Medical Cannabis and Cancer Treatment

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Disclosure

No financial discloser. This presentation does not reflect the views of the University of Colorado, Department of Medical Oncology, or UC Health, nor does it take the place of a conversation with your physician





Overview

- What is cannabis
- History of cannabis
- Current indicated uses
- Types of cannabis preparations
- Effects and side effects of use
- Process for Medical Use
- Future research and potential uses



What is Cannabis?

- Flowering Plant of the genus Cannabaceae
- Indigenous to South/Central Asia
- Three species: sativa, indica, ruderalis
- THC is the psychoactive component
- CBD no psychotropic effects
- Hemp is the non-medical portion of the plant (clothes, lotions, rope, oil)
- 400 chemicals
- >60 different cannabinoids





History of Cannabis

Consumption dates to 2900 B.C. - Chinese Emperor Fu Hsi

Legal

- Listed on the US Pharmacopeia from 1850-1942
- 1930s attitudes towards cannabis change
 - 1937 Marijuana Tax Act
 - 1970 Controlled Substances Act Schedule I
- 1996 California is the first state to legalize medical cannabis
- 2000 Colorado legalizes medical cannabis



Research

- 1964 THC structure identified
- 1985 first synthetic cannabinoids get FDA approval
- Current Legalization
- 10 states with Medical and Recreational Laws
- 24 states with Medical Cannabis Laws



Medical vs Recreational

(THC products)

Qualifying medical conditions: Cancer, Glaucoma, HIV or AIDS, Cachexia, Persistent muscle spasms, Seizures, Severe nausea, Severe pain, Post-Traumatic Stress Disorder (PTSD)

Medical Use/Red Card

- Up front cost
 - Registered physician fee
 - State fee
- Must find a registered physician, and provide your medical record
- Longer process
- Lower cost for product
 - Larger quantity
 - Cheaper for product , lower tax rate

Recreational

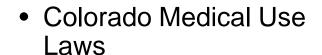
- Higher cost (>20% tax)
- Quicker access
- Same selection

Prescription

- Marinol (dronabinol) Rx required
- Cesamet (nabilone) Rx required



Obtaining a Medical Marijuana Card (Red Card)





- Driver's license, SS#, physician ID #, payment
- Apply for a card, state fee \$25
- Registered physician certificate (\$100-200)

https://www.colorado.gov/pacific/cdphe/

Employers are not required to accommodate your use of marijuana, medical or otherwise



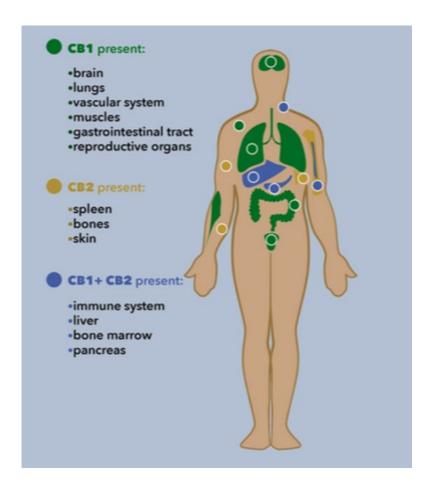
Approved Use Cases in Cancer Treatment

- # 1 Chemotherapy induced nausea and vomiting
- # 2 Sleep aide
- # 3 Appetite Stimulant
- #4 Pain relief



The Endocannabinoid System

- Receptor sites throughout body (all animals)
 - ★ Concentrated in the brain
 - → GI tract
 - → Liver and bone marrow
 - → Other sites still being studied
 - → Immune system
 - + Cellular proliferation
 - → Musculoskeletal control
- Explains effects
 - + Euphoria
 - → Pain
 - Reward
 - → Neuroexcitability
 - → Calming/stimulating
 - → Appetite changes
 - → Anti-nausea





Chemical Components of Cannabis

THC (delta-9-tetrahydrocannabinol)

CBD (cannabidiol)

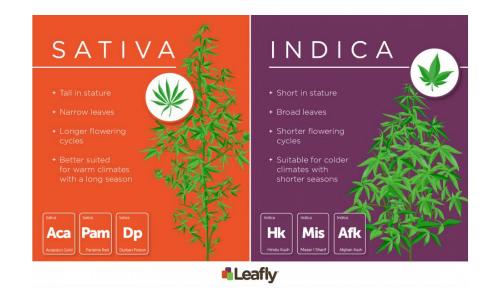
- Psychoactive component
- Pain relief
- Nausea relief
- Appetite stimulant
- Lowers Anxiety and Depression
- Sleep aid (anecdotally)
- Euphoria
- Reduces muscle spasms

- Antipsychotic
- Possible anti-inflammatory effects
- Pain (acute and chronic)
- Seizure disorder
- Lowers anxiety and Depression
- Potentiates THCs anti-inflammatory and analgesic effects
- Mitigates THCs adverse effects
- Not regulated
- Manufacturers, potency, quality, purity varies
- CBD oil vs Hemp oil



Get to know your Cannabis

- □ Types of cannabis
 - Indica sedating, calming, body
 - Sativa uplifting, creative, mind
 - 100s of varietal with different effects
 - Effects largely dependent upon the strain, terpenes (Leafly.com)
- ○ Other Variables
 - □ Concentration of THC
 - Terpenes aromatic compounds commonly produced by plants and fruit
- Ask your bud tender





Common Routes of Consumption

- Inhaled (THC/CBD smoke, vapor)
 - + Flower/bud (joint/bowl)
 - + Concentrates
 - → Wax (vaporized/atomizer)
 - + Shatter
 - → Butter
 - → Rapid onset (3-10 minutes)
 - → Shorter duration (peak 20 minutes)
 - Less favorable for cancer patients especially with poor lung health
 - #ungal contamination
 - ◆Other carcinogens

- Edibles (THC/CBD)
 - → Easier for non-smokers
 - → More variable effects
 - → Delayed onset (60-120 minutes)
 - → Longer duration (peak 120 minutes)
 - → Dose dependent effect
 - → Starting dose 2.5 mg
 - → "start low and go slow"



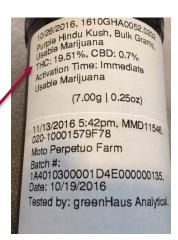
Other Routes of Consumption



- Tinctures (THC +/-CBD)
 - → Liquids to mix in beverages
 - → Sublingual
 - + Easier to dose
- Creams (CBD +/- THC)
 - → Localized relief esp. Pain
 - → Non-psychoactive
- Pill form (THC)
- Prescribed medications (synthetic)
 - → Marinol (dronabinol)
 - → Cesamet (nabilone)

Dosages

- THC Naïve 2.5-5 mg
- THC Tolerant 10-20 mg
- Daily User 20+ mg
- Inhaled: 10-15% THC to start







THC

The Good

- Pain relief
- Nausea relief
- Appetite stimulant

- Sleep aid
- Reduce stress
- Reduce anxiety

The Bad

- "Loopy" or "high" feeling
- Cannabinoid hyperemesis syndrome (CHS)
- Anticholinergic effects (Dry mouth, blurry vision, urinary retention, fast heart rate, high blood pressure)
- Slows response time (don't drive!)
- Sleepy good/bad

- Paranoia
- Shakes
- Irritability/anxiety (CBD too)
- *Exacerbate existing mental illn ess*
- Excess consumption "munchies" lead to weight gain
- Dependence (rare)



Laws/Safety

- Cannot be consumed in public
- Secure your product especially if you have children and pets around
- Edibles can look like regular food or candy
- Do not use with alcohol
- Do not drive while using
- Overdose not lethal but can be an unpleasant experience
- Disclose use to your health care team
- Monitoring liver function, especially while on chemotherapy





www.responsibilitygrowshere.com/



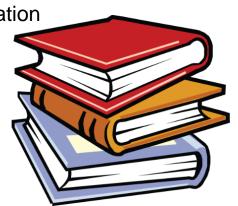
Does cannabis cure cancer?

- Has only been done on cell cultures and animal testing
 - In-vitro = controlled environment outside an organism
 - In-vivo = inside a living organism, not necessarily human
- Animal models have shown antitumor and immune regulation effects
- Effect is largely related to type of cancer, and dose/concentration
- Some types of cancer cells have cannabinoid receptors

Limitations on research

- 1970 Schedule I classification limits scope of testing
 - No currently accepted medical use and a high potential for abuse
- Federal research is only conducted on one approved plant from sinlge grower
 - Different strains, concentrations, preparations
 - Hybrid, genetically modified





References

http://www.governing.com/gov-data/safety-justice/state-marijuana-laws-map-medical-recreational.html
https://medicalmarijuana.procon.org/view.timeline.php?timelineID=000026
https://en.wikipedia.org/wiki/Timeline_of_cannabis_laws_in_the_United_States
https://www.leafly.com/news/cannabis-101/sativa-indica-and-hybrid-differences-between-cannabis-types

Dariš, B., Tancer Verboten, M., Knez, &., & Ferk, P. (n.d.). Cannabinoids in cancer treatment: Therapeutic potential and legislation. *Bosnian Journal of Basic Medical Sciences* /, 19(1), 14-23.

Hill, M. N., & Patel, S. (2013). Translational evidence for the involvement of the endocannabinoid system in stress-related psychiatric illnesses. *Biology of Mood & Anxiety Disorders*, *3*(1), 19. doi:10.1186/2045-5380-3-19

Ilana M. Braun, Alexi Wright, John Peteet, Fremonta L. Meyer, David P. Yuppa, Dragana Bolcic-Jankovic, Jessica LeBlanc, Yuchiao Chang, Liyang Yu, Manan M. Nayak, James A. Tulsky, Joji Suzuki, Lida Nabati, and Eric G. Campbell. Medical Oncologists' Beliefs, Practices, and Knowledge Regarding Marijuana Used Therapeutically: A Nationally Representative Survey Study. Journal of Clinical Oncology 2018 36:19, 1957-1962

Mallick-Searle, T., MS, ANP-BC. (2018, June 26). *Medical Efficacy of Cannabis Therapeutics: Focus on Pain Management*. Speech presented at 2018 AANP National Conference in The Colorado Convention Center, Denver.

Richardson, K., DNP, ARNP, FNP-C, ENP-BC, CEN, FAEN. (2018, June 27). *Medical Marijuana: Keeping our Patients Safe.*

Sharafi, G., He, H., & Nikfarjam, M. (2019). Potential Use of Cannabinoids for the Treatment of Pancreatic Cancer. *Journal of pancreatic cancer*, *5*(1), 1-7. doi:10.1089/pancan.2018.0019

Velasco, G., Sánchez, C., & Guzmán, M. (2016). Anticancer mechanisms of cannabinoids. *Current Oncology*, 23, S23-S32. doi:http://dx.doi.org/10.3747/co.23.3080



Any questions?