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LETTER TO THE EDITOR

Cannabis versus combination chemotherapy; $n = 1$ trial in Hodgkin's lymphoma

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The unlicensed use of cannabinoids is increasingly prevalent in patients with cancer despite the negative results of the only in vivo study to assess the anti-tumour effects of marijuana derivatives [1, 2]. In 2017, the FDA issued no fewer than 12 warning letters to companies whose websites claimed that their marijuana-based products had anti-cancer effects (https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm583295.htm). In his analysis of US public surveys conducted between 1974 and 2010, Gordon Gaucht describes a worrying diminution in public trust of the scientific community [3]. Disingenuous claims by manufacturers of unlicensed cannabis-based products and the more complex problem of health system distrust lead to potentially fatal treatment decisions being made by some patients [1], (https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm583295.htm). We wish to highlight a case of Hodgkin lymphoma for which standard treatment was delayed by the patient in favour of unlicensed cannabinoid therapy.

A 21-year-old lady presented to a regional cancer centre with a 6-month history of weight loss, fever, amenorrhea, and dyspnoea. Examination demonstrated significant (15 kg) weight loss and protrusion of left chest wall superiorly. CT scan demonstrated the presence of a bulky anterior mediastinal mass invading the chest wall (Fig. 1). Biopsy established a diagnosis of Stage $IIBE_X$ Hodgkin Disease with a Hasenclever score of 4, complicated by iron deficiency anaemia. ABVD chemotherapy followed by involved field radiotherapy treatment was recommended. The patient and her partner declined this and initiated cannabinoid therapy. Serial assessments over the ensuing 4 months demonstrated clinical and radiological disease progression. Four months after diagnosis, due to progressive dyspnoea, the patient consented to ABVD. A follow-up PET scan demonstrated a complete metabolic response after 2.5 of a planned 6 courses of chemotherapy and further treatment was declined in favour of alternative options.

This case exemplifies the challenges posed by patients' perceptions of the potential benefits of cannabinoids. Such potential benefits are publicised extensively on the internet, as demonstrated by the FDA warnings cited (https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm583295.htm). The case also highlights the need for clinicians to engage with the problem of health system distrust which has been shown to be adversely associated with compliance with breast cancer treatment recommendations [4]. Further research is needed to examine the societal trend towards distrust in the scientific community, and to identify modifiable risk factors for medical distrust.

Fig. 1 Bulky anterior mediastinal mass with chest wall invasion

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