

CADTH RAPID RESPONSE REPORT: REFERENCE LIST

# Nabilone for the Treatment of Nausea and Vomiting, or Anorexia: Clinical Effectiveness and Guidelines

Service Line: Rapid Response Service  
Version: 1.0  
Publication Date: June 15, 2017  
Report Length: 5 Pages

**Authors:** Kelsey Seal, Caitlyn Ford

**Cite As:** Nabilone for the Treatment of Nausea and Vomiting, or Anorexia: Clinical Effectiveness and Guidelines. Ottawa: CADTH; 2017 Jun. (CADTH rapid response report: reference list).

**Acknowledgments:**

**Disclaimer:** The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up-to-date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein are those of CADTH and do not necessarily represent the views of Canada's federal, provincial, or territorial governments or any third party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

**About CADTH:** CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

## Research Questions

1. What is the clinical effectiveness of nabilone for the treatment of nausea and vomiting, or anorexia in adults and adolescents?
2. What are the evidence-based guidelines associated with the use of nabilone for the treatment of nausea and vomiting, or anorexia in adults and adolescents?

## Key Findings

One systematic review and two randomized controlled trials were identified regarding the clinical effectiveness of nabilone for the treatment of nausea and vomiting, or anorexia in adults and adolescents. No evidence-based guidelines were identified.

## Methods

A limited literature search was conducted on key resources including PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2012 and June 9, 2017. Internet links were provided, where available.

## Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

**Table 1: Selection Criteria**

<b>Population</b>	Adults and Adolescents (≥ 13 years old) with nausea and vomiting, or anorexia
<b>Intervention</b>	Nabilone (Cesamet)
<b>Comparator</b>	Q1: Active comparators; Placebo; No treatment Q2: No comparator
<b>Outcomes</b>	Q1: Clinical effectiveness (e.g., reduction in nausea and vomiting, control/change of weight, etc.), and safety (e.g., adverse events, abuse and misuse, etc.) Q2: Guidelines
	Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, guidelines

## Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

One systematic review and two randomized controlled trials were identified regarding the clinical effectiveness of nabilone for the treatment of nausea and vomiting, or anorexia in adults and adolescents. No evidence-based guidelines were identified.

Additional references of potential interest are provided in the appendix.

### Health Technology Assessments

No literature identified.

### Systematic Reviews and Meta-analyses

1. Tafelski S, Hauser W, Schafer M. Efficacy, tolerability, and safety of cannabinoids for chemotherapy-induced nausea and vomiting--a systematic review of systematic reviews. *Schmerz*. 2016 Feb;30(1):14-24.  
[PubMed: PM26787227](#)

### Randomized Controlled Trials

2. Levin DN, Dulberg Z, Chan AW, Hare GM, Mazer CD, Hong A. A randomized-controlled trial of nabilone for the prevention of acute postoperative nausea and vomiting in elective surgery. *Can J Anaesth*. 2017 Apr;64(4):385-95.  
[PubMed: PM28160217](#)
3. Cote M, Trudel M, Wang C, Fortin A. Improving Quality of Life With Nabilone During Radiotherapy Treatments for Head and Neck Cancers: A Randomized Double-Blind Placebo-Controlled Trial. *Ann Otol Rhinol Laryngol*. 2016 Apr;125(4):317-24.  
[PubMed: PM26503964](#)

### Non-Randomized Studies

No literature identified.

### Guidelines and Recommendations

No literature identified.

## Appendix — Further Information

### Previous CADTH Reports

4. Long-term nabilone use: A review of the clinical effectiveness and safety [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2015 Oct 16. (Rapid response: summary with critical appraisal). [cited 2017 Jun 12]. Available from: <https://www.cadth.ca/long-term-nabilone-use-review-clinical-effectiveness-and-safety-0>
5. Nabilone for non-chemotherapy associated nausea and weight loss due to medical conditions: A review of the clinical effectiveness and guidelines [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2014 Sep 12. (Rapid response: summary with critical appraisal). [cited 2017 Jun 12] Available from: <https://www.cadth.ca/nabilone-non-chemotherapy-associated-nausea-and-weight-loss-due-medical-conditions-review-clinical>

### Review Articles

6. Pergolizzi J Jr., Taylor R, LeQuang JA, Zampogna G, Raffa RB. Concise review of the management of iatrogenic emesis using cannabinoids: emphasis on nabilone for chemotherapy-induced nausea and vomiting. *Cancer Chemother Pharmacol*. 2017 Mar;79(3):467-77.  
[PubMed: PM28235999](#)
7. Parmar JR, Forrest BD, Freeman RA. Medical marijuana patient counseling points for health care professionals based on trends in the medical uses, efficacy, and adverse effects of cannabis-based pharmaceutical drugs. *Res Social Adm Pharm*. 2016 Jul;12(4):638-54.  
[PubMed: PM26443472](#)
8. Kramer JL. Medical marijuana for cancer. *CA Cancer J Clin*. 2015 Mar;65(2):109-22.  
[PubMed: PM25503438](#)