

Position paper: Cannabis

This document provides an overview on cannabis treatments, The Brain Tumour Charity's position, and what we are doing to address the issues raised.

What is the relevance of cannabis to brain tumours?

There are studies currently looking at whether cannabis or treatments composed of chemical compounds of the cannabis type are viable options for treating tumour growth and pain relief.

The Brain Tumour Charity's View

Cannabis or treatments derived from the chemical components of cannabis have not been licensed for medicinal purposes for people with a brain tumour and evidence of their effect on brain tumours is limited. We do not recommend the use of unlicensed treatments that have not been prescribed by a doctor.

Terminally ill brain tumour patients face few treatment options and poor survival rates. 60% of people diagnosed with a malignant brain tumour will die within one year and just 19% of people will survive for five years or more (1). So although new, more effective treatments are needed, there is currently not sufficient evidence to show that cannabis or its chemical components treat tumour growth and improve survival outcomes.

Improving quality of life is important for people with a brain tumour, including for those with an aggressive, terminal illness so can they make the most of the short time they have with friends and family. Cannabis (or treatments with chemical components derived from cannabis) is often discussed in the context of end of life treatment because the potential long term effects of its use are of little consequence. However, naturally-occurring cannabinoids can interact with other drugs in the body such as antidepressants and antihistamines and affect how the body processes certain chemotherapy drugs (2).

The Brain Tumour Charity believes that individual patients must be equipped to make decisions that are right for them to enjoy the best quality of life possible. We encourage anyone with a brain tumour who wants to explore the use of cannabinoids to discuss with their clinician involvement in clinical trials.

What is currently available?

Nabilone is a cannabinoid licensed for use in nausea and vomiting induced by chemotherapy for patients unresponsive to conventional antiemetics (3). We recommend that you speak to your clinician to see if this medicine is an option for your treatment.

Cancer Research UK and the Department of Health have funded an early stage clinical trial for treatment of recurrent glioblastoma. The aim of this trial is to see if Sativex, a cannabinoid, is effective in combination with temozolomide in reducing recurrent brain tumour growth (4). Sativex is currently licensed in the UK for people with a symptom of multiple-sclerosis called spasticity and is prescribed when, "a person has shown inadequate response to other symptomatic treatments or found their side effects intolerable" (5). According to the manufacturer, the most common side effects are dizziness and

tiredness, with some people feeling depressed or confused, and others experiencing memory problems. The Home Office have listed Sativex as a controlled substance under the Misuse of Drugs Regulation where a prescription is not written.

Another early stage clinical trial is looking at a synthetic cannabinoid called dexanabinol as a supplement to standard treatment options for advanced cancer (6). Another early stage clinical trial undertaken in Spain has shown initial promise, though limitations in the study design have prevented any robust conclusions being drawn about the effect of cannabinoids on tumour growth (7).

What is The Brain Tumour Charity doing?

We campaign for innovation in the development and delivery of treatments that help improve survival and quality of life for people affected by brain tumours.

Our research strategy outlines our intent to invest in translational and early-phase clinical trials to expand the range of treatments available to people affected by a brain tumour. We aim to double survival, and also improve quality of life by reducing the side effects of treatment.

References

1. Cancer Research UK. Brain, other CNS and intracranial tumours survival statistics [Internet]. 2015 [cited 2015 May 21]. Available from: <http://www.cancerresearchuk.org/cancer-info/cancerstats/types/brain/survival/>
2. Cancer Research UK. Cannabis, cannabinoids and cancer - the evidence so far [Internet]. 2012. Available from: <http://scienceblog.cancerresearchuk.org/2012/07/25/cannabis-cannabinoids-and-cancer-the-evidence-so-far/#harm>
3. NICE. Naboilone [Internet]. Available from: <https://www.evidence.nhs.uk/formulary/bnf/current/4-central-nervous-system/46-drugs-used-in-nausea-and-vertigo/cannabinoid/nabilone>
4. Cancer Research UK. A trial looking at Sativex with temozolomide for glioblastoma multiforme brain tumour (GWCA1208) [Internet]. Available from: <http://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-sativex-temozolomide-glioblastoma-multiforme-brain-tumour-gwca1208>
5. Multiple Sclerosis Trust. A-Z of MS: Sativex (nabiximols) [Internet]. Available from: <http://www.mstrust.org.uk/atoz/sativex.jsp>
6. Cancer Research UK. A study looking at dexanabinol for advanced cancer [Internet]. 2012. Available from: <http://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-looking-at-dexanabinol-for-advanced-cancer>
7. Guzmán M, Duarte MJ, Blázquez C, Ravina J, Rosa MC, Galve-Roperh I, et al. A pilot clinical study of Δ^9 -tetrahydrocannabinol in patients with recurrent glioblastoma multiforme. *Br J Cancer*. 2006 Jun 27;95(2):197–203.