



"This Is Existential": Billionaire Cancer Researcher Says Covid & Vaccine Likely Causing Surge In Aggressive Cancers

BY TYLER DURDEN

THURSDAY, MAR 27, 2025 - 11:55 PM

Dr. Patrick Soon-Shiong - a transplant surgeon-turned-biotech billionaire renowned for inventing the cancer drug Abraxane - has issued a startling warning in a new in-depth interview with Tucker Carlson.



unfolding. This report examines Dr. Soon-Shiong's background and assertions, the scientific responses for and against his claims, new data on post-COVID health trends, and the far-reaching implications if his alarming hypothesis proves true. Dr. Soon-Shiong's Claims

Dr. Patrick Soon-Shiong

that they're related?"

ordinarily have kept in check.

Tucker Carlson 🔮 📼

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Dr. Patrick Soon-Shiong is a surgeon who made

CANCER RISING IN

billions inventing cancer drugs. He says that Covid,

and the vaccines that didn't stop it, are likely causing a

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cases.

papillomavirus, HPV, you get cervical cancer."

pancreatic cancer, a scenario virtually unheard of in his prior experience. "I never saw pancreatic cancer in children... the greatest surprise to me was a 13-year-old with metastatic pancreatic cancer," Soon-Shiong told Carlson, adding that he's seen examples of very young patients (even children under 11 with colon cancer) and unusual surges in aggressive diseases like ovarian cancer in women in their 30s. These personal observations of more frequent, aggressive cancers in youth led him to probe what might have changed in recent years. "We're clearly seeing an increase in certain types of cancer, like pancreatic cancer, ovarian cancer... colon cancer... in younger people."

Soon-Shiong is a veteran surgeon and immunologist who has spent a career studying the human immune system's fight against cancer. He

pandemic" of cancer. He tells Carlson that in 50 years of medical practice, it was extraordinarily rare to see cancers like pancreatic tumors in

pioneered novel immunotherapies and even worked on a T-cell based COVID vaccine booster during the pandemic. In the interview, he draws on

this background to voice deep concern over rising cancer cases, especially among younger people – something he describes as a "non-infectious"

children or young adults, yet recently such cases are appearing. For instance, Soon-Shiong was alarmed by seeing a 13-year-old with metastatic

its spike protein (via infection or vaccination). "I don't know how to say that without saying it. It scares the pants off me because I think what we may be, I don' think it's virus versus man now, this is existential. I think when I talk about the largest non-infectious pandemic that we're afraid of, this is it."

"Billions of people - literally billions - had the COVID virus. Over a billion got the spike protein vaccine," said Carlson, adding "So that's like,

According Soon-Shiong, the COVID era is the obvious change - and suggests that both the SARS-CoV-2 virus infection and the widespread

vaccination campaigns could be key drivers behind this cancer spike. He emphasizes the massive scale of human exposure to the virus and

we're talking like a huge percentage of the Earth's population, unless I'm missing something."

"Now you understand what keeps you awake at night and kept me awake at night for two years, two and a half years," Soon-Shiong replied,

Soon-Shiong frames COVID-era cancers as potentially virally triggered or exacerbated. In the interview, he described cases of "virally induced"

cancers" in clinics during the pandemic – patients whose cancers may have been kicked into overdrive by the cascade of inflammation and

immune stress associated with COVID-19 (Dr. Patrick Soon-Shiong: You're Being Lied to About Cancer, How It's Caused, and How to Stop It).

TUCKER: "a lot people have pointed to both COVID, the virus, and to the mRNA COVID vaccines as potential causes. Do you think

SOON-SHIONG: "The best way for me to answer that is to look at history. What we know about virally-induced cancers is well-

established. We know that if you get hepatitis, you get liver cancer. Hepatitis is a virus infection. We know if you got human

suggesting that exposure to both is silently undermining the immune system's natural defenses against cancer on a global scale.

COVID infection causes a massive inflammatory response, and some cancers are known to exploit inflammation to grow.

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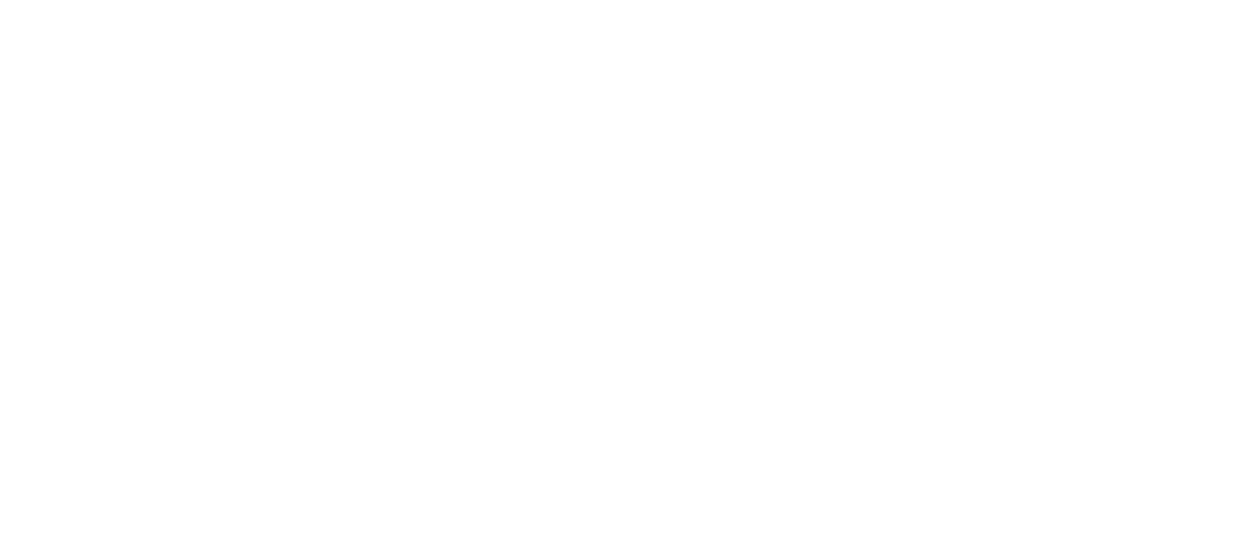
We know that certain viruses directly cause cancer (e.g. HPV, Epstein-Barr), so it's not unprecedented for a virus to play a role in oncogenesis. While SARS-CoV-2 is not a known oncovirus, Soon-Shiong worries its indirect effects – chronic inflammation, immune exhaustion, or "suppressor

cells" that emerge in the wake of infection/vaccination – could be accelerating tumor development. "The answer is to stop the inflammation...

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clear the virus from the body," he argues, positing that until we eradicate lingering virus and restore immune balance, we may see mounting cancer

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global epidemic of terrifyingly aggressive cancers. (0:00) Why Are Cancer Rates Rising in Young People? (6:16) What Is Show more

In sum, Dr. Soon-Shiong's claim is that the pandemic has set the stage for an explosion of aggressive cancers: the COVID virus itself

(especially if it persists in survivors) might suppress immune surveillance, and the mRNA vaccines "that didn't stop it" might inadvertently

contribute to an immunosuppressive environment. These effects, in his theory, could be unleashing cancers that the immune system would

7:00 AM · Mar 26, 2025 41.8K Copy link Reply Read 2.8K replies A number of clinicians and researchers have reported similar worrying observations, though these remain largely anecdotal at this stage. One prominent voice echoing Soon-Shiong's concern is Dr. Angus Dalgleish, a veteran oncologist and professor at St. George's, University of London.

proliferation and in vivo metastasis" of triple-negative breast cancer cells in the lab (Frontiers | SARS-CoV-2 M Protein Facilitates Malignant <u>Transformation of Breast Cancer Cells</u>). In co-culture experiments, breast cancer cells exposed to the viral protein essentially became more aggressive and invasive. The researchers concluded that COVID-19 infection "might promote...aggressive [cancer] phenotypes" and warned that cancer patients who get COVID could face worse outcomes. While this is one specific context (breast cancer cells and one viral protein), it underpins Soon-Shiong's general concern: the virus can directly alter the tumor microenvironment to the cancer's advantage.

Oncology explored how SARS-CoV-2 proteins interact with cancer cells. It found that the virus's membrane (M) protein can "induce the mobility,

In late 2022, Dalgleish wrote to the BMJ's editor after noticing that some cancer patients who had been stable for years experienced "rapid

independently seeing the same pattern. This frontline testimony aligns with Soon-Shiong's fear: something about the immune system post-

vaccination (lasting for several weeks) as a plausible mechanism. Many of the cancers he saw were ones normally held in check by immune

surveillance (melanomas and B-cell cancers), so a temporary post-vaccine drop in immune vigilance could allow a tumor growth spurt. He also

alluded to "suppressor gene suppression by mRNA in laboratory experiments" – a reference to preliminary studies that found the SARS-CoV-2

Beyond individual doctors, some research is probing links between COVID and cancer behavior. For example, a 2022 study in Frontiers in

organisms) lend some biological plausibility to the idea that spike exposure could affect cancer-related pathways.

spike protein might interfere with key DNA repair or tumor-suppressor proteins in cells. These lab findings (while not yet confirmed in living

progression of their disease after a COVID-19 booster." He cited cases of individuals who were doing well until shortly after vaccination - new

leukemias, sudden appearance of Stage IV lymphomas, and explosive metastases in patients who had post-vaccine bouts of feeling unwell.

"I am experienced enough to know that these are not coincidental," Dalgleish wrote, noting that colleagues in Germany, Australia and the U.S. were

vaccination might be removing restraints on latent cancers. Dalgleish specifically pointed to short-term innate immune suppression after mRNA

Another line of evidence involves latent viruses and inflammation. Doctors have documented unusual reactivations of viruses like Epstein-Barr

suppression. "There isn't evidence to date that COVID-19 vaccines cause cancer or lead to worsening cancer," one infectious disease expert told

While the scientific community debates mechanistic links between COVID and cancer, independent analysts have been parsing population-level

data for unusual patterns. One notable effort is by Phinance Technologies, a research firm co-founded by former BlackRock portfolio manager

the aftermath of COVID and mass vaccination. Their findings reveal concerning trends, especially among younger, working-age populations,

Edward Dowd. Phinance has been analyzing excess mortality and disability data since the pandemic, looking for signals of broad health impacts in

(which is linked to lymphomas and other malignancies) during both COVID-19 and post-vaccine immune reactions. Such reactivations hint at a

Or course, fact-checkers and medical authorities argue that there is no credible evidence of vaccines causing meaningful immune

FactCheck.org, though they do acknowledge rare side effects like myocarditis or blood clots were found, but not cancer.

that lend some weight to Dr. Soon-Shiong's general warning of a post-COVID health crisis (though not specific to cancer alone). Phinance's "Vaccine Damage Project" examined the U.S. population aged 16-64 (essentially the workforce) and stratified outcomes into four groups: no effect, mild injuries, severe injuries (disabilities), and death. Using official government databases (the CDC, Bureau of Labor Statistics,

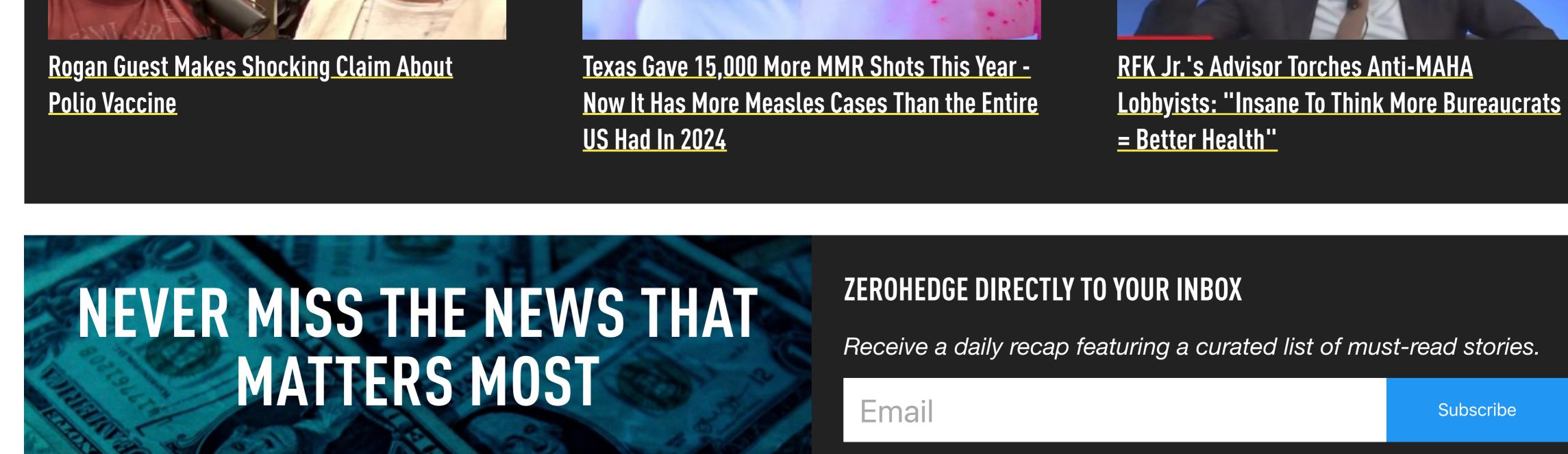
Phinance Data Insights: Post-COVID Health Trends

period of immune dysregulation that might also let nascent cancer cells slip past defenses.

etc.), they estimated how each category changed starting in 2021 – when vaccines rolled out and COVID became widespread. The results are sobering. According to Phinance's analysis, by the end of 2022 the U.S. had experienced approximately 310,000 excess deaths among adults aged 25-64 (a ~23% increase in mortality in that group over normal expectations). Notably, they argue that after mid-2021, with vaccines available and the virus itself becoming less deadly (due to immunity and milder variants), COVID-19 should not have been causing such high excess death rates. Therefore, those 310k "unexplained" deaths in 2021–2022 could represent an upper bound on vaccine-related fatalities or other pandemic collateral damage.

Even more striking is the data on new disabilities. Phinance found that from early 2021 through late 2022, about 1.36 million additional Americans (age 16-64) became disabled - a 24.6% rise in disability in that cohort, far above historical trend. This jump in disabilities among the workforce correlates in time with the vaccine rollout (and was disproportionately higher in the labor force than among those not working). The analysts note that the healthiest segment of the population (employed working-age adults) saw a greater relative increase in disabilities after Q1 **2021** than the older or non-working groups. This is unusual, since typically health shocks hit the elderly hardest – but here something was impacting younger, healthy people to a significant degree. Phinance investigated further and found a tight relationship between the cumulative number of vaccine doses administered and the rise in disabilities in 2021-22. In fact, for the 16–64 population, they computed a ratio of about 4 new disabilities per excess death in that period, suggesting many survivors were left with lingering health issues even if they didn't die.

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