

28-30 JUNE 2018

MASCC/ISOO

ANNUAL MEETING ON SUPPORTIVE CARE IN CANCER





www.mascc.org/meeting







CANNABINOIDS AND APPETITE: A PROMISING RELATIONSHIP?

MariaLuisa Vigano, Maria-Fernanda Arboleda, Erin Prosk, Youri Drozd, Michael Dworkind, Popi Kasvis

MASCC/ISOO Annual Meeting on Supportive Care in Cancer Vienna, June 29th 2018



Faculty Disclosure

X	No, nothing to disclose	
	Yes, please specify:	

INTRODUCTION

LITERATURE

HIV/AIDS and Cancer Related Anorexia-Cachexia Syndrome



Increased caloric intake and improved quality of life (role/ emotional/social functioning, pain, insomnia) in advanced lung cancer patients on nabilone vs. placebo

Dassesed Of 2 studies support natural THI Gator (2 HIV/AIDS, 2 adv. improving weight as a result of increasing appetite megestrol acetate (MA)

Some evidence is associated with an increase in

6 asses Most studies looked at dronato in of weight

Small sample Siz@igher weight gain and combination of dronabinol and MA did not lead to additional weight gain.

Doses (dronabinol & natural THC) generally lower, (in enjoyment and 5 mig/daily) than the ones used in climical practice ation) in adv. cancer

9 studies

1 randomized open-labeled study

8 randomized double-blind studies

dronabinol

- Retroviruses. 1997;13(4):305-315.
 Struwe M, Kaempfer SH, Geiger CJ, et al. Effect of dronabinol on nutrition within the metion. Ann Pharmacother. 1993;37(7-8):12 arge Phase III trial (adv. cancer) found no
 Beal JE, Olson R, Laubenstein L, et al. Dronabinol as a treatment for an argument accordance with weight loss in patients with AIDS. I Pain Symptom Wanage, 1995;10(2):89-97.
 Jatoi, A., Windschitl, H. E., Loprinzi, C. L., Sloan, J. A., Dakhil, S. R., Maikiard A. . . On the control of the c The effect of nabilone practice of life. The effect of nabilone practice of the property of life in lung cancer patients: A randomized, double-blind clinical trial, Retrieved
- September). Delta-9 @trahydricandbinpl material hadres attered the here people in included nations: Results of a randomized, double-blind, placebo-controlled pilot trial. D., De, I. H., Watanabe, S. M., Mirhosseini, M., Lamoureux, D. C., Chasen, M., Wismer,
- Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/21343383/
 Cannabis-In-Cachexia-Study-Group, Strasser F, Luftner D, Possinger K, Ernst G, Ruhstaller T, et al. Comparison of orally administerassaciated withtesignificantly gneateraweigniforexia-cachexia syndrome: a double-blind, placebo-controlled clinical trial from the Cannabis-In-Cachexia-Study-Group. J Clin Oncol Off J Am Soc Clin Oncol. 2006 Jul - Regelson, W., Butler, J.R., Schulz, J., Kirk, T., Peek, L., Green, M.L., Zalis, M.O., 1976. 9-tetrahydrocannabinol as an effective antideprical in advanced cancer patients. In: Braude, M.C., Szara, S. (Eds.), The Pharmacology of Marihuana

INTRODUCTION (cont.)

NATURAL CANNABIS

THC and **CBD** = Primary phytocannabinoids

"Entourage" effect with 450 compounds! in relation to appetite...

CBD

Non-intoxicant Anxiolytic

Anti-epileptic Reduces spasticity

Anti-inflammatory Anti-psychotic

Mild Analgesic

vs. SYNTHETIC CANNABINOIDS

Nabilone and Dronabinol

1 molecule = no "entourage effect" = less effective

THC

Intoxicant Anti-inflammatory

Analgesic Orexigenic

Anti-emetic Anxiolytic (bi-phasic)

Anti-spasmodic Sleep Aid (bi-phasic)

Improves taste, smell and food enjoyment



STUDY OBJECTIVE

To determine the impact of cannabinoids on appetite and weight maintenance in patients with chronic diseases referred to a physician-lead, interdisciplinary and community-based cannabis clinic.





METHODS

Retrospective chart review

Cancer and Non-Cancer Patients: (18+) August 2016 - February 2018 at Santé Cannabis

Treatment Goal: Increase in Appetite

Revised Edmonton Symptom Assessment Scale (ESAS-r) at baseline and 3-month follow-up: primary outcome measurement

Please circle the	num	ber ti	at b	est d	escri	bes h	ow y	ou te	el NO	W:		
No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness (Tiredness = lack of	О елепту,	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness (Drowsiness = feeling	O g aleep	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Bree
No Depression (Depression + feeling	O (sad)	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety (Anxiety = feeing ne	O rvous)	3,	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing (Wellbeing & how yo	0 u teel o	1 werali)	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No Other Problem (fo	Ó w exam	1 iple co	2 nstipa		4	5	6	7	8	9	10	Worst Possible
ent's Name			Time						- 7	□ Pi	atient amily car	(check one): regiver re professional caregi







Patient demographic and clinical characteristics

RESULTS

Age (years)		47.3 ± 16.1*	
Gender			
Males		34 (63.0) **	
Females		20 (37.0)	
Diagnosis			
Cancer		23 (43.6)	
Non-Cancer		31 (57.4)	
Cannabinoid therapy	With synthetic cannabinoid co-treatment†	No synthetic cannabinoid co-treatment	Total
THC/CBD (1:1 ratio)	2	4	6 (11.1)
THC-rich	8	9	17 (31.5)
CBD-rich	-	-	0
Combined therapies			
THC/CBD and THC-rich	7	10	17 (31.5)
THC/CBD and CBD-rich	3	4	7 (13.0)
THC-rich and CBD-rich	8	9	5 (9.3)
THC/CBD, THC-rich, CBD-rich	0	1	1 (1.9)
Route of administration			
Oral		11 (20.4)	
Inhaled		14 (25.9)	
Combined			
Oral and inhaled		29 (53.7)	\longrightarrow
Adverse Effects			
Mild		11 (21.2)	
None		41 (78.9)	
Not recorded		2 (3.9)	

ORAL → **OIL** (slow onset and long lasting effect)

INHALED → SMOKED/VAPED (quick onset and short acting)

[†]Nabilone - synthetic cannabinoid product





^{*}Value expressed as mean ± standard deviation

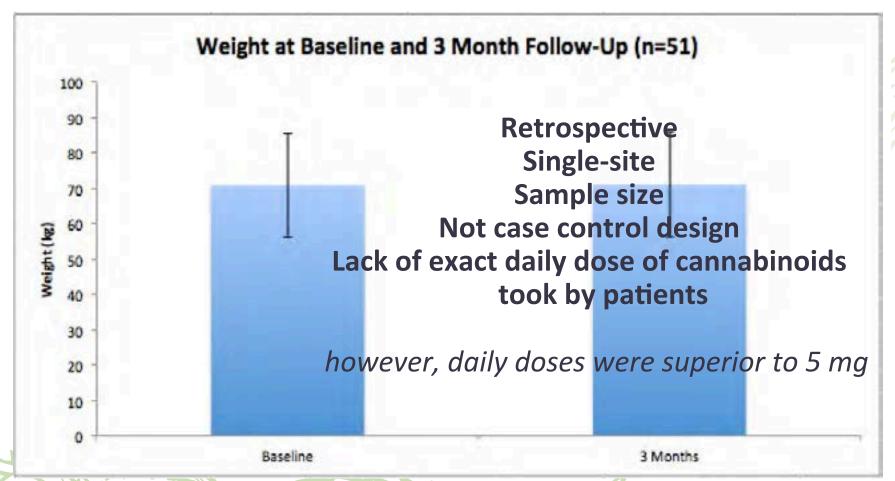
^{**} All values expressed as number of patients, () indicate percentage

RESULTS (cont.)





appoint to n.s...



improved appetite





CONCLUSION

MEDICAL CANNABIS is/could...

Quite safe: only 20% of the study patients experienced mild side effects

Able to significantly improve appetite

Useful for stabilizing weight in patients with chronic cancer and non-cancer diseases

thank you...





QUESTIONS & ANSWERS

mvigano@wearelcc.ca

Acknowledgments



Centre universitaire de santé McGill



SAVE THE DATE

MASCC/ISOO

Annual Meeting on Suppportive Care in Cancer

www.mascc.org/meeting

Follow us on Twitter: @CancerCareMASCC



McGill Nutrition and Performance Laboratory Support Care Through Research and Education mnupal.mcgill.ca





