

Question: Cannabinoids compared to placebo in patients receiving palliative treatment

Quality assessment							№ of patients		Effect		Quality	Importance and NNT(H)
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	cannabinoids	placebo	Relative (95% CI)	Absolute (95% CI)		
Weight loss/gain (follow up: range 3 weeks to 6 weeks)												
2	randomised trials	serious ^{a,b}	not serious	not serious	very serious ^{c,d}	none	108	84	-	SMD 0.57 SD higher (0.22 higher to 0.92 higher)	 VERY LOW	CRITICAL NNT = not determinable
Weight loss/gain - Strasser 2006 (follow up: mean 6 weeks)												
1 ^e	randomised trials	not serious	not serious	not serious	Very serious ^c	none	196	48	-	0 (0 to 0)	 LOW	CRITICAL NNT = not determinable
Caloric intake (follow up: median 22 days)												
1	randomised trials	serious ^b	not serious	not serious	very serious ^{c,d,f}	none	11	10	-	SMD 0.2 SD higher (0.66 lower to 1.06 higher)	 VERY LOW	IMPORTANT NNT = not determinable
Appetite (follow up: range 16 days to 6 weeks)												
4	randomised trials	serious ^{a,b}	not serious	not serious	very serious ^{c,d,f}	none	367	150	-	SMD 0.65 SD higher (0.82 lower to 2.12 higher)	 VERY LOW	CRITICAL NNT = 72
Nausea and Vomiting (follow up: range 16 days to 6 weeks)												
2	randomised trials	serious ^b	not serious	not serious	very serious ^{c,d,f}	none	184	123	-	SMD 0.2 SD higher (0.03 lower to 0.44 higher)	 VERY LOW	IMPORTANT NNT = 12
Pain reduction ≥ 30% (follow up: range 16 days to 9 weeks)												
2	randomised trials	not serious	not serious	not serious	very serious ^{c,d,f}	none	118/387 (30.5%)	34/150 (22.7%)	RR 1.33 (0.95 to 1.85)	75 more per 1.000 (from 11 fewer to 193 more)	 LOW	CRITICAL NNT = 13
Sleeping disorders (follow up: range 16 days to 22 days)												

Quality assessment							№ of patients		Effect		Quality	Importance and NNT(H)
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	cannabinoids	placebo	Relative (95% CI)	Absolute (95% CI)		
2	randomised trials	serious ^b	not serious	not serious	very serious ^{c,d,f}	none	129	69	-	SMD 0.09 SD lower (0.62 lower to 0.43 higher)	⊕○○○ VERY LOW	IMPORTANT NNT = 55
Dizziness (follow up: range 16 days to 9 weeks)												
4	randomised trials	serious ^b	not serious	not serious	very serious ^{c,d,f}	none	86/605 (14.2%)	24/218 (11.0%)	RR 1.17 (0.76 to 1.80)	19 more per 1.000 (from 26 fewer to 88 more)	⊕○○○ VERY LOW	IMPORTANT NNT = 32
Mental health symptoms (follow up: range 16 days to 9 weeks)												
5	randomised trials	serious ^b	not serious	not serious	very serious ^{c,d,f}	none	19/528 (3.6%)	7/260 (2.7%)	RR 0.96 (0.42 to 2.15)	1 fewer per 1.000 (from 16 fewer to 31 more)	⊕○○○ VERY LOW	CRITICAL NNTH = 112
Health-related quality of life (follow up: range 16 days to 6 weeks)												
4	randomised trials	serious ^b	not serious	not serious	very serious ^{c,d,f}	none	390	180	-	SMD 0 SD (0.19 lower to 0.18 higher)	⊕○○○ VERY LOW	CRITICAL NNT = 16
Tolerability: Droupouts due to adverse events (follow up: range 16 days to 9 weeks)												
6	randomised trials	serious ^{a,b}	not serious	not serious	very serious ^{d,f,g}	none	107/723 (14.8%)	35/308 (11.4%)	RR 1.20 (0.85 to 1.71)	23 more per 1.000 (from 17 fewer to 81 more)	⊕○○○ VERY LOW	CRITICAL NNTH = 30
Safety: Serious adverse events (follow up: range 16 days to 9 weeks)												
6	randomised trials	serious ^{a,b}	not serious	not serious	very serious ^{d,f,g}	none	185/723 (25.6%)	53/308 (17.2%)	RR 1.15 (0.86 to 1.46)	26 more per 1.000 (from 24 fewer to 79 more)	⊕○○○ VERY LOW	CRITICAL NNT = NNTH = 12

CI: Confidence interval; **SMD**: Standardised mean difference; **RR**: Risk ratio; **NNT**: Number neaded to treat; **NNTH**: Number neaded to harm

Explanations

a. Blinding insufficient; b. Incomplete outcome data; c. Very low sample size < 1000; d. Total number of patients included is less than the number of patients generated by a conventional sample size calculation for a single adequately powered trial; e. Strasser 2006 also adresses the outcome weight loss/gain. The supplied data however, is not suitable for metaanalysis; f. The boundaries of the CI are not on the same side of the threshold.; g. Low sample size < 2000