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Format: Abstract

[J Palliat Med](#). 2020 Feb 26. doi: 10.1089/jpm.2019.0374. [Epub ahead of print]

## The Efficacy of Medical Marijuana in the Treatment of Cancer-Related Pain.

[Pawasarat IM](#)<sup>1</sup>, [Schultz EM](#)<sup>2</sup>, [Frisby JC](#)<sup>2</sup>, [Mehta S](#)<sup>3</sup>, [Angelo MA](#)<sup>4</sup>, [Hardy SS](#)<sup>4</sup>, [Kim TWB](#)<sup>5</sup>.

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### Abstract

**Background:** The opioid epidemic has spurred investigations for nonopioid options, yet limited research persists on **medical marijuana's** (MMJ) efficacy in managing cancer-related symptoms.

**Objective:** We sought to characterize MMJ's role on symptomatic relief and opioid consumption in the oncologic population. **Design:** Retrospective chart review of MMJ-certified oncology patients was performed. Divided patients into MMJ use [MMJ(+)] versus no use [MMJ(-)], and Edmonton Symptom Assessment System (ESAS)-reported pain cohorts: "mild-moderate" versus "severe."

**Measurements: Medical** records were reviewed for ESAS, to measure physical and emotional symptoms, and opiate consumption, converted into morphine milligram equivalents (MME). Minimal clinically important differences were determined. Wilcoxon signed-rank tests determined statistical significance between MMJ-certification and most recent palliative care visit. **Results:** Identified 232 patients [95/232 MMJ(-); 137/232 MMJ(+)]. Pain, physical and total ESAS significantly improved for total MMJ(-) and MMJ(+); however, only MMJ(+) significantly improved emotional ESAS. MMJ(-) opioid consumption increased by 23% (97.5-120 mg/day MME,  $p = 0.004$ ), while it remained constant (45-45 mg/day MME,  $p = 0.522$ ) in MMJ(+). Physical and total ESAS improved in mild-moderate-MMJ(-) and MMJ(+). Pain and emotional symptoms worsened in MMJ(-); while MMJ(+)'s pain remained unchanged and emotional symptoms improved. MMJ(-) opioid consumption increased by 29% (90-126 mg/day MME,  $p = 0.012$ ); while MMJ(+)'s decreased by 33% (45-30 mg/day MME,  $p = 0.935$ ). Pain, physical, emotional, and total ESAS scores improved in severe-MMJ(-) and MMJ(+); opioid consumption reduced by 22% in MMJ(-) (135-106 mg/day MME,  $p = 0.124$ ) and 33% in MMJ(+) (90-60 mg/day MME,  $p = 0.421$ ). **Conclusions:** MMJ(+) improved oncology patients' ESAS scores despite opioid dose reductions and should be considered a viable adjuvant **therapy** for palliative management.

**KEYWORDS:** **medical cannabis**; oncology issues in palliative care; opioid analgesics; pain control

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