Observation	Effect	Year of publi- cation	Pathogen	Ref.
Lower risk of cancer in syphilitic prostitutes	prophy- lactic	1725	Treponema palliдит	[1]
Collection of 302 cases of spontaneous regression (44 complete remissions) 27/302 cases accompanied by infection (9%), 69 cases where "incomplete operation [was] often accompanied by post-operative fever" (28%)	thera- peutic	1918	diverse	[2]
Low risk of cancer in tuberculosis patients	prophy- lactic	1929	Mycobacterium tuberculosis	[3]
Lower risk of cancer in malaria patients	prophy- lactic	1929	Plasmoðium falc., malariae, vivax	[4, 5]
Of 300 cancer patients 113 had no febrile infectious childhood diseases (FICD), while in 300 controls 16 lacked FICD	prophy- lactic	1934	diverse	[6]
Fewer childhood diseases, higher cancer risk in adults	prophy- lactic	1936	diverse	[7]
In a cohort of 300 cases of childhood leucemia, 26 spontaneous remissions were observed. 21/26 (80%) were accompanied by infection	thera- peutic	1951	diverse	[8]
Less benign ovary cysts in patients with childhood mumps	prophy lactic	1960	Paramyxovirus parotitis	[9]
"according to the Cancer Centre in Sao Paulo (Brazil), among tens of thousands of cancer patients only two gave a positive Machado reaction [indicating chronic or recovered trypanosoma infection], whereas among the remaining population the number suffering from this infection varies from 10 to 20 percent.", anecdotal remark	prophy- lactic	1963	Trypanosoma cruzi	[10]
Lower cancer mortality in 5460 survivors of typhoid fever	prophy- lactic	1970	Salmonella typki	Ref. 58 in [11]
Fewer physician visits, secondary illnesses and hospital referrals in 150 controls vs. 150 cancer patients	prophy- lactic	1970	diverse	[12]
In 62/224 cases of spontaneous regression (28%) either an infection or a persistent temperature elevation was observed prior to regression	thera- peutic	1971	diverse	[13]
Occasional remissions in Hodgkin's lymphoma after measles attack	thera- peutic	1971	Morbillivirus	[14]
Patients developing empyema after lung cancer surgery have improved 5-year survival (50% (n=18) vs 22% (n=411))	thera- peutic	1972	diverse	[15]
Lower incidence of mumps, measles, rubella in 300 patients with cancer of the ovary compared to control group	prophyl actic	1977	MMR-viruses	[16]
Lower incidence of mumps in patients with cancer of the ovary compared to control group	prophy- lactic	1979	Paramyxovirus parotitis	[17] [18]
Increased cancer risk with an odds ratio of 2.6 for missing history of infectious organ diseases, 5.7 for missing history of common colds and 15.1 for missing history of fever	prophy- lactic	1983	diverse	[19]

Out of 353 individuals with a negative history of measles 21 developed cancer versus 1 case in 230 controls with a positive history of measles (p 0.001)	prophy- lactic	1985	diverse	[20]
Much lower cancer rate in wool and hemp factories; wool or hemp dust can carry bacterial endotoxins.	prophy- lactic	1985	diverse	[21]
Lower frequency of infections in the first year of life for children with leukemia	prophy- lactic	1986	diverse	[22]
Lower cancer incidence after Herpes infections	prophy- lactic	1987	Herpes simplex	[23]
Post-transfusional hepatitis in patients with acute myelogeneous leukemia doubles survival rate	therape utic	1982, 1992	Hepatitis viruses	[24, 25]
A history of common colds or gastroenteric influenza was found to be associated with a decreased cancer risk (odds ratio 0.18 and 0.23 vs. population and hospital controls, resp.)	prophy- lactic	1991	Common cold viruses	[26]
Inverse correlation between number of infections and mortality from tumors in Italy in the period 1890-1960: each 2% reduction in number of infectious diseases was followed by a 2% increase in tumours about 10 years later	prophy- lactic	1998	diverse	[27]
Inverse association between number of carcinoma (but not breast cancer) and febrile infectious childhood diseases (FICD); association stronger for higher numbers of FICD and childhood in pre-antibiotic times; strongest protection by rubella (379 cancer cases vs. 379 office matched controls)	prophy- lactic	1998	diverse	[28]
68 well documented cases of spontaneous regression from melanoma, preceded in 21 (31%) cases by a febrile infection	thera- peutic	1998	Streptococcus pyogenes	[29]
Statistically significant inverse association between a reported history of infections and glioma, meningioma (RR=0.72, age and gender matched population control of 1509 cases)	prophy- lactic	1999	diverse	[30]
Inverse correlation between melanoma risk and number of recorded infections on one hand and between melanoma risk and fever height on the other hand, leading to a combined reduction of melanoma risk of about 40% for people with a history of three or more infections with high fever above 38.5°C (age and gender matched population control)	prophy- lactic	1999	diverse	[31]
More than two-fold higher incidence of cancer in Europe, GUS and US compared to Africa and Asia of 381 vs 156 (ten most prominent cancer forms, age standardized rate per 100000 population; in Africa and Asia a significant higher rate of infections is assumed here	prophy- lactic	2003	diverse	[32]
Prior immunisation of melanoma patients with vaccinia or BCG is associated with better survival (age matched controls)	prophy- lactic	2005	Vaccinia, BCG vaccine	[33]
Dairy farmers, but not crop and orchard farmers, report one third less cancers than the average population; protection diminishes over time after exposure is removed; dust in cattle houses can carry bacterial endotoxins which frequently lead to unspecific "day fever"	prophy- lactic	2005	diverse	[34]
The 10-year survival for patients with osteosarcoma with infection within one year after surgery (n=41) was 84.5% compared to 62.3% in the non-infected group (n=371)	thera- peutic	2007	diverse	[35]

After allogeneic stem cell transplantation, patients who had a febrile infection (FI) before post- transplant day 21 (FI group) had a lower probability of leukemic relapse (P < 0.001) and a higher relapse-free survival rate (P = 0.012) than those patients who did not have a FI before post- transplant day 21 (non-FI group)		2008		[36]
4-fold higher risk for Hodgkin-lymphoma if tonsils are removed at age < 15 years	prophy- lactic	2010	diverse	[37]
Reduced ALL (acute lymphoblastic leukemia) risk in kindergarten children (frequent mutual infectious contaminations presumed), OR 0.8) or children with repeated common infections (OR 0.7)	prophy- lactic	2010	diverse	[38]
Reduced risk for ALL in children visiting kindergarten	prophy- lactic	2010,20 11	diverse	[39] , [40]
Reduced HL risk (Hodgkin lymphoma, 128 cases aged 5-14) and NHL (non-Hodgkin lymphoma, 164 cases aged 2-15 Jahre) vs. 1312 controls. HL+kindergarten: OR 0.5; HL+common infections+non-breast-feeding: OR 0.3; NHL+birth order 3: OR 0.7; NHL+prolonged breast feeding: OR 0.5; NHL+frequent farm visits in early life: OR 0.5; NHL+asthma: OR 0.6	prophy- lactic	2011	diverse	[41]

Table 1: Anti-correlation between acute, cured infections and the likelihood to develop cancer. Contradictory findings: Two publications were found which could not confirm inverse association between infection and cancer [42],[43], one, in a low impact journal not listed in PubMed [44], reported an increased risk with mumps and whooping cough. All three publications are based on less than 200 cases. In one study an inverse correlation between childhood mumps and ovary cancer could not be confirmed [45]. Attie et al. reported that 86 infectious events in 106 colon cancer patients during or until one year after cancer therapy lead to decreased survival compared to non-infected patients, however, they excluded infectious events treated in ambulatory setting, introducing a strong bias towards severe infections in hospitalized patients, which might be life threatening by themselves [46].

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