

Few things strike fear in people the way a cancer diagnosis can. Who gets cancer and who survives it can be very complex. A combination of age, race, [sex](#) (distinct from gender), environment, diet, type of cancer, [lifestyle](#), stress level, weight, overall health, early detection and family history are all factors in diagnoses and survival rates. And although we tend to think of cancer as a single disease, [there are more than 100 types of cancer.](#)

According to the National Cancer Institute, in 2020, [approximately 1.8 million cases of cancer](#) were diagnosed, and one-third of those patients succumbed to it. Although statistics in Canada are older, in 2015, [2.1 million Canadians received cancer diagnoses.](#)

Once diagnosed with cancer, primary care physicians generally refer their patients to oncologists. These specialized doctors have spent their careers looking at cancer from many perspectives and can often predict the speed and manner in which it will [metastasize](#) (spread to other parts of the body). There are two ways for cancer to spread: through [the blood or the lymphatic system](#). Some cancers have a tendency to spread quickly, while others are much slower.

Oncologists will look at the type of cancer in combination with all the factors mentioned above and recommend a treatment plan that can include one or more of the following:

- Chemotherapy
- Radiation
- Hormone therapy
- Surgery
- Immunotherapy
- Stem cell transplants
- Targeted therapy

Cannabis and Cancer: He Said, She Said

When the standard of treatment doesn't yield the outcomes they'd hoped for, oncologists may suggest their patients consider a [clinical trial](#). Big Pharma and biotech companies may have a new drug that had good outcomes when tested in lab animals, but before they can receive [FDA/Health Canada](#) approval that drug must be tested in humans for safety and efficacy.

Sometimes they have a drug that had great outcomes for one indication, but during [clinical trials](#) or after it receives approval, they notice it has an unintended effect on another indication. In that case, in order to get approval for the drug to be used for the second (and sometimes third) indication, they need more clinical trials.

Oncologists tend to be very conservative in how they treat cancer. Despite good outcomes in studies looking at how [tumors respond to the cannabinoids in cannabis](#), along with mounting [anecdotal evidence](#), [oncologists are still reluctant](#) when patients raise the question of using cannabis to treat either the side effects of the cancer protocol or to complement or replace the standard of care.

Dr. [Parth Mehta](#) is director of global hematology-oncology at the [Texas Children's Cancer and Hematology Centers](#). He is double board-certified in general pediatrics and hematology/oncology, and he has worked with hundreds of pediatric cancer patients in the 10 years since joining the team at Texas Children's.

When it comes to cannabis as a therapy for cancer, Dr. Mehta believes there isn't enough evidence. "We don't have enough data about its efficacy against cancer," he stated. "It's one thing to cure cancer in a lab, but another to do so in people. If cannabis proves itself to be effective against treating various types of cancers, I would endorse its use in cancer treatment."

[Dr. Debra Kimless](#) is a pain medicine specialist and board-certified in anesthesiology and lifestyle medicine. She has worked with cancer patients for years and has no doubt about the safety and efficacy of cannabis for cancer treatment.

"I can share many stories about patients I've worked with whose outcomes consuming cannabis for cancer treatment were excellent. In one instance back in 2016, I was referred to a woman in hospice for palliative treatment. Time was clearly not on our side, but I had to try. I suggested [microdosing](#) cannabis and giving up meat. This was five years ago and the patient is still with us. I have many, many stories like this."

Using Cannabis to Complement the Standard of Care: Two Women's Stories

When Keischa N. Quiles Mercado of Arecibo, Puerto Rico, was 27 years old, she was diagnosed with a glioblastoma. Glioblastomas have among the poorest outcomes of any cancer. [Fewer than five percent of those diagnosed with a glioblastoma will survive more than five years.](#)

Because of these poor outcomes, Dr. Iván Sosa Gonzalez, Keischa's neurosurgeon, preferred that Keischa avoid reading about survival rates of this most common yet deadliest form of brain tumor.

Keischa remembers that diagnosis and surgery were separated by only one day. "My team of doctors was extremely aggressive. It all moved so quickly and before I knew it, I was in recovery and they were talking about treatment options with my family and me. We opted to be very aggressive: a whole year of radiation and chemotherapy is what my doctors suggested, so we agreed to it. I was 27 and had my whole life ahead of me. I had plans and I didn't want to die so young."

Following the first round of chemotherapy, Keischa responded the way one might expect. "I was food shopping with my family a few hours after treatment and suddenly I was violently ill," she recounts. "I was vomiting and I could barely stand on my own. My sister told me I vomited like 30 times in less than half an hour. We left the store and, on the way I home, I vomited more, including blood."

“A friend of mine (who works at a dispensary) suggested I try cannabis to relieve my symptoms. I was willing to try anything. Both my family and my oncologist, Dr. David Blas Boria, were completely supportive of me using cannabis. With cannabis recently legalized for medicinal use in Puerto Rico, I was fortunate that I could buy safe and legal weed.”

Keischa continued, “Not only did I start using cannabis to ease the symptoms, I read that giving up meat could also help starve the cancer. One article suggested that [vegans and vegetarians have the lowest incidences of cancer](#). I gave up all meat. If you know the Puerto Rican diet, you know that meat is an integral part of it,” she says.



Keischa N. Quiles Mercado is enjoying life cancer-free. (Courtesy photo)

It's been four years since she had surgery to remove the glioblastoma. She has since finished with the radiation and chemotherapy. “My hair has grown back and I've been doing crossfit-training for three years. I am in better shape than I was before my diagnosis,” she says. “People often ask me whether it was the combination of chemotherapy and radiation or giving up meat and consuming cannabis daily that contributed to being cancer-free the last three years. I

honestly don't know because I'm no doctor, but when I look at the terrible survival rates of glioblastomas, I have to believe it wasn't just the chemo and radiation."

In 2001, Debby Miran, of Baltimore, Maryland, was diagnosed with leukemia. Her prognosis was good, with aggressive treatment—which included a bone marrow transplant in 2006.

"Although my prognosis was excellent, I didn't respond well to the potent prescribed immunosuppressant until September 2006. At one point, my doctors at Johns Hopkins said I should consider a bone marrow transplant. Fortunately, one of my sisters was a match, and so I did. I ended up spending 62 days in the hospital post-transplant. I had [pancreatitis](#), every viral infection, including shingles three times. It was a waiting game as we hoped for [engraftment](#)," she remembers.

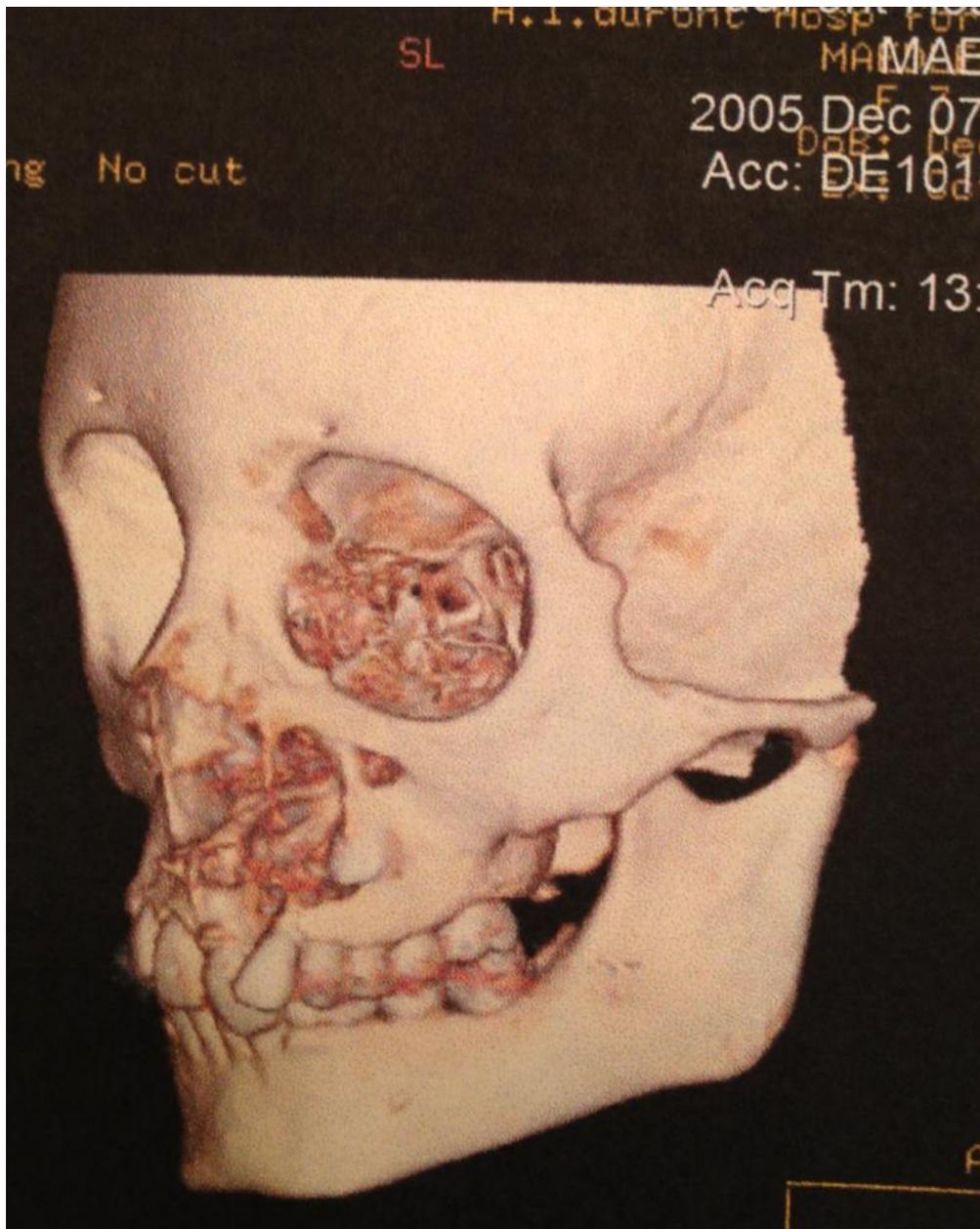
"I was put on another [immunosuppressant](#), which destroyed my sense of smell and taste. I lost my appetite completely. From April to July, I went down to 92 pounds. I was literally wasting away. My doctors kept telling me to eat or I'd die but it wasn't for lack of trying. I lost my appetite and my sense of taste and smell. I couldn't eat anything."

A close friend suggested she try cannabis to stimulate her appetite. "I was dead set against it for a few reasons. I feared fungal infection, which could kill me," says Debby. "Cannabis wasn't legal in Maryland, and I didn't want my husband, [Alec, a journalist with CNN](#), to suffer any consequences. My friend assured me she could get weed that was from a clean grower, and we would be very discreet. I decided to try it. I had nothing to lose and in fact, my husband and I were desperate."

Today, life is much different: "Once my appetite returned, I was able to get my strength back and thrive again. And I did. I consumed for just four months to stimulate my appetite. And now, 15 years later, I am still cancer-free. I can stay with certainty that if I'd not consumed cannabis, I would have died."

That's Nice, But It's Just Coincidence, Right?

For Keischa and Debby, skeptics could easily dismiss their outcomes and say that it was the standard of care combined with time, and that cannabis had little to do with their recovery. And while this might be true, the same can't be said about Rylie Maedler of Rehoboth, Delaware.



An x-ray revealing the nature of Rylie Maedler's central giant cell granuloma central giant cell granuloma diagnosis. The cancer is non-malignant but extremely aggressive.

When Rylie was seven years old, she was diagnosed with [central giant cell granuloma](#) (CGCG), a non-malignant but extremely aggressive cancer. Diagnosis came after an MRI to explain why bone tumors in Rylie's face had eaten away at her left cheek and the bottom of her eye orbits, her [palate maxillary sinus](#) and [sphenoid sinus](#).

Standard treatment for CGCG are two biologics, [Denosumab](#) and [Interferon](#), combined with the peptide hormone [Calcitonin](#). When Janine, Rylie's mother, realized that side effects of this combined treatment included a lowered immune system, early onset menopause (with the

possibility of never experiencing menstruation), liver damage, oozing blisters, hair loss and many others, she started considering cannabis.

“I was specifically interested in how patients [consumed cannabis for the side effects of cancer treatment.](#)” Janine explained, “as well as those who used it to treat grave illness. I was encouraged. With all the research the [National Institutes of Health was doing on cannabis](#), I had to at least consider it as a viable treatment plan for Rylie,” she said. “And given the litany of side effects the combined therapies Rylie’s doctors recommended, I made the radical decision to forgo the standard of care and try cannabis alone. I had read about cannabis’s success at [bone regeneration.](#)”

Janine says she had to take into consideration how cannabis metabolizes in a young person, and has come to some important realizations: “Now that I’ve been doing this a while, I have realized that sick children can function on higher doses than we realize and that their tolerance is higher than children and adults who aren’t ill. I still advise people to start low, but now I tell them not to be surprised if you notice they can tolerate more than the lowest dose.”

Today, Rylie is a normal teenager. Her bones have fully regenerated, and you’d never know from looking at her that she’d had a bone-eating tumor that hollowed out her face. She’s also a straight-A student, which counters skeptics’ belief that weed is a gateway drug and will lead to addiction and laziness.

Jessie Gill is a cannabis nurse in New Jersey. She works with clients who want to consume cannabis for various illnesses. She’s the founder of [Marijuana Mommy](#).

For patients who seek her expertise to help treat myriad illnesses and their symptoms, Gill explains how her practice works: “As a nurse, I can’t prescribe anything, and I can’t treat or diagnose. As a nurse, I can’t even give people specific dosages. I have to help them become educated and choose their own dosages,” she says. “With cannabis, it’s very challenging because it’s so individualized. It’s different for everybody. For new patients, we encourage them to start low and increase their dosage—you’ve probably heard the mantra ‘start low, go slow.’”



Rylie Maedler’s facial bones have regrown and today she lives the life of a normal teenager.

Although Rylie Maedler was not a patient of Gill's, Gill has long considered Rylie's mother courageous for opting to go against conventional wisdom and try cannabis. "She's a superstar. It's rare to see parents of such young children willing to go to the lengths her mother did... and it clearly paid off." Gill paused. "Definitely seek the advice of a professional who knows what they're doing. If your doctor dismisses cannabis without citing any meaningful evidence, keep trying until you land on a doctor or a nurse who is willing to at least look at studies."

The Future of Cannabis and Cancer Treatment

While Canada is, of course, fully legal for adult use, 36 U.S. states have legalized cannabis for medicinal use, recreational use or both. In an ideal world, when patients are diagnosed with cancer, their doctor would give them a choice of treatment plans that could involve cannabis.

Reginald Stanfield, CEO of [JustinCredible Cultivation](#), is hopeful and even optimistic this day will come. "I imagine a scenario where I work with cannabis doctors and nurses who come to me with a patient with cancer and other illnesses. They'd tell me about their patient's personal history, their family history and put it all in context with their illness. We'd look at their patient's symptoms, how advanced the cancer or other illness is, and I'd be able to recommend which strain or strains (of the hundreds we know exist) would work for them," he says.

"Each of us has our [own unique endocannabinoid system](#), and while strain 'X' works well on one patient, another patient with the same illness may not respond the same way. If cannabis were just another viable treatment option rather than something considered experimental at best and vilified by many on the other end of the spectrum, cultivators like me could grow targeted strains to help successfully treat so many illnesses," he says.

"Imagine what we could do as a society if we could put cannabis in the same sentence with Big Pharma drugs and make the best choice for patients."

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