CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

Medical Cannabis Use in Palliative Care: Clinical Effectiveness and Guidelines
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Acknowledgments:

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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 medical cannabis products for symptom control in adult palliative care patients?

2. What are the evidence-based guidelines regarding medical cannabis products for symptom control in adult palliative care patients?

Key Findings

Two systematic reviews (one with a meta-analysis), one non-randomized study, and two evidence-based guidelines were identified regarding medical cannabis products for symptom control in adult palliative care patients.

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 used 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, 2013 and August 17, 2018. Internet links were provided, where available.

Selection Criteria

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

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<th>Table 1: Selection Criteria</th>
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<td>Population</td>
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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.

Two systematic reviews (one with a meta-analysis), one non-randomized study, and two evidence-based guidelines were identified regarding medical cannabis products for symptom control in adult palliative care patients. No relevant health technology assessments or randomized controlled trials were identified.

Additional references of potential interest are provided in the appendix.

Overall Summary of Findings

Two systematic reviews,¹,² one non-randomized study,³ and two evidence-based guidelines⁴,⁵ were identified. One systematic review with a meta-analysis⁷ examined the efficacy, tolerability, and safety of cannabinoids in palliative medicine. For patients with cancer, there was no significant difference observed between cannabinoids and placebo in regards to improvement of caloric intake, appetite, nausea or vomiting, decrease in pain greater than 30 per cent, sleep issues, dizziness, or poor mental health.¹ The use of cannabinoids for patients with human immunodeficiency virus (HIV) resulted in a significant difference in weight gain, appetite, and negative mental health symptoms as compared to placebo but no significant difference was observed for nausea or vomiting.¹ A second systematic review of systematic reviews examined the use of cannabinoids for pain management and palliative medicine.² The authors found limited evidence to support the use of tetrahydrocannabinoi/cannabidiol (THC/CBD) spray for the treatment of neuropathic pain.² There was not enough evidence identified to support the use of cannabinoids to treat cancer pain, rheumatic or gastrointestinal pain, or anorexia associated with cancer or AIDS.² Central nervous system and psychiatric side effects were observed with the use of cannabinoids.² One non-randomized study³ was conducted to analyse the safety and efficacy of medical cannabis for patients with cancer. These patients used cannabis mainly to manage sleep problems, pain, weakness, nausea, and lack of appetite.³ Of the patients who responded after six months of follow-up, 95.9% reported an improvement in their condition and 3.7% reported no change in their condition.³ The authors concluded that cannabis was well tolerated in this palliative population.³

A 2018 Canadian guideline was identified regarding the prescribing of medical cannabis in primary care.⁴ The recommendations include guidance for use for palliative and end-of-life pain and for chemotherapy-induced nausea and vomiting. The recommendations are not described in the guideline’s abstract; therefore, no detail can be provided in this summary. The authors of an Australian guideline for the use of medicinal cannabis in the treatment of palliative care patients identified few studies of generally poor quality to be incorporated into their guidelines.⁵ As a result, the guidelines recommend that patients be encouraged to enrol in clinical trials investigating the use of cannabis in palliative care.⁵ Where a trial is not available, physicians should initiate medicinal cannabis therapy after other standard palliative treatments have been tried and physicians should emphasize to their patients that there is limited evidence to support the usefulness of these treatments in this context.⁵
References Summarized

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses

   PubMed: PM29400010

   PubMed: PM29017688

Randomized Controlled Trials
No literature identified.

Non-Randomized Studies

   PubMed: PM29482741

Guidelines and Recommendations

   PubMed: PM29449241

   Accessed 2018 Sep 7
Appendix — Further Information

Previous CADTH Reports

   https://www.cadth.ca/sites/default/files/pdf/htis/2017/RC0878_Use%20of%20Medical%20Cannabis%20with%20Other%20Medications_Final.pdf  
   Accessed 2018 Sep 7

   Accessed 2018 Sep 7

Non-Randomized Studies – Alternative Population

   PubMed: PM27506815

Qualitative Studies

   PubMed: PM29970456

    PubMed: PM29134767

    PubMed: PM29714640

    PubMed: PM29121790

    PubMed: PM29653439


Review Articles


Additional References
