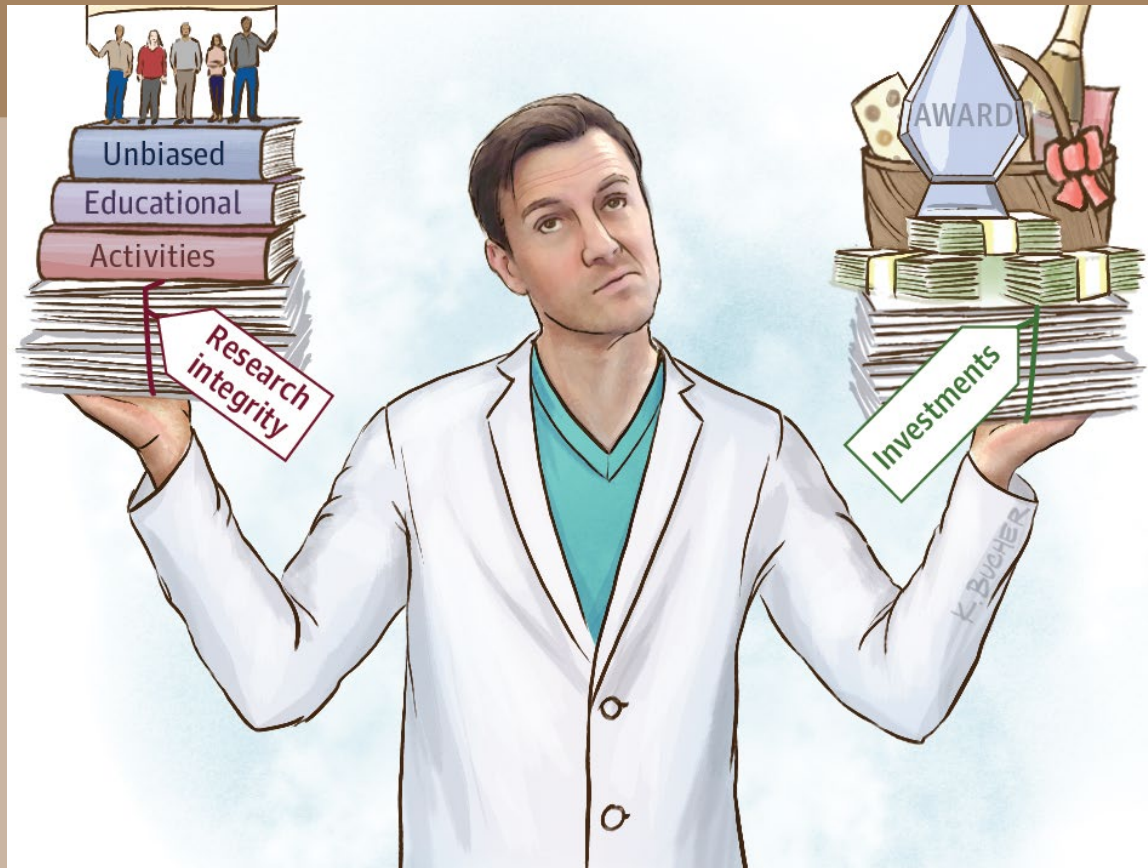


Medical Marijuana: Clinical Data in Palliative Care

Jerry Mitchell, MD, MBA
Zangmeister Cancer Center



The Choice for Oncology & Hematology



Relevant Disclosures – None

Talk Outline

Part I

Overview of data in cancer, chronic pain, nausea/vomiting and weight loss

Part II

Current Regulatory Environment in Ohio

Clinical Research Landscape

1937 – “Marihuana Tax Act”

1970 – Controlled Substances Act (CSA)

Made Marijuana Schedule I

Made University of Mississippi single supplier for research

2015 – NIH spent \$111 million

Marijuana in Neoplasia



Marijuana in Chronic Pain

Most common medical reason
(85-95% in Colorado)

Many patients substituting
marijuana for opioids

Bradford study of Medicare
Part D demonstrated \$165.2
million reduction in opioid
spending

Boehke study demonstrated 64%
reduction in opioid use in
chronic pain



Marijuana in Chronic Pain

Whiting et.al: Meta- analysis assessed 28 studies. Cannabinoids demonstrated pain reduction compared to placebo

National Academy of Sciences in 2017 report concluded that there is substantial evidence that cannabis is an effective treatment

Limitations include very little known about commonly used cannabis products



Marijuana in Nausea/Vomiting



Whiting, et. Al. (again) all before 1984. Trend toward benefit over active agents and placebo

Smith et.al. in 2015 meta-analysis demonstrated cannabinoids better than placebo and similar to prochlorperazine and ondansetron

Meiri et.al. 2007 dronabinol and ondansetron equally efficacious

Marijuana in other palliative roles

- Limited Evidence in HIV/AIDS weight loss
- Limited evidence in cancer cachexia
- Moderate evidence for short term sleep disturbance improvement
- No evidence that there is effectiveness with anxiety and depression

Ohio Regulatory Environment



Run through Department of
Commerce, Board of Pharmacy
and Medical Board

<https://medicalmarijuana.ohio.gov>

Ohio Regulatory Environment

- Need an endorsement on your current medical license
- 2 hours of CME (OSMA website)
- Apply on Medical Board Website
- Enroll patient and recommend through portal
- Keep separate medical record with condition and prior treatments



Ohio Regulatory Environment

HIV

AIDS

ALS

Alzheimer's

Cancer

CTE

Crohn's Disease

Epilepsy

Fibromyalgia

Ulcerative Colitis

Glaucoma

Hepatitis C

Inflammatory Bowel Disease

Multiple Sclerosis

Chronic Pain

Parkinson's Disease

PTSD

Sickle Cell Disease

Spinal Cord Injury

Tourette's Syndrome

Traumatic Brain Injury

Citations

- Committee on the Health Effects of Marijuana “The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research.” 2017. The National Academies Press.
- Witing, et.al. “Cannabinoids for Medical Use: A Systematic Review and Meta-analysis.” JAMA. 2015 313(24) 2456-2473
- Bar-lev Schleider et.al. “Prospective analysis of safety and efficacy of medical cannabis in large unselected population of patients with cancer.” Eur Jour Int Med 2018 (49) 37-43
- Bradford, et.al. “Medical Marijuana Laws reduce Prescription Medication Use in Medicare Part D” Health Affairs July 2016 (35)
- Boehnke, et.al. “Medical Cannabis Use is Associated with Decreased Opiate Use in a retrospective cross-sectional survey of patients with chronic pain.” Journal of Pain June 2016 (17) 739-744

Citations

- Meiri, et.al. “Efficacy of dronabinol alone and in combination with ondansetron v. ondansetron alone for delayed chemotherapy induced nausea and vomiting.” *Current Medical Research and Opinion* 2007 (23) 533-543
- Belendiuk et.al “ Narrative Review of the safety and efficacy of marijuana for the treatment of commonly state-approved medical and psychiatric disorders.” *Addiction Science and Clinical Practice* 2015 10:10
- Strasser et.al. “Comparison of Orally Administers Cannabis Extract and THC in treating patients with cancer related anorexia-cachexia: A Multicenter, Double-Blind Placebo-Controlled Clinical Trial from the Cannabis-in-Cachexia Study-Group” *JCO* 2006 (24) 3394-3400
- Jatoi et.al. “Dronabinol v Megace v combination for Cancer Associated Anorexia.” *JCO* 2002 (20) 567