

COVID-19 Information[Public health information \(CDC\)](#)[Research information \(NIH\)](#)[SARS-CoV-2 data \(NCBI\)](#)[Prevention and treatment information \(HHS\)](#)[Español](#)

Notice of Scheduled eRA Maintenance: Please note that eRA systems will be undergoing scheduled maintenance from 10am until 10pm Eastern US time on April 24, 2021. During this window, eRA-dependent services such as MyBibliography and Grant Reporting may be unavailable. More information is available on the [eRA website](#).

FULL TEXT LINKS



Clinical Trial [Ann Oncol. 2020 Nov;31\(11\):1553-1560. doi: 10.1016/j.annonc.2020.07.020.](#)

Epub 2020 Aug 13.

Oral THC:CBD cannabis extract for refractory chemotherapy-induced nausea and vomiting: a randomised, placebo-controlled, phase II crossover trial

P Grimison¹, A Mersiades², A Kirby², N Lintzeris³, R Morton², P Haber⁴, I Olver⁵, A Walsh², I McGregor⁶, Y Cheung², A Tognela⁷, C Hahn⁸, K Briscoe⁹, M Aghmesheh¹⁰, P Fox¹¹, E Abdi¹², S Clarke¹³, S Della-Fiorentina¹⁴, J Shannon¹⁵, C Gedye¹⁶, S Begbie¹⁷, J Simes², M Stockler²

Affiliations

PMID: 32801017 DOI: [10.1016/j.annonc.2020.07.020](#)

Abstract

Background: This multicentre, randomised, double-blinded, placebo-controlled, phase II/III trial aimed to evaluate an oral THC:CBD (tetrahydrocannabinol:cannabidiol) cannabis extract for prevention of refractory chemotherapy-induced nausea and vomiting (CINV). Here we report the phase II component results.

Patients and methods: Eligible patients experienced CINV during moderate-to-high emetogenic intravenous chemotherapy despite guideline-consistent antiemetic prophylaxis. Study treatment consisted of one cycle of 1-4 self-titrated capsules of oral THC 2.5 mg/CBD 2.5 mg (TN-TC11M) three times daily, from days -1 to 5, and 1 cycle of matching placebo in a crossover design, then blinded patient preference for a third cycle. The primary end point was the proportion of participants with complete response during 0-120 h from chemotherapy. A total of 80 participants provided 80% power to detect a 20% absolute improvement with a two-sided P value of 0.1.

Results: A total of 81 participants were randomised; 72 completing two cycles were included in the efficacy analyses and 78 not withdrawing consent were included in safety analyses. Median age was 55 years (range 29-80 years); 78% were female. Complete response was improved with THC:CBD from 14% to 25% (relative risk 1.77, 90% confidence interval 1.12-2.79, P = 0.041), with similar effects on absence of emesis, use of rescue medications, absence of significant nausea, and summary scores for the Functional Living Index-Emesis (FLIE). Thirty-one percent experienced moderate or severe cannabinoid-related adverse events such as sedation, dizziness, or disorientation, but 83% of participants preferred cannabis to placebo. No serious adverse events were attributed to THC:CBD.

FOLLOW NCBI



Follow NLM

National Library of
Medicine
8600 Rockville Pike
Bethesda, MD 20894

Copyright

FOIA

Privacy

Help

Accessibility

Careers

NLM NIH HHS USA.gov

Conclusion: The addition of oral THC:CBD to standard antiemetics was associated with less nausea and vomiting but additional side-effects. Most participants preferred THC:CBD to placebo. Based on these promising results, we plan to recruit an additional 170 participants to complete accrual for the definitive, phase III, parallel group analysis.

Trial registration: Australian New Zealand Clinical Trials Registry ACTRN12616001036404; <https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=370473&isReview=true>.

Keywords: antiemetic; cannabidiol; cannabis; chemotherapy-induced nausea and vomiting; randomised trial.

Copyright © 2020 European Society for Medical Oncology. All rights reserved.

Comment in

[Cannabinoids as antiemetics: everything that's old is new again.](#)

Warr D, Hesketh P.

Ann Oncol. 2020 Nov;31(11):1425-1426. doi: 10.1016/j.annonc.2020.08.2104. Epub 2020 Aug 26.

PMID: 32860877 No abstract available.

Related information

[MedGen](#)

[PubChem Compound \(MeSH Keyword\)](#)

LinkOut - more resources

Full Text Sources

[Elsevier Science](#)

[Ovid Technologies, Inc.](#)

Medical

[Genetic Alliance](#)

[MedlinePlus Health Information](#)