



NOTES ON CANNABIDIOL PRODUCTS

by AMMF's Gillian Corrigan, RN

It is strongly recommended that any patient interested in using cannabidiol (CBD) products talk with their medical team before using.

There is currently no scientifically proven data that CBD oil is effective in the treatment of cancer due to lack of standardized studies and low number of studies.¹

TCH (Tetrahydrocannabinol) is the psychoactive agent of cannabis.

CBD (cannabidiol) does not contain the psychoactive agent².

There are many types of cannabinoids and there are concerns regarding quality, cleanliness and (lack of) regulation. Some sellers use inferior and/or potentially harmful ingredients which have been known to cause problems including infections in immunocompromised patients.³

CBD classification varies around the world - In the UK it is a class B Drug⁴.

¹ Cannabinoids and Cancer pain – A systemic Review
PMID 27863159 DOI: 10.1002/2327-6924-12422
<https://pubmed.ncbi.nlm.nih.gov/27863159/>

A selective review of medical cannabis in cancer pain management
PMID 28866904 DOI: 10.2.1037/apm.2017.08.05
<https://pubmed.ncbi.nlm.nih.gov/28866904/>

<https://scienceblog.cancerresearchuk.org/2012/0725/cannabis-cannabinoids-and-cancer-the-evidence-so-far>

² Mayo Clinic Healthy lifestyle consumer health – Dr Brent A Bauer MD

³ Cannabis, Cannabinoids and Cancer
<https://scienceblog.cancerresearchuk.org/author/Kat-arney/>

⁴ Clinicians guide to Cannabidiol and Hemp oil

In the USA only Epidiolex is federally (nationally) approved by the Federal Drug Authority (FDA) for medical use and only for certain types of epilepsy.⁵

In Europe, for example Germany, some pain societies recommend cannabis use as a third line drug therapy for chronic pain. However, the German Medical Association, as well as the Health Council of Netherlands and the British Medical Association (BMA), do not recommend use due to lack of evidence of efficacy and the potential for harm. The BMA believes more research is needed, but that a central registry of patients should be kept in order to follow long term effects.

The availability, cost and insurance/social service coverage varies throughout Europe.

The anti-nausea effect of cannabis comes from the THC (psychoactive) component. CBD use can adversely affect liver function and inhibit certain enzymes which are needed to metabolize some chemotherapy drugs, making them less effective or more dangerous. There can be other side effects including, but not limited to, increased risk of stroke and heart attack, Impaired concentration and memory, addiction and withdrawal symptoms. It can also interfere with effectiveness of antibiotics, antidepressants, anticoagulants, muscle relaxers and several other medications.

PMID 31902418

<https://pubmed.ncbi.nlm.nih.gov/31447137>

⁵ Mayo Clinic Dr Brent A Bauer MD “What are the benefits of CBD – and is it safe to use?”

Some studies that have been done include trials on patients with brain tumors, but the numbers in the study were low and there were no control groups.⁶

A study in 2015 established a safe dose but production was stopped due to lack of evidence of effectiveness.

A trial using CBD as an appetite stimulant lacked evidence of any difference between the drug and the placebo.

Use in Cholangiocarcinoma

Between 2008 -2011 there has been some laboratory research into use in cholangiocarcinoma specifically. Injecting THC into tumor cells in cell lines did inhibit cancer cell growth but no clinical trials have been done to see if results can be replicated in humans. Also, high doses of THC can cause harm to critical blood vessel cells and in some circumstances actually caused cancer cell growth.

The Cancer Research UK (CR UK) website warns of internet scammers who use false versions of the CR UK email address to mislead patients into purchasing inferior, and potentially harmful, products⁷.

⁶ <http://www.nature.com/bjc/journal/v95/n2/abs/6603236a.html>

<http://cancerhelp.cancerresearchuk.org/type/brain-tumour/about/types-of-primary-brain-tumours#astro>

⁷ <http://ukcsc.co.uk/cancer-scammers-the-great-criminal-iol-rush>

Additional informational from various articles by the following

“American Physiological Society GI and Liver” Vol295 no.6

CRUK

Prof Chris Paraskeva (Bristol)

Dr Laureano De La Vega

Mayo Clinic

Dr Brent A Bauer

Dr Karen Mauck

MD Anderson Center

Kimberly Tanco MD

CR UK does not endorse use of CBD oil nor do any of the major national and international cancer organisations because of the lack of robust scientific data.

And finally ...

As Dr Bauer from the Mayo Clinic says:

“If it is strong enough to help you, it is strong enough to hurt you.”

Bottom line – always talk with your medical team before using CBD.

CCA Cell line research
2010 Surang Lee Lawat
2011 Huang, Matthew Quin et al

2018 EFIC
Use for Chemo induced nausea and vomiting refractory to conventional treatment
Krceviski-Skvaren, Wells ,CHauser W

St George’s University (London)
Ongoing cannabis studies
Dr Wai Lui

