

## Statements in guidelines

Source: Horneber M, Landwehr C, Kalbermatten Magaya N, Ritter C, Ziemann C, KOKONbase team, CAM-Cancer Consortium. [Cannabis and cannabinoids](#) [online document], July 2020.

### Nausea and vomiting

The S3 guideline "[Supportive care for patients with cancer](#)" from the AWMF (2017) has evaluated the study by Duran et al.(28) and also refers to the guideline of ASCO and MASCC/ESMO and states that cannabinoids in CINV "*should be considered in exceptional cases (...)*". It does not comment on their use for radiotherapy-induced nausea.

The ASCO guideline (32) bases its statement on data from the systematic review of the Cochrane Collaboration(33) and provides the following assessment for cannabis-based medicines:

*"Evidence remains insufficient for a recommendation regarding medical marijuana for the prevention of nausea and vomiting in patients with cancer who receive chemotherapy or radiation therapy. Evidence is also insufficient for a recommendation regarding the use of medical marijuana in place of the tested and US Food and Drug Administration–approved cannabinoids, dronabinol and nabilone, for the treatment of nausea and vomiting caused by chemotherapy or radiation therapy"*

The authors of the AWMF S3 guideline "[Palliative care for patients with incurable cancer](#)" come to the following assessments based on a review paper(34): "*If the etiology-based pharmacotherapy of nausea and vomiting does not respond adequately, cannabinoids can be used as reserve drugs in patients with incurable cancer*" The following is added later in the text: "*Clinical studies show an effect of cannabinoids on controlling chemotherapy-induced nausea and vomiting, but do not allow an evidence-based recommendation for palliative care patients beyond anti-tumour treatment*".

### Anorexia and cancer cachexia

The ESPEN guideline (40) makes the following statement: "*There are insufficient consistent clinical data to recommend cannabinoids to improve taste disorders or anorexia in cancer patients.*"

### Sense of smell and taste

The ESPEN guideline (40) on the nutrition of cancer patients evaluated four studies. In addition to the three studies mentioned below (37, 38, 41), a non-comparative study (42) was included. The ESPEN guideline makes the following statement: "*There are insufficient consistent clinical data to recommend cannabinoids to improve taste disorders or anorexia in cancer patients.*"

### Pain in cancer patients

The ESMO guideline, "Management for cancer pain in adult patients" (44), evaluated a total of five studies on the efficacy of nabiximols (45-49) and summarised the results as follows:

*"For advanced cancer patients with pain not fully alleviated by opioid therapy, the additive effect of nabiximols to the ongoing opioid treatment remains unclear."*

The AMWF S3 guideline "[Palliative care for patients with incurable cancer](#)" does not make any statement on the use of cannabinoids in pain management.

### Neuropathic pain (in patients without cancer)

The position paper of the European Pain Federation (EFIC) on the use of cannabinoids for the treatment of chronic pain, makes the following recommendation: *"Therapy with cannabis-based medicines should only be considered by experienced clinicians as part of a multidisciplinary treatment and preferably as adjunctive medication if guideline-recommended first-and second-line therapies have not provided sufficient efficacy or tolerability. The quantity and quality of evidence are such that cannabis-based medicines may be reasonably considered for chronic neuropathic pain."*(50)

### Quality of life

-