

# A systematic review and meta-analysis of randomised controlled trials: Safety and efficacy of medicinal cannabis in management of pain, sleep, and fatigue in cancer survivors

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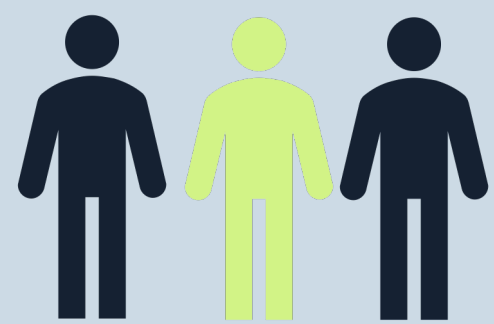
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## BACKGROUND

**Pain, fatigue, and sleep disturbance commonly co-occur in people with cancer, which can greatly reduce quality of life.**<sup>1,2</sup>

Treatment options for fatigue are limited, and those for pain and sleep have associated side effects and cost implications.<sup>2</sup>

Natural products and complementary and alternative medicines are thus of growing interest, such as medicinal cannabis.<sup>3</sup>



Up to **one third** of cancer survivors use medicinal cannabis, predominantly for symptom management during treatment.<sup>4-6</sup>

Given the high prevalence of medicinal cannabis use among cancer survivors and the rapidly developing area of research, an up-to-date and comprehensive quantitative synthesis of the literature is warranted to inform clinical practice and ensure safety of use.

**REFERENCES:** 1. Kwekkeboom KL, et al., The Role of Inflammation in the Pain, Fatigue, and Sleep Disturbance Symptom Cluster in Advanced Cancer. *J Pain Symptom Manage*, 2018. 55(5); 2. Sheikh-Wu, S. et al., Interventions for managing a symptom cluster of pain, fatigue, and sleep disturbances during cancer survivorship: A systematic review. *Onc Nurs Forum*, 2021. 47(4); 3. Satija, A. and S. Bhatnagar, Complementary Therapies for Symptom Management in Cancer Patients. *Indian J Palliat Care*, 2017. 23(4); 4. Martell, K., et al., Rates of cannabis use in patients with cancer. *Curr Oncol*, 2018. 25(3); 5. Macari, D.M., et al., Medical Cannabis in Cancer Patients: A Survey of a Community Hematology Oncology Population. *Am J Clin Oncol*, 2020. 43(9); 6. Do, E.K., et al., Cannabis use among cancer survivors in the United States: Analysis of a nationally representative sample. *Cancer*, 2021. 127(21).

## METHODS

### RESEARCH AIM:

In cancer survivors of any age, this review aimed to examine existing evidence on the safety and efficacy of medicinal cannabis, compared to any control, on pain, sleep, and fatigue.



- Five databases were searched from inception to 25 October 2022.
- A snowballing search strategy was used up until 27 April 2023.
- Screening was conducted in duplicate using Covidence software.
- Data were pooled with meta-analysis (where  $\geq$  two studies reported the same outcome).
- Quality of evidence was appraised using RoB2.
- GRADE was applied to assess the certainty of the evidence. Four levels of certainty for the estimated effect of each outcome were possible: very low, low, moderate, or high.

### STUDY INCLUSION CRITERIA:

- Population:** Humans of any age with any active cancer type at any stage of their cancer journey.
- Intervention:** Any medicinal cannabis intervention.
- Comparator:** Any control (e.g., placebo, usual care).
- Outcomes:** Measured incidence or severity of at least one primary outcome: pain, sleep, or fatigue.
- Study design:** Randomised controlled trials with full text published in peer-reviewed journal.

## RESULTS

### STUDY AND POPULATION CHARACTERISTICS:

- Of 7936 records screened, **16 studies** of **20 interventions** (N=2225 total participants; 100% adults) were included.
- Most studies included participants with **mixed cancer types** (81%), who were undergoing **active cancer treatment** (63%).
- Interventions:** whole plant extract (with THC and CBD [n=10], with THC [n=2]), synthetic THC (n=7), synthetic CBD (n=1).
- Dose:** varied greatly.
- Route:** oral (n=9 studies), oromucosal (n=7 studies).
- Most studies (67%) had **high or unclear risk of bias**.
- 13 studies (81%) measured **pain**, 11 (69%) measured **sleep**, 8 (50%) measured **fatigue** (mostly only as an adverse event), and five (31%) measured all three primary outcomes of interest.

### FINDINGS:

Study or Subgroup	Experimental			Control			Weight	Std. Mean Difference IV, Random, 95% CI	Std. Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total			
Hardy 2023	63.2	28.1	41	57.4	30.5	44	22.1%	0.20 [-0.23, 0.62]	
Lynch 2014	7.6	0.5	18	5.6	0.67	18	17.2%	3.31 [2.27, 4.35]	
Staquet 1978 Study 1	4.7	3.3	30	2.2	2.6	30	21.4%	0.83 [0.30, 1.36]	
Staquet 1978 Study 2	4.4	2.1	15	1.9	1.3	15	19.2%	1.39 [0.58, 2.20]	
Turcott 2018	64	29.7	14	52.7	35.5	19	20.1%	0.33 [-0.36, 1.03]	
<b>Total (95% CI)</b>			<b>118</b>			<b>126</b>	<b>100.0%</b>	<b>1.12 [0.29, 1.96]</b>	
Heterogeneity: $\tau^2 = 0.78$ ; $\chi^2 = 33.59$ , $df = 4$ ( $P < 0.00001$ ); $I^2 = 88\%$ Test for overall effect: $Z = 2.63$ ( $P = 0.009$ )									

**Figure 1. Pain severity was decreased** in adults using medicinal cannabis compared to placebo (SMD:1.1, 95%CI:0.3-2.0;  $p=0.009$ ; n=5 studies;  $I^2=88\%$ ; effect size: very large; GRADE: low).

**The likelihood of somnolence** was increased with medicinal cannabis compared to placebo (OR: 2.6; 95% CI: 1.6, 4.0;  $p<0.0001$ ;  $I^2=0\%$ ; n=9 studies; n=1370 participants; GRADE: moderate), **but there was no effect on sleep disturbance, fatigue, or quality of life.**

### FINDINGS: SAFETY

- There was a **60% increased likelihood of any gastrointestinal symptom** (nausea, vomiting, constipation, diarrhoea, abdominal discomfort, dry mouth) with medicinal cannabis compared to placebo (OR: 1.6; 95% CI: 1.1, 2.3;  $p=0.01$ ;  $I^2=0\%$ ; n=12 studies; n=1920 participants; GRADE: moderate).
- There was a **60% increased likelihood of any adverse event** (headache, dizziness, asthenia, dyspnoea, oedema, or somnolence) with medicinal cannabis compared to placebo (OR: 1.6; 95% CI: 1.3, 2.1;  $p=0.0002$ ;  $I^2=0\%$ ; n=11 studies; n=1993 participants; GRADE: moderate).

### TAKE HOME MESSAGES:

- Medicinal cannabis might benefit pain management in adult cancer survivors, but use should be closely monitored for increased side effects.**
- The current studies provide insufficient support for medicinal cannabis as a therapeutic intervention for sleep or fatigue.**
- Confidence in findings was limited by most studies having high or unclear risk of bias, small samples, heterogenous interventions, unvalidated primary outcome measures, and inadequate data reported for meta-analysis.
- Future well-powered trials that assess pain in conjunction with sleep and fatigue, use validated outcome measures, and report data in full are needed to confirm efficacy and safety.



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