

Approach to medical cannabis requests



**"Take two tokes and call me in
the morning"**

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Faculty/Presenter Disclosure

Faculty: Paul Daeninck MD, MSc, FRCPC

Relationships with commercial interests:

Shopper's Drug Mart/IMC

Consultant, Reviewer

Little Green Pharma (Australia)

Medical Advisory Board

Resolve Digital

Consultant

ReFormulary

Content Expert; Consultant

ABcann Medicinals

Scientific Advisory Board

Mitigating potential bias

No commercial entity had any involvement in the development of these educational materials

Generic names will be used and individual companies or commercial interests will not be identified

The University of Manitoba Disclosure Declaration Form was completed and disclosed all identified potential conflicts to the organizers in accordance with the CFPC standards of Conflicts of Interest and Transparency to Learners

Learning Objectives

At the conclusion of this presentation, participants will be able to:

Describe the steps in the approach to a request for medical cannabis in a cancer patient.

List the indications and evidence for cannabinoids as part of a supportive therapy program for patients who have cancer.

Recognize the risks and contraindications for use of cannabinoids.

Can I authorize cannabis?

Federal regulations (ACMPR):

This document may be completed by the applicant's *health care practitioner*...A health care practitioner includes *medical practitioners and nurse practitioners*. In order to be eligible to provide a medical document, the health care practitioner must have the applicant for the medical document *under their professional treatment*.

Who uses cannabis as medicine?

- 2% use cannabis for medical purposes (2000)
- >37,000 people registered with MMAR (Mar 2013)
- >98,000 people registered with MMPR (Sept 2016)
- 296,702 registrants with ACMPR (to Mar 2018)
- >6600 kg dried product sold (Jan – Mar 2018)
- >10,300 kg oil product sold (Jan – Mar 2018)

Rates of cannabis use in patients with cancer

K. Martell MD,* A. Fairchild MD,[†] B. LeGerrier MRT(T),[†] R. Sinha MD,* S. Baker MD,[†] H. Liu MD,[‡]
A. Ghose MD,[§] I.A. Olivotto MD,* and M. Kerba MD*

Curr Oncol. 2018 June;25(3):219-225

Conclusions: ...prior cannabis use was widespread among patients with cancer (43%).
One in eight respondents identified at least 1 cancer-related symptom for which they were using cannabis.

Medical Marijuana Use in a Community Cancer Center

Claire E. Saadeh and Danielle R. Rustem

SUMMARY ANSWER: The overall incidence of marijuana use was 18.3% (32 of 175 patients). The incidence of marijuana use in patients with early- versus advanced-stage cancer was 19.6% (11 of 56 patients) versus 17.6% (21 of 119 patients; $P = .75$).

DOI: <https://doi.org/10.1200/JOP.18.00057>

J Onc Practice

Why would I authorize cannabis?

Evidence of benefit in ancient medical texts

Pre-clinical evidence in several conditions

Anecdotal reports → case studies / RCTs

Pharmaceutical cannabinoids beneficial

Variety of cannabis products reduce risk of adverse effects

Cannabinoid indications

On-label indications:

Nausea and vomiting from chemotherapy

Chronic pain (neuropathic pain in MS and cancer)

Anorexia associated with HIV / AIDS

Off-label indications/emerging evidence for:

PTSD

Anxiety

Insomnia

Spasticity (MS)

Bladder spasms (MS)

Fibromyalgia

Neuropathic / mixed pain

Chronic daily headache

Anorexia / cachexia

Spasticity

Epilepsy

Inflammatory conditions

Symptoms responsive to cannabinoids

Pain
Nausea Adjuvant treatment, reserved as second or third line agent

Anorexia Benefits mixed in cancer, studies ongoing

Anxiety
Insomnia No solid RCT evidence as yet, studies in progress

What about cannabis and cancer?

No increased incidence of lung cancer or head / neck cancers
Robust pre-clinical evidence for use in cancer models (Glioma)
No Phase III evidence to support use as anti-cancer agent

“Chemotherapy Injection” by Robert Pope, © Robert Pope Foundation

THC or CBD?

THC

Psychotropic effects

Active in pain, sleep, nausea, appetite

Principle agent of euphoria or “high”

Principle ingredient in street cannabis

CBD

Moderator of THC effects

No cardiac/memory A/E

Anti-inflammatory, neuroprotective

Anxiety, epilepsy, cancer?, nausea?

Prescription cannabinoids

Nabilone (0.25 - 1.0mg)

Oral capsule

Approved for **chemotherapy-induced nausea and vomiting**

Covered by Pharmacare

Nabiximols (2.5mg THC + 2.7mg CBD/ml)

Oromucosal spray

Approved in Canada for **multiple sclerosis-associated neuropathic pain, spasticity and advanced cancer pain**

Not covered by Pharmacare

Epidiolex (98% pure CBD)

Oromucosal spray

FDA approved; only available in Canada via study protocols

~~Dronabinol (Δ -9 tetrahydrocannabinol – THC) (2.5 - 10mg)~~

~~Oral capsule~~

Legal cannabis products

Dry cannabis, fresh buds, cannabis extracts in oil, gel caps, capsules, and seeds

high THC (15-20+%), very low CBD (<1%)

mod CBD (9-15%), low THC (1-4%)

THC=CBD

Oils (THC>CBD, THC=CBD, THC<CBD)

Topical products (carrier mixed with cannabis oil)

Varying amounts of minor cannabinoids (CBC, THCV, etc.), terpenoids, flavonoids

Edibles and other formats – 2019 per HC

How much to start?

Follow 'start low, go slow, stay low' approach

Oil products: easy titration and duration of therapy

Start 2.5 **mg** of THC (lower in elderly) and titrate upwards by 1.25-2.5 mg THC q 2-3 days until desired effect

Initiate therapy: low THC low CBD content (~10%)

Most patients use 1-3 g of dried cannabis equivalent / day

Experienced users may request higher THC

Guide to consultation

Titrate down if A/Es interfere w daily function

Euphoric effects are not required for symptom control

Taper off if no clinical benefit is seen (reasonable trial)

Provide and encourage use of Medical Cannabis Therapy Log

Medical Cannabis Therapy Log¹

| Date | Indication | Strain | Time | Dose (mg, ml) | Route (inhaled, oral, topical) | Onset of action (min, h) | Duration of action (min, h) | Symptom improvement (Y/N, %) | Change in other medication dose (Y/N, dose) | Adverse effects | Notes |
|------|------------|--------|------|---------------|--------------------------------|--------------------------|-----------------------------|------------------------------|---|-----------------|-------|
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MacCallum & Russo (2018). *Eur J Internal Medicine*

Who shouldn't use cannabis?

Psychosis/schizophrenia

Unstable heart disease

Pregnancy

Allergy to cannabis

Relative: age <21-25 y

What are A/E of cannabis?

Asthenia

Balance problems

Confusion

Dizziness

Disorientation

Somnolence

Diarrhea

Euphoria

Dry mouth

Fatigue

Nausea/vomiting

Hallucinations

Witting et al, *JAMA* 2015
Ware et al *J Pain* 2015

Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis

What is already known on this topic

Little consensus exists in the scientific literature on how driving under the influence of cannabis affects the risk of a motor vehicle collision in naturalistic settings

What this study adds

Acute cannabis consumption nearly doubles the risk of a collision resulting in serious injury or death; this increase was most evident for studies of high quality, case-control studies, and studies of fatal collisions

The influence of cannabis use on the risk of minor collisions remains unclear

These data could help inform policy and interventions tackling road safety and raise public awareness of the collision risks when driving under the influence of cannabis

Documentation

Document date/place of discussion

Authorization: which LP, what products

copy of authorization form in chart

Follow-up visit regarding benefits/A-E

Outcomes (symptoms, functional state)

Further F/U as necessary



Medical Document Authorizing the use of Cannabis for Medical Purposes under the Access to Cannabis for Medical Purposes Regulations

Help on accessing alternative formats, such as Portable Document Format (PDF) files, can be obtained in the [alternate format help](#).

For related information, please see Health Canada's [Information](#).

This document may be completed by the applicant's health care practitioner or nurse practitioner. A health care practitioner must have the applicant for the medical document on file. Regardless of whether or not this form is used, the medical document information, (see in particular s. 8 of the ACMPR).

Your health care practitioner may use this form to provide you with medical purposes. Your health care practitioner may use a different form per section 8 of the ACMPR (outlined below) must be included.

Access via Health Canada licensed producers: Should you choose to produce cannabis via a licensed producer, this form must be sent directly to the licensed producer who is authorized to sell to registered clients. Should you wish to switch from one licensed producer to another a new medical document will be required as licensed producer information must be included on file.

Access via production for own medical purposes: Should you choose to produce cannabis for your own medical purposes, designate someone to produce it for you, the original of this document must be included in your Registration Application Form.

Patient's Given Name and Surname:

Patient's Date of Birth (DD/MM/YYYY):

Daily quantity of dried marijuana to be used by the patient:

The period of use is day(s) or week(s) or month(s)

Note: The period of use cannot exceed one year

Health care practitioner's given name and surname:

Profession:

Health care practitioner's business address:

Full business address of the location at which the patient consulted the health care practitioner (if different than above):

Phone Number:

Fax Number (if applicable):

Email Address (if applicable):

Province(s) Authorized to Practice in:

Health Care Practitioner's Licence number:

By signing this document, the health care practitioner is attesting that the information contained in this document is correct and complete.

Health Care Practitioner's Signature: _____

Date Signed (DD/MM/YYYY):

Important Note for Authorizing Health Care Practitioner

If the patient chooses to produce cannabis for their own medical purposes or you are not submitting this document via secure fax do not initial the box below.

If your patient chooses to access cannabis for medical purposes via a licensed producer, this medical document can be submitted from the health care practitioner's office to the licensed producer by secure fax. If you choose to submit the medical document by secure fax, initial the statement below to acknowledge agreement.

I, the health care practitioner, acknowledge that the faxed medical document is now the original medical document and that I have retained a copy of this document for my records only.

Initial here:

What about recreational cannabis?



Wait until October 17th

Globe and Mail website

Take Home Messages

Cannabis & cannabinoids active in cancer-related symptoms

Clinical trial evidence emerging

Authorization by educated HCPs

Documentation and F/U important



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