

Cannabinoids and Cancer

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Disclosures

Research - Tweed (Canopy)

Consultation - Tilray

Agenda



- Endocannabinoid System
- Treat Symptoms, not disease
- Synthetic Cannabinoids
- Antiemetic effect
- Appetite Stimulant
- Analgesia
- Anxiety / Sleep
- Cancer Risk of Cannabis
- Cancer Treatment – ‘Say Whaaaat’
[Case study]

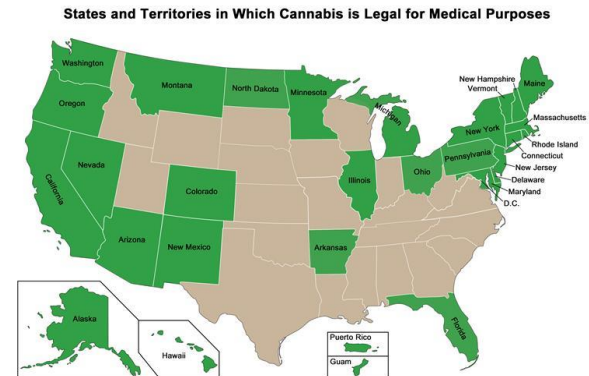
<https://medsinroute.com/product/525mg-201-cbdthc-organic-olive-oil-tincture/>

<https://www.innovationtoronto.com/2018/02/medical-cannabis-rather-than-opioids-are-significantly-safer-for-the-elderly-with-chronic-pain/>

Both accessed 9/18/18

History of Cannabis - World, US, Canada

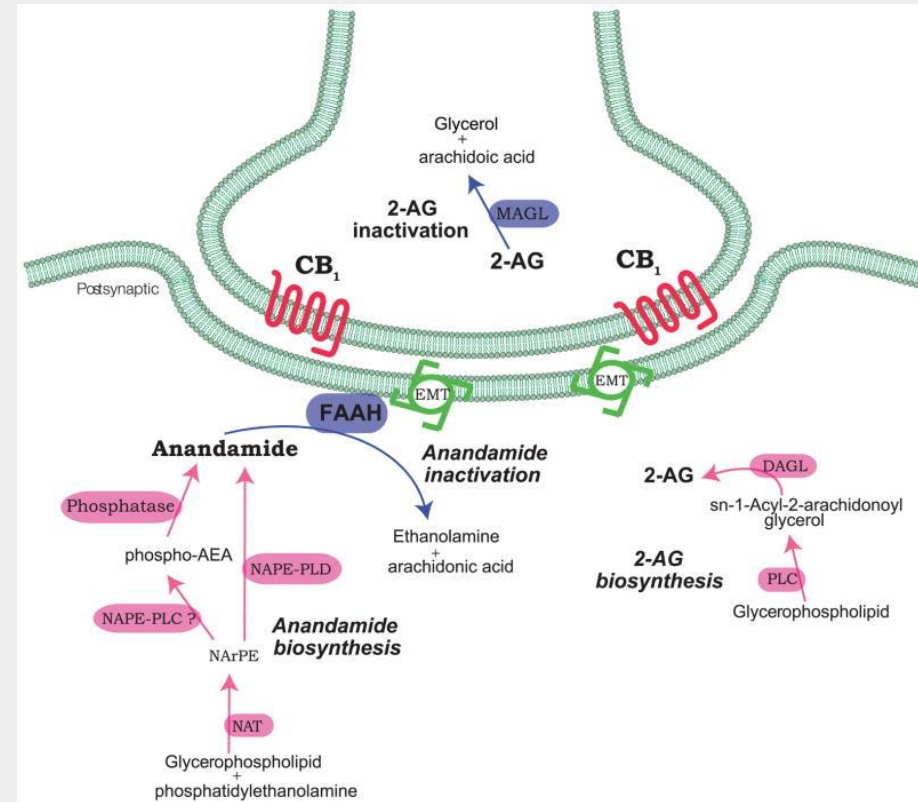
- Used for medical purposes dating back 3,000 years
- 1839 - Dr. W.B.O'Shaughnessy - surgeon
 - Analgeia, sedation, anti-inflammatory, antispasmodic, and anticonvulsant effects
- 1937 - US Treasury Depart. Introduce Marihuana Tax Act - \$1 / oz medicinal, \$100/oz nonmedical. Physicians paid tax to prescribe
- 1942 - Removal due to concerns to cause harm
- 1996 - Canada - Cannabis becomes only Schedule II Drug
- 2003 - MMAR
- 2013 - MMPR
- 2016 - ACMPR
- 2018 - October 17, 2018 - Legalization



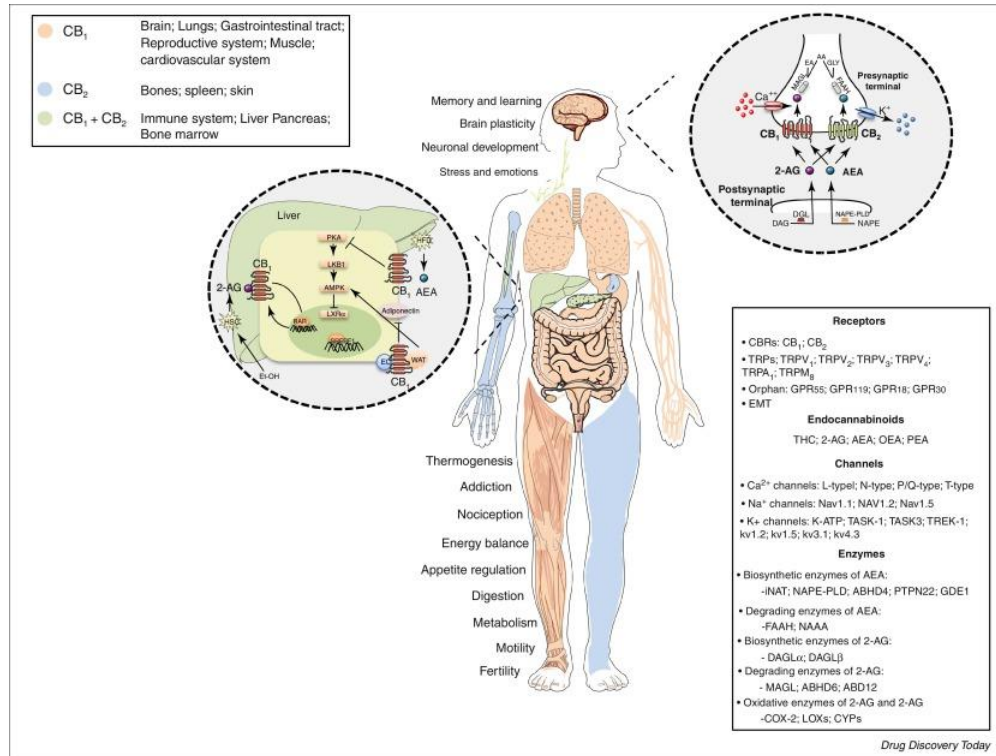
Endocannabinoid System

- CB1 (1990), CB2 (1993)
- G-Couple Proteins
- Presynaptic Inhibition

Pacher et al. The Endocannabinoid System as an Emerging Target of Pharmacotherapy. *Pharmacol. Rev.* 2006 Sep; 58(3): 389–462. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2241751/>. Accessed 9/18/18



Endocannabinoid System



Synthetic Cannabinoids

1. Cesamet (Nabilone) - THC only product, Capsule
 - a. Nausea associated with chemotherapy
 - b. 0.25mg, 0.5mg (ODB), 1mg (ODB)
 - c. Max 2mg per dose, Max 6mg per day
 - d. Off label - pain, sleep
 - e. ODB and 3rd party coverage
2. Sativex (Nabiximol) - THC / CBD, buccal spray
 - a. Spasticity associated with MS
 - b. 2.5mg THC / 2.7mg CBD per spray
 - c. Max 12 sprays per day
 - d. Off Label - Pain
 - e. EAP Required, 3rd Party coverage
3. Marinol (Dronabinol) - THC only product
 - a. USA Only - Nausea - Chemotherapy, HIV

Treat Symptoms,
Not Disease

Treat Symptoms, Not Disease

- Antiemetic Effect
- Appetite Stimulation
 - Analgesia
 - Anxiety
 - Sleep

Anti-emetic Effects

Animal Studies

- CB1 and 5-HT₃ receptors colocalize on GABAergic neurons, opposing effects
- CB1 Antagonist elicit emesis in shrew that was reversed with CB1 agonists
- CB1 antagonist reverse effects of THC and other synthetic cannabinoid CB1 receptors caused by cisplatin in shrew and lithium in shrew.
- CBD itself shown to be effective

Anti-emetic Effects

Human Studies

- Both Dronabinol and Nabilone, Synthetic Δ -9 THC products shown to be effective for nausea in chemotherapy
- Systematic Review found cannabinoids superior than many standard
 - Prochlorperazine, metoclopramide, chlorpromazine, thiethylperazine, haloperidol, domperidone, and alizapride.
- Meta-analyses found cannabinoids to cause absence from nausea
- Varying response among cannabis and nausea
 - No response (Cyclophosphamide, doxorubicin), statistically sign high-dose methotrexate
- New antiemetics (ie 5-HT₃ Antagonists) have not been directly studied

Appetite Stimulation

Animal Models

- CB1 Receptors in hypothalamus involved in motivation and reward of eating
- Anandamide potently enhances appetite in mice

Human Models

- Dronabinol inferior to megace in cancer patients BUT superior to placebo in HIV / AIDs patient
- No difference among patients given varying doses of cannabis extract
- Inhaled cannabis has not been evaluated

Analgesia - Endocannabinoid System

- Analgesia achieved through supraspinal, spinal, and peripheral mode of action - ascending and descending pain pathways

CB1 Receptor

- CB1 found in CNS and Peripheral nerve terminals
- Increased levels found in areas of nociceptive processing

CB2 Receptor

- May modulate pain through anti-inflammatory effects
- Acts on mast cells, reducing histamine and serotonin release

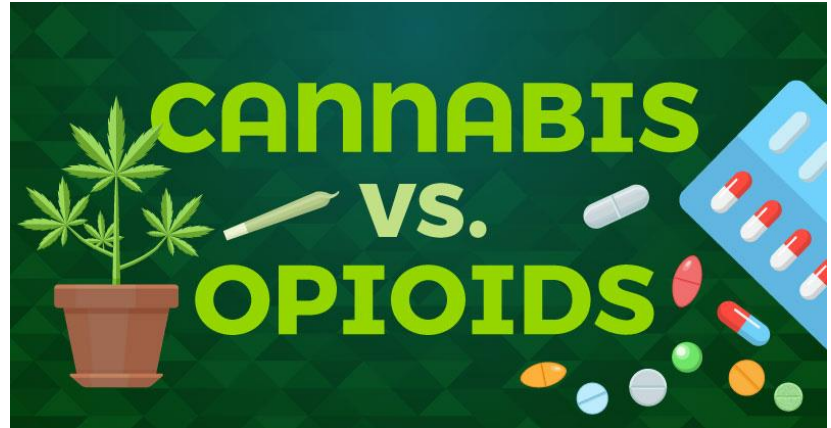
Analgesia - Efficacy

Animal Model

- Prevent chemotherapy-induced neuropathy with exposure to paclitaxel, vincristine, and cisplatin

Analgesia - Efficacy

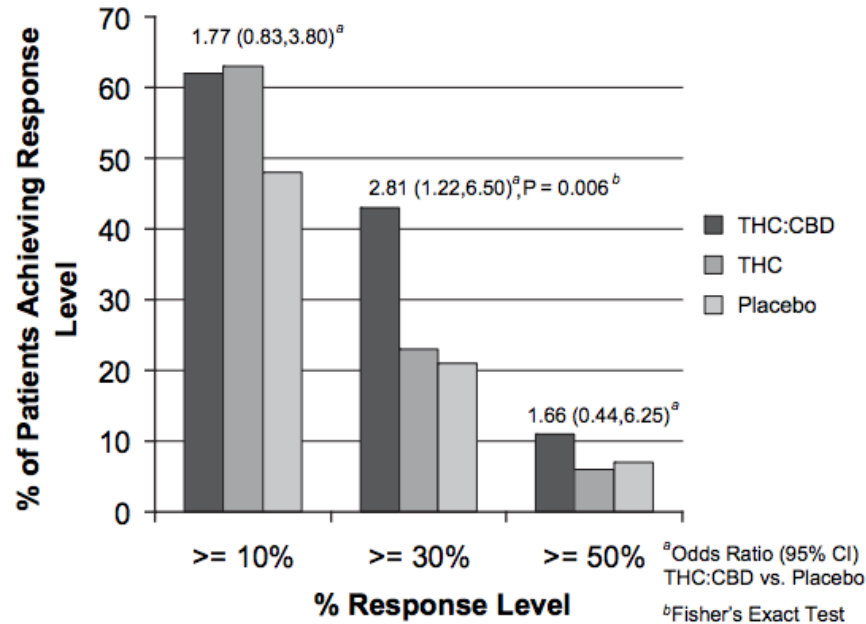
- 15mg & 20mg Delta-9THC associated with substantial analgesia
- 10mg & 20mg equivalent 60mg & 120mg codeine respectively
- Cannabinoids achieve relief of 30% or greater in general
- Both THC and CBD found to be effective
- Reports 45% reduction in pain in 20 minutes



https://apollocannabis.ca/wp-content/themes/enfold/images/ApolloCannabis_Infographic_HeaderImage.jpg. Accessed 9/21/18

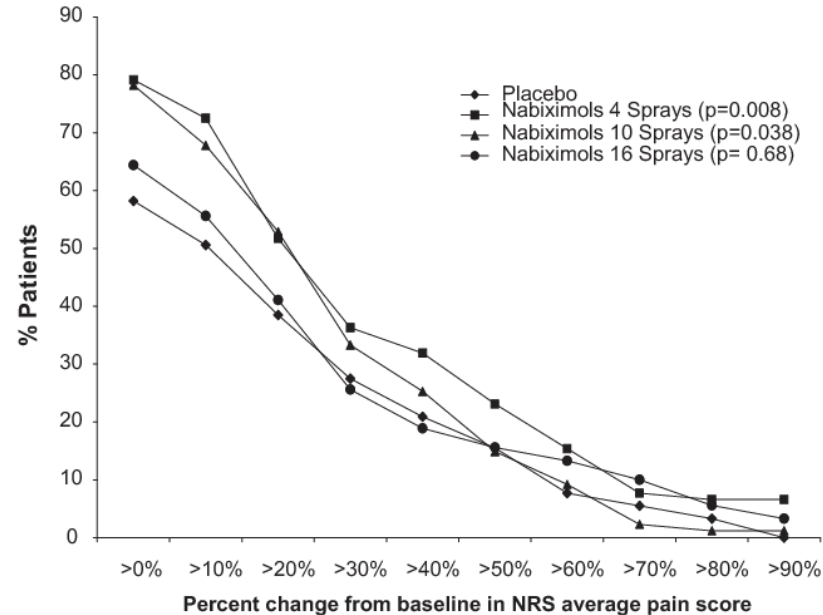
Noyes R Jr, Brunk SF, Avery DA, et al.: The analgesic properties of delta-9-tetrahydrocannabinol and codeine. Clin Pharmacol Ther 18 (1): 84-9, 1975. [[PUBMED Abstract](#)]

Analgesia - Efficacy



Analgesia - Efficacy

Portenoy et al



Portenoy RK, Ganae-Motan ED, Allende S, et al.: Nabiximols for opioid-treated cancer patients with poorly-controlled chronic pain: a randomized, placebo-controlled, graded-dose trial. *J Pain* 13 (5): 438-49, 2012. [\[PUBMED Abstract\]](#)

Anxiety / Sleep

- Euphoria, Mood elevation much depends on set and setting with prior exposure with cannabinoids
- Cannabis has both anxiogenic and anxiolytic properties
- CBD has been shown to inhibit THC-induced anxieties
- THC may decrease sleep latency
- CBD reduce nightmares, improve sleep with chronic pain through REM sleep

... There has not been studies looking specifically at patients with cancer

Risk of Cannabis

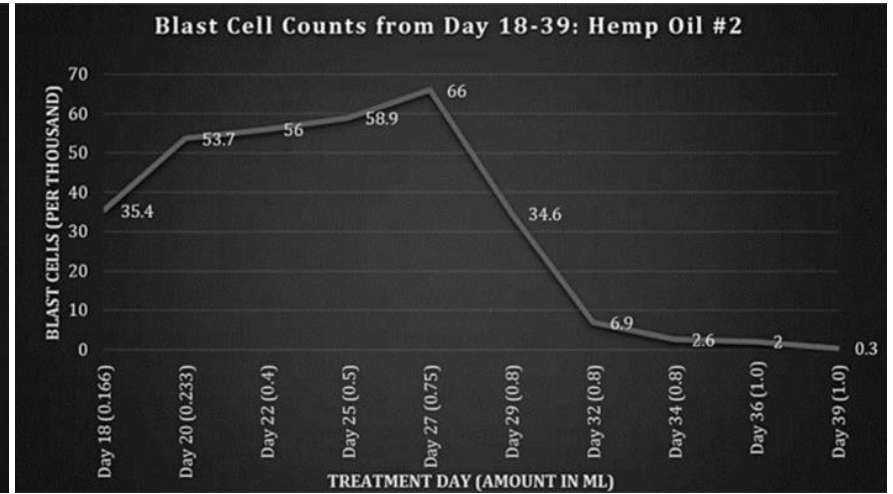
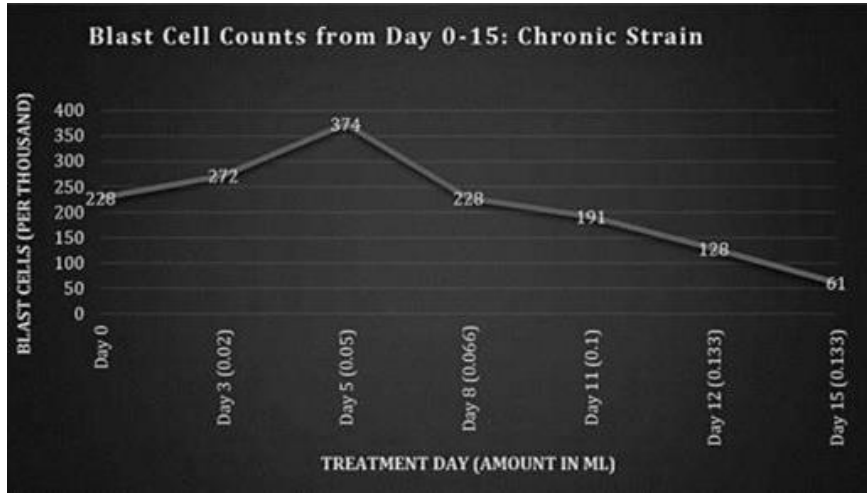
- Most studies are cross-sectional or rely on self-reported health
- Longitudinal study found only association with poorer gum disease
- In regards to burden of disease
 - Risk of dependence 8-9%
 - Cannabis dependence carries ~2 million years of life lived with disability (compared to >100 million for tobacco and alcohol each)
- Increased risk of Accidents / Injuries - warn on driving
- Increased risk bronchitis with combustion
- Increased risk of MI with combustion (4.8 fold in first hour)
- Similar inflammatory effects seen as smoking with combustion
- Increased CO exposure with combustion
- Possible Brain developmental issues in heavy users in adolescents

Risk of Cannabis

- Does not increase risk of cancer - lung, head, neck
- May increase risk of one subtype of testicular cancer

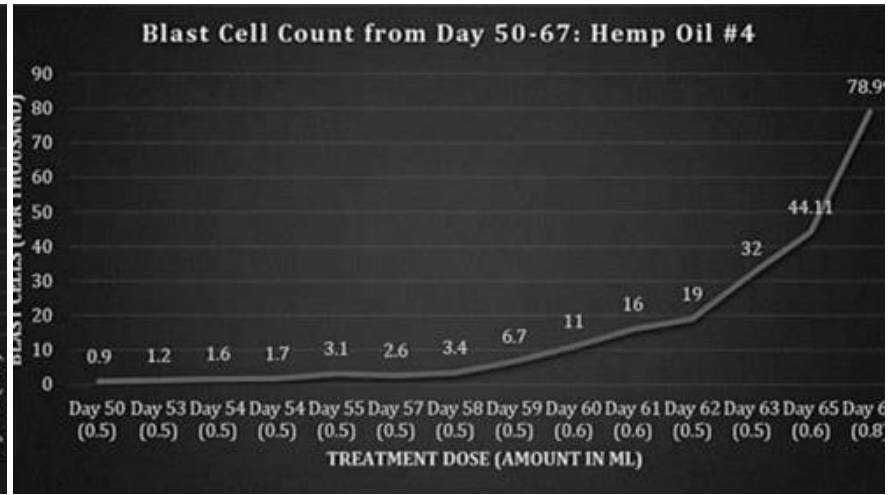
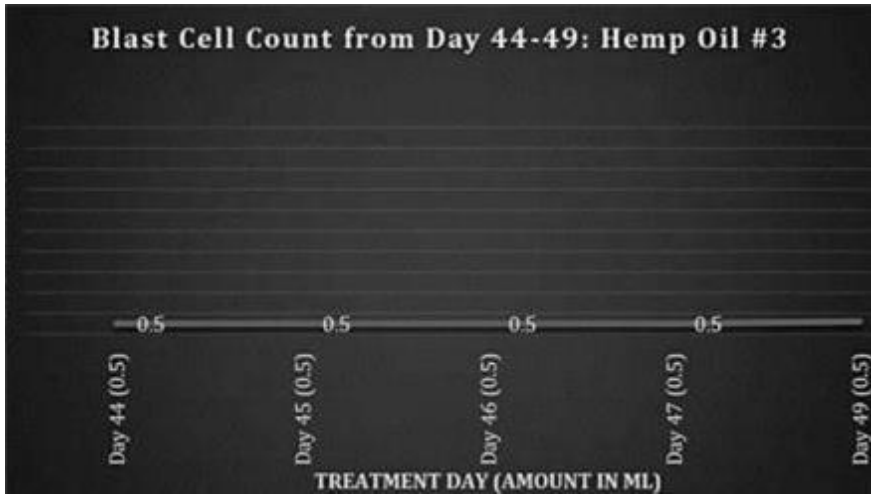
Case Study

- 14 year old presenting to Sick Kids with SOB, Weakness, Bruising.
- Dx ALL with Blasts > 300K.
- Acute chemo with standard for 6mo - March 2006
 - Needed bone marrow transplant - Aug 2006 (45 day isolation)
 - Gleevac 500mg BID - Feb 2007
 - Nov 2007 - Presence premature blast cells - no further transplants
 - Sprycel BID without chemo - Feb 2008
 - 10 brain radiation treatments, suspected infiltration the CNS - Oct 2008
 - Hematochezia, Blast Cells return - Feb 2009 - Palliative Care
 - Informed she will suffer a stroke



Case Study

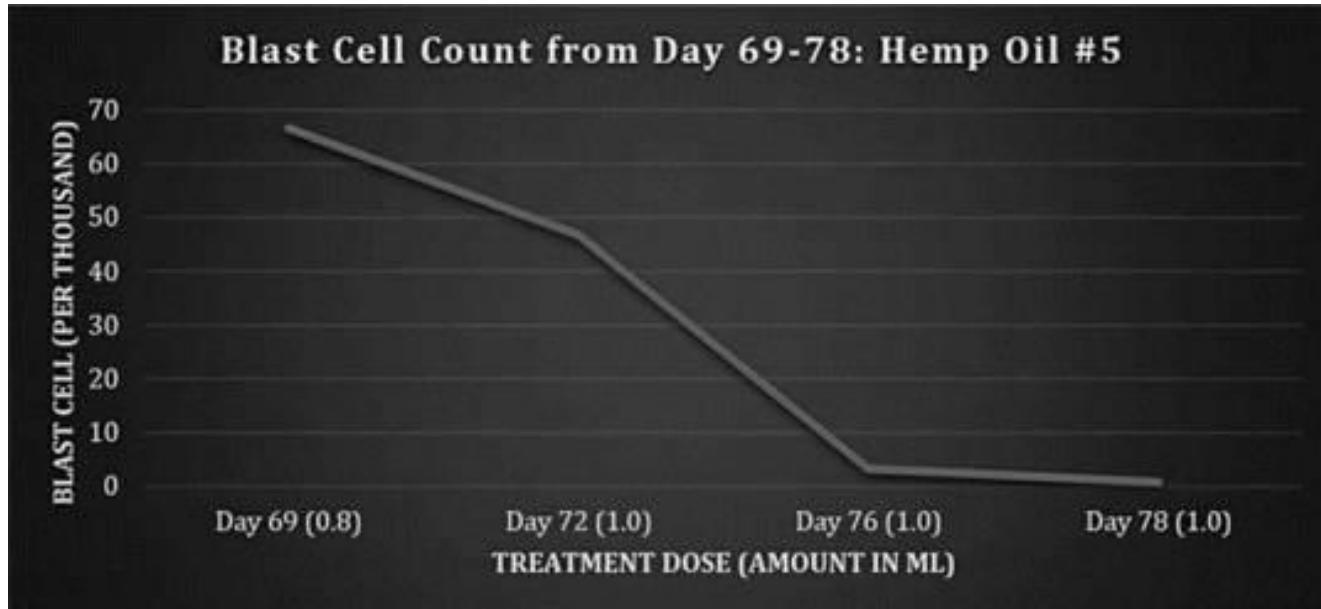
Singh, Y. & Bali C. Cannabis Extract Treatment for Terminal Acute Lymphoblastic Leukemia with a Philadelphia Chromosome Mutation. Case Rep Oncol. 2013 Sep-Dec; 6(3): 585-592.



Case Study

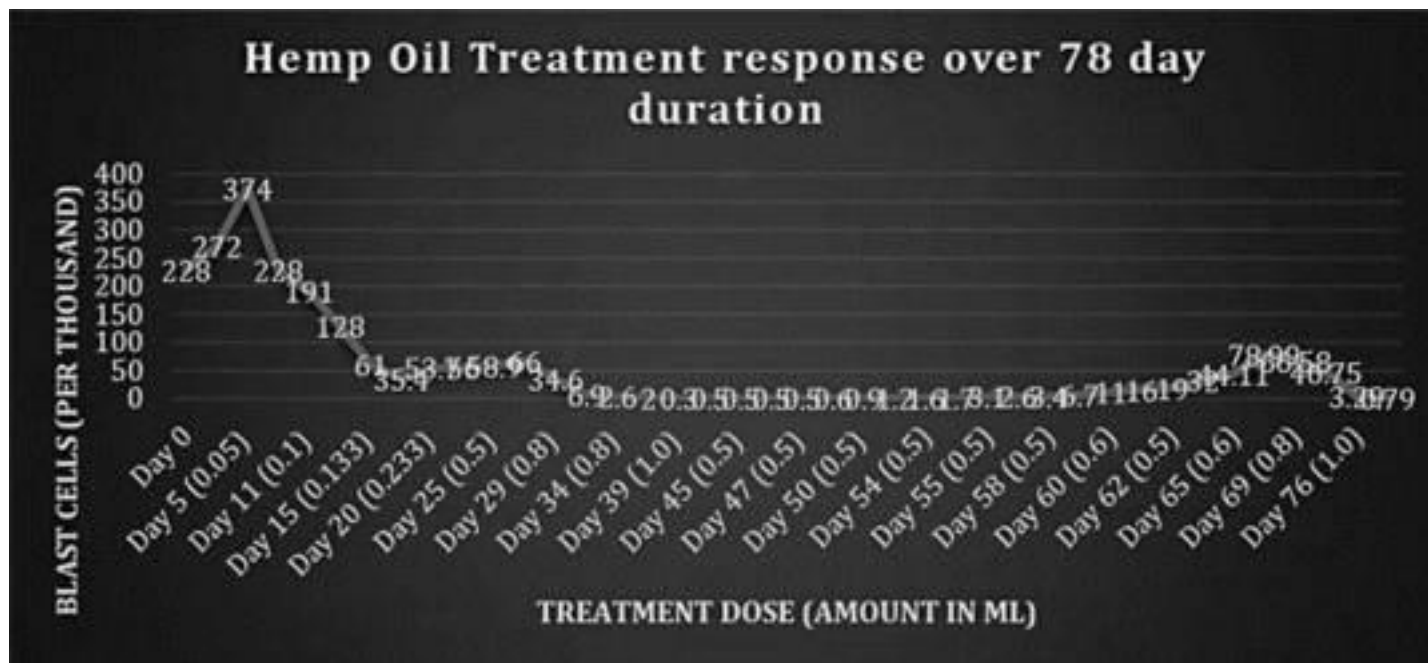
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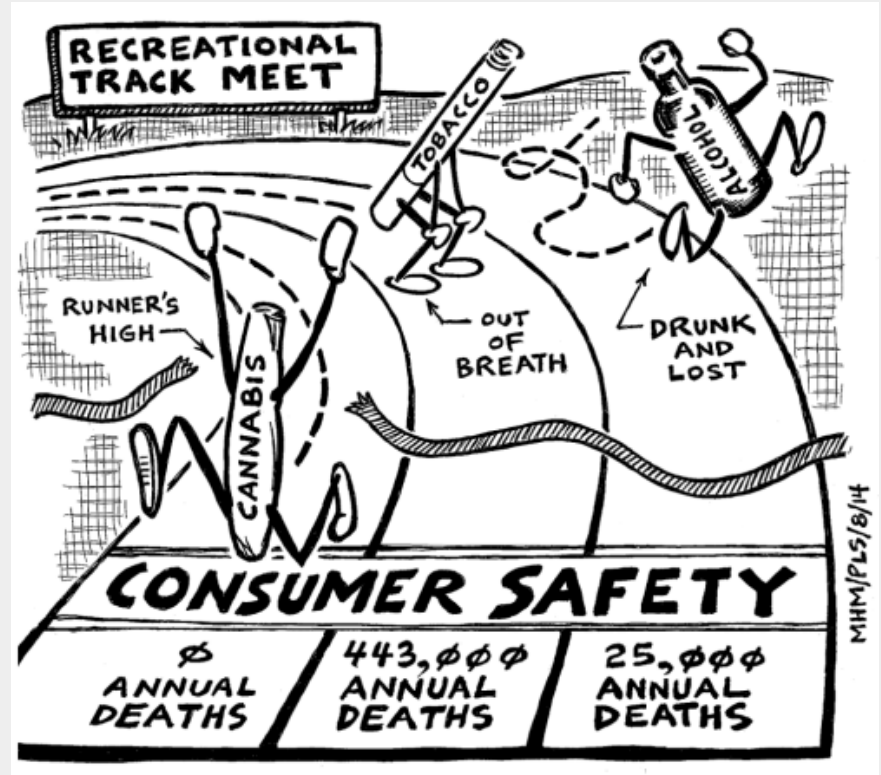
Overdose Potential

No documented deaths directly attributed to cannabis or cannabinoids.

We have not found LD50 nor LD100

https://www.dea.gov/sites/default/files/2018-06/drug_of_abuse.pdf

Drugs of Abuse. A DEA Guide 2017 Edition. DEA, Department of Justice. Accessed 9/18/18



<http://www.soberstoner.com/>

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? Questions ?



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