MEDICAL CANNABIS IMPROVES APPETITE AND STABILIZES WEIGHT IN CANCER PATIENTS

Popi Kasvis^{1,2}, MariaLuisa Vigano³, Filareti Patronidis², Virginie Bacis¹, Antonio Vigano^{1,2}

¹McGill University Health Centre, Supportive and Palliative Care Division, Montreal, Canada; ²McGill University Health Centre, McGill Nutrition and Performance Laboratory, Montreal, Canada; ³Department of Science, Lower Canada College, Montreal, Canada.

INTRODUCTION

- Anorexia and weight loss are common side-effects of cancer and its treatments.
- The efficacy of medical cannabis to improve these symptoms is unclear.

OBJECTIVE

- To determine associations between medical cannabis, changes in appetite and weight among patients referred to the Cannabis Pilot Project (CPP) of the McGill University Health Centre (Montreal, Canada).

METHODS

- Retrospective chart review of 37 cancer patients referred to the CPP for anorexia.
- CPP patients have already received supportive care for appetite loss. Adequate improvement in anorexia had not been achieved with conventional treatments.
- CPP patients received medical cannabis in conjunction with conventional supportive care treatments.
- The revised Edmonton Symptom Assessment System (ESAS-r) questionnaire (Figure 1) was completed at:
 - Baseline (BL)
 - Visit 1 (>30-75 days after BL)
 - Visit 2 (>75-120 days after BL)
- ESAS-r appetite score was used to determine change in appetite.
- Weight was available at each visit in a subset of patients.

Figure 1: ESAS-r questionnaire

Aucune douleur No pain	0	1	2	3	4	5	6	7	8	9	10	La pire douleur possible Worst possible pain
Aucune fatigue (fatigue=manque d'énergie) No tiredness (tiredness=lack of energy)	0	1	2	3	4	5	6	7	8	9	10	La pire fatigue possible Worst possible tiredness
Aucune nausée (nausée=envie de vomir) No nausea	0	1	2	3	4	5	6	7	8	9	10	La pire nausée possible Worst possible nausea
Aucune dépression (dépression=tristesse) No depression (depression=feeling sad)	0	1	2	3	4	5	6	7	8	9	10	La pire dépression possible Worst possible depression
Aucune anxiété (anxiété=se sentir nerveux) No anxiety (anxiety=feeling nervous)	0	1	2	3	4	5	6	7	8	9	10	La pire anxiété possible Worst possible anxiety
Aucune somnolence (somnolence=se sentir endormi) No drowsiness (drowsiness=feeling sleepy)	0	1	2	3	4	5	6	7	8	9	10	La pire somnolence possible Worst possible drowsiness
Aucun manque d'appétit No lack of appetite	0	1	2	3	4	5	6	7	8	9	10	Le pire manque d'appétit possible Worst possible lack of appetite
Meilleure sensation de bien-être (bien-être=comment vous vous sentez en général) Best wellbeing (wellbeing=how you feel overall)	0	1	2	3	4	5	6	7	8	9	10	Aucune sensation de bien-être Worst possible wellbeing
Aucun essoufflement No shortness of breath	0	1	2	3	4	5	6	7	8	9	10	Le pire essoufflement possible Worst possible shortness of breath
Aucun(e) autre problème No other problem	0	1	2	3	4	5	6	7	8	9	10	Le pire possible Worst possible

Numerical scale 0 to 10 to rate symptom severity

Lower number indicates better appetite

RESULTS

PATIENT CHARACTERISTICS

	Mean	SD
Age (y)	61	11
Weight (kg)	70.7	19.3
BMI (kg/m²)	25.8	6.0
ESAS-r appetite score	3.5	3.0
	n	%
Female	19	51.4

		n	%
Route	Oral	30	81.1
	Inhaled	5	13.5
	Oral+inhaled	2	5.4
Formulation (chemovars)	THC-rich	11	29.7
	CBD-rich	19	51.4
	THC+CBD	7	18.9
	Additional synthetic cannabis	23	62.2

ESAS-r appetite score over time

A 1-point change in ESAS-r is clinically significant

Weight over time

Kruskal-Wallis test; data reported as mean ± standard deviation.

CONCLUSIONS

- Medical cannabis, in addition to standard supportive care, seems to improve appetite and stabilize weight over time in cancer patients.
- Larger, well-designed clinical trials are necessary to confirm this finding.