

THE BLOODLINE WITH LLS

A PODCAST FOR PATIENTS AND CAREGIVERS

Episode: 'Medical Marijuana & Cancer: What you Need to Know'

Description:

Join us as we speak with Shelly Rosenfeld, Esq. from the Cancer Legal Resource Center and Dr. Steven Pergam from Seattle Cancer Care Alliance. Ms. Rosenfeld and Dr. Pergam presented at CancerCon during a session called "Understanding Medical Marijuana: It's a Joint Effort". In this episode, our speakers dive into the various forms of marijuana, how they can be used to combat side effects of cancer treatment, and the legal issues surrounding their use throughout the United States.

Transcript:

Edith: Welcome to *The Bloodline with LLS*. I'm Edith.

Lizette: And I'm Lizette. Thank you so much for joining us on this episode.

Edith: Every year Stupid Cancer hosts an annual conference for young adults affected by cancer called CancerCon.

In this conference patients, caregivers, and healthcare professionals all join together and participate in various panels, workshops, and engage in social activities.

At this past year's virtual conference in April, there was a session titled, "Understanding Medical Marijuana: It's a Joint Effort." And today we'll be speaking to two of the presenters of that session. Shelly Rosenfeld, Esq., is the co-director of the Cancer Legal Resource Center, and Dr. Steven Pergam, the medical director of infection prevention at the Seattle Cancer Care Alliance in Seattle Washington. Both of them have a wealth of knowledge on this topic, and we are glad that you are joining us today.

Welcome!

Shelly Rosenfeld: Thank you.

Steven Pergam, MD: Thanks for having us, we appreciate it.

Edith: Of course. Now, before we get into today's topic, "Understanding Medical Marijuana," we want to get to know our speakers a little bit more, and we definitely like for our listeners to get to know them as well. So, before we get into that, what led you to your professions?

Shelly Rosenfeld: I'll kick this one off, actually. So, before I was a lawyer, I was actually a journalist, so I definitely understand hearing things from a non-lawyer perspective. And while I loved telling peoples' stories; I worked in broadcast journalism, I also wanted to intervene and help find solutions for others. So, I ended up going to law school and becoming an attorney. And now, as co-director of the Cancer Legal Resource Center, we receive questions about all types of legal issues: employment, health insurance, housing, so it's actually really familiar territory to the stories that I covered as a journalist from individuals' perspectives.

And so, this summer I just decided to participate in CancerCon and to do a presentation of medical marijuana. But certainly, always like to have other's perspectives, just like I did as a journalist. I'd always try to get someone else to share their expertise.

Dr. Pergam: Yeah. And I guess it's hard to describe exactly how you decide your career pathway; it's always hard to go back in time. I mean I was an art major in college and so that was kind of completely different. But I always sort of knew that I wanted to do something where I could have an impact on people's lives, and medicine was a natural fit for me.

Getting into infectious disease felt really like a great glove that fit my hand because I really like public health, and I like to have a larger impact on a larger scale, so it really fit me well. And then I was really lucky when I came to Seattle to end up at one of the

premier cancer institutions at Fred Hutch and Seattle Cancer Care Alliance. And so, I really get to work with cancer patients every day even though I'm doing infectious diseases, so a really interesting space to be in.

Lizette: Definitely.

Edith: For some of our listeners, they probably heard of marijuana, but not medical marijuana combined together. So, what is medical marijuana, and what is it used for? Also, is there a proper name we should call it? Should we say marijuana, cannabis, weed?

Dr. Pergam: Maybe I'll focus on the names that we use and, let my colleague take on the question of the legal definition of medical marijuana.

So, I think there's lots of ways that you can describe this. You can call this medical marijuana, you can call it marijuana, you can call it cannabis, you can call it pot. I don't think it really matters in the grand scheme of things. When it comes to a patient, it's how they're using it.

I think what's more important is oftentimes how it's used. So, whether it's inhaled through smoking mechanisms or vaping, if it's edible, I think that actually plays a bigger role when we're talking about medical marijuana. And then I think marijuana has many different formats, and so it's not just the full leaf, but also it can be the cannabinoids. So, it really depends on sort of the component that you're using, too. So, it's complicated when you ask that questions of how you describe it. But I think we often in the medical, field use marijuana and cannabis in sort of mutually exclusively when we're talking about it with, the patients.

Lizette: What was that cannabinoid?

Dr. Pergam: Cannabinoid, yeah. So that's the, the components that lead to the different responses when people are using marijuana. So, THC is sort of a classic

cannabinoid, so that's one in particular, that is well described to cause some of the euphoria and hallucinogenic properties of, of marijuana.

Lizette: Yeah, I do see that a lot in the store, so that would be legal, right?

Dr. Pergam: It is the component of marijuana that your body sort of responds to.

Lizette: Okay.

Dr. Pergam: So, there are different types of components that marijuana, which is a plant made up of many different chemicals. THC is one that there are specific receptors in your body that respond to this. And so, THC, in this particular situation leads to sort of the neurologic responses, some of the anti-nausea responses, which are centrally mediated. And so that each of the different components of how marijuana products are made have differing levels of this, some have more THC, some have other cannabinoids. It's just varied in the different products that are available.

Lizette: Thanks.

Shelly Rosenfeld: And, in general, I think just using the term "medical marijuana" referring to the use of marijuana or the cannabis plant and products made from this plant to treat illnesses and symptoms, certainly, for the purposes of our conversation today, we're not going to be really focusing on recreational use of marijuana but rather medical marijuana used for medicinal purposes.

Lizette: Right. Now, doctor, does it really work, medical marijuana, because we have a lot of our patients that really do testify and say that it really has helped them with a lot of the side effects that you just mentioned.

Dr. Pergam: Yeah. So, I think, this is a really important question, so I think it depends on what you think it's helping you for.

So, the National Academies of Sciences, Engineering, and Medicine put out a report a couple years ago that actually went through some of the different capacities of what

they thought medical marijuana might do. And I think the two that are probably the best studied in terms of maybe demonstrating benefit are nausea, which is a complication that we see quite frequently in people who take chemotherapy for the different cancers. And then, additionally, there is some emerging evidence that it may have some benefit in pain. A lot of the other things it's really hard. So, some people use it to help with sleep. Some people use it to relax.

There's also data that some people are using to treat their cancer. I'm a little more worried when I hear that because I think the data is not strong at all for that component. But I think there's still a lot of research that needs to be done in this space, and what does cannabis do and what components of cannabis help people specifically?

And, I think this is really important because the NIH and other places that fund research, medical research and scientific research in this space, have really been limited in their ability to do research because it's still considered a Schedule I drug by the government. And so, doing research on cannabis and cannabis products is still somewhat challenging. And so a lot of the data we have is kind of culled together from different sources, so it's not as easy to study as you would say aspirin or something else we might give to patients frequently.

Lizette: What's a Schedule I drug?

Dr. Pergam: A Schedule 1 drug would be equivalent to marijuana; is considered in the same classification as heroin. So it would be things that you would consider that you cannot hold legally unless you have it as a medical marijuana or you're in a state where there is recreational marijuana that you could be at risk for having in your hands, depending on where you live.

Lizette: Okay.

Shelly Rosenfeld: Yeah, just to put that in perspective, when the Controlled Substances Act of 1970 was passed, cannabis was placed in the most restrictive category, Schedule I. That means that the Federal Government considers marijuana to have a high potential for abuse and no recognized medical use. And just as Dr. Pergam just said, there may be those who are tremendously helped in terms of symptom management by medical marijuana, so to say that there is no medical benefit may not be capturing the full story.

Lizette: That's very interesting, and it's also very interesting I know that we are, like you said, speaking about medical marijuana, but I know that we're getting into this a little later, that different states have different laws in regards to medical marijuana, but different states also have different laws in regards to recreational marijuana. And I would think that those states that are open for recreational marijuana are also open for medical marijuana. Correct?

Dr. Pergam: Generally, yes. It probably has to do with what is a licensed medical marijuana distributor. It tends to be that if there's medical marijuana and standard recreational marijuana that's available in communities, that often the medical marijuana becomes a little more expensive, and so people tend to use the recreational version more frequently. In some states-

Lizette: Oh!

Dr. Pergam: -there's only medical marijuana that's available, and so that's what they have.

Lizette: And the medical and the recreational are the same, basically?

Dr. Pergam: Hard to say. So, I think what's really difficult is the supply chains in marijuana are a little bit harder to track. So, as an example, if you have a particular strain of marijuana that's available at a distributor in Seattle, it may have a different THC content than what is available in Washington DC.

So even what is supposedly similar in terms of what they describe as the different strains, it may be different in different locations. So, there's a little bit of variance even regionally in terms of what these are made up of. So, it's not quite as clear, and a lot of times, it's regulated by states and how states manage this rather than the Federal Government when it comes to medical marijuana and recreational marijuana for that matter.

Edith: So, Shelly, how did it become illegal? I know, there's always this back and forth of if it's good or not, but how exactly did it become illegal?

Shelly Rosenfeld: Sure. So, you bring up a really important point because one might think that a plant that offers so much potential for improving the quality of life for people with serious illnesses or conditions, would be really widely available. But, as I referred to briefly a little while ago, when the Controlled Substances Act of 1970 was passed, cannabis was placed in that most restrictive category, Schedule I. And as Dr. Pergam said, heroin is a Schedule I drug, while I think cocaine and meth are both Schedule II, which means they have currently accepted medical use in the US, or at least medical use with severe restrictions.

So, in 1970 cannabis was classified as a Schedule I drug, saying, "No medicinal value, high potential for abuse." Yet, I guess, THC its most psychoactive component is legally available as Marinol, and it is classified a Schedule III. So, it's basically since its founding in 1973, the mission of the Drug Enforcement Administration has been to enforce the Controlled Substances laws and regulations of the United States.

And even in the early years of medical marijuana legalization, the DEA still routinely conducted raids of medical marijuana dispensaries and continued to work with local law enforcement to arrest hundreds of thousands of people in the US each year for cannabis offenses. But in October 2009 the Obama administration sent a memo to Federal prosecutors encouraging them not to prosecute people who distribute marijuana for medicinal purposes in accordance with state law. So, the Cole memo;



that's what it was called, outlined a series of guidelines that legalized states would follow to keep the Federal government off their backs. So, for example, keeping adolescents away from pot and ensuring the marijuana grown within a state didn't leave the state were paramount guidelines.

So, as you can see, there has been some change and that in late August 2013, the US Department of Justice announced an update to their marijuana enforcement policy. And the statement read essentially that while marijuana remains illegal federally, the US Department of Justice expected states like Colorado and Washington to create strong state-based enforcement efforts and will defer the right to challenge their legalization laws at this time. The department also reserved the right to challenge the states at any time they feel it's necessary.

So just an update in January 2018, Attorney General Sessions issued a marijuana enforcement memorandum that rescinded the Cole memorandum and allowed Federal prosecutors to decide how to prioritize enforcement of Federal marijuana law. So the Sessions' memorandum directed US attorneys to weigh all relevant considerations including Federal law enforcement priorities set by the Attorney General, the seriousness of the crime, the deterrent effects of criminal prosecution, and the cumulative impact of particular crimes of the community.

So, essentially, as you can see, the history has been one of restrictive classification, then some movement but not necessarily what we'd all be hoping for, which is at least some clarity so that people can know what they need to do if they need this and how to do so legally.

So while some progress had been made at the Federal level during the Obama administration, former Attorney General Jeff Sessions noted in 2016 that good people don't smoke marijuana, which is a little unfair when we're talking about seriously ill Americans struggling to manage their cancer treatment side effects.

So it's something where you may speak with a lawyer who's not an expert in this area or not a criminal lawyer, and they say, "It depends," you can see kind of why that might be the case and why, understandably, for those listening, they may still find it a little bit challenging to get some understanding of what is allowed and what isn't and how to be really careful about that.

Dr. Pergam: I think that's really super helpful to review those details because it does tell you that the waters are really muddy.

I did want to follow up on one thing on what was mentioned briefly, is Marinol, and I think it's important to review Marinol. So Marinol is a THC, a synthetic THC that's been created by the pharmaceutical industry, which is not a Schedule I, so it takes the component of the marijuana and it's made, made it synthetically, where THC can be given as a drug. And so, I think it's important to recognize that it's not the same as cannabis. It's, a different formulation, but there is at least regulations that allow physicians throughout the United States and other advanced practitioners to prescribe that particular component. And that's not regulated in the same way that you would be with say, ordering medical marijuana. That's across the United States that you can prescribe that particular agent and others that are related.

Lizette: That's very interesting because, of course, what we're looking to do is give more clarity. And I think the answer is that there might not be that 100% clarity at this point for patients that are looking to utilize medical marijuana.

Dr. Pergam: I think that's right. I think it's very dependent on where you live. And probably in how you approach cannabis. If you were thinking about using it for an individual, may run the spectrum of going down the street and buying it at a store that's near your house, to trying to find a dealer within your community to get it and those are two very different extremes, but it depends on where you live and what your access to cannabis is. And that's a huge issue because of the potential legal issues that can come along with that. So, I think this is one of the major challenges for

cancer patients across the country is it's hard to standardize when the methods for how you might get it are very different.

Lizette: Right. I guess I don't know if all doctors can prescribe medical marijuana at this point. Does it really depend on the state?

Dr. Pergam: It does.

Lizette: Okay.

Dr. Pergam: I think what's really key is that, you know, in the State of Washington, or a state that has medical marijuana, you can prescribe it, and there are locales where you can get medical marijuana directly within the state. But, again, the state boundaries are very specific, so if someone wants marijuana and I send it across state lines, that can be considered a Federal crime depending on where you send it. So, it's very independent on where you live. So, if you live in a state where cannabis laws are more forgiving and there is medical marijuana or recreational marijuana availability, then it's much easier to get it. Where, if you're in a state that does not have such rulings, then it becomes very difficult.

And so, we actually know people who've moved to states where the medical legality is sort of more open because of their concerns and their desire to have access to the drug.

Lizette: Wow! And you're at, Seattle Cancer Care Alliance where people go from all across the country to your center to get second opinions. So, basically, only the people in certain states would be able to get that prescription then, right, Shelly?

Shelly Rosenfeld: I would highly suggest that someone consult with an attorney – especially a criminal law attorney specifically, because it is something where, depending on where the person lives, and each state has different laws, it could get someone in hot water if they're not careful.

So, I would highly suggest that anybody considering that, wanting to make sure that they're complying with the laws, speak to a criminal lawyer. It's just a few basic questions, share with what the person's intending to do, and get that kind of clarity because, if somebody wants to be able to do so safely, not only in terms of medicinally but legally. So, it's important to really get that clarification at that time.

And, also, the laws are changing, so, there might be something that is allowed that wasn't initially before. So, it's definitely a good idea to check with a criminal lawyer.

Edith: Sure. Dr. Pergam, you mentioned in the virtual sessions that cannabis can be contaminated with mold specifically, asper-

Dr. Pergam: Aspergillus

Edith: -and, that studies have found this mold in medical dispensaries and even like recreational places. Is there any type of patient that should not ingest it or inhale it?

Dr. Pergam: Yes. So, there's lots of unknowns here. A lot of this is some theoretical concerns and then, also, additionally, just some biology. So, any dying leaf or dying plant, which marijuana is once it's no longer alive, and when you're getting it ready for use can grow mold. And so, mold, like aspergillus, and *aspergillus fumigatus* is the classic aspergillus that we see most frequently, can grow very easily on, on any of these dying plants and dying leaves.

So, and it's not just aspergillus, there are many other molds that fit into that category, but I will focus on aspergillus. There's been studies, if you go back even 10-15 years that have looked at marijuana, both street marijuana and even marijuana that's available that's grown at the NIH, the National Institutes of Health. And they've demonstrated that almost all of these strains will have mold that grows on them.

And so one of the concerns that many of us have is that by smoking, you have the potential to inhale the spores, and I think we all know that mold causes these little spores that are inhalable in the air, get into your lung and can lead to pneumonia, a

fungal pneumonia, which can be quite deadly. And so, we're very cautious about particular populations who might be interested in using this.

And it gets challenging because the edible piece we'll talk about in a minute is a little more, not as clear. But from the smoking perspective, what I typically recommend to patients is if they have really low white counts, somebody who might hear the term "neutropenia," or a "very low neutrophil count," patients that have active therapy for leukemia or patients who are receiving bone marrow transplants, those are patient populations that we definitely do not recommend active smoking because of the risk of these particular mold infections. And what we don't want you to do is basically just be breathing in these spores into your lung and increasing your risk for potentially developing this complication.

There is actually studies now. The CDC (Centers for Disease Control and Prevention) recently did a publication in *Morbidity and Mortality Weekly Report*. It's about, probably about 6-8 months ago now, that actually linked the use of marijuana with an increased number of patients developing aspergillus. And so that complication, I think, is becoming more known. Many of us who work in this space have been paying attention to this for some time, but it is something that I think can be really concerning.

So the groups that I really am cautious about are people that are using, you know, sort of they're on regular chemotherapy that is really going to wipe out their immune system; again, leukemia, lymphoma, patients with hematologic malignancies, and those who are going through transplant, are really groups that I'm very cautious about using.

And then when we talk about edibles, it's a little harder to sort of know. There's just not much study on what the risk is of edibles. We know that there's evidence that, you know, how these are created, or how they're made, may increase potential for, you know, a food borne pathogen, as an example but we don't really know how they're

created because some of these are made by industry, so they make specific products like candies or drinks or other things that you can take in. And then some are made locally where people will bake a batch of brownies and have people eat them.

I always worry about edibles for two reasons is, one, is when I think about a brownie, as an example, has it been cooked all the way through? And you really need to get to high temperatures to kill off these particular molds. And so, I always think when's the last time you ate a brownie that's like cooked all the way through, so it's kind of crispy? It's not. Most of the time there's kind of a gooey center. And so-

Edith: Right. That's the best part.

Dr. Pergam: -exactly. I think that's the kind of brownies I like to eat. So, I think the problem is, if that's true, then there probably is still some live spores there.

What we don't know is what your ingesting is whether that's a real risk. I think probably in the food we eat on a normal daily basis, there's probably some mold spores as well. I think we've probably all had a loaf of bread where we've, you know, had a peanut butter sandwich the day before, and the next day there's mold that's visible on it. And so, I think it's probably there in some level. So, I think it's probably less risk with edibles, but we just don't know enough about it yet.

So, I'm very cautious with the high-risk group to say that they should be doing anything, particularly during active treatment, it becomes a little more challenging to know what the right answer is.

Lizette: What comes to my mind is how do you know how much you should take if you're really looking at it in the medical perspective?

Dr. Pergam: Sure.

Lizette: You know, you prescribe something to us, and you give us the milligrams, you tell us how much to take. You know, some of us will eat the whole brownie pan.

Dr. Pergam: Yes, exactly. Yeah, yeah. It's really not just eating the whole brownie pan or the entire container of Gummy Bears. So I think it's really important to whatever product you're getting is to really, what I recommend if patients are going to do this with edibles and, again, it depends on the patient, is to start small. Do a little bit at a time and work up to where you start to feel a benefit.

And be careful with edibles because one thing we do see with edibles is that people take it, and after ten minutes they're like I don't feel anything, I'm going to take some more. Ten minutes later they don't feel anything, take more. It's a slower response with edibles, and so you wouldn't expect to see that instantaneous benefit. So be cautious that you don't sort of overdose yourself quickly and then, you know, feel woozy with it. So, I often encourage people to go slowly.

There are other forms where the response may be faster. There's a sublingual oils and tinctures that you can do. But, again, how they're put together and, and how they're made are, are very different in the different sort of stores and, and products that are available.

So, in some ways, we often do suggest in certain situations is work with either your pharmacist or have a conversation about what you think might be a good idea. And even sometimes; I hate to do this because not – a lot of us don't know – but to also potentially talk to other patients and even sometimes the dispensaries, which can be helpful in giving you some guidance about how to do this well.

Lizette: As well as your treatments, I would hope that patients are speaking to their treatment team in regards to medical marijuana instead of, somebody might be hesitant and be taking it without their physicians' awareness that they're taking it, which, you know, that helpful conversation with you about how much you should do and, what to watch out for, I think is really important.

Dr. Pergam: Yeah, Lizette, you've hit the nail on the head. I think as much as it's important for providers to be open to this discussion and be willing to sort of say, "Let

me tell you what I know, let me tell you what I don't know. Let me tell you what I know about the risks and benefits, etc." It's really contingent among patients to bring up this conversation. I encourage patients to have these discussions with their providers whether they're uncomfortable about talking about this with the physician, talk to one of the nursing staff. But I think its contingent upon both sides to have this conversation because, if we don't as providers, we're doing a disservice to our patients because we need to advise them what we think is safe.

And if patients, if we don't bring this up with our physicians and others that care for us, then we're putting ourselves at risk because we may not understand as patients what the risk is by doing something like this. There are drug/drug interactions where, if you're taking a particular drug, cannabis could have a negative effect.

And so really making sure that you have the time and make the time for this discussion I think is really important. And to be open to the idea that, you know, maybe your provider will say it's not a good time to do this. And for some people, they've actually even brought up the concept that if they find a provider who's not willing to have this conversation because it's super important to them, to get a referral to another whose willing to have this conversation.

I think these are really important ones and I think, really, that shared decision-making, where you're working together to serve the patient the best way, is critical. If we don't do that work and we don't work together to help provide our support for patients, then I think we're doing everybody a disservice.

Lizette: Definitely. I know that, you mentioned that there's certain products that the pharmaceutical companies have made, and I was just wondering if there's a difference in pricing just because if I get a prescription for medical marijuana, does that mean that I'm only paying a copayment if I'm in a state that's legal, or is it cheaper to go to a dispensary?

Dr. Pergam: That's a really good question. So, first of all, and I think many of you who have ever looked into this at all will understand that medical marijuana is not covered by any insurance plans. So, whatever you're getting either it's medical marijuana or if you're getting it from recreational locations, it is going to be out of pocket in almost every situation. I'm not sure unless I'm, incorrect, I don't know differently, I'm fairly sure that no insurance companies currently cover this. So, whatever you're going to be paying for medical marijuana is going to be out of pocket. I think it depends on where you live. Again, if there is a lot of recreational marijuana available, the prices are, of course, going to come down. But generally, it's going to be out-of-pocket costs.

So when you think about something like the THC or synthetic THC like Marinol, that can be an alternate and that can be prescribed by a physician and depending on what they're requesting it for will be covered by your insurance policies. So, it can be a way to test the waters a little bit is to try the medical versions and see if that helps you, but it's very dependent on the individual. Some patients don't find it very useful; some think it works, similar to the way people feel about marijuana. I've had patients who've tried it and didn't like it. I know that patients that have tried and felt like it was really useful. So, it's very dependent. But I think people should be aware that this is going to be an out-of-pocket cost and they should be ready for that.

So, one of the reasons I tell people to start small is also buying a lot and then to liking it. You always have to be a little cautious about how you do that.

Lizette: So, Shelly, if a law changes or if there's different policy, is that something that could potentially change in the future where medical marijuana could be covered by your insurance?

Shelly Rosenfeld: If it's something where the way that it's classified changes, if additional studies are out there that shows that there is a way that it could be offered as a treatment and there are drugs, then who knows what might happen. I mean that

might be a relief for a lot of the people, who have cancer or have other illnesses where medical marijuana can be helpful, but one never knows. I mean things could be changing and there could be a way one day where things may be different. But at least for now and for those who do need help now or want to look to medical marijuana to provide relief, then certainly, we'd say to go on what is currently existing in terms of the legal framework and also medical knowledge as well. So certainly, just to, echo what Dr. Pergam had said is to talk to the medical team. And then in some cases, you know, to talk to a lawyer too.

Edith: Thank you. So, for clinical trials, are there any clinical trials in the US for medical marijuana? And is it proven to be helpful?

Dr. Pergam: Yes. It's, it's a good question. I definitely looked recently. So, the National Institutes of Health (NIH) does have a facility that provides marijuana to select populations of researchers who are doing marijuana-related research. So, there are some clinical trials in the past that had been available, and there's been some evidence and, studies that have been done in the past. They're pretty small in general. They're not very large.

My bet if I were to make a guess is that a large number of clinical trials and a lot of the work that's going to be done in regards to cannabis in cancer and cannabis in other aspects of cannabis is going to be done in Canada because in Canada currently marijuana is legal and they have capacity to do a lot of interesting research in this space. And so my bet is that we'll start to see some information come from places like Canada where legality is no longer an issue and they can actually get into the real science and understand how cannabis might be beneficial or might be harmful for patients. So I'm hopeful that some of the work that's happening there will sort of open some doors for us to better understand how to advise our patients and potentially, at some point, to change where marijuana's listed in legality. But I think that's probably not something that's going to happen in the short term.

So, yes, there are some studies but not a lot. It's really hard to do those studies in a national level, but I think people are working in that space. They're trying to do more of these clinical trials to better understand what the benefits and risks are to patients.

Lizette: Sure. And, Shelly, is there a place that we can go to find out where it is legal and where it's not legal in the United States?

Shelly Rosenfeld: That is such a good question. And actually, there isn't really a place I'd recommend. Sorry to be a buzzkill. No pun intended, but please keep in mind that marijuana laws and penalties change rapidly, so, and are enforced and interpreted differently even in the same legal jurisdiction. So, the safest place to turn, I would say, for someone that does need to move forward and for some who are going through treatment, time is of the essence. I would suggest, again, to turn to a criminal lawyer to get that clarity and just have that information in advance.

So, suppose someone didn't talk to someone and is now subject to legal trouble, that's also when they would talk to a criminal defense lawyer and get that kind of protection and help. So that would be the safest way to go about it.

Dr. Pergam: Yeah. I, think what's really important to Shelly's comment is one that everyone should takeaway, is it's varied. There's a lot of nuance to these regulations. So, what may say what is legal in the State of Washington may be different than what's, you know, what's legal in another state that's nearby. And so, clarifying even like the amount you can carry in the State of Washington versus another state may vary, so it's really important that people look into this.

The other place that people can look occasionally where there can be information about this is on their Department of Health website. Sometimes Departments of Health can provide these regulations about medical marijuana, about recreational marijuana, etc., that can be available and can give you more information. And so, you may look at Wikipedia and see a bunch of different states that make this legal and, etc. Just be cautious about that because things get updated a lot faster. And, you

know, things like Wikipedia are updated pretty frequently. I'm sure there's somebody focusing on medical marijuana doing this relatively quickly. But really take the time to look into this before you, dive into it. Particularly in a state where you don't know where the regulations are, it's really critical to take the time.

Edith: So if a cancer patient is not able to obtain a medical marijuana, can they take CBD because I see CBD all over the place, you know, at your local supermarket or your organic store. So, what's the legality with CBD? Is it approved by the FDA?

Dr. Pergam: I would just say that the FDA considers CBD, at least from my understanding at this point, and I'm happy to be proven wrong if people hear this otherwise, it's a natural product, so I don't think there's as much regulation for CBD itself. So, you often see pharmacies make CBD available as like creams or other things like this that are becoming more common. It's just not clear exactly how that's being developed nationally. It's also not clear what particular components are in these different products. And so, CBD is sort of a catchall term for a lot of the marijuana sub-products. I think the key piece is that marijuana as an individual plant is restricted.

So, remember, as an example, maybe a corollary to this is something like hemp. So, hemp is clothing that's made from cannabis plants that's actually legal. So, hemp is a way that you can actually make fibers and actually make sort of almost like a cotton equivalent. And that's been around for years. Actually, it was used to make ropes a long time ago sailors coming across the oceans. And so, there's just a difference.

I think you're going to start seeing a lot more CBD products that are sort of available. I just think if they're available at a standard pharmacy over the counter, doesn't matter where you are, pharmacies like a place like Walgreens or Rite Aid, they're not going to make these available unless they're legal in that local jurisdiction. So that's one way to think about it, I think, because they would then be, at risk for selling products that are not appropriate. So, I think, it's really important to, depending on where you're going

and where you might be getting these products, may depend on whether they're considered legal in the state or not.

Lizette: Definitely.

Shelly Rosenfeld: Also, I just want to say be careful. If you're going to a gas station and you're picking up something that says CBD oil on it or something just look at the ingredients, make sure what you're getting. This is in any way to say a bad thing about a gas station convenience store, but just make sure. If it looks too good to be true, it just might be. So be careful. Just because something says something on the label I would, I would be very careful and look at the ingredients; see what's actually in there.

Dr. Pergam: I totally agree with that. And I think one really dangerous place that you get into is there are marijuana substitutes or synthetic marijuana's that are supported by organizations that make these that can be actually quite dangerous for patients. So, I definitely recommend that if you're going to be trying any of these that you get them from reputable locations. So, don't go to a smoke shop and get them if your location doesn't have cannabis as an option or marijuana as an option. You can go to your local pharmacy and ask if they have any of these products available over the counter that you could get. That would be my recommendation personally.

Lizette: And, also, to make sure that they speak with a treatment team just because of what you said before that-

Dr. Pergam: Exactly.

Lizette: -it may do something with the medications that they're already taking. And really just to ask about what the benefit might be for that person.

Dr. Pergam: Right. And I think particularly the ones that are not cannabis products that are synthetic versions, they can be made with all kinds of components that may interact with drugs that people are on, so be very cautious about those in particular, I

think. But you're right, I think depending on what you're using, you do want to have that conversation with your team.

I kind of use it in the same way I talk about, you know, herbal remedies or things that people are taking over the counter, whether it be St. John's Wart for depression or something else, have conversations with your team about those, you know, herbal remedies or vitamins or other things you might be taking because they can have an effect on your care and so it goes in that same category. If you're using something, it's important to make sure that your team knows about it.

Lizette: Definitely. And I know, Shelly, you said to check in with a criminal defense lawyer. That's something that seems a little bit scary to a cancer patient to have to go to a criminal defense lawyer to ask about a potential treatment. Is there anything at the Cancer Legal Resource Center where you can point people to possibly a lawyer in their area?

Shelly Rosenfeld: You ask another great question. So, one thing that the Cancer Legal Resource Center does have is a professional panel. And if anyone is listening to this and is also a lawyer, we always are happy to have additional professional panel members. And these are lawyers who have a bar license in any state. And if there's a caller that has a question related to something, and if you have a professional panel member in their state that handles those types of matters, then we will refer them and that professional panel member offers to give half hour of their time for free for a free legal consultation as long as someone has contacted the CLRC.

So, in that case, for example, there might be a lawyer who specifically has either experience or sensitivity to someone affected by cancer. So, first of all, one way that we would be able to help. We also certainly have resources that can help someone who has these types of questions.

I totally understand that a criminal defense lawyer can seem intimidating, right, but it's a lot more intimidating to face potential penalties for something that someone's just

trying to feel better while they're going through and staying the course for their cancer treatment.

So, there's a variety of things that someone might speak to a criminal defense attorney for that seem kind of grand and scary, but there's also kind of smaller things. And the fact of the matter is that it's a lot better to go to someone before there's any concern and just to have a discussion and get some clarification on what the laws are.

So, I hope that there is less of a stigma in terms of just having a conversation with someone to understand someone's rights and seeing how they can do and follow the laws. So, I think if someone considers it in that approach, then there might be someone also that a person can research that has a little bit of more experience in this area. So those are just kind of aspects that I think would help someone as they're looking to think ahead and have that protection in advance.

Edith: Thank you. We covered a lot in this episode, but is there anything you feel we didn't cover today that you think is important for our audience to hear?

Dr. Pergam: I guess one thing that I'm constantly amazed by is all of the different pathways to getting information. You can go online and look up cannabis and cancer and you'll get all kinds of websites that give you all kinds of conflicting advice. And so, what I typically recommend to people is go to sources that they really trust. Go to the local cancer center, talk to their cancer providers, and get information from them. Go to locations like, The Leukemia & Lymphoma Society web pages. Go to locations like the American Cancer Society and others that can provide information about what's available to patients and what they need to know about addressing the issues of cannabis and cancer because the more you look, the more you're going to find, and it can be a deep rabbit hole that can be a little bit daunting for people and they'll get all kinds of different responses.

I'm also really clear to patients that you're going to get lots of advice. And my warning to most people who start cancer therapy is you can almost expect that someone who

you know who knows that you have cancer will suggest that you should start using medical marijuana. And just make sure that you listen to the voices around you but also to talk with your teams about this as we've discussed. It's critical for them to have the opportunity to give you information and allow you to ask tough questions about whether it's right for you or not.

There's still a lot of data out there that we don't know and it needs to be studied in detail, but I think the providers and cancer care folks who you'll have an opportunity to work with during your treatment are going to want to know what you're thinking and want to be able to help you as best as possible. That's their job and something that I think we all pay attention to quite a bit.

Shelly Rosenfeld: That's great information. And I actually have something I wanted to make sure to bring up, because this might be something that doesn't initially occur to someone. Actually, when I did the presentation, I referred to it as the grass ceiling, and this is the issue of medical marijuana in the workplace. So just too really quickly bring this up, the American With Disabilities Act or the ADA it protects employees with disabilities from discrimination by certain employers based on their disability.

Under the ADA, employees with disabilities, and cancer can be included as a disability, are also entitled to reasonable accommodations to help them to do their job more comfortably. So, one example of that could be a temporary job re-assignment or just some kind of modification to the workplace.

But this is an important thing. Since the ADA is a Federal law, it treats marijuana as an illegal drug, not as a medication. So, under the ADA, current illegal drug use is not a protected accommodation and it's not enough to entitle somebody to get that kind of accommodation in the workplace. And under the ADA, currently employers are not required to alter their drug-free workplace policies in order to accommodate a worker who uses medical marijuana, even if they're using it under a doctor's recommendation.

So this is something to be aware of if someone wants to use medical marijuana for them to really be aware of the employment implications of that and to really think about how they want to use it and in what way. Now this is just something I hope to make someone more aware as kind of the other type of issue they may be confronting of a legal nature.

Also, if somebody is driving and they are under the influence of medical marijuana or marijuana of some kind, that can be considered a DUI. So be careful before you get in your car and if you've been ingesting marijuana that has effects or if you're at your job. So those are just some things to be aware of and hopefully, there will be ways that people can most safely use medical marijuana, and I mean medically and legally; but this is the landscape right now, so I hope that will give somebody a little bit more perspective.

Lizette: Thank you, that's very interesting. It's something that I definitely didn't think of.

Edith: Shelly and Dr. Pergam, thank you so much for joining us today and sharing your expertise with us and our listeners. You've been incredibly helpful. I mean you explained so much that I had no idea, especially the last thing you mentioned, Shelly, about driving.

Shelly Rosenfeld: Sure. Glad to be here and to be speaking about this topic.

Dr. Pergam: Yeah, thanks for having us. It's always a pleasure to be on these panels with Shelly. She does such a great job of explaining all of the important legal ramifications which, as physicians, I never like to think about but really important for patients, I think. It goes beyond what your doctor says but, also, understanding the laws. And I think as you've heard from this discussion today, it really depends on where you live what those laws look like.



Lizette: Definitely. Thank you for having this discussion with us. Thank you, Shelly Rosenfeld, Esquire, over at the Cancer Legal Resource Center and Dr. Steven Pergam from Seattle Cancer Care Alliance. We appreciate you. Thanks.

Edith: For more information about our speakers and the topics we touched on, please go to thebloodline.org. For those of you who would like to know more about LLS in general, you can either go to lls.org or contact our Information Specialists Monday through Friday, 9 AM to 9 PM Eastern Time by calling 1-800-955-4572, and they can provide support and educational information.