



Medical Marijuana in Chemotherapy Patients

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Significance Statement

In chemotherapy patients, how does the use of medical marijuana compared to the standard treatment affect the negative side effects of chemotherapy?

P: Chemotherapy patients

I: Medical marijuana

C: Standard Treatment

O: Side effects of chemotherapy

Key Methodology

- A cross-sectional statewide anonymous survey to determine information sources and factors influencing recommendations for physicians who certify patients for medical marijuana.⁶
- A quasi-experimental study to evaluate the effect of dosage-controlled cannabis capsules on CACS in advanced cancer patients.²
- A randomized placebo-controlled, double-blind, multi-site study used to evaluate risk for abuse of CBD.¹
- A validated patient survey using a concurrent mixed-methods study to evaluate medical marijuana patients' perceptions of therapeutic benefits for self-reported medical conditions.⁴
- A double-blind, randomized, placebo-controlled study of nabiximols oral mucosal spray as an adjunctive therapy in advanced cancer patients with chronic, uncontrolled pain.³
- A prospective non-randomized, single-arm clinical trial to review the effects of medical cannabis on pain relief, pain disability and psychological aspects.⁵

Key Findings

Implementation

- 92% of physicians stated they often or always perform a patient physical exam before certifying a patient for medical marijuana.⁶
- The top three desired topics for future training were marijuana drug interactions.⁶

Symptom Management

- No significant effects of CBD were detected on peak or time outcomes.¹
- 89% of patients reported great relief for their medical condition.⁴
- Over 76% of patients reported a score of 8 or higher on a 10-point scale that their medical condition had improved, and over 68% reported a score of 8 or higher that medical cannabis had reduced their pain.⁴
- Patients who completed the study had stable weights and reported less appetite loss and fatigue after the cannabis treatment.²
- Average pain score from baseline to end of treatment in the nabiximols and placebo groups were 10.7% versus 4.5% ($p=0.0854$) respectively.³
- Pain intensity, pain disability, and psychological aspects had a statistically significant reduction from baseline to 12 months follow-up.⁵

Recommended Key Practices

- Education should be mandatory for the physicians who prescribe patients medical marijuana.⁶
- Nurses should advocate for the use of medical marijuana to decrease the negative side effects of chemotherapy for cancer patients.²
- Encourage patients who receive medical marijuana therapy to schedule follow-up appointments to ensure effectiveness and assess for side effects.⁵
- Encourage patients who experience chemotherapy related complications to consider using medical marijuana as an adjunctive treatment option.⁴
- Determine if conventional therapy is effective and encourage use of medical marijuana therapy if it is not, to improve quality of life.³
- Nurses need to be educated on the cues of marijuana dependency to prevent abuse in patients.¹



Figure 1

References

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Figure List

Figure 1. University of Miami. (March, 2019). Marijuana as medicine. Retrieved November, 2021 from [Marijuana as medicine \(miami.edu\)](https://marijuana.as.medicine.miami.edu).