

Cannabis-derived Product's Benefits, Drawbacks and Risks as a Cancer Treatment

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Abstract

Patients especially are interested in the use of cannabis products in oncology. The added value of curative or palliative cancer care as well as the potential risks associated with it is not sufficiently demonstrated, so they remain a topic of debate despite the abundance of available research data. By reviewing the most recent research, our goal is to make a recommendation regarding the place of cannabis products in clinical oncology. The characteristics, quality, and pharmacology of various cannabis products are discussed. For quality that can be trusted and replicated, standardization is essential. In comparison to inhalation and drinking tea the mucosal/sublingual route of administration is preferred. Cannabinoids might repress efflux carriers and medication utilizing catalysts, conceivably prompting pharmacokinetic collaborations with anticancer medications being substrates for these proteins. This might make the cytostatic effect stronger or make drug-related side effects worse. On the other hand, it might make dose reduction possible. With medications used to treat anorexia, pain, nausea, and vomiting, similar interactions are likely. Cannabis products may improve the quality of life of cancer patients (although this has not been conclusively demonstrated) and are typically well tolerated. The mix with immunotherapy appears to be bothersome in view of the immunosuppressive activity of cannabinoids. To scientifically support (refrain from) using cannabis products in cancer patients, additional clinical research is required.

Keywords: Pharmacokinetic collaboration • Drug • Immunosuppressive

Introduction

The utilization of weed determined items (hereinafter alluded to as 'pot items') is an on-going subject of interest, particularly among patients with disease who need viewpoints for (additional) treatment. Cannabis products are increasingly being used by cancer patients in both curative and palliative settings. On the internet, it is simple to locate non-scientifically substantiated success stories written by cancer patients claiming to have benefited from cannabis. As a result, medical professionals must decide whether or not to allow their patients to use cannabis products. An evidence-based scientific background that supports the clinical potential and potential risks of cannabis products in oncology is scarce, despite the abundance of research data in the literature. Medical professionals are sceptical about the use, clinical safety, and efficacy of cannabis products. As a result, refraining from cannabis use is frequently advised to cancer patients. It is sketchy whether this is the right demeanour. Patients may be encouraged to seek salvation in non-medicinal-grade cannabis products, with all of the risks that come with them, if doctors hesitate to prescribe medicinal cannabis products. In addition, it is still important to investigate all options for enhancing a patient's quality of life in palliative care for cancer patients who have stopped receiving treatment.

Literature Review

Patients who are terminally ill are among the target populations for medicinal cannabis, so they should not be put at risk by low-quality products. As a result, the quality of cannabis products must be taken into consideration. In general,

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recreational cannabis purchased from a coffee shop is of significantly lower and inconsistent quality than medicinal cannabis. Notwithstanding the greater guaranteed by thorough control, restorative weed and items thereof ought to be portrayed subjectively and quantitatively, and be normalized on guaranteed and fixed cannabinoid content. For safety evaluation and clinical studies, this is of the utmost importance [1,2].

Discussion

Medicinal cannabis and its products are dispensed by the government or through a (community) pharmacy, whereas cannabis and its products are freely available over-the-counter from drug stores and coffee shops (within the limits of legislation) in many nations. Medical professionals cannot simply accept health claims made by manufacturers of over-the-counter products because there is rarely any clinical research to back them up, dose measurements are determined by consumers, and label information about the cannabinoid content is frequently incorrect or even missing. Hazekamp conducted an investigation into the quality of cannabis purchased at a street market in the Netherlands and discovered that ten out of ten samples obtained exceeded the European Pharmacopoeia (EP) standards for microbiological purity for inhalation products [3].

This is important because the majority of people who use cannabis for recreational purposes smoke it themselves. In contrast, the EP's standards for microbial purity were met by two pharmaceutical-grade cannabis products obtained from the Dutch government. Even the intestinal bacterium *Escherichia coli* and fungi of the genera *Penicillium*, *Cladosporium* and *Aspergillus* were found in a more in-depth examination of one of the street-market samples. Additionally, street-market products' cannabinoid content varied significantly, according to this study. Health insurance claim data from 2016 were used in an American study to compare the prevalence of fungal infections among cannabis users and non-users. Cannabis users appeared to be 3.5 times more sensitive than non-users (95 percent CI, 2.6–4.8). Despite the fact that there was no fatality in this study between cannabis users, the cannabis product, or the fungal infection, caution with immunocompromised patients is absolutely necessary. The significance of using only pharmaceutical-grade medicinal cannabis for critically ill patients, including cancer patients, is supported by all of these findings. 10% of the 293 cannabis products on the market mostly CBD oils had THC levels above the lowest observed adverse effect level, which was set at 2.5 mg/day, according

to a recent analysis. Cannabis oil can be purchased commercially through a variety of channels or even made at home. These oils may be of poor quality and lack laboratory control for the most part. Heavy metals, harmful contaminants, and solvents may be present, and they may (almost) lack cannabinoids [4,5].

Last but not least, it appears that the quality of medicinal cannabis products is frequently undervalued, as it plays a crucial role in both clinical trials and clinical use. The composition of the cannabis products used frequently is unknown. In terms of the quantity and quality of cannabinoids in a product, it should be fully characterized and standardized. It is necessary to have complete control over the production process (GMP), selected plants with a known and reproducible cannabinoid spectrum, and the source material. Before being given to a patient, the finished product needs to go through stringent testing. A product ought to be reproducible, enabling comparisons and clinical and toxicological evaluation [6].

Conclusion

Regrettably, information about cannabis products that can be found online may be scientifically weak and not always accurate for the indicated therapeutic areas. Unregulated CBD products' labels appeared to be inaccurate. Therefore, it is essential to select a dependable provider. As a crucial link in the healthcare chain, the pharmacist ought to be able to offer advice. It should be clarified to medical care suppliers that the term 'restorative marijuana's is void except if the idea of the item and its unwavering quality are known and gotten. The incredulity among numerous clinicians with respect to the utilization of pot items must be removed in the event that we have careful information about the item, its synthesis and its properties. In a setting where clinical data are (almost) lacking and the demand for patients with cancer to use cannabis products is rising, the purpose of this article is to assist clinicians in making decisions regarding the responsible use of cannabis products.

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Conflict of Interest

No potential conflict of interest was reported by the authors.

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