## Cannabinoids and Health

Module 8

Lecture 4: Is Cannabis Effective in Treatment of Cancer Symptoms?

# Cannabis for Cancer: Physician Support

- Of nearly 1,500 physician readers of NEJM, 76% supported marijuana for medicinal purposes
  - Broken down by state/province, only one state (Utah) had less than 50% support
- Those in favor commented on responsibility to "alleviate suffering"
  - Many simultaneously acknowledged known dangers of prescription narcotics
- Those opposed commented on the lack of evidence, lack of provenance (legality), inconsistency in dosage, and side effects (e.g., psychosis)

CLINICAL DECISIONS

Medicinal Use of Marijuana — Polling Results

## Cannabis as a Treatment for Cancer Symptoms



### A user's guide to cannabinoid therapies in oncology

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- Notably, comments/results from the NEJM poll indicated particular support for cancer, including advanced symptoms and treatment-related side effects.
- Chemotherapy is effective for treating cancer but is cytotoxic and produces nasty side effects
- Side effects that may be mitigated by cannabis
  - Nausea and vomiting
  - Weight loss
  - Neuropathic Pain in Extremities

## Cancer causes suffering on many levels

- What happens after you are diagnosed with cancer?
  - Tremendous anxiety and stress
  - Anxiety and stress can lead to lack of sleep
  - Lack of sleep makes everything worse
  - Often, patients find themselves meeting with a surgeon and scheduling surgery
  - Surgery involves post operative pain (and the need for a postoperative pain plan)
  - Post-operative pain can lead to chronic pain
  - Chemotherapy is often part of treatment and produces nasty side effects (pain, nausea vomiting, weight loss, lack of sleep, anxiety)
  - Is it hard to understand why many patients turn to cannabis?
  - But what do the studies suggest?

# Cannabis To Treat Cancer Symptoms

Limited data

Studies do not always measure all of the possible outcomes

 Studies have not assessed effect of route of administration, formulation, different ratios of cananbinoids

### Cannabis for Cancer Treatment Side Effects

- Whiting et al (2015) reviewed 28 trails involving cannabinoid treatments
  - Cannabinoids more reliably resulted in a complete response (OR = 3.82)
  - All trials suggested greater benefit for cannabinoids than alternative treatments.
- Smith et al (2015) conducted a Cochrane review of 23 trials of cannabinoids
  - Summary: cannabinoids were highly effective and more efficacious than placebo
  - Summary: no evidence supports cannabinoids over current first-line medications
  - Cannabinoids are a useful adjunctive treatment
- "insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancer-associated anorexiacachexia syndrome and anorexia nervosa"
  - In other words, not compelling evidence that cannabinoids can be used to treat cancer associated weight loss

#### Cannabinoids for nausea and vomiting in adults with cancer receiving chemotherapy (Review)

Smith LA, Azariah F, Lavender VTC, Stoner NS, Bettiol S



## Cannabis for Cancer-Treatment Side Effects

#### Analysis I.2. Comparison I Cannabinoid versus placebo, Outcome 2 Absence of vomiting.

Review: Cannabinoids for nausea and vomiting in adults with cancer receiving chemotherapy

Comparison: I Cannabinoid versus placebo

Outcome: 2 Absence of vomiting

Study or subgroup	Cannabinoid	Placebo	Risk Ratio		Weight	Risk Ratio
	n/N	n/N	IV,Ranc	lom,95% CI		IV,Random,95% CI
I Nabilone						
Levitt 1982	29/36	4/36			72.5 %	7.25 [ 2.84, 18.52 ]
Subtotal (95% CI)	36	36		-	<b>72.5</b> %	7.25 [ 2.84, 18.52 ]
Total events: 29 (Cannabinoi	d), 4 (Placebo)					
Heterogeneity: not applicable	е					
Test for overall effect: $Z = 4$ .	14 (P = 0.000035)					
2 Dronabinol						
Chang 1979a	6/32	2/32	-	-	27.5 %	3.00 [ 0.65, 13.76 ]
Chang 1981	0/16	0/16				Not estimable
Subtotal (95% CI)	48	48	-		27.5 %	3.00 [ 0.65, 13.76 ]
Total events: 6 (Cannabinoid	), 2 (Placebo)					
Heterogeneity: not applicable	е					
Test for overall effect: $Z = 1$ .	41 (P = 0.16)					
Total (95% CI)	84	84		-	100.0 %	5.69 [ 2.56, 12.64 ]
Total events: 35 (Cannabinoi	d), 6 (Placebo)					
Heterogeneity: $Tau^2 = 0.0$ ; C	$Chi^2 = 0.93$ , $df = 1$ (P = 0	$(0.33); I^2 = 0.0\%$				
Test for overall effect: $Z = 4$ .	27 (P = 0.000020)					
Test for subgroup differences	s: $Chi^2 = 0.93$ , $df = 1$ (P	= 0.33), I <sup>2</sup> =0.0%				
				<u> </u>		
			0.05 0.2	5 20		
			Favours placebo	Favours cannabir	noid	

## Recent Study

- Followed more than 3000 cancer patients in Israel's medical cannabis program
- Only 8.3% reported that cannabis did not help them at follow-up

B. Symptom prevalence at intake and change at six months.

	Total (2970)	Change at six months				
		Symptom disappeared	Improvement	No change or deterioration		
Sleep problems, No. (%)	2329 (78.4)	155 (16.7)	655 (70.8)	114 (12.3)		
Weakness and fatigue, No. (%)	2160 (72.7)	84 (10.9)	429 (55.9)	255 (33.2)		
Digestion problems, No. (%)	1918 (64.6)	199 (26.7)	375 (50.3)	171 (23.0)		
Anxiety and depression, No. (%)	1694 (57.0)	62 (10.1)	455 (74.1)	97 (15.8)		
Nausea and vomiting, No. (%)	1662 (56.0)	251 (36.3)	378 (54.7)	62 (9.0)		
Lack of appetite, No. (%)	1453 (48.9)	130 (25.8)	313 (62.1)	61 (12.1)		

### Conclusions

- Many reasons why cancer patients use cannabis
  - Anxiety
  - Pain
  - Sleep
  - To combat side effects of chemo and radiation
  - As part of post-operative pain plan
- Data suggest that cannabis is effective with many of these cancerrelated symptoms as noted in previous modules
- More research is needed, particularly on the best ratio of THC to CBD
- Very little research on CBD only, may be best to start with a combination CBD and THC
  - No risks and possible benefits to a higher ratio of CBD to THC (e.g. 2:1, 4:1, 8:1)
  - Patients should always start with low doses of THC to avoid harm (e.g., 2.5 mg)