

## Comparison of effects of medicinal cannabis, or, standard palliative care on Quality of Life of Cholangiocarcinoma patients in Northeastern Region of Thailand

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### Introduction

- ❖ CCAs are asymptomatic in the early stages, not diagnosed until a late stage, metastasized, severely limiting effective therapeutic options and a major cause of mortality
- ❖ Medical cannabis improvement in multiple symptoms, sleep quality and duration, reduced cancer distress physical and psychological symptom burden

**Thailand** was the first country in Southeast Asia to approve cannabis for medical treatment

### Methods

- ❖ This was a prospective cohort study interview questionnaire data from 72 CCA out-patients receiving either, a standard palliative care treatment regimen, or medical cannabis treatment.
- ❖ Participants were recruited between September 2019 to 31st October 2020 from the four tertiary hospitals and two of the secondary hospitals serving five provinces of Northeast Thailand
- ❖ Assessed quality of life before treatment and re-evaluated at the 2<sup>nd</sup> and 4<sup>th</sup> month of treatment.



### Data analysis

- ❖ The Mann-Whitney U-test was used to compare quality of life scores between the two patient groups .
- ❖ Wilcoxon signed rank test performed to compared QoL score within groups at pre-treatment, 2, and 4 months. All calculations were carried out using SPSS v.24

## Results

variables	Pre-treatment			2 <sup>nd</sup> month treatment			4 <sup>th</sup> month treatment		
	ST	CT	P value	ST	CT	P value	ST	CT	P value
PPS	79.33 (5.83)	80.23 (12.78)	0.813	59.00 (9.59)	80.24 (12.94)	< 0.001*	41.66 (18.76)	68.09 (26.79)	<0.001*
Min, max	70,90	60,100		50,80	60,100		20,80	20,100	
Global health status	67.77 (8.39)	67.26 (14.06)	0.831	58.05 (9.15)	67.85 (19.17)	0.010*	41.66 (11.58)	65.27 (27.16)	<0.001*
<b>EORTC QLQ-C30</b>									
<b>Functional scales</b>									
Physical functioning	84.00 (12.81)	73.73 (22.19)	0.541	60.22 (17.19)	67.93 (33.93)	0.096	26.66 (25.37)	62.06 (41.68)	0.002*
Role functioning	(92.77(11.31)	86.11(18.73)	0.143	73.89(18.40)	74.60(32.35)	0.355	39.44(33.18)	66.26 (40.73)	0.007*
Emotional functioning	76.94(14.79)	73.01(25.88)	0.831	75.55(12.36)	80.75(21.81)	0.035*	76.66(15.53)	85.11(18.90)	0.017*
Cognitive functioning	93.88 (10.24)	86.50(16.14)	0.046*	86.66(12.68)	80.15(23.92)	0.459	62.22(25.86)	78.57(26.36)	0.007*
Social functioning	68.88(17.90)	75.00(22.16)	0.263	61.66(17.03)	76.54(23.89)	0.007*	48.33(24.89)	76.98(27.77)	< 0.001*

## Discussion

❑ The two groups had little difference at baseline but at 2- and 4-month follow-ups the CT group consistently showed significantly positive differences on patient self-reported global health status, functional behaviors, and a wide range of illness/symptom-related scales

❑ Based on this data the CT regimen was associated with a meaningful improvement in health-related QoL, for the CCA patients, consistent with previous improvements seen in pain reduction, quality of life, social life, and activity levels with chronic pain patients (1)

❑ the second month of treatment our CT patients rated improvements in fatigue levels, insomnia, appetite, constipation, body image, nutrition, eating, and there was a significant improvement in dyspnea at the fourth month, maybe due to cannabis beneficial effect on appetite, sleep and rest (2). Other cannabis studies have shown more than 10% weight gain (3), and cancer patients feeling refreshed, with less fatigue and reduced side-effects such as nausea, vomiting, and loss of appetite from treatment (4)

❑ There was no inter-group difference in pain ratings between the second- and fourth-month follow-ups. Pain is one of most common symptoms associated with cancer.(5) this is one of the symptoms patients fear most. Unrelieved pain denies patients comfort and greatly affects their activities, motivation, interactions with family and friends, and overall quality of life (6) Goals of pain management, therefore, is to reduce pain to a level that allows for a quality of life that is acceptable to the patient

1=Vigil JM, Stith SS, Adams IM, Reeve AP.,2017

4=Abrams DI et al ., 2016

2=Braun IM, et al .,2018

5=Swarm RA, et al.,2019

3=Bar-Sela G, et al.,2019

6=Boveldt N te., 2013