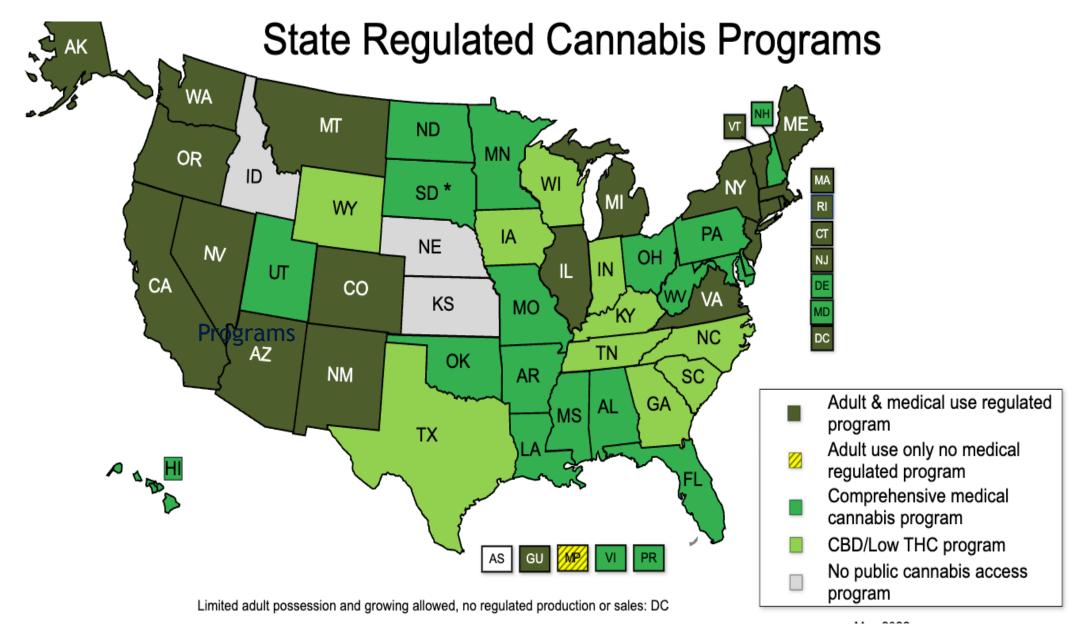


Medical Marijuana 101; What to know, Where to go, What we are learning

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Cannabis = taxonomic term referring to a genus of flowering plants that are members of the family Cannabaceae, consisting of 1000's of phytochemicals, divided into 3 species (c. sativa, c. indica, c. ruderalis)

	Marijuana**	Hemp
United States Law Defines		
as:		
Plant Components	leaves, flowers and viable seeds of cannabis	stalks, stems and sterilized seeds of cannabis
Δ9- Tetrahydrocannabinol (THC) = main psychoactive component	>0.3%	<0.3%
Cannabidiol (CBD)	Any	Any

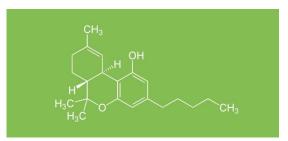
^{**}Used interchangeably with cannabis, given range of possible patient products used, term cannabis is more accurate and inclusive in this setting



Pathophysiology, active components

- Cannabis sativa
 - Genus and species name for the marijuana plan
 - Hemp
- THC
 - Δ9-Tetrahydrocannabinoid, psychoactive component of c. sativa
 - 5-30% in medical marijuana strains
- CBD
 - Cannabidiol, no psychoactive aspect but is studied for medical properties
- Active at CB1, CB2 and TRPV receptors

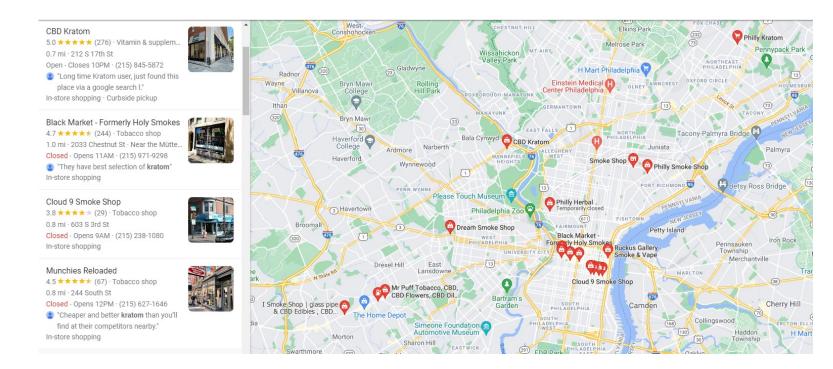






Legislation of hemp under the Farm Bill has dramatically changed the 'market'

- CBD
- Kratom herbal extract that comes from the leaves of an evergreen tree (Mitragyna speciosa) grown in Southeast Asia
- Δ8-THC





Terpenes



Bisabolol floral

Properties anti-inflammatory anti-irritant anti-microbial



Borneol mint

Properties anti-inflammatory antinociceptive



Camphene

fir needles, musky earth

Properties

anti-oxidant
skin lesion



Caryophyllene spicy

Properties anti-bacterial anti-inflammatory anti-fungal



Delta 3 Carene

Properties
anti-inflammatory
bone stimulant



Eucalyptol mint

Properties anti-bacterial anti-fungal



Geraniol

Properties
anti-cancer
anti-oxidant
neuroprotectant



Humulene

earthy Properties

anti-bacterial anti-inflammatory anti-tumor effects



Limonene

bitter citrus

Properties
anti-anxiety
anti-cancer
digestion, gallstones



Linalool

floral

Properties anti-anxiety anti-epileptic anti-psychotic pain killing



Myrcene citrus, cloves

Properties relaxing sedating



Pinene

pine

Properties
anti-depressant
anti-inflammatory
anti-microbial



Phytol

balsamic, floral

<u>Properties</u> anti-insomnia immunosuppressant



Terpinolene

smoky, woody

Properties anti-bacterial anti-fungal anti-insomnia antiseptic



Trans-nerolidol

citrus, rose

Properties anti-cancer anti-microbial anti-oxidant, anti-parasitic

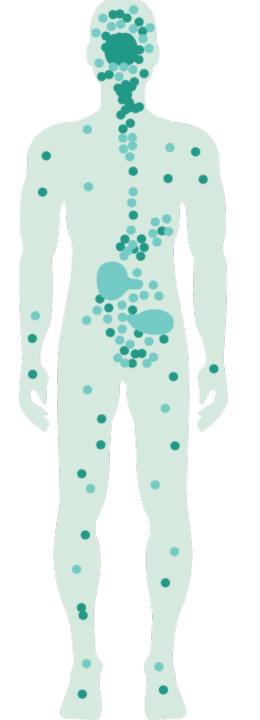


Valencene

sweet citrus

Properties anti-inflammatory anti-melanogenesis antiallergic





CB1 Receptors target:

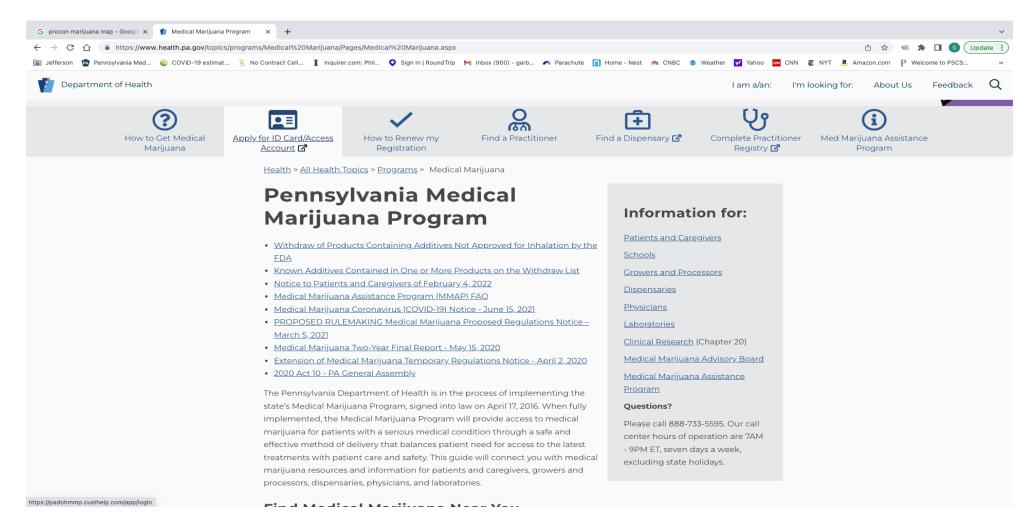
- Motor activity
- Thinking
- Motor co-ordination
- Appetite
- Short term memory
- Pain perception
- Immune cells

CB₂

CB2 Receptors are much broader than CB1 and influence most of the body

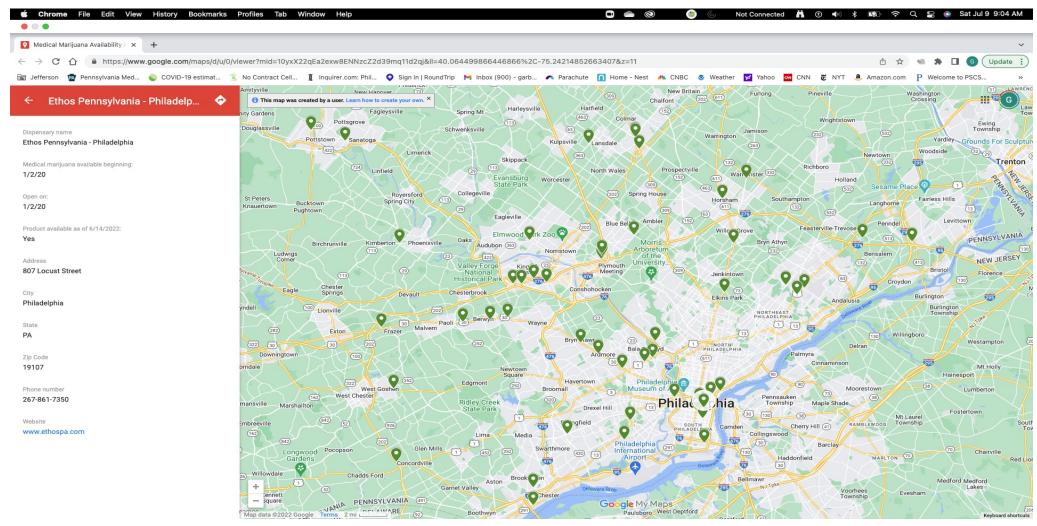
- Gu
- Kidneys
- Pancreas
- Adipose tissue
- Skeletal muscle
- Bone
- Eye
- Tumours
- Reproductive system
- Immune system
- Respiratory tract
- Skin
- CNS
- Cardiovascular system
- Liver

medicalmarijuana.pa.gov





Dispensary Map (SE PA)





How do you guide a patient?



1000mg THC Tincture 30mL

Hybrid THC: 33.6mg/mL



Natural Selections

Banana Tree (Rain Delay Pheno) 3.5g

Hybrid THC: 22.08%



Beach Wedding Distillate Disposable Vape Pen 300mg

Hybrid THC: 74.66% | CBD: 0.29%



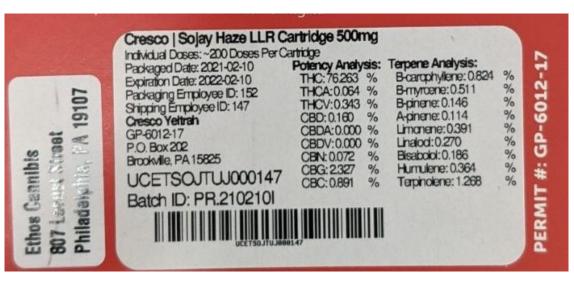
Doctor Solomon's

Doze 1:1 CBN:THC Tincture 15ml

Hybrid THC: 3.4mg/mL | CBD: 3.4mg/mL











Total active cannabinoids *in this product there is both THC and CBD

In products ingested orally, composition is reported in mg



42.38mg of THC in the *entire* product,
2.12mg THC in each serving (in this case, 1 square of chocolate)

In 1 square of chocolate (1 serving) there is 4.89mg of Total Active Cannabinoids In this example, there is THC and CBD in roughly a 1:1 ratio

Form	Onset of Action	Peak Effect	Duration of Effect
Inhalation (includes vaporization or smoking)	0-10 min	3-10 min	2-4 hrs
Oral	1-3 hrs	1-2 hrs	6-12 hrs
Sublingual	15-60 min	45 mins	4-6 hrs
Topical	5-120 mins	variable	variable

Form	Dose	Comments
Inhalation (includes vaporization or smoking)	1 short inhalation	 Wait 10-15 minutes to see effect Inhale longer duration puff for stronger effect
Oral	2.5-5 mg	 Consider starting with ½-1/2 of edible product Wait 1 -2 hours to see effect before redosing for desired effect
Sublingual	2.5-5 mg	 Wait 45 minutes to see effect before redosing for desired effect
Topical	Liberal amount to affected area	Do not bathe or swim after

Initial THC Dosing



- Inhalation
 - Duration of action: 0.5 2 hrs
 - Patient counseling
 - Quick onset of effect
 - Easiest product to titrate to effect
 - Start with lowest vaporization temperature setting to avoid coughing
 - May not be easy to use for patients with throat or mouth sores
 - Should not be recommended in immunocompromised (Flower) or with known lung problems



- Oral
 - Erratic, lower bioavailability
 - Time to peak: 60-120 min
 - Duration of effect: 4 6 hours

Grotenhermen. Clin Pharmacokinet. 2003. Foster et al. Am J Med. 2019. Huestis. Chem Biodivers. 2007.



- Oral
 - Patient counseling
 - Raw product
 - Unlikely to get an effect due to the need for decarboxylation which created with heat
 - THCA → THC
 - Edibles
 - Baked goods take longer to work than tinctures
 - Consuming on an empty stomach may intensify the effect
 - Dosing
 - Conservative starting dose is 2.5-5 mg
 - Increase by 2.5mg every 24 hours until you get the desired effect



- Topical
 - Slow onset of action
 - Duration of action: hours
 - Patient counseling
 - Identify a local application site
 - Wash and dry the area before application
 - Be generous with application
 - Massage product into the skin
 - Wash hands after application
 - Do not apply before showering or swimming



What to consider

- Do you have a reason to medically prefer a specific form?
- Focus on THC and CBD alone we don't know enough about anything else
 - Broad strokes THC predominant, CBD Predominant, Intermediate
 - Oral ingestion is either mg or ratio THC:CBD, inhaled is %
- How experienced is patient with Marijuana?
- Start Slowly



What we think happens. . . .

What really happens . . .





