



**ST VINCENT'S
HOSPITAL**
MELBOURNE



**The Royal
Melbourne
Hospital**



Western Health



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MEDICINAL CANNABIS: Resource for doctors

Use of medicinal cannabis

Medicinal cannabis is a plant-based medicine from which hundreds of chemicals called cannabinoids can be extracted. The main cannabinoids found to have some medicinal benefits are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD).

Medicinal cannabis products

Medicinal cannabis comes in the form of a pill, oil, nasal spray, or oral spray product. Each of these products vary in their combinations of THC and CBD. Some CBD only patches and gels may be accessible through clinical trials.

Treatment and evidence

There is limited evidence for the use of medicinal cannabis in cancer patients. In the absence of high quality evidence, the use of medicinal cannabis in patients with cancer should be considered only after standard treatments have been tried first and proven unsuccessful.

Doctors should exercise their own clinical judgement when considering prescribing medicinal cannabis. There is no obligation for doctors to prescribe medicinal cannabis if they do not feel it will benefit the patient.

Consideration should be given to access through enrolment in clinical trials if available. Of note, your hospital may also have local policies.

Chemotherapy-induced nausea and vomiting

There is some evidence for the benefit of medicinal cannabis products in the treatment of patients with intractable chemotherapy-induced nausea and vomiting (CINV), however this evidence predates the routine use of effective CINV therapies such as the 5HT3 antagonists.

Appetite, weight loss, cachexia

There is low quality evidence to support the use of medicinal cannabis to improve appetite and to produce weight gain.

Pain

There is contradictory evidence to suggest medicinal cannabis as an effective adjuvant for relief of cancer pain unalleviated by opioid treatment.

Effect on cancer treatment

There is no evidence that medicinal cannabis is an effective treatment for cancer.

Dosing and administration

Medicinal cannabis can be administered orally (oral mucosal spray, oil, or ingested tablet), vaporisation or by trans-dermal application (patch or gel).

There are several product types available with varying cannabinoid components, largely THC or CBD or combinations of THC and CBD. There are no established dosing or maintenance dosing schedules for medicinal cannabis. As dosing is highly individualised, a 'start low, go slow' approach in dosage is recommended.

There is limited evidence to suggest cannabinoid treatment with THC predominant products may assist with CINV and pain management, and CBD predominant products may assist with anxiety.

Treatment plan and monitoring

As medicinal cannabis is an unapproved medicine, it is important to review patients regularly to monitor efficacy of symptom control, manage side effects, interactions, and patterns of use. Any adverse event that requires ceasing of medication or a change in patient management

should be reported to the TGA. Formal collection of monitoring data should be considered.

Side effects and interactions

Medicinal cannabis products can have unwanted side effects. These may include:

- Fatigue and drowsiness
- Dizziness and problems with balance
- Nausea, vomiting and/or diarrhoea
- Dry mouth
- Appetite increase or decrease
- Problems with thinking and memory
- Feelings of euphoria or depression
- Hallucinations or paranoid delusions.

More research is needed to understand how medicinal cannabis interacts with other cancer treatment medications.

Patients should be advised that they cannot drive or operate machinery while treated with medicinal cannabis. Medicinal cannabis is not approved for use in all countries. Inform your patient of this if they are considering international travel.

Precautions and contraindications

The risk/benefit ratio of medicinal cannabis needs to be carefully and individually considered for people who:

- Are under the age of 25 years
- Are pregnant and/or lactating

- Are at increased risk of hypotension
- Have a personal history of psychiatric disorder(s) or a family history of schizophrenia, or substance abuse.

Prescribing medicinal cannabis

1. Go to www.tga.gov.au/publication/special-access-scheme-sas-online-system-guidance and apply for concurrent SAS-B approval and Victorian Schedule 8 Permit[#]
2. Respond to any queries from TGA and/or Victorian Office of Medicinal Cannabis
3. Await approval (usually within 2-3 days)
4. Issue prescription with attached TGA and Victorian Schedule 8 Permit.

Cost

Medicinal cannabis is not on the Pharmaceutical Benefits Scheme (PBS), so the cost of purchasing the product will need negotiation with the patient or health service. The cost of medicinal cannabis varies dependent on the type of product, the manufacturer and any fees charged by the dispensing pharmacy.

Information regarding clinical trials

Your patient may be able to access medicinal cannabis by participating in a clinical trial. Please refer to the Australian Clinical Trials government website for information on current clinical trials across Australia involving medicinal cannabis (www.australianclinicaltrials.gov.au)



For further information and resources

This above information has been drawn from the Australian Government Department of Health and other scientific resources. Please refer to the following websites or contacts for further information:

SAS Online System User Guide

W: www.tga.gov.au/publication/special-access-scheme-sas-online-system-guidance

Office of Medicinal Cannabis, Department of Health and Human Services, Victoria

E: medicinal.cannabis@dhhs.vic.gov.au

T: 03 9096 7768

W: www2.health.vic.gov.au/public-health/drugs-and-poisons/medicinal-cannabis

Therapeutic Goods Administration (TGA) Medicinal Cannabis Guidance

E: medicinal.cannabis@health.gov.au

T: 1800 220 007 or 02 6232 8866

W: www.tga.gov.au/medicinal-cannabis-guidance-documents

TGA Special Access Scheme (SAS)

E: SAS@health.gov.au

T: 1800 020 653 or 02 6232 8644

W: www.tga.gov.au/special-access-scheme-online-system

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[#]Palliative care patients may not require the Victorian Schedule 8 permit – seek guidance if you are uncertain if this is required