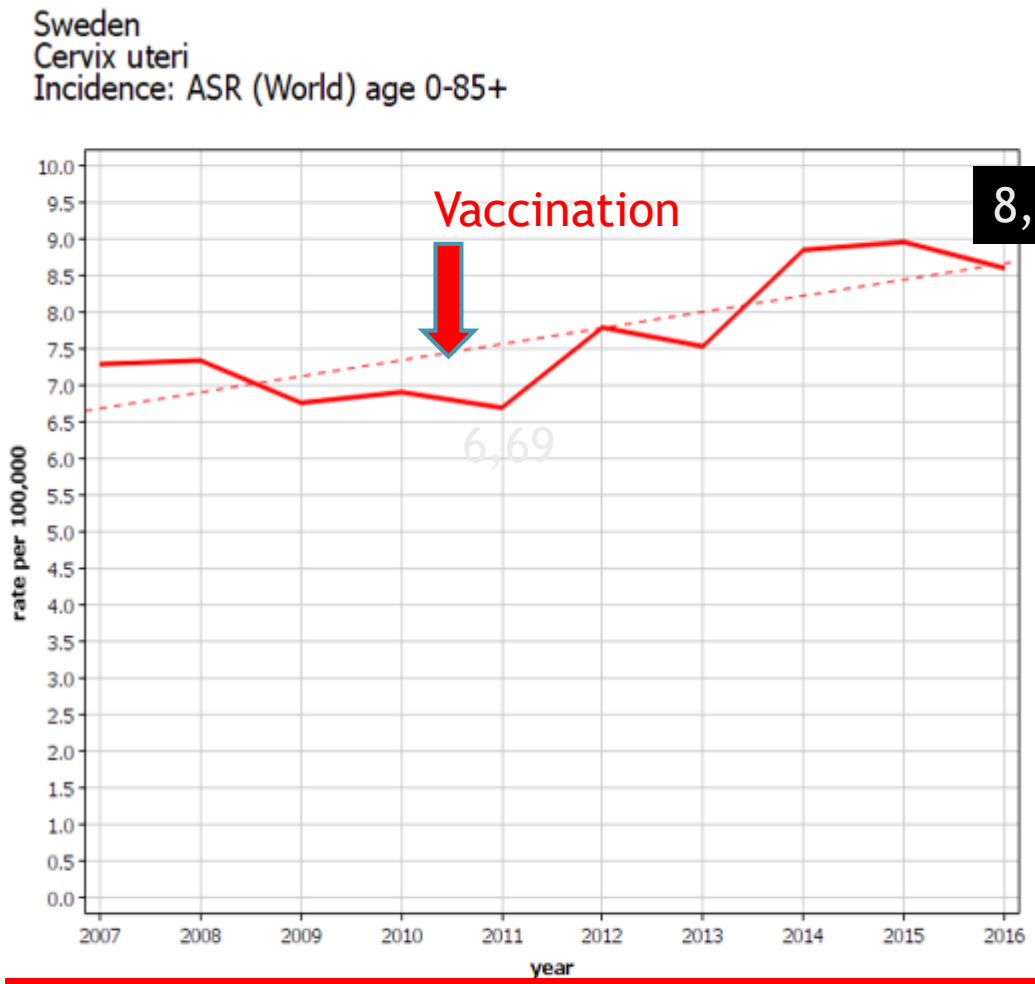
Global Cancer Observatory gco.iarc.fr/databases.php

Year	France	Norway	Scotland	England	Australia
2007	11.94	15.05	13.88	11.38	8.78
2008	9.77	15.24	15.19	11.59	9.11
2009	10.25	15.88	15.42	13.96	8.74
2010	9.72	16.30	15.92	11.63	9.36
2011	9.14	15.44	14.68	12.48	9.16
2012	-	16.24	14.81	12.45	9.61

In France with low vaccine coverage the 2006-2012 evolution was favourable

compared to countries with high vaccine coverage

Sweden



Year	
2007	7.29
2008	7.34
2009	6.76
2010	6.91
2011	**6.69**
2012	**7.79**
2013	**7.53**
2014	**8.85**
2015	**8.96**
2016	**8.60**

23% increase since vaccination campaign (6,69 in 2011 vs 8,6 in 2016).

NORDCAN © Association of the Nordic Cancer Registries (23.2.2020)

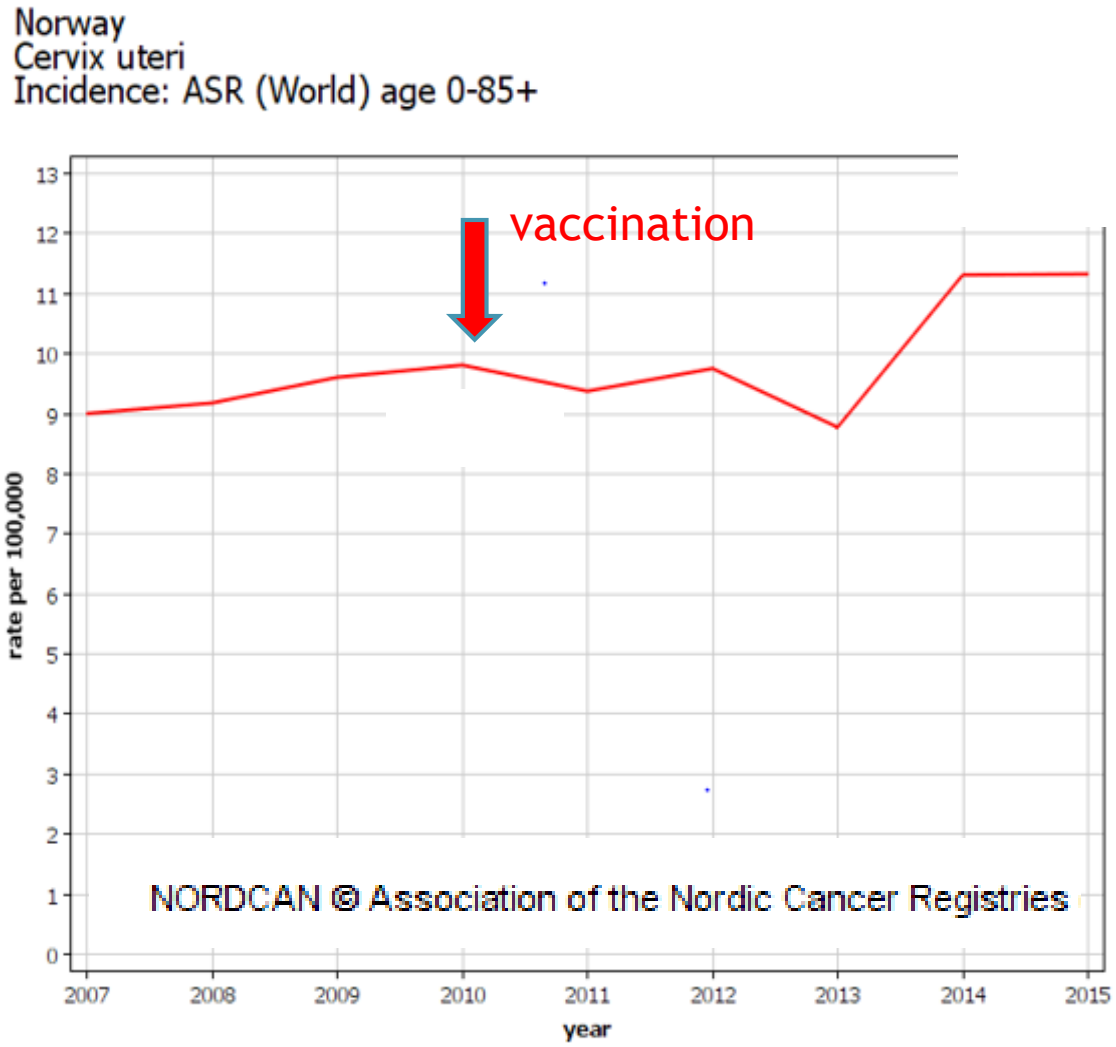
Great-Britain

in last ten years incidence of cervix cancer increased by 5%

: Incidence of, and mortality from, malignant neoplasm of the cervix uteri[1] in England, 2007 to 2017

		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Cancer registration data[2]											
Registrations (Females aged 25 to 64)	count	1 753	1 860	2 188	1 858	2 008	1 979	2 061	2 017	2 004	2 054
Registrations (Females all ages)	count	2 337	2 438	2 785	2 369	2 557	2 547	2 678	2 608	2 528	2 594
Age-standardised incidence rate[3,4]											
Registrations per 100,000 female popn (25 to 64)	rate	12,6	13,2	15,4	13,1	14,0	13,8	14,3	14,0	13,8	14,1
Registrations per 100,000 female popn (all ages)	rate	9,1	9,3	10,6	8,9	9,6	9,5	9,9	9,5	9,2	9,4

NORWAY

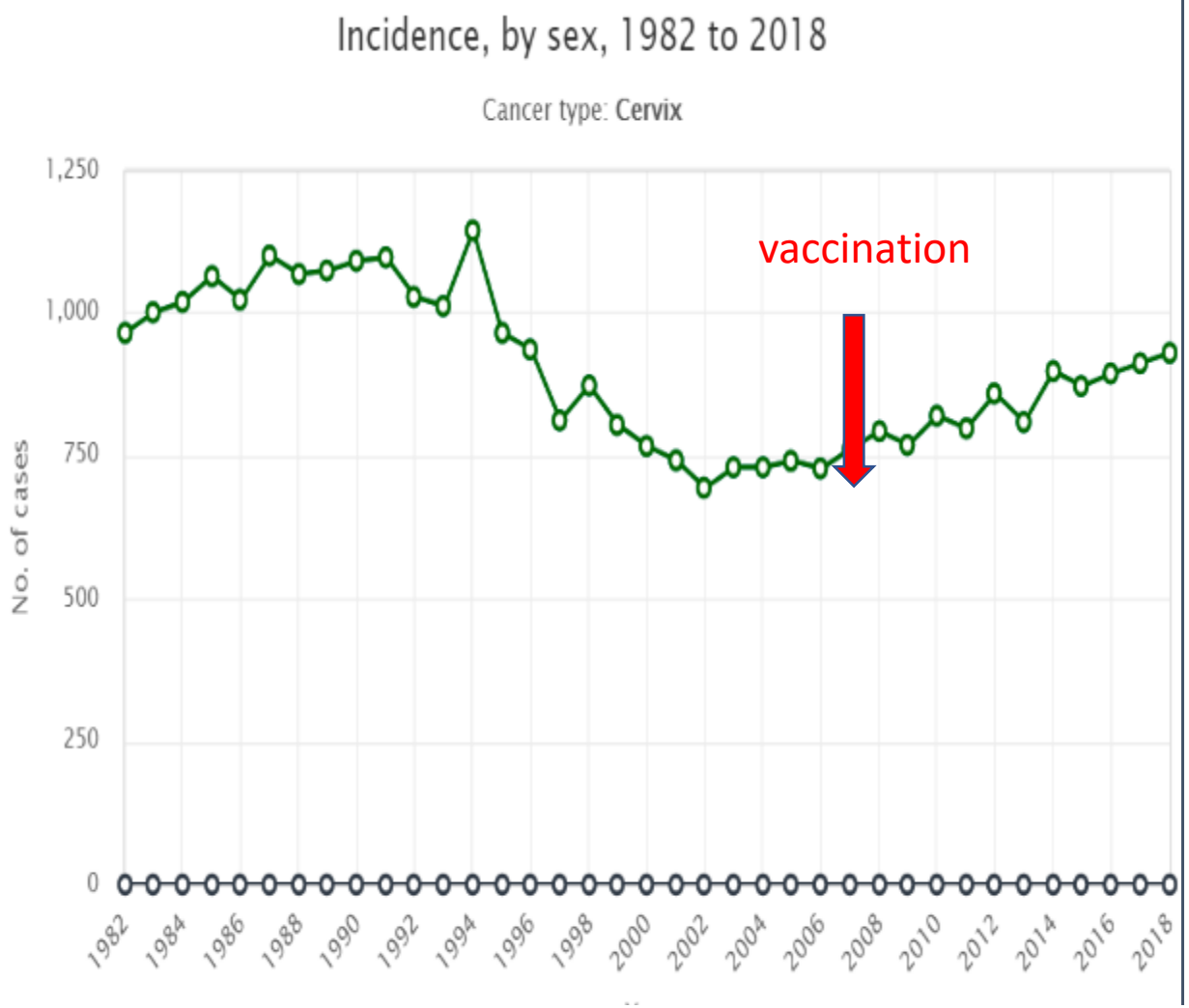


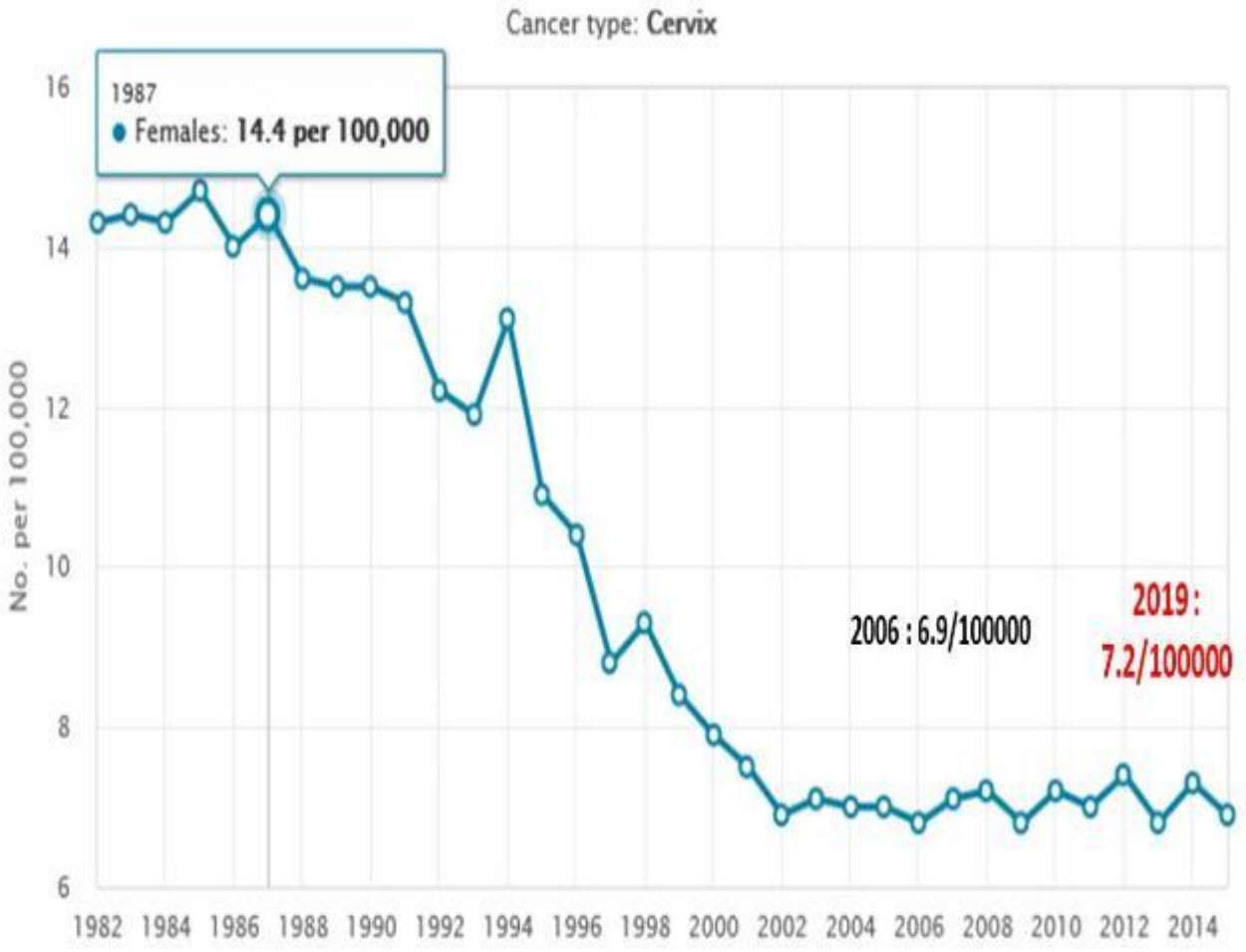
Year	
2008	9.22
2009	9.53
2010	9.62
2011	9.68
2012	9.30
2013	9.92
2014	10.60
2015	11.10

Incidence increased by 15% (9,62 vs 11,1)

Australia incidence increased by 4,3% since vaccination

https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/trend

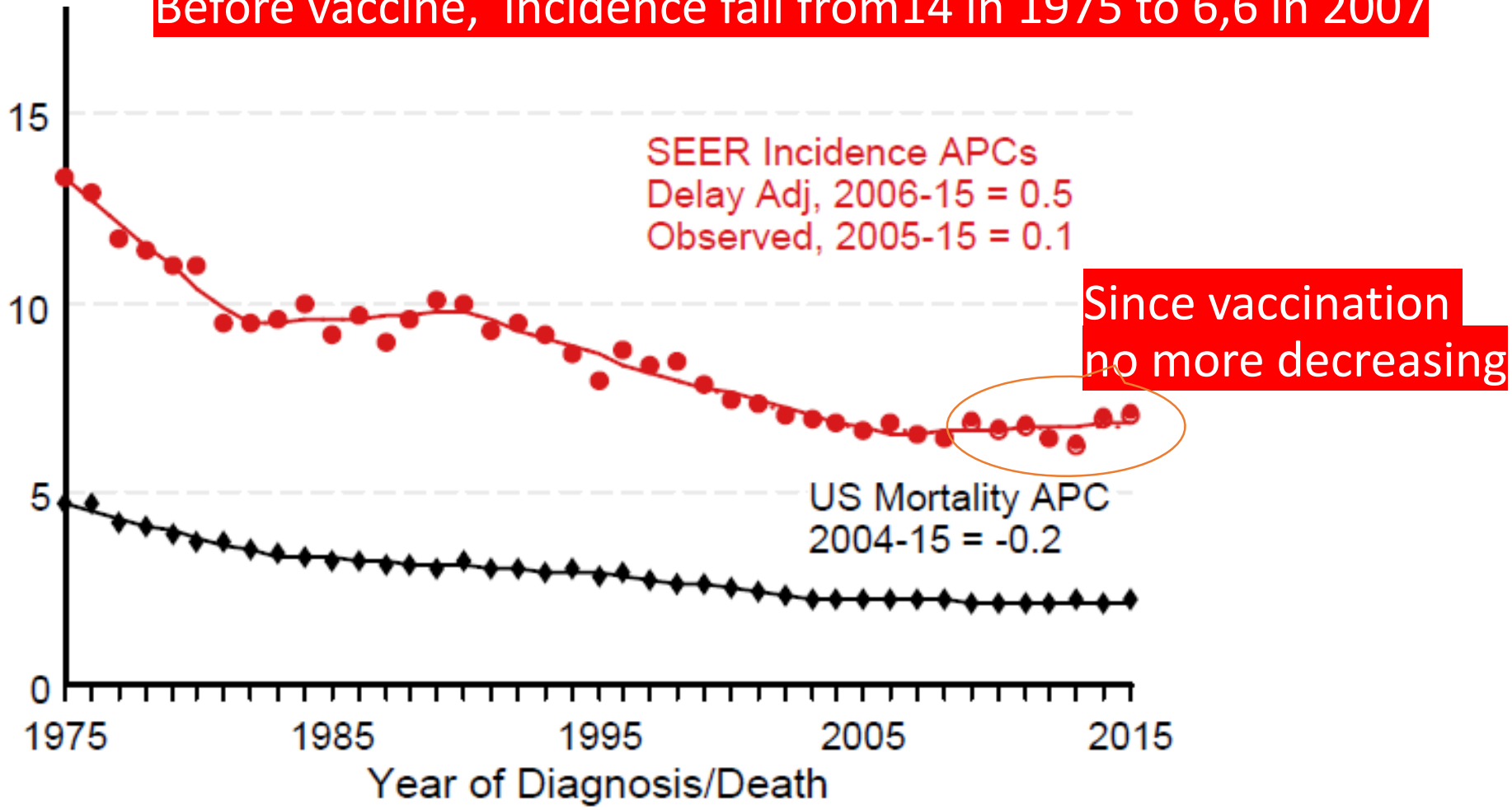




In 2006 age standardized incidence was 6,9 / 100000. In 2019, 7,2 / 100 000 is expected

USA: 1975 - 2015

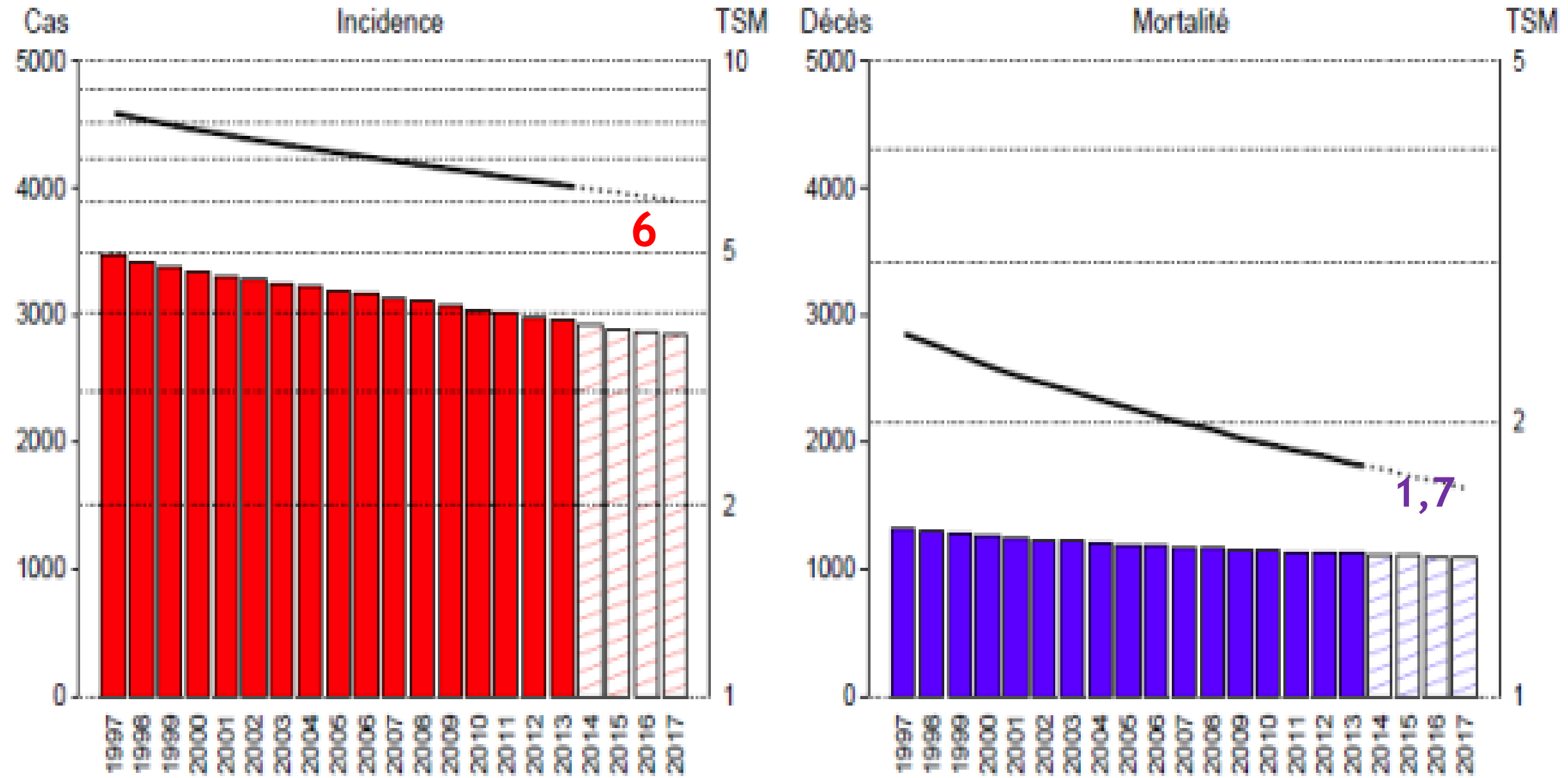
Before vaccine, incidence fall from14 in 1975 to 6,6 in 2007



Since vaccination no more decreasing

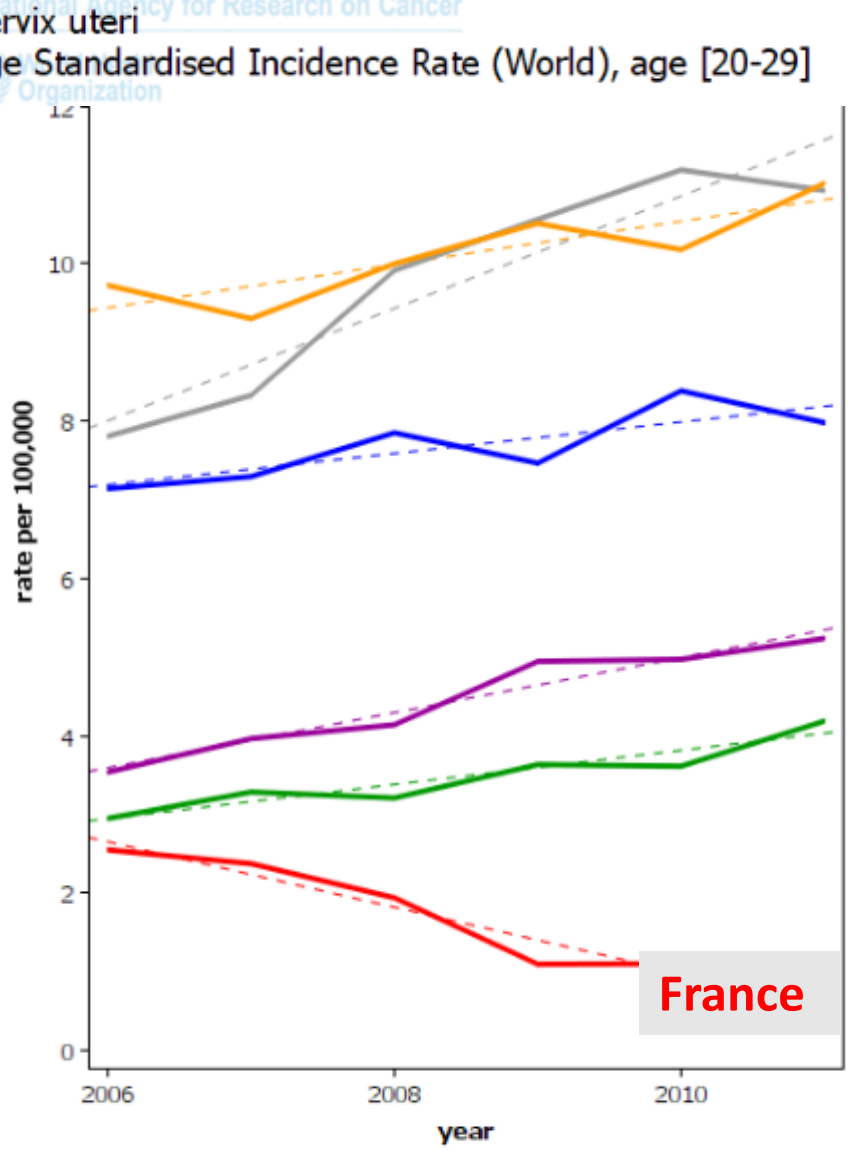
Source: SEER 9 areas and US Mortality Files (National Center for Health

In France, with less than 20% vaccin coverage



Oncologic results in women 20-24 (catch up vaccinated) compared to women 50 and older (unvaccinated)

First years after marketing authorization

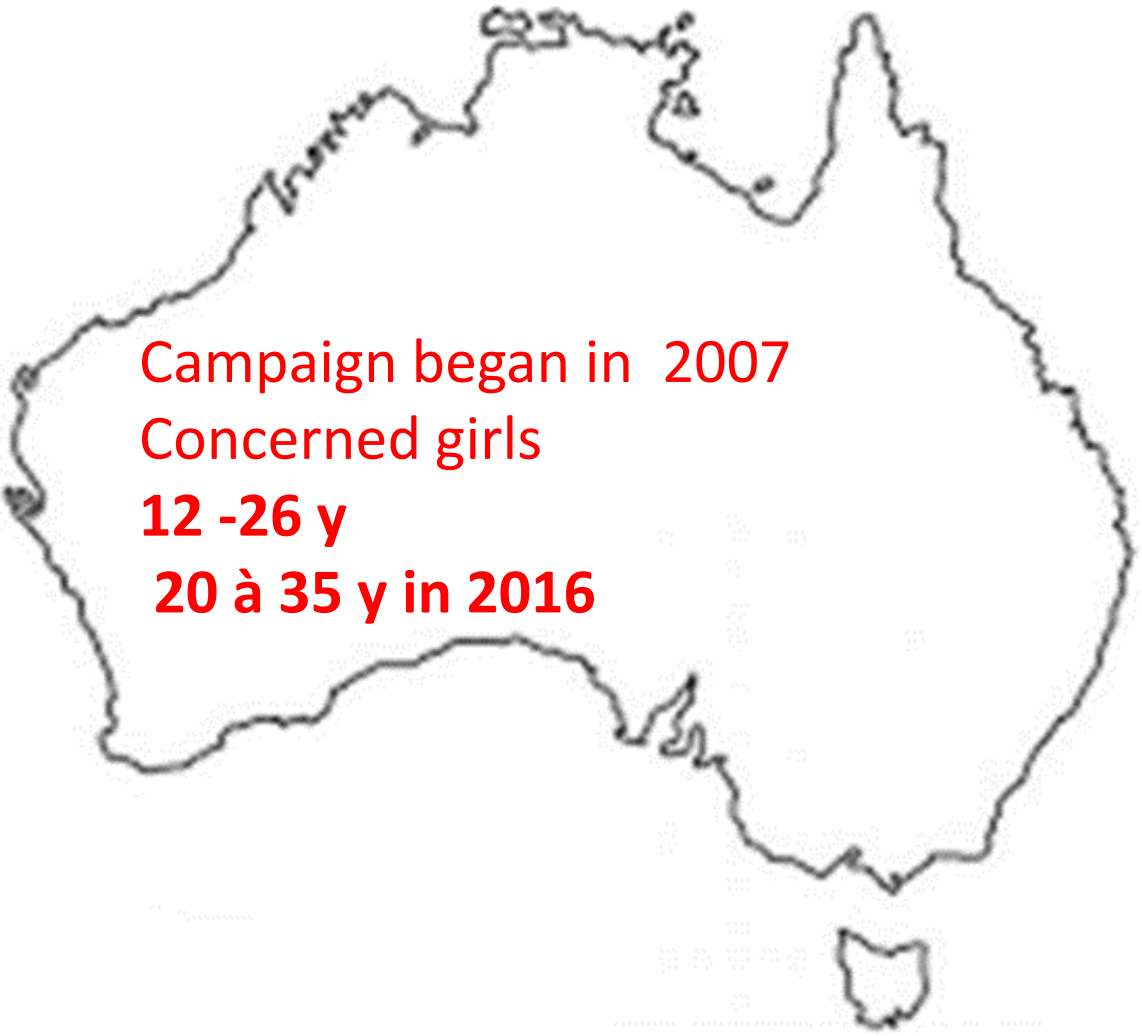


comparatives incidences trends for20-29 (l'IARC-OMS data)

- France (9 registries)
- Netherlands
- Norway
- UK, Scotland
- UK, England
- Australia

In France with low vaccine coverage the evolution was favourable compared to countries with high vaccine coverage

Australia



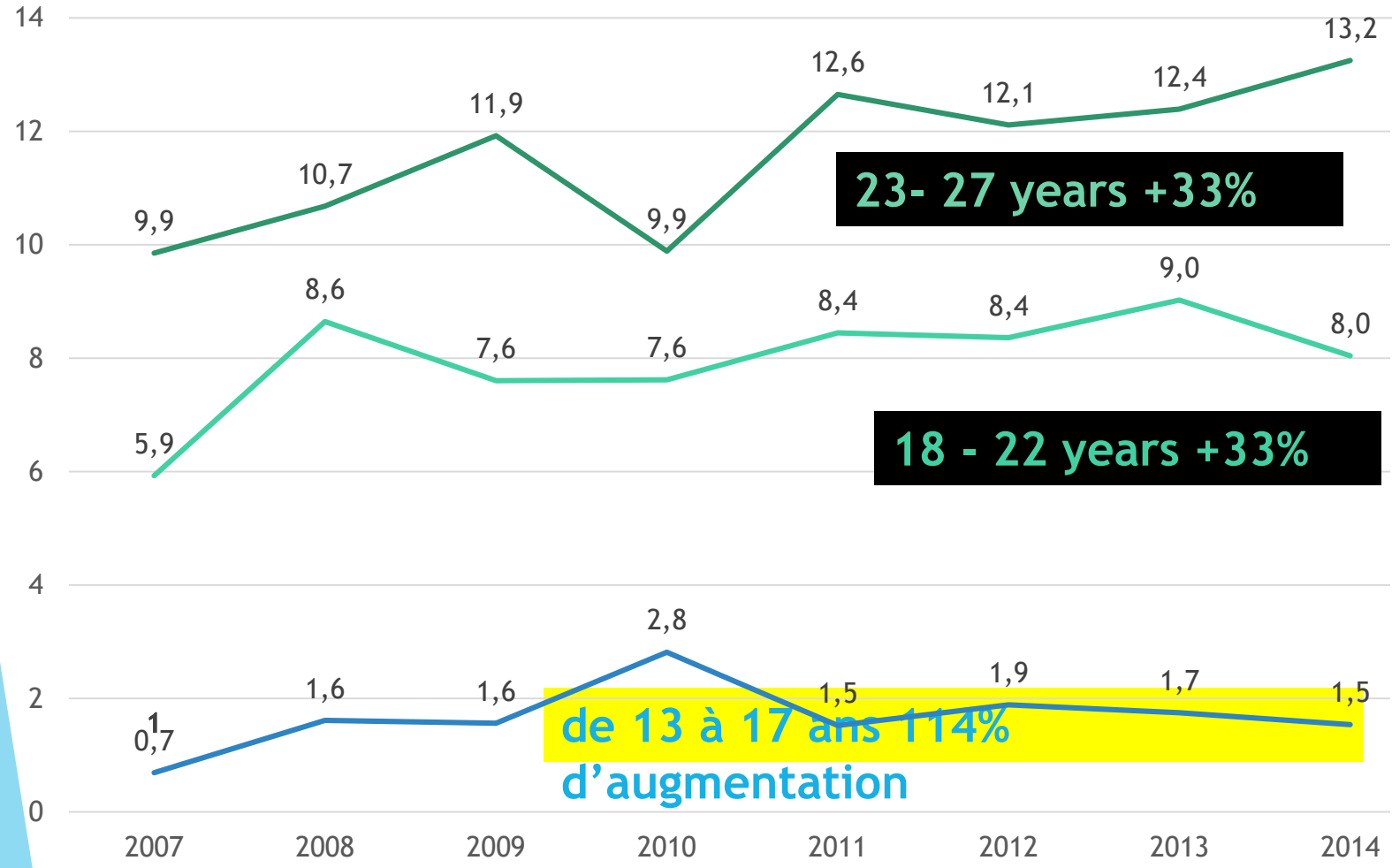
Campaign began in 2007
Concerned girls
12 -26 y
20 à 35 y in 2016

ncirs
NATIONAL CENTRE FOR IMMUNISATION RESEARCH & SURVEILLANCE

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

Australia incidence trends of cancers in vaccinated age groups



sAustralian Institute of Health and Welfare 2017

	15-19	20-24	25-29	30-34
2007	0,1	0,7	5,9	9,9
2008	0,1	1,6	8,6	10,7
2009	0,0	1,6	7,6	11,9
2010	0,0	2,8	7,6	9,9
2011	0,0	1,5	8,4	12,6
2012	0,3	1,9	8,4	12,1
2013	0,0	1,7	9,0	12,4
2014	0,2	1,5	8,0	13,2

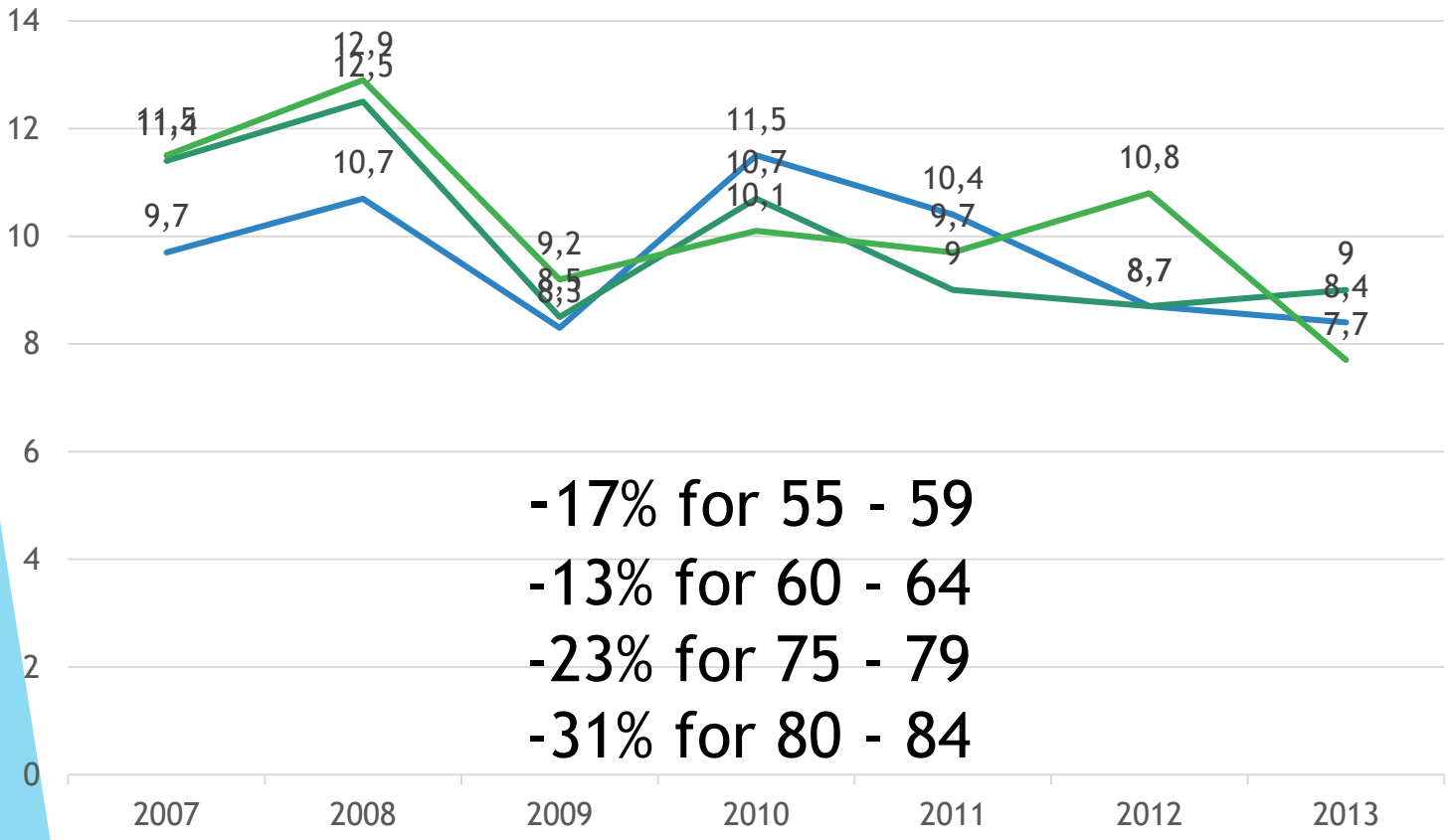
Evolution de l'incidence des cancers invasifs chez les australiennes vaccinées

[1] Australian Institute of Health and Welfare (AIHW) 2017 Australian Cancer Incidence and Mortality (ACIM) books : cervical cancer Canberra : AIHW. <Http ://www.aihw.gov.au/acim-books>.

After vaccination incidence increased!

Australia incidence trends for women over 50

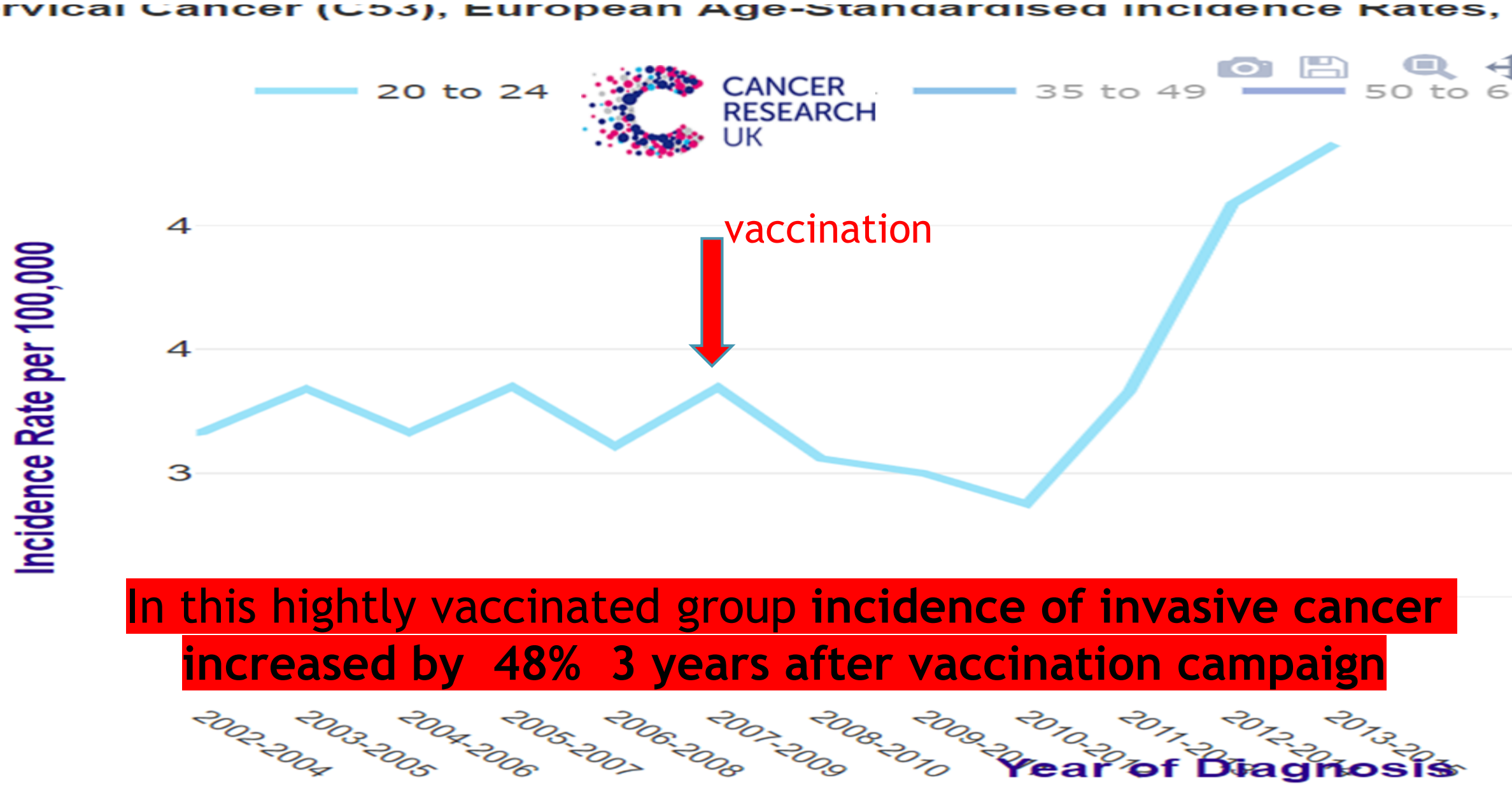
source Australian Institute of Health and Welfare 2017



	50-54	55-59	60-64	65-69	70-74	75-79	80-84	>84
2007	11,1	9,7	10,3	11,4	11,4	11,5	14,5	10,2
2008	9,7	10,7	7,2	12,5	9,1	12,9	13,9	17,0
2009	11,9	8,0	10,2	8,5	11,4	9,2	12,5	13,5
2010	9,5	11,7	9,5	10,7	12,2	9,8	12,0	12,2
2011	8,6	10,4	8,5	9,0	10,3	10,0	8,7	9,1
2012	10,3	8,7	7,3	8,8	11,4	10,8	9,1	12,4
2013	8,9	8,4	7,3	9,2	6,8	8,0	11,5	10,6
2014	10,6	8,7	9,8	10,3	9,9	7,8	9,5	10,7
2015	8,2	9,7	8,8	8,2	9,0	9,4	12,1	9,5

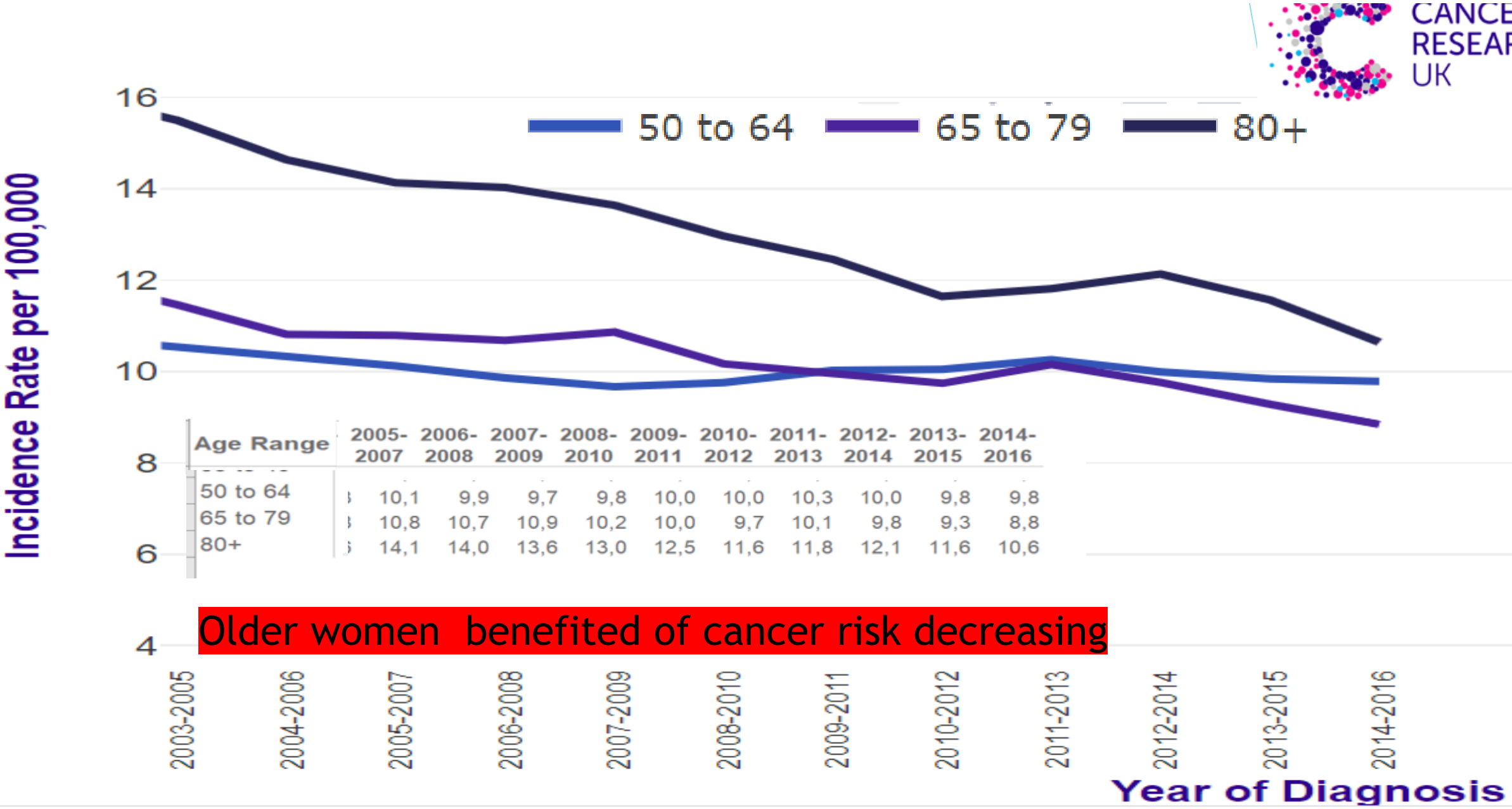
During the same period unvaccinated women (over 50) benefited of cancer risk decreasing !

GREAT BRITAIN incidence of invasive cancers in 20-24 women



In this hightly vaccinated group **incidence of invasive cancer increased by 48% 3 years after vaccination campaign**

GB incidence of invasive cancer after 50 (unvaccinated)

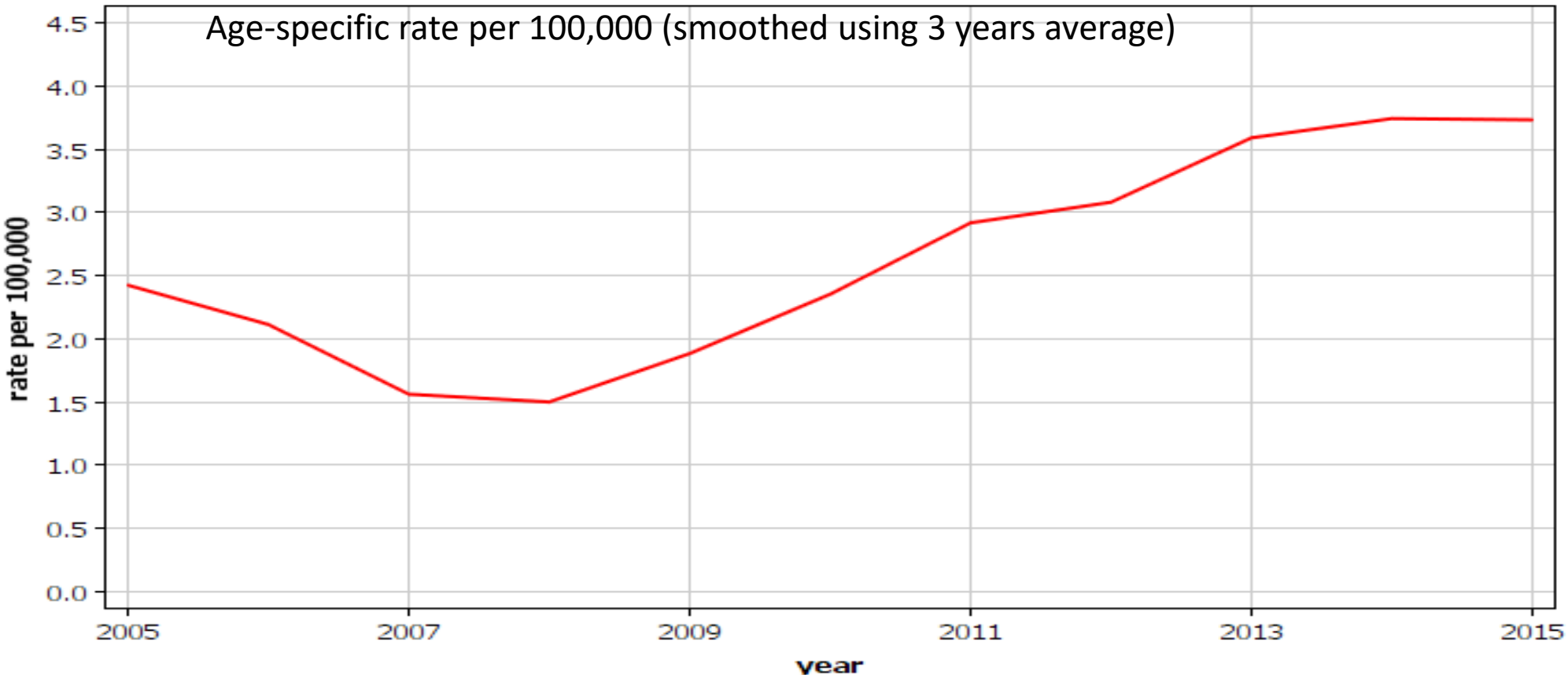


Age Range	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
50 to 64	10,1	9,9	9,7	9,8	10,0	10,0	10,3	10,0	9,8	9,8
65 to 79	10,8	10,7	10,9	10,2	10,0	9,7	10,1	9,8	9,3	8,8
80+	14,1	14,0	13,6	13,0	12,5	11,6	11,8	12,1	11,6	10,6

Older women benefited of cancer risk decreasing

Sweden 20-24 women in 2016 (vaccine coverage over 60%.)

Incidence: Sweden
Cervix uteri



Year	20-24
2005	2.42
2006	2.11
2007	1.56
2008	1.49
2009	1.88
2010	2.35
2011	2.91
2012	3.07
2013	3.58
2014	3.74
2015	3.73

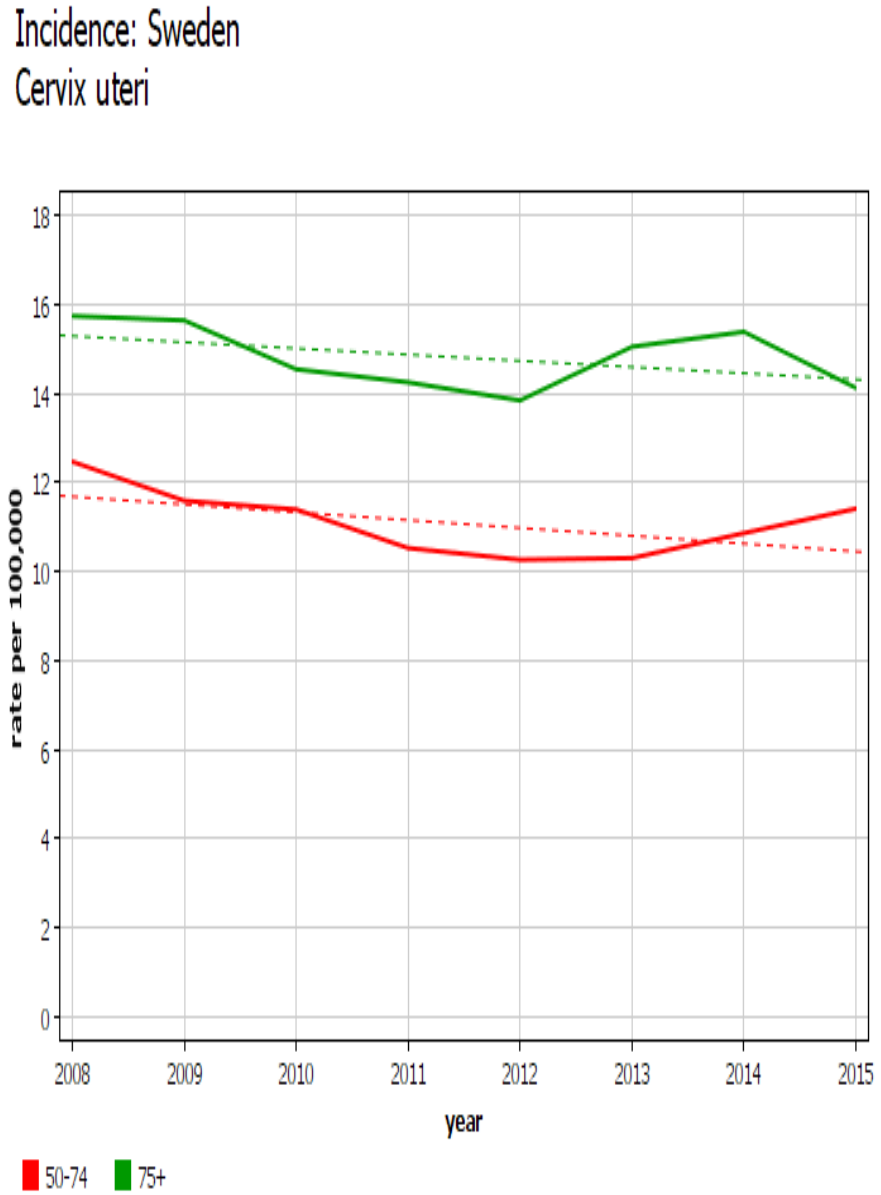
Hightly significant increase. Pearson coefficient of correlation : 0,97 P< O,001

NORDCAN © Association of the Nordic Cancer Registries (10.11.2019)

Sweden : incidence of invasive cancer after 50 (unvaccinated

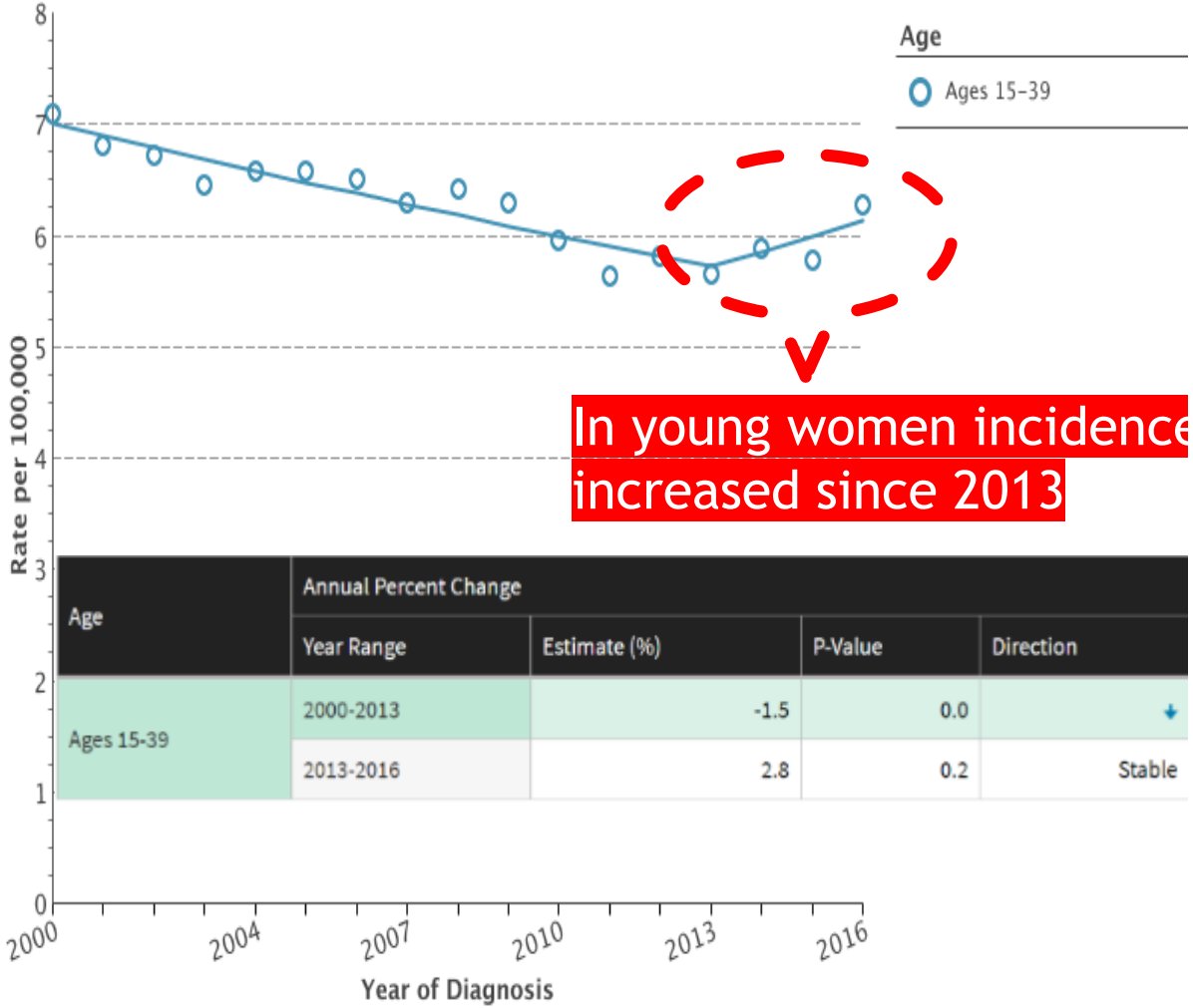
In these groups of unvaccinated women incidence of cancer continously decreased

	Age-specific rate per 100,000 (smoothed using 3 years average)	
Year	50-74	75+
2008	12.44	15.71
2009	11.56	15.61
2010	11.37	14.51
2011	10.50	14.22
2012	10.24	13.81
2013	10.27	15.02
2014	10.83	15.35
2015	11.38	14.09



USA: INCIDENCE 2000-2016 ACCORDING TO AGE

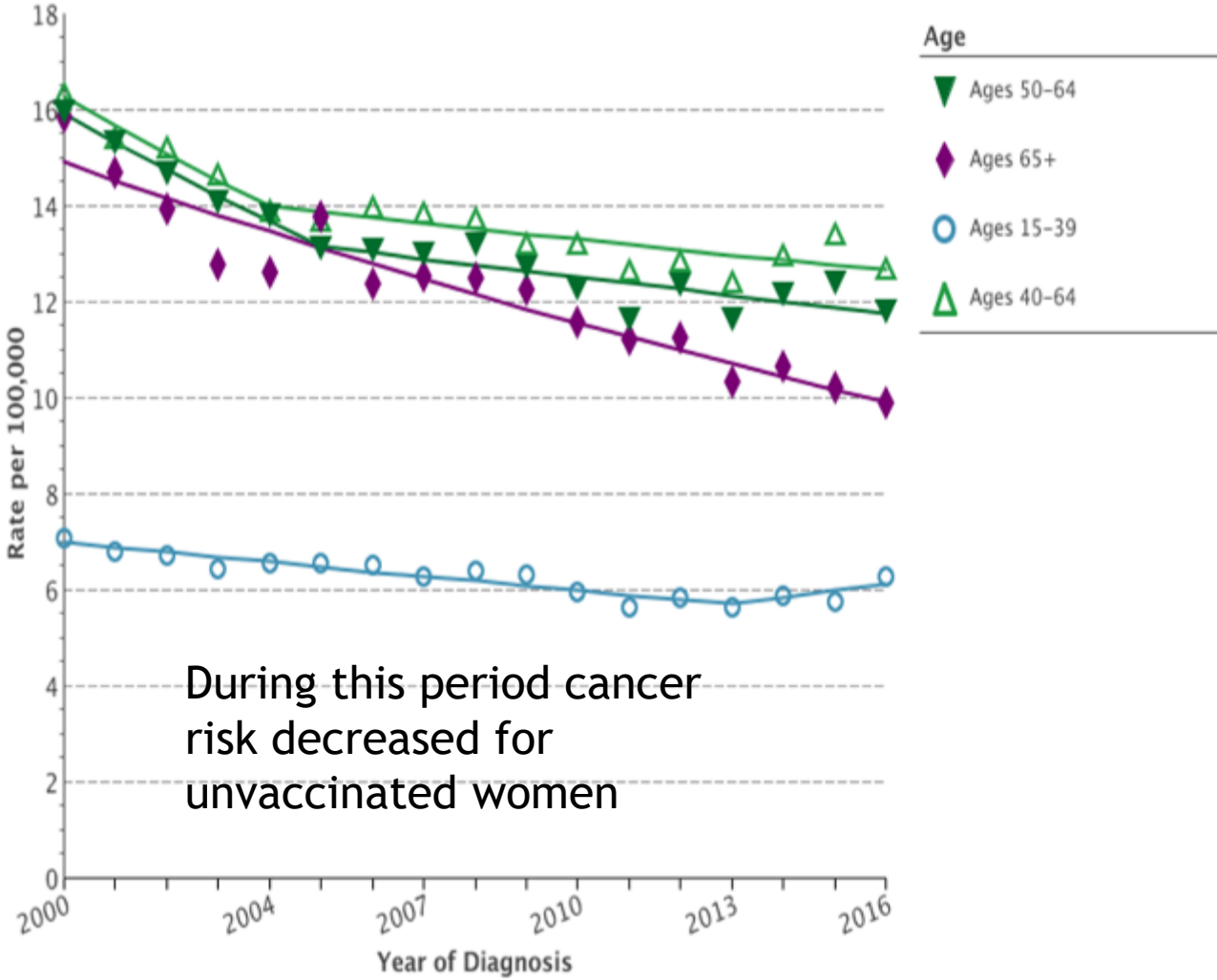
Cervix Uteri Cancer
Recent Trends in SEER Incidence Rates, 2000–2016
By Age
All Races (includes Hispanic), Observed Rates



In young women incidence increased since 2013

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

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



During this period cancer risk decreased for unvaccinated women

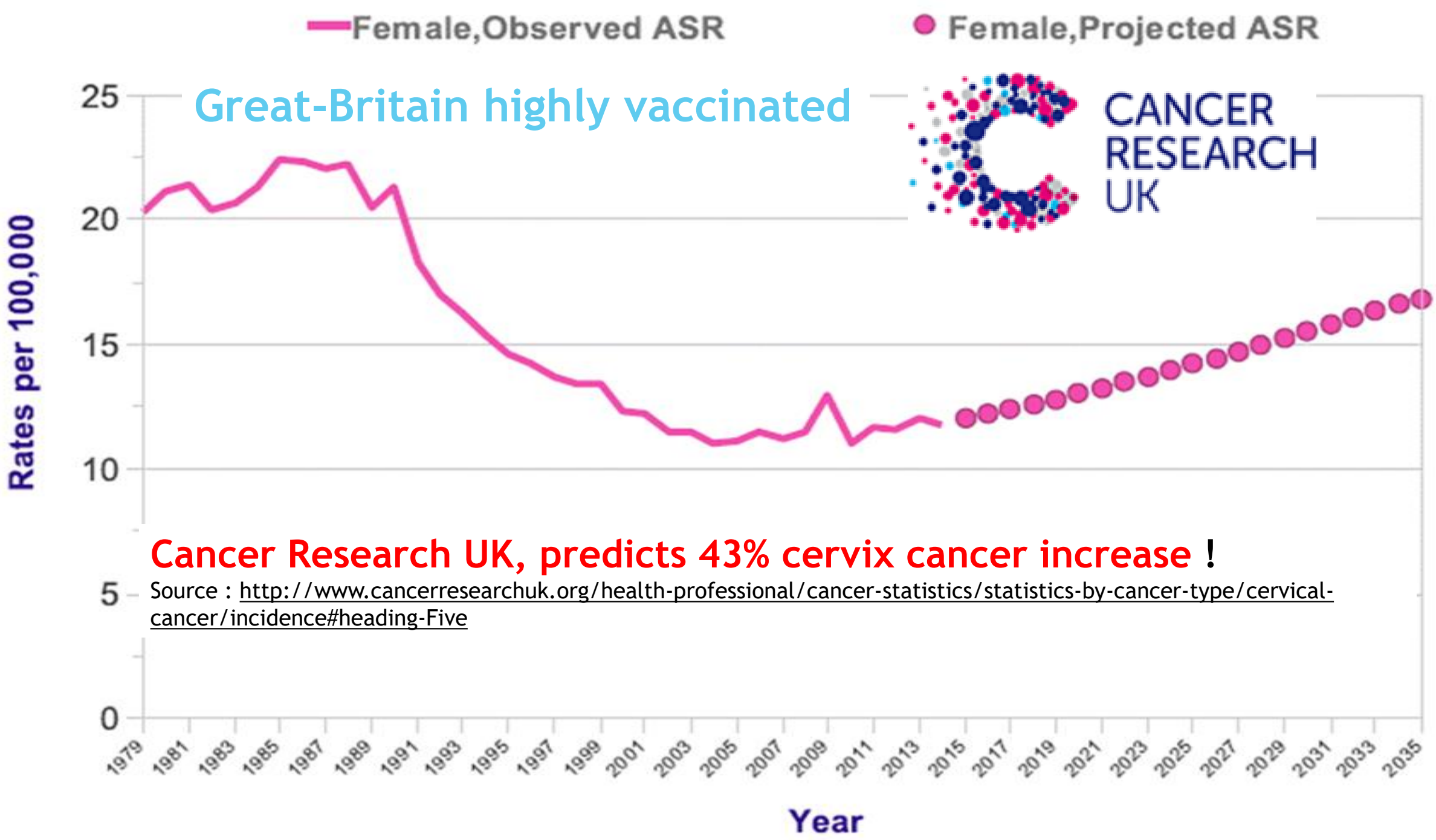
Which prediction for the next 20 years?

A lot of prediction written by authors close to firms or vaccination agencies

predict that vaccination may beat cervix cancer.

But their predictions are based on the evolution of infection by HPV infection

Prediction made by agencies of statistics based only on observed cancer rates are very borrying



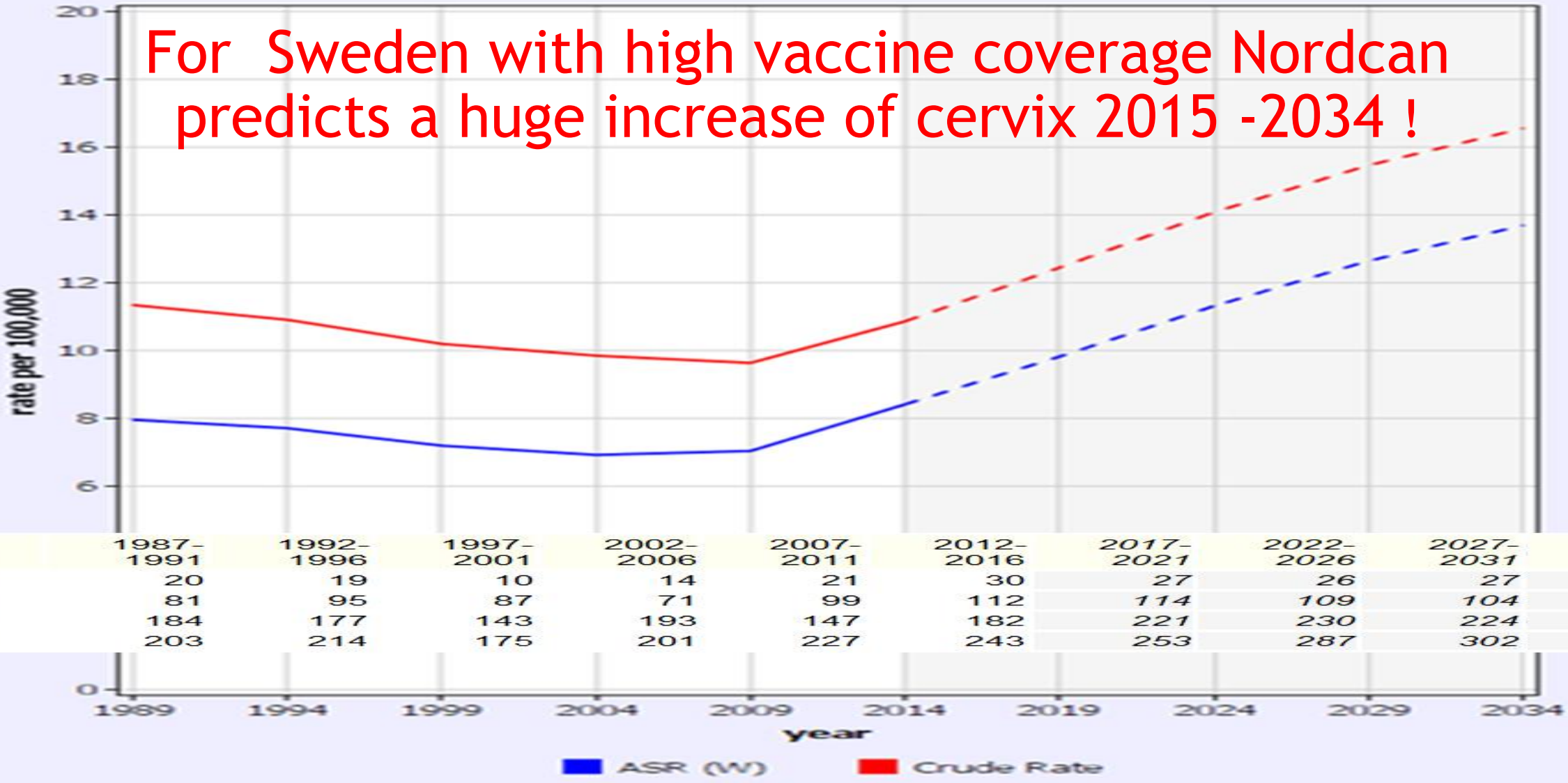
Cancer Research UK, predicts 43% cervix cancer increase !

Source : http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/cervical-cancer/incidence#heading-Five

Projection Sweden

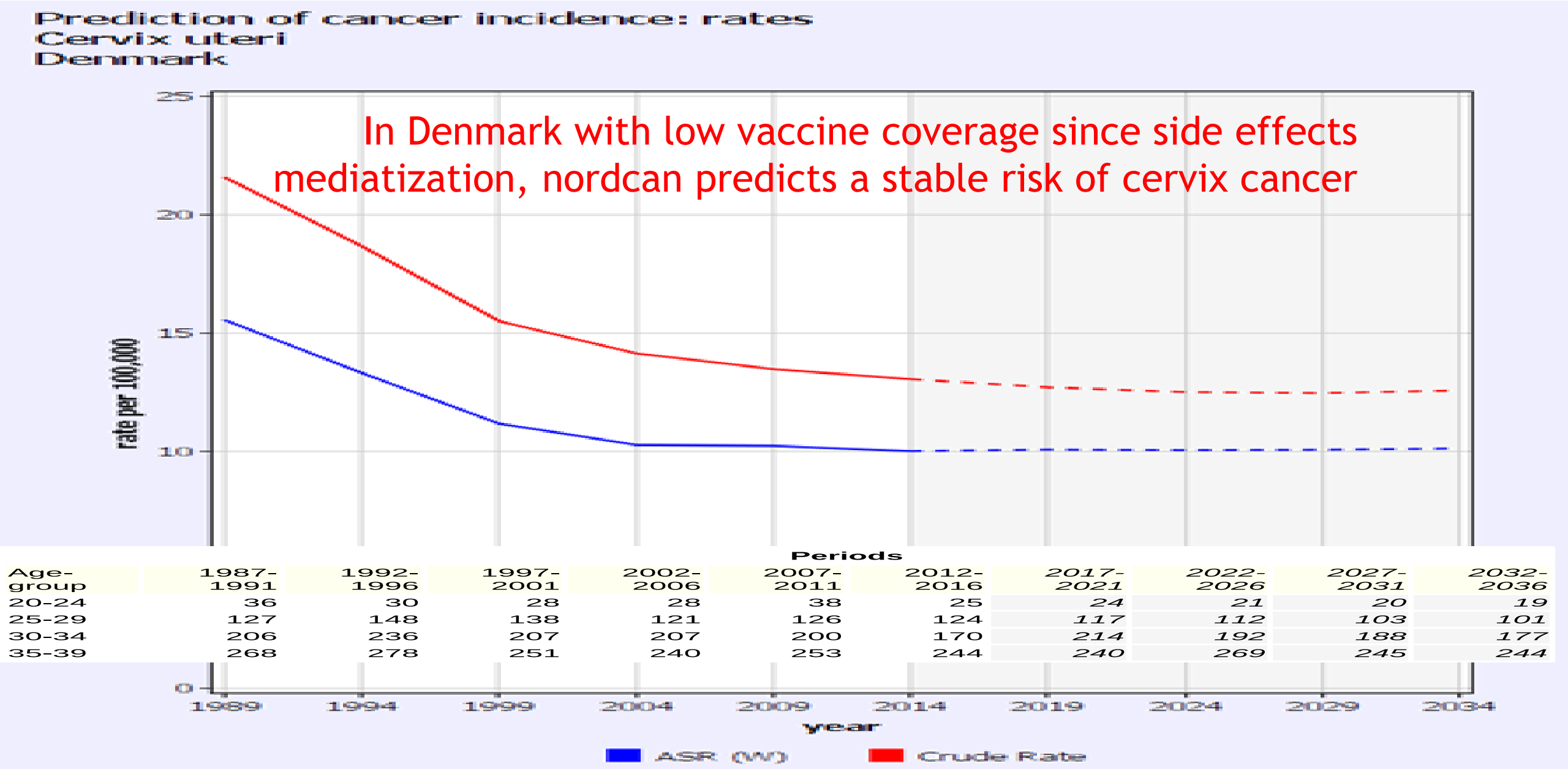
Prediction of cancer incidence: rates
Cervix uteri
Sweden

For Sweden with high vaccine coverage Nordcan predicts a huge increase of cervix 2015 -2034 !



Age-group	1987-1991	1992-1996	1997-2001	2002-2006	2007-2011	2012-2016	2017-2021	2022-2026	2027-2031	2032-203
20-24	20	19	10	14	21	30	27	26	27	2
25-29	81	95	87	71	99	112	114	109	104	10
30-34	184	177	143	193	147	182	221	230	224	21
35-39	203	214	175	201	227	243	253	287	302	30

paradoxical prediction of Nordcan for Denmark



Periods

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

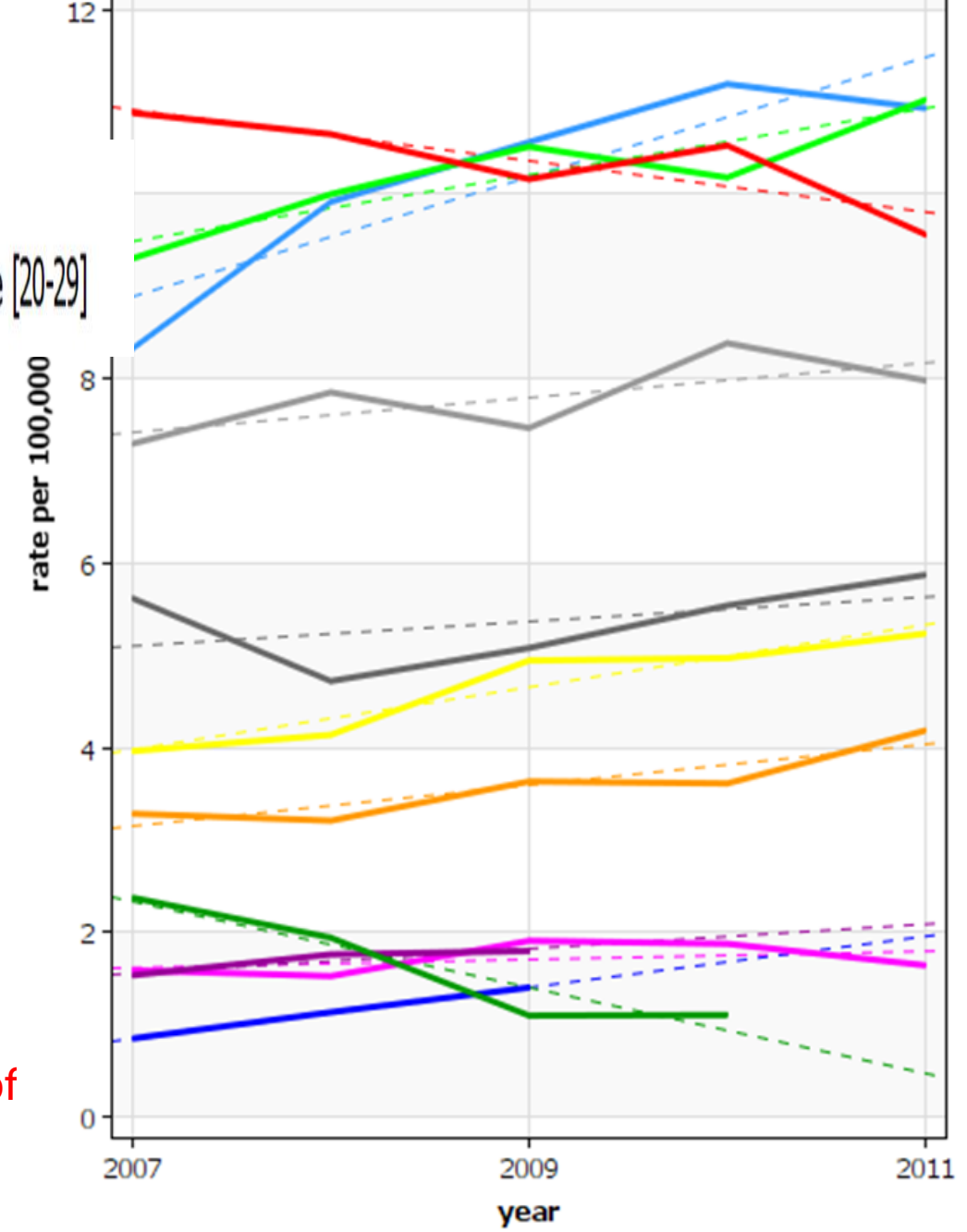
Resistance is worth !

International Agency for Research on Cancer

Cervix uteri

Age Standardised Incidence Rate (World), age [20-29]

- Denmark
- France (9 registries)
- Italy (8 registries)
- Netherlands
- Norway
- Spain (9 registries)
- Switzerland (6 registries)
- UK, Scotland
- UK, England
- Australia
- New Zealand



France and Denmark withlow vaccine coverage benefited of better incidence trends !

nternational Agency for Research on Cancer (IARC) - 28.2.2020