Do Cannabinoids have a role in cancer pain?

A short history of cannabis

Culpepper

"The decoction of the root eases the pains of the gout, the hard humours of knots in the joints, the pains and shrinking of the sinews, and the pains of the hips."

- **8000 BC** Hemp cultivation.
- 2800 BC China Pen ts'ao Ching.
- 2000 BC India Atharva Veda.
- **4 AD** Obstetric analgesia.
- 60+ AD Dioscorides and Galen.
- 1653 Culpepper.
- 1842 O'Shaughnessy.
- 1860s Queen Victoria.

The Science

Cannabinoid Receptors

CB₁ Neurons

- Inhibit adenylate cyclase.
- Activate K⁺ channels.
- Inactivate Ca⁺⁺channels.



CB₃ CB₂ GPR55 Immune cells

• Inhibit adenylate cyclase.



Cayman Chemical

Brain



Herkenham et al 1991; Egertová et al 2003





Farquhar-Smith et al 2000

Reported effects of cannabis and Δ^9 **THC**

• CNS:

- Euphoria/"high".
- Heightened sensory perception.
- Impaired cognition and pyschomotor performance.
- Distortion of space & time sense.
- Memory impairment.
- Fragmentation of thoughts.
- Antinociception and analgesia.
- Anti-emesis.
- Increased appetite.
- Altered thermoregulation.
- Schizophrenia-like syndrome.

Pertinent pre-clinical data

Cannabinoid Analgesia in

Pain Models

Visceral inflammatory pain and referred hyperalgesia (Jaggar et al 1998a, b, Farguhar-Smith et al 2001, 2002)

- **Formalin** (Tsou et al 1996, Jaggar et al 1998a, Calignano et al 1998, Hanus et al 1999, Schreiber et al 2012))
- **Carrageenan** (Richardson et al 1998)
- Cystitis (Wang et al 2013)

- Collagen-induced arthritis (Malfait et al 2000)
- Complete Freund's Adjuvant (Martin et al 1999, Smith et al 1999)
- Chemotherapy induced neuropathic pain (Burgos et al 2012, Guindon et al 2013, Khasabova et al 2012)
- Tumour induced bone pain (Kehl et al 2003, Wang et al 2012, Khasabova et al 2011)



Hohmann & Herkenham 1998

Evidence in humans

Meta-analysis of clinical evidence (17 years ago)

- All clinical trials published prior to 1999.
- 9 trials included
 - 5 cancer pain (119 patients analysed)
 - 2 chronic non-malignant pain (2 patients)
 - 2 acute pain (72 patients)
- THC (5-20 mg p.o.) ~ equi-analgesic to 50 –120 mg codeine
- Dose related and dose limiting CNS adverse events common.

More recent metaanalysis

- Meng et al 2017 Anesthesia Analgesia chronic neuropathic pain
 - 11 RCT n=1219 NRS 0.65 –weak recommendation
- Whiting et al 2015 JAMA Medical use
 - Portnoy (2012), Johnson (2010)
- Aviram et al 2017 Pain Physician -



All pain (without acute post-operative pain)

Aviram et al 2017



Chronic neuropathic pain

Aviram et al 2017

Yes, but what about cancer pain?



Aviram et al 2017 Cancer pain

* "Alarming adverse reactions were also observed at this dose"



CNS-related adverse effects

Aviram et al 2017

Cancer Pain

- Patients with uncontrolled cancer pain (NRS 5)
- N=117, (Sativex 60, THC 58, placebo 59)
- NRS -1.37 (Vs. -0.69) (THC NS)
- 30% reduction from baseline in 43% (c.f. 23%)
- No change opioid dose or breakthrough
- N&V increased (85% AE, c.f. 75% placebo)

Johnson et al 2010 J Pain Symptom Manage

Cancer Pain

- N=263 (360 randomised), Nabiximols (a.k.a. Sativex)
- 5 weeks low, medium (up to 10 sprays/day) and high dose spray
- 1°outcome: 30% responder, no difference
- But low/medium more 'analgesed' (average daily pain)
- No differences side effects

Portenoy et al 2012 J Pain

Cancer pain (not included in meta-analyses)

• N=397

- Self titration Sativex over 2 weeks
- 10.7% improvement (compared to 4.5% control) in NRS – not significant
- Subgroup analysis for QOL

• From US

Lichtman et al 2017 J Pain Symptom Manag

Cancer pain (not included in meta-analyses)

- 2) Pentrsic Refet autorly parint, 19% > ign prince/elaryenton period > 4≤8)
- N=11+6 0 fr (604 /3400) withdrew in Sativex group)
- Mediaavienpgevpenieeotofrenfironaselinteoay.gr(agettelBS6 placebo 7.2% (c.f. 9.5% placebo)
- 68% adverse effects (64% placebo)
- Sub group US <65y 11.2% vs. 4.8%
- PGIC better by 0.27 at week 5

Fallon et al 2017 Br J Pain

The other problem

Long Term CNS Adverse Effects

- Historical cohort study 1969-70 Swedish conscripts
- n=50,087 (97% of Swedish 18-20 yr. olds)
- Questionnaire of drug use
- National register of psychiatric admissions 1970-1996
- Dose dependent increase risk of developing schizophrenia with cannabis use (30% increased risk of schizophrenia [OR: 6.7(2.1-21.7)]

The bottom line

'May be beneficial' (but potential of side effects) The future?

Pros

Cons

Major receptor system

Wealth of animal data

Some human data

Long term issues

Central side effects

Legal issues

Herbal CBs wrong drug?

Cons

More human data

Pros

Major receptor system

Wealth of animal data

Some human data

Legal issues

Transdermal CB2 agonist



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