THE USE OF CANNABIS OIL IN ONCOLOGICAL PAIN: ANALYSIS OF THE OUTCOMES IN REAL PRACTICE AT A CANCER CENTRE.

Poster: 4CPS-231

C. JEMOS[1], J. VILLA[1], A.M. ZUNIGA GUERRERO[2], V.A. GUARDAMAGNA[2], E. OMODEO SALÈ[1].

[1]ISTITUTO EUROPEO DI ONCOLOGIA, HOSPITAL PHARMACY, MILANO, ITALY.
[2]ISTITUTO EUROPEO DI ONCOLOGIA, PALLIATIVE CARE AND PAIN THERAPY, MILANO, ITALY.

Background

Control of oncological pain with traditional analgesic therapies tends to be difficult. An analysis of 46 articles published between 1994 and 2013 established that 30% of oncology patients do not receive an antalgic therapy proportional to their pain intensity.

Purpose

This project, carried out in collaboration with the Division of Palliative Care and Pain Therapy, is focused on cannabinoids, and analyses the therapeutic approach of oncological pain; in order to monitor efficacy and find possible predictive response factors.

Material and methods

The project involves 41 oncological patients treated between May 2016 and June 2017. All evaluated patients supplied the informed consent and took Cannabis Oil in order to manage oncological pain. In the present study, data were collected through the analysis of a questionnaire submitted by doctors to patients during the visit. Furthermore, information regarding clinical history and diagnosis was taken from clinical records. Data was collected in an excel database. Pain assessment was evaluated by means of an Numerical Rating Scale (NRS) (0-10) until the treatment's end. Pain was defined as ''controlled'' when NRS ≤ 4.
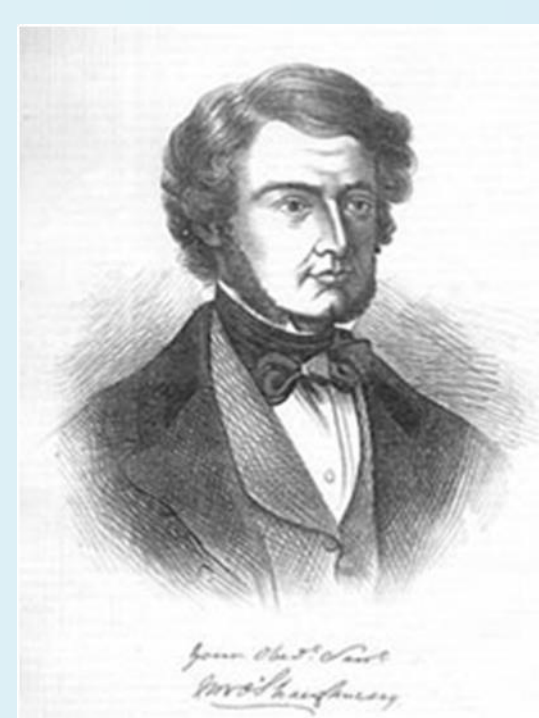
Results

17.07% of patients responded to cannabinoid treatment, with a mean reduction of baseline NRS of 6.33 points at the last available follow up. The mean age of patients who responded to treatment (age 52.14) was lower than the mean age of all patients (61.69). 24.44% of patients reported side effects closely related with cannabis oil treatment. Five of these stopped therapy due to confusion, drowsiness, dizziness and sickness. The median duration of therapeutic response was 107 days, and all responder patients are still under treatment at last observation. The median baseline NRS of non-responder-patients was 8.07, similar in responder-patients (8.17).
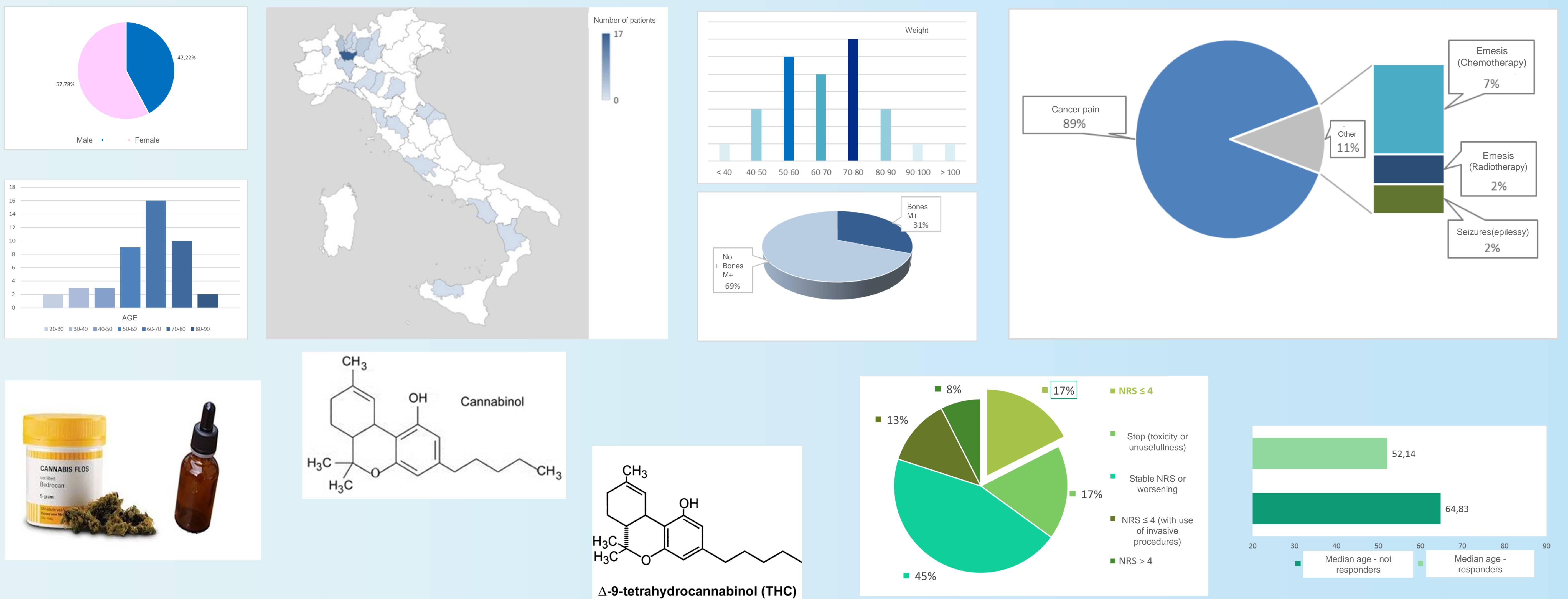
Conclusion

Cannabis oil was effective in oncological pain treatment in a percentage of patient who had not responded to other therapies, but the majority of patients did not have any benefit. A statistical analysis of predictive response factors is ongoing. Based on that analysis, a controlled prospective study will be planned.

"It seems evident that at least one advantage was gained from the use of the remedy..... the awful malady was stripped of its horrors; if not less fatal than before, it was reduced to less than the scale of suffering which precedes death from most ordinary diseases.... Next to cure, the physician will perhaps esteem the means which enable him "to strew the path to the tomb with flowers," and to divest of its specific terrors the most dreadful malady to which mankind is exposed"

William Brooke O'Shaughnessy