Doctor, Put on Your Medical Science Cap

"Doctor, I've heard that cannabis can cure cancer. Can you tell me what to do?" is a question that I and my colleagues in the Society of Cannabis Clinicians get asked all too often. What is the appropriate response?

We have ample evidence that cannabis helps with problems that cancer patients may face —nausea, vomiting, loss of appetite, pain, anxiety, depression, and sleeplessness. There is increasingly strong evidence that THC and other cannabinoids in cannabis have direct anti-tumor properties. For nearly 40 years federally funded researchers have noted the ability of compounds in cannabis to kill many kinds of human cancer cells in laboratory models. There are also epidemiological studies suggesting that the use of cannabis is associated with a somewhat reduced risk of cancer.

Can the dots be connected? Can we confirm a patient's hope that "cannabis can cure cancer?" In a word, no —not without controlled human clinical trials. Such trials are not being conducted, because the federal government continues to obstruct research into the plant, while looking to the pharmaceutical industry to develop drugs that will work via the endocannabinoid system.

The good news is that cannabis is ridiculously safe and remarkably effective at alleviating a wide array of symptoms. Sadly, the bad news is that some people may inappropriately forgo conventional therapy for promises of cancer cures with cannabis.

We, the people in 15 states, have insisted on access to cannabis for medical use. Since 1996 this vast experiment of sorts has been conducted, with doctors monitoring cannabis use by hundreds of thousands of patients. Unfortunately, doctors haven't collected, shared, and published data very conscientiously in regards to results of cannabis use.

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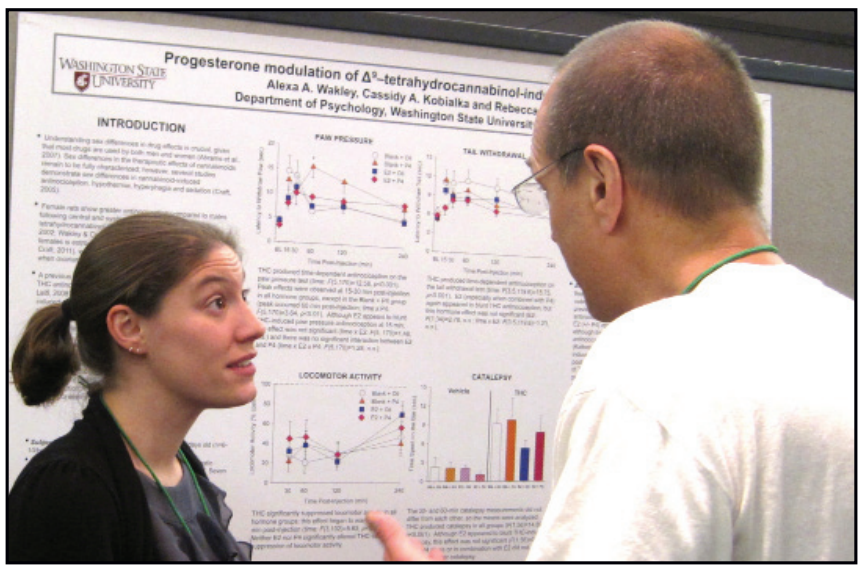
There are anecdotal reports of amazing cancer outcomes while patients are using cannabis, but they aren't proof that cannabis brought about remissions and cures. Anecdotal case reports are not even classified by the National Cancer Institute because they lack important clinical details —accurate pathological diagnosis, therapeutic endpoint(s), such as tumor response, improvement in survival, or measured improvement in quality of life.

There are good reasons for this kind of scientific methodology. Accuracy in diagnosis, detailed case reporting, and long term follow-up are essential components of a cannabis/cancer investigation.

Just a few years ago, cancer was an infrequent reason for recommending cannabis. A survey of cannabis consultants published in *O'Shaughnessy's, Winter/Spring 2007* asked which conditions were most often treated with cannabis. Only five of 21 physicians reported that 2% to 7% of their recommendations were for cancer patients. In 2009, MediCann reported that approximately 0.8% of approvals by their physicians (1,284 of 153,744 cases) had been issued for patients with malignant cancer and for chemotherapy convalescence.

As the cannabis industry takes off, with concentrates such as "Simpson Oil" and "Phoenix Tears" gaining an underground reputation for anti-cancer effects, many more people will look to cannabis for an adjuvant cancer treatment. The Society of Cannabis Clinicans has recently begun to collect information concerning the effectiveness of these and other cannabis-based products. (See the database for physician case reports at the SCC site cannabisclinicians.org/.)



ROBERT MELAMEDE TALKING TO ALEXA WAKLEY at the International Cannabinoid Research Society meeting. The ICRS turned down Melamede's request to present a case study at the meeting. He reported on the case in a magazine article titled "Medical Marijuana: A Cure for Cancer?" Accompanying graphics show a person with a facial lesion, reportedly a basal cell carcinoma. Four consecutive photographs show the lesion changing in appearance. The text describes a 10-day course of the topical use of cannabis extracts, whereas the dates on the photographs show a four-day span. A physician requested but was not provided with a biopsy report of the lesion. Relying on the four photographs, Melamede concluded, "This poster provides dramatic photographic evidence of cannabis extracts curing basal cell carcinoma via its (sic) topical application."

I want to believe this claim as much as anyone —and it may be true. But 10 days of a treatment and visual improvement do not constitute a "cure." If you call the lesion a basal-cell carcinoma, you need biopsy evidence of that diagnosis. If you call it a cure, you need a much longer lesion-free period. The apparent resolution of the facial lesion after the initial treatment is a very encouraging sign, but it is an incomplete story, and possibly misleading pending a longer follow-up period. Inconsistency in the photographic time line and a questionable use of the word "cure" impair the value of a clinical observation that may be of great value. —J.H.

Physicians in clinical practice have the opportunity to report on the observed effect of cannabis on cancer. Community-based clinical observations may not be controlled studies, though they may prove to be highly significant providing a logical basis for a treatment plan that includes the use of cannabis.

At present, one point that must be made to the cancer patient who is using cannabis in hopes of a cure: don't forgo appropriate conventional therapy.

We're all hoping that cannabis will work, but it hasn't been proven. Conventional therapies, though toxic and difficult to endure, have established success rates.

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