

# **Cannabis Options During and After Treatment**

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## Cannabis Options During and After Treatment

Elana Silber:

Good afternoon and welcome to Sharsheret's webinar. I'm really glad to see everyone on the call today, it means you're well enough to join us. And that's always a great way to start the webinar. And as we continue to shelter from home, it's a really good feeling to have all of us together as a community to share important information, allay some of our fears, get some of our questions answered. And as you can imagine, today's topic of cannabis definitely draws a lot of attention, something that is still quite unique. And I just want to be completely transparent about it that it is not legal in every state and different states have different situations. So what you hear on the webinar today is for informational purposes only. Please be sure to check with your healthcare professionals, with your local states to see what and what is not best for you. But I think there's going to be a lot of good information that you can take to your healthcare professionals.

Elana Silber:

That being said, I also want to share a very important message that over the last few months, many doctor's offices have not been accessible, and many people have been pushing off critical doctor's appointments. We're encouraging you to speak to your health care professionals, visit your health care professionals to find out how they're keeping their offices safe for you to go to since your risk for cancer or living with cancer is still very real. And your health is important and the healthcare and the medical community are doing their best to serve you.

Elana Silber:

On the mental health side of this pandemic, the anxiety and the other issues that are related to what's going on, Sharsheret is here for you. We have a tremendous staff, skilled trained social workers, a genetic counselor who are all ready and eager to hear from you to help guide you, to help address the issues and concerns that you're facing every day and help make every day a little brighter. So you can get in touch with us at [www.sharsheret.org](http://www.sharsheret.org) or 866-474-2774. All our services are available online by phone, however you want to reach us, we're here for you.

Elana Silber:

I also want to be clear that we don't endorse or take responsibility for any medical information you may hear today. We're really very, very honored to have Dr. Sherry Yafai. She's a cannabis and emergency medicine physician at Providence St. John's Medical Center. She's been there since 2009. And in 2017, after recreational marijuana laws had passed in California, Dr. Yafai opened her private cannabis clinic, The Releaf Institute, where it's spelled L-E-A-F, where she sees patients primarily referred by physicians for cannabis education and treatment. She's the co-vice president of the Society of Cannabis Clinicians, a member of the UCLA Cannabis Initiative, and a distinguished speaker for UCSD Center for Medical Cannabis Research, Pacific Neuroscience Institute, and multiple other medical programs. She's an Adjunct Associate Professor at John Wayne Cancer Institute. And last year, Dr. Yafai worked with the Los Angeles Community to put together the first CME Approved Medical Cannabis conference.

Elana Silber:

So if you need anyone who knows their stuff, I think that's Dr. Yafai. Also, just for zoom etiquette, if you would like to remain anonymous, you can turn off your screens, you can change your name, you can also ask questions in the chat box and we'll get to those after Dr. Yafai's presentation. This will be recorded. And just a quick thank you to our sponsors. Everything that we do at Sharsheret is supported by you and

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by those in our community. A special thank you to Siegmund and Edith Blumenthal Memorial Fund, the Eisai USA Foundation, GSK, and Seattle Genetics who make this possible.

Elana Silber:

So thank you all for joining us. And we also have another webinar coming up May 22nd, called Shalom Shabbat, which I hope you will join us. It's an opportunity to set and reset. So now it's my pleasure to turn the floor over to Dr. Yafai.

Dr. Sherry Yafai:

Thank you. Thank you so much for having me. Thank you for the wonderful introduction. I am going to share a screen for everybody right now. If you'll take just a moment here.

Dr. Sherry Yafai:

All right, and we're going to go backwards. We're going backwards just one.

Dr. Sherry Yafai:

Okay. So thank you everybody for having me. I know this is such a lovely way to have everyone participate in this. I am going to hide my views. So if anybody has questions during the presentation, please feel free to write a little note in the chat box and we can get to it at the end. We're going to try and keep this brief. I know there's a lot that people have questions about and I know that's the best part of these types of conversations.

Dr. Sherry Yafai:

So without further ado. This is going to be a quick talk about cannabis options during and after treatment specifically to breast cancer. A little bit of background about me. I did graduate from UC San Diego Medical School. I have been working in the emergency department for the last decade after my ER residency and over the last few years I have transitioned quite ... or pivoted into cannabis-based medical practice. I still work in this ER, so we're going to talk a little bit about how COVID-19 affects all of us during this at the very end. And a quick list of some different things I do, you can take a look at this slide, but I'm going to highlight the things that I think would be most interesting. So Society of Cannabis Clinicians, they'll also be a little slide at the end of the talk about this. But this is a group that basically works entirely to educate physicians, patients, et cetera, on cannabis and what the medical definition of cannabis is, and how that can be applied to different medical situations.

Dr. Sherry Yafai:

I write a monthly article in Emergency Medicine News to help educate emergency physicians on how cannabis is helpful or hurtful, or what we're seeing in ERs in terms of cannabis use. I'm involved in a number of different research projects directly on cannabis research within the medical realm. And as you'll see the whole discussion here is going to be focused on the medical aspect of cannabis.

Dr. Sherry Yafai:

A couple quick disclosures. I am the founder and director of my own offices called The Releaf Institute. I'm the co-vice President for the Society of Cannabis Clinicians. This is a nonprofit organization, similar to Sharsheret, and I have been a paid medical educator and speaker for Canopy Growth International in Canada.

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Dr. Sherry Yafai:

So as mentioned earlier, as of 2020, if you'll want to take a look at this map and see where you fall in terms of legalized medical marijuana or recreational use or medical use. And as we know 11 states today have recreational laws that allow patients and individuals to walk into a dispensary any way they are, and purchase medical marijuana free and clear. So you can purchase whatever you want if you land in one of those green states you see on the screen here. So California, which is where we're based out of, is all recreationally and medically legal. There are 33 states in the United States that are medically legal so you can get access to medical marijuana through a physician's recommendation to get medication.

Dr. Sherry Yafai:

So, what does this all even mean? What are we talking about? And I think defining what this means is really important when we get into these discussions because a lot of people are very confused. Hemp, weed, marijuana, pot, dope cannabis, CBD, THC. I think everyone can come up with at least two or three other names they've heard. All of these things are still talking about the plant, which is called Cannabis sativa. Okay, so Cannabis sativa L is the name of the plant itself. When we talk about the specific chemicals, that's when we're talking about CBD or THC or some of the other minor cannabinoids. But a lot of people have a lot of confusion when it comes to hemp versus cannabis or marijuana, and so here's where we're going to kind of divide these two. You can see on the screen here, there's two types of parsley. I usually do a question and the answer here, but since we can't do that, on the left hand side you're going to see a flat leaf parsley. And on the right hand side you're going to see something looking like a curly hair parsley. And these two parsleys are still parsley, much like hemp and cannabis, is all still cannabis. But Flathead parsley is what you're going to use for taste and flavor, whereas curly haired parsley is what you're going to use for decorative purposes.

Dr. Sherry Yafai:

So this is similar to the hemp versus cannabis debate. Hemp is really typically what we have uniformly thought of as ... what is curly haired parsley, whereas cannabis or marijuana was more similar to the flat hair parsley. It was what we were looking for: taste and flavor. Both of them are still cannabis, both of them still have amounts of THC and CBD and other cannabinoids and Terpenes in them, the question becomes how much.

Dr. Sherry Yafai:

So we keep talking about cannabis. But what is cannabis? Cannabis is comprised of two major Phytocannabinoids called Delta 9 TetraHydroCannabinol or THC. And the second major one is called cannabidiol or CBD. So these two major phytocannabinoids are what most plants and what most of the tinctures, most of the edibles most of all the medications you're getting. Most of those are going to be comprised of one of these two, or a ratio mixture of both. THC is what most people ... most well known for intoxicating activity in the brain. So what gets you high, what makes you feel good, but it's also very effective for pain management and nausea control, especially what we're dealing with here today.

Dr. Sherry Yafai:

CannaBiDiol or CBD on the other hand is most well known for the non-intoxicating activity in the brain or most well known for things like seizure control. It's also most well known for being the active chemical in hemp, as well as nowadays in some cannabis plants. Now there's over 400 other chemicals in this plant including other Phytocannabinoids called, THCa, THCv, CBDa, CBN, CBG, CBV, those I call or lovingly refer

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to as the alphabet soup of cannabis. And then the terpenes are what we think of as part of the whole plant therapy. And there's a lot of confusion where the whole plant or the whole spectrum therapy plays into all of this.

Dr. Sherry Yafai:

Most patients who walk into my front door oftentimes say the same thing, do I have to smoke it? Most of my patients are over 50, most have no interest in smoking. They either don't want to, they have a fear of it or they don't quite particularly want to. And you can, you can use it in lots of different ways. Besides inhalation, you can use it in ingestible forms such as oil, sublingual, sprays, honey, tea, edibles, brownies, cookies, chocolates, you can use hard candies, gummy bears, gel capsules. There's even topicals, this is I think one of the most underutilized forms of cannabis. So topicals such as pomades or creams can be very frequently useful for post-radiation treatment, muscular pain, back pain. Interventional suppositories, we have patients who are using this specifically after or for treatment of cervical cancer, uterine cancer or rectal cancers with rectal suppositories.

Dr. Sherry Yafai:

You can use sublingual melts. These are very similar to the Zofran tablets that patients use for nausea treatment in cancer. You can take them via G-tube, we have a subgroup of patients who have G-tube only, and you can administer these through G-tube as well.

Dr. Sherry Yafai:

And lastly, for some of my very, very atypical patients who have a hard time using any of the above, we can use them in forms like a bath balm, and those can be very soothing as well.

Dr. Sherry Yafai:

Now I want to show you some pictures of what this looks like. You're going to see that first picture is a picture of an actual Cannabis plant. The second picture is a very well known tincture, based off of Charlotte's Web or Charlotte Figi was a young girl with severe seizure disorders that you started using this very particular plant to use for seizure control and did very well up until recently. Unfortunately, she passed away during COVID, due to COVID-19. This is what a vape pen can look like. So it's a very small, almost cigarette size, and very easy to use. You push a button and you can take an inhalation, there's very little in terms of smoke or smell. This is what's referred to as wax. This is a chocolate bar here. This is a very common popular chocolate bar here in California.

Dr. Sherry Yafai:

Previously, you could get things like Chronic Toast Crunch or fruity loop beef, CPN Munch, and this has now been banned here in the state of California as well as some of the other states because we've seen children overdose due to edibles that look like regular kids foods.

Dr. Sherry Yafai:

Foria is a really lovely brand that has brought to light vaginal topical use for women and specifically for sexual pleasure. And then you're going to see things off the shelf these days at CVS such as diaper cream with hemp based CBD. So there's a lot of different options on the market. In fact, there's over 50,000 different products in the state of California alone, and now we're starting to see hemp-based products since January of 2019 when the FDA ruled that you can sell CBD across the United States free and clear

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and it didn't have any problems. That you could sell hemp CBD and it's now being sold in CVS and Bed Bath and Beyond. They were running a special a couple months ago.

Dr. Sherry Yafai:

So one of the things that I'm proud to bring to the forefront here is a new product that's available which are Kosher products and we're going to start seeing this bloom and blossom. Mitzva Wellness is a group I work with and they're lovely and they create lovely, wonderful, soothing products here in Los Angeles and they deliver I believe all over. This is the first CBD company to be certified Kosher by OU. It is a hemp-based CBD only, topical as well as oil. Currently, the Orthodox Union does not certify THC products but they are working closely with Mitzva and that could change in the near future. If you do want to reach out to them their email and phone number is on this screen and I can share it with everyone later as well.

Dr. Sherry Yafai:

So this is for a little comedic break. [shows picture] "No, I won't prescribe medical marijuana for you because the people who make it won't fly me to the Caribbean for conferences." So this is really a very, very sad perspective sometimes on the medical world and industry because most patients think that we as physicians won't recommend this because we're not being paid by the pharmaceutical companies. That's not the truth of the matter, that is far from it. Most physicians just are not well educated on this because we're not taught nearly enough about it, as this is a really new type of medication.

Dr. Sherry Yafai:

So in general, you do need a physician's recommendation in 33 states where medical marijuana is strictly medical, you do need a recommendation. It is not a prescription unless you get one of two products. Marinol is one of the prescription pharmaceutical versions, which is a THC synthetic pill. It's been around since 1986, and was designed for cancer related nausea and vomiting. There's also now Epidiolex which is a CBD based plant pill. Sorry, not a pill, it's actually an oil tincture and that is both DEA and FDA approved since 2018. Specifically for kids with a severe form of seizure disorder, that causes seizures about 200 times a day.

Dr. Sherry Yafai:

So outside of those, you do need ... so here in California for example, in states where it is ... the word is escaping me, it is recreationally legal, you do not need a recommendation. You can walk into any store, any dispensary. You can walk into Bed, Bath and Beyond, CVS and purchase whatever you want and quantity that you want. The difference here in the state of California for patients such as yourselves, is when you're taking other medications. You don't know what dose to take. You want for a very specific reason you're not using it just to get high or stoned. Most patients find that they need a little bit more advice and guidance much like you would if you said I have pain. And I told you, hey, you could take Percocet, fentanyl, morphine, Tylenol, Motrin, anything you want in any quantity that you want, and you figure it out for yourself. Most people feel fairly uncomfortable with that, which is why I recommend and suggest strongly that patients do come and seek medical advice, at least for the first one to two times to get a hang of how to use these different products.

Dr. Sherry Yafai:

So I want to give you guys a few case presentations here about where we can see cannabis being used really well for our cancer patients. So the first case, the patient walks in with a new diagnosis of cancer.

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Patients are oftentimes filled with anxiety when they get first diagnosed and commonly as a result, a little bit of insomnia. Thoughts of alternate paths to cure cancer do come up with any easy web search, you will see 100 different ads coming at you. A lot of patients will also seek other recommendations and you're also going to see in those times, "Hey, I cured my cancer with cannabis." Chemo, radiation surgery, multiple doctor's appointments, all of these things can be very overwhelming to patients. And using something that can help with multiple different pathway points. So anxiety, insomnia, pain, nausea, all of these different things if you can help with one treatment strategy, it really seems to be a really nice alternative.

Dr. Sherry Yafai:

Part two to this is oftentimes patients will walk in after they've already gone to a dispensary and the "bud tender" which is what we call lovingly the person behind the counter who's dispensing these medications. The bud tender will advise them to take tincture A and a little bit of tincture B and also edible C. And oh, they should also use X, Y and Z. And it becomes, one, very costly to patients as these tinctures can run anywhere from \$70 to \$150. Number two, it can become very overwhelming as patients don't know when to take what and how to take them. And quite frankly, the bud tender behind the counter can be somebody who is well versed in these things. Or it could be a 20-year-old who quite frankly likes to use cannabis products on their own time.

Dr. Sherry Yafai:

And so it becomes really difficult to understand what you're using and for what purpose you're using. So these are all different things that we can address when you come in and where cannabis, be it THC, be it CBD, be it a combination of these two can really be helpful.

Dr. Sherry Yafai:

Case number two, in the middle of cancer treatment, again, you're going to find individuals who are filled with anxiety. Again, insomnia is a common end pathway for a lot of this anxiety in turmoil to come to a head, thoughts of alternate pathways, again to cure cancer. Chemo, radiation surgery, you're going to see a lot of these similar issues coming up that are overwhelming. I've had patients with cold cap usage to help prevent hair loss and now they're getting headaches. And that's becoming problematic as well. Now nausea, vomiting and anxiety ... sorry, nausea, vomiting and poor appetite are starting to kick in as chemo treatments are underway. Constipation from opiates, and poor pain management have become problematic as well. Not everybody likes taking opiates, not everybody responds well to taking opiates. So these again, are places where we can use cannabis based products to offset some of the needs. It's been really amazing to see some of the research coming out showing us that you can use, for example, a little bit of THC based products and use half as much opiates and get the same amount of pain control and pain management. So being able to modify or adjust some of your pain management in terms of what medications you're using.

Dr. Sherry Yafai:

Part three; post cancer treatment. And we're seeing more and more patients survive cancer, and this is a wonderful situation. But what we're not seeing a lot of is treatment after the fact. So anxiety is less pervasive, but you're still scared. You're scared because, oh my God, I have a little bump on my leg. I have a little lump under my arm. What am I thinking of? The first thing my thoughts go to are cancer and I worry that every time I catch a cold. I worry about every time I get a little mild illness that it's going back to cancer again.

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Dr. Sherry Yafai:

I have a lot of patients who have residual pain and tightness in the pectoral area after having had surgery and radiation so can we use a topical on those areas as a simple means to help with physical therapy? As a simple means to deal with pain. As opposed to using another narcotic, which may or may not be working so well.

Dr. Sherry Yafai:

Very often we're seeing peripheral neuropathy or tingling in the tips of your fingers and the tips of your toes. That's something where we're seeing cannabis, specifically THC, within the terms of research coming to a head as a really good line of treatment. And most patients don't want to be dependent on opiates. They don't want to be dependent on Ativan or hypnotics like Ambien, Sonata, et cetera, to get to a point where they're tired of taking these medications and they want to be able to come off of these medications and have a hard time doing that. So can we use cannabis and again in those terms, sometimes it's going to be THC, sometimes it's going to be CBD, depending on what the purposes are, where you are in terms of pain management.

Dr. Sherry Yafai:

Lastly, as your life goes on after cancer treatment, we do see chronic pain both in patients after cancer treatment, prior to cancer treatment, and now we have a heavy amount of opiate use, gabapentin, benzodiazepines and hypnotics and can we slowly try and get patients off of these medications? Can we add to it without adding to their opiate burden and how we can do this in terms of the balance and a fair balance for patients?

Dr. Sherry Yafai:

So, to lighten up the mood a little bit. [shows picture] "Okay, docs step away from the mildly psychoactive weed or lose your license to prescribe highly addictive and sometimes deadly opioids." And this is a medical marijuana dispensary. So we have to take into consideration sometimes that cannabis, while it's been thought to be very bad for you, for a lot of years is not even close to opiates. And we know that, we've seen a lot of research come out in these terms, and maybe we can find a better place for both of these. I always say there's a good place for opiates and there's a good place for cannabis, and we need to find a nice balance between these two in terms of usage. So very quickly in terms of side effects, everything comes at a cost. THC and CBD are no different. We do have to be careful when using THC for patients who are driving. Some of these patients will adjust to, similar to opiates and benzodiazepines. Some people won't.

Dr. Sherry Yafai:

THC can cause a drop in blood pressure and cause some lightheadedness as well as changes in heart rate, especially patients who have a predisposition to changes in their heart rate. Sleepiness, we can use that to our advantage in terms of insomnia. So using the side effect profile for a benefit profile. You can get some dry mouth and dry eyes. The best part about this is, it is not a risk for lung cancer. This has been studied by UCLA and Dr. Donald Tashkin in the early 2000s.

Dr. Sherry Yafai:



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The risk for overdose is low. But the benefit of it is, is that the overdose is not lethal. In fact, most of the time what happens is one of two things, either you will become anxious and paranoid, or you'll just go to sleep. And both of those again, the downside is that it's not deadly like opiates. There isn't a risk for addiction. It is 9%. Unlike opiates, which are roughly around 18% to 20%.

Dr. Sherry Yafai:

Euphoria, oftentimes we discuss in the medical worlds euphoria as being a bad thing. In fact, in our cancer patients, this is something that we're not discussing enough of. We need it ... way too often are we prescribing antidepressants, anti-anxiety medications after you've already reached a downward spiral. We need to be getting ahead of this and we need to be treating patients with something that makes people feel good. It is a good side effect not a bad one. And recreational misuse. It's not something we're necessarily talking about in this conversation. But in teenagers it's definitely a conversation that needs to be had.

Dr. Sherry Yafai:

Some quick contraindications. CBD actually for patients with transplant is contraindicated unless you're being very closely watched with blood tests. With seizure medications, you also need to be carefully monitored, with blood tests as well. Pulmonary problems for those who are smoking, patients with previous allergic reactions. For THC patients who are on narcotics, benzodiazepines and other sedatives, again, it needs to be more closely evaluated and monitored. Schizophrenia in the general past has been a strict contraindication with THC. And then bipolar disorder this can be somewhat challenging.

Dr. Sherry Yafai:

All right, I don't want to take up too much of my time so that we don't get to questions. But COVID-19, how does it relate? Does it relate? We're seeing an increase in usage during Coronavirus across the United States as this is a treatment for anxiety and stress, as well as a way to unwind and a different option to alcohol usage which also tends to go up in times of stressors.

Dr. Sherry Yafai:

If you are symptomatic with any Coronavirus-like symptoms such as shortness of breath, fevers, I do ask that you stop using anything that is inhaled, and seek guidance from your physician. Consider using alternatives to smoking during these times such as oils and edibles those may be a little bit more closely monitored because the dosage can matter.

Dr. Sherry Yafai:

Cannabis tends to be a very social usage of a product and as such, most people tend to share vapes, bongos, pens et cetera. Please do not share during these times as you're transmitting Coronavirus. And because patients can be asymptomatic during Corona, we're asking that you do your due diligence and purchase your own products and not share any of these products.

Dr. Sherry Yafai:

Coronavirus does have some conflicting research in terms of cannabinoids, there are some studies that are coming out that are touting this as an antiviral and an antibacterial property. But there are some that are also saying that the pulmonary effects are unknown. So as of right now we really have to walk a fine line because we just are not very clear on what the final say is going to be. And as always, please use good judgment when reading these studies.

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Dr. Sherry Yafai:

Okay, really quickly, just a quick look at the Society of Cannabis Clinicians. This is a good outlet for medical education. If you have questions, there's a library that I believe is free to everybody online. You can go to [cannabisclinicians.org](http://cannabisclinicians.org) and find any research that you're looking for. If you want to join it is ... I believe it's \$100 or \$150 to join for the year. And this goes entirely towards medical education. There is a quarterly meeting for members where we discuss pertinent topics of the day and recent research. We've had great clinicians come talk to us from Spain about breast cancer treatment and CBD and THC and where they are in terms of that, which was really lovely. That was with Dr. Christina Sanchez, just within the last year alone.

Dr. Sherry Yafai:

All right, thank you to Sharsheret for having me here today. I know this has been a little bit different from our usual way we share information, but I'm so happy that we could do this today for 125 people. And if you'd like to reach out to me, please feel free to reach out by phone or email, email is probably the easiest these days. We are doing telephone consultations only right now and happy to answer questions.

Elana Silber:

Thank you so much Dr. Yafai. Clearly you have made an impression because I can tell you I'm getting questions from all over the place. Anyway, people can reach us by email or in the text box. So I'm going to try to put them all together mindful of everyone's time, but really thank you for helping to clarify, adding a little bit of humor, and connecting it to what we're going through right now. So there are a few questions related to neuropathy. Can you talk a little bit more about neuropathy and that issue?

Dr. Sherry Yafai:

Great question. So neuropathy, especially peripheral neuropathy. So we see mostly with cancer patients, especially breast cancer treatment is peripheral neuropathy. So the fingers and the toes most commonly. As opposed to sciatica which also does pop up where you get low back pain that radiates down the side of your leg. UCSD has done a number of different peripheral neuropathy studies so much in fact that the California State recommendation through the Medical Board of California now includes cannabis as an equal option to get a patent, for example, for first line treatment. So THC very specifically and a very low dose can be useful for some patients with peripheral neuropathy. This can be smoked, it can be used as an oil, tincture or edible. And the goal is really, really, really, really small dosages of THC can go a long way.

Dr. Sherry Yafai:

That being said, topical use of THC, as well as capsaicin. It's also another nice alternative that can be used on the fingertips and the toes. It goes 50/50 I see some patients get additional burning from topical use of THC for peripheral neuropathy, and some patients love it and that's all they need to use.

Elana Silber:

Thank you. There are a lot of questions about getting referrals, medical marijuana cards, avoiding high taxes, can you give some information on why a doctor would or would not give those and how do you get one?

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Dr. Sherry Yafai:

So here's kind of the levels. So here in California, you can walk into a store and purchase anything you want. If you want to avoid taxes, you can always ask your medical doctor or even naturalpaths provide this, nurses provide this. There's a variety of other people who also provide these medical recommendations. One way that you can get it if you don't know a clinician who will provide this to you, you can go on [cannabisclinicians.org](http://cannabisclinicians.org), so that's the Society of Cannabis Clinicians website. There is a "find a clinician" directory on there. And you can literally put in your zip code and find a clinician nearby you who will provide you with that recommendation.

Dr. Sherry Yafai:

If money is an issue and you're not interested in getting the full kind of discussion about it, I believe there's tons of online pseudo clinicians or clinicians that will give you like a \$40 recommendation form. So the advantage to doing that is for example, here in California you'll get about a 15% to 20% discount on taxes to make those purchases. And you can also go to the Department of Public Health. So I can always point you to where you can go and the Department of Public Health you should get, I believe, closer to almost a 0% tax. But that also requires an additional \$50 to \$100 depending on what you can afford to get that specific card to hand over to the dispensary.

Dr. Sherry Yafai:

Some dispensaries will even provide you with an additional cancer discount. So if you provide them just a statement from your physician that says "I have cancer," they'll give you an additional discount on what you can get.

Elana Silber:

Thank you. There are a lot of questions about dispensaries, what distinguishes one from another. And also related to that is if you could talk a little bit about the difference between the standardized forms of medical marijuana and the more tailored formulations that are available and well respected dispensaries. Should people be going to find those? How do you know which ones are reliable? Are there grades? How does it work?

Dr. Sherry Yafai:

So I would start with a dispensary that has a license. That's kind of step one because if they have a license then they're only allowed to put on their shelves licensed products. Which means that they've gone through at least a battery of testing that verifies what's in the bottle. Because that was a problem we were having prior to recreational legalization was they might put 300 milligrams on the bottle but what was actually in the bottle was unclear. So the very first step is to make sure that your dispensary is licensed. Part two and the way you can find that out I believe at [weedmaps.com](http://weedmaps.com). Again, I apologize but most of my information is here for the state of California. Weedmaps.com is National, but for here in the state of California they will only put up licensed dispensaries on their website.

Dr. Sherry Yafai:

Part two is once you've got a licensed dispensary you can guarantee that whatever products you purchase, at least what's in the product and what's on the label is confirmed. The next step is to figure out what's best for you. And that's basically what I do with consultations. If you want to just kind of start on your own, I would recommend starting smoking is probably the easiest for patients to self start,

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because you can't overdo it. It's really hard to overdo smoking, as opposed to a tincture where people don't know how much they're actually taking. And it takes about an hour to two hours to start taking effect. Similar to edibles where it takes about an hour to two hours to take effect, sometimes even three hours. And so you take something you don't even know if it's working or not. On the other hand, if you smoke something that takes about one minute to five minutes to take effect. So you really know very quickly what's going to work for you.

Dr. Sherry Yafai:

For all patients I would start at a very ... you can ask the people behind the counter are very knowledgeable about what's actually in the flower because those have to be written down. So I would start with the lowest possible THC in a smokeable form. And those are still going to be the most helpful in terms of nausea and vomiting in cancer patients.

Elana Silber:

There's a question if THC is a CYP3A4 inhibitor and can it interfere with cancer drugs like Ibrance. And if you could talk also a little bit about cannabis and metastatic breast cancer.

Dr. Sherry Yafai:

Good questions. So these are getting into a lot of the details. So yes, CBD and THC both inhibit one of the specific liver enzymes, which is why it's contraindicated in transplant patients because they do interact, very specifically CBD interacts on a higher level with those liver enzymes. THC, on the other hand, does not interact as aggressively as CBD does. So it's one of those small differences but really important differences. Again, which is why if you want to kind of play around with something on your own, I sometimes recommend playing around with a smokeable THC, because it's less likely going to interact with your other medications. Unless of course you have antidepressants, narcotics, hypnosedatives or benzodiazepines on board.

Dr. Sherry Yafai:

Again for metastatic cancer, what we're getting into the nitty gritty of and this is hard to do with each individual patient, but the question becomes, what are you trying to treat? And so I try to avoid telling people, "Oh, just go try X, Y, and Z," because everybody's trying to treat something different. It would be like me saying to you, oh, you should just take two Tylenol or two aspirins and call me in the morning. It doesn't work so much anymore, because we know so much more details about, one, what we're trying to treat, and two, what works best for you. And so that's really where we're going to try and get into the nitty gritty with consultations. Sorry.

Elana Silber:

And is it effective if you're already on something like morphine?

Dr. Sherry Yafai:

Yes. So morphine has its limitations, and that's why some patients find they have to take more and more morphine. So pancreatic cancer patients very specifically don't do great with morphine. They do really well with THC and CBD. Breast cancer patients. Some patients do okay with morphine, some don't. And they like THC, CBD, it really ends up being your specific ... what works specifically for you. This is probably the most personalized medication I've ever worked with in my entire life.

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Elana Silber:

Do tinctures or other liquids go bad? Do they need to be refrigerated especially if you're putting something like a dropper in your mouth?

Dr. Sherry Yafai:

They tend ... we don't ... I shouldn't say that. I don't know what the lifespan is for your tincture. Tinctures in general are mixed with oil so when you put them in the refrigerator they get hardened so it's very difficult to take so I don't recommend putting tinctures in the refrigerator. Edibles on the other hand like chocolate I do have people put in the refrigerator. If you need to cut a gel capsule, you can put that in the freezer to cut that in half but then you have to put the other half immediately back in the freezer so it doesn't melt out.

Elana Silber:

Or maybe I missed it. Does insurance ever cover any of this?

Dr. Sherry Yafai:

Good question. So insurance does cover about 50% of my visit so I can provide patients with a super bill and they apply that back to their insurance. And Medicare does cover roughly 50%, other insurances cover anywhere from a quarter to 50%. Medications are not covered at all by any insurance. Unless you get Marinol or Epidiolex.

Elana Silber:

I'm talking about contraindication, someone's asking if they're on blood thinners and beta blockers. Is there an issue with CBD oil with these drugs?

Dr. Sherry Yafai:

Yeah, so with beta blockers, the question becomes why you're taking it. If it's because you have a history of attacking arrhythmia, such as atrial fibrillation, you have to be very careful with THC. You can use it but you need to be under strict guidance. With CBD for beta blockers, it's not an issue, for blood thinners, it is a questionable research based contraindication. But to date, we haven't had any issues. But again, that's something that you need to be in close contact with your healthcare provider, especially if you need to get your INR rechecked.

Elana Silber:

And does it affect your platelets, hemoglobin in any event, your blood count?

Dr. Sherry Yafai:

It doesn't seem to be. It seems to be theoretic at this point at dosages that are more common. Oh, you're muted.

Elana Silber:

Yes, I am just checking. And also just want you to go back in the beginning he talks about smoking and vaping, is it dangerous? What's the safety about those versus ingesting?

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Dr. Sherry Yafai:

So remember, cannabis the plant has been around for hundreds of years. And the most common form of using this plant for hundreds of years has been smoking. So most people, most of my patients aren't comfortable smoking, which is just fine, but that's probably still the safest way to use bar-none then ingesting products. Now ingesting products is still very safe. The challenge becomes dosing it, and that's really where it becomes a little bit more tricky.

Elana Silber:

And is the quality of cannabis from a US dispensary? How does it compare to the quality from a Canadian dispensary?

Dr. Sherry Yafai:

Ooh, that's a good question. I don't know. I have not been to Canada yet during all of this. I see a vertigo question pop up. I have found that vertigo gets exasperated with cannabis, so I would not use anything.

Elana Silber:

Okay, we have a few more minutes. But I also want to tell people you can continue to send questions to us, to Sharsheret. I know there were a lot of questions about Kosher products and you put that out on those slides. And we will have these slides on our website. Well, this webinar is being recorded and will be saved and on sharsheret.org where we have all of our programs, all of our virtual programs are saved and you can access them at any other time.

Elana Silber:

We probably have another minute or two for questions. So let me see what I can get to. We pretty much covered everything. And just back to anxiety because we know that we're living in a time when things are so uncertain. What is the most of what they're recommending for anxiety if someone who is on antidepressants have limited options because they're interacting with her tamoxifen. So what cannabis are they recommending for anxiety?

Dr. Sherry Yafai:

I would consider that if you're not going to seek the care of a clinician, I would consider starting with a CBD-based medication. But you have to be very careful with those because they can interact together.

Elana Silber:

Okay. And we talked a lot about insomnia and sleep. What ... and same thing with that, is there any specific type of cannabis that should be used specifically for sleep?

Dr. Sherry Yafai:

So with insomnia and sleep, if pain and anxiety are not an issue you can start with, again, generalizing this, it would be a THC base that you'd want to start with.

Elana Silber:

If someone is going into hospice, would they be offering CBT? Do you have to ask for that upfront?

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Dr. Sherry Yafai:

You would have to ask and the clinician would have to feel comfortable or again, I am readily available to offer help for those patients.

Elana Silber:

And then I think you may have mentioned where people can purchase cannabis legally. Is that something they could find in your slides or?

Dr. Sherry Yafai:

I'm going to type it into the conversation. Weedmaps.com. And then somebody just asked about safety for travel.

Dr. Sherry Yafai:

So you can travel with hemp based CBD products by the FDA rules as well as the TSA rules as of this past ... I think it was exactly a year ago, oh my goodness it's been a while. TSA allows you to travel with hemp CBD products legally now, across all 50 United States this does not get extended to international travel and it is strictly including hemp CBD only.

Elana Silber:

Okay, so I want to wrap this up. There's still a lot of questions coming in that we will share with Dr. Yafai, and hopefully, we'll get you the answers you need in the next day or so. Additionally, if you know others who wanted to participate today, tell them not to worry, no anxiety here. They can access this webinar at any time. It will be up in the next few hours if not the next day along with others, I encourage you to check out those as well.

Elana Silber:

A really huge thank you Dr. Yafai for giving us your time. We know this is a very busy time for health care workers, certainly those in emergency medicine. Really appreciate you taking the time for the women and families of Sharsheret. Again, this is not a medical webinar, we encourage you to speak directly. This is for informational purposes only, speak directly with your healthcare professional. Do not take any advice in place of any kind of medical treatment you're doing. And also check with your state about legislation.

Elana Silber:

Really appreciate your time and if anyone would like to speak directly with a Sharsheret social worker or genetic counselor. Everything that we do is free and accessible to you to reach us by phone 866-474-2774 or on our website [www.sharsheret.org](http://www.sharsheret.org). I'm Elana Silber, by the way, the Executive Director of Sharsheret and I look forward to welcoming you to our next webinar, which will be Shalom Shabbat on the 22nd. So stay well, stay home and speak to your doctors if you need anything. And thank you for joining us.

### **About Sharsheret**

Sharsheret, Hebrew for “chain”, is a national non-profit organization, improves the lives of Jewish women and families living with or at increased genetic risk for breast or ovarian cancer through personalized support and saves lives through educational outreach.

With four offices (California, Florida, Illinois, and New Jersey), Sharsheret serves 150,000 women, families, health care professionals, community leaders, and students, in all 50 states. Sharsheret creates a safe community for women facing breast cancer and ovarian cancer and their families at every stage of life and at every stage of cancer - from before diagnosis, during treatment and into the survivorship years. While our expertise is focused on young women and Jewish families, more than 15% of those we serve are not Jewish. All Sharsheret programs serve all women and men.

As a premier organization for psychosocial support, Sharsheret’s Executive Director chairs the Federal Advisory Committee on Breast Cancer in Young Women, Sharsheret works closely with the Centers for Disease Control and Prevention (CDC), and participates in psychosocial research studies and evaluations with major cancer centers, including Georgetown University Lombardi Comprehensive Cancer Center. Sharsheret is accredited by the Better Business Bureau and has earned a 4-star rating from Charity Navigator for four consecutive years.

Sharsheret offers the following national programs:

#### The Link Program

- Peer Support Network, connecting women newly diagnosed or at high risk of developing breast cancer one-on-one with others who share similar diagnoses and experiences
- Embrace™, supporting women living with advanced breast cancer • Genetics for Life®, addressing hereditary breast and ovarian cancer
- Thriving Again®, providing individualized support, education, and survivorship plans for young breast cancer survivors • Busy Box®, for young parents facing breast cancer
- Best Face Forward®, addressing the cosmetic side effects of treatment
- Family Focus®, providing resources and support for caregivers and family members
- Ovarian Cancer Program, tailored resources and support for young Jewish women and families facing ovarian cancer • Sharsheret Supports™, developing local support groups and programs

#### Education and Outreach Programs

- Health Care Symposia, on issues unique to younger women facing breast cancer
- Sharsheret on Campus, outreach and education to students on campus
- Sharsheret Educational Resource Booklet Series, culturally-relevant publications for Jewish women and their families and healthcare Professionals

### **Disclaimer**

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have any health care related questions, please call or see your physician or other health care provider promptly. You should never disregard medical advice or delay in seeking it because of something you have read here.

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