# Cannabis and derivatives in lung disease

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#### Disclosures

None

#### Key take home point



#### Learning objectives

- Briefly assess the known risks of smoking traditional combustible cannabis
- Explore the EVALI outbreak

### Brief background of cannabis

- Cannabis, AKA marijuana, contains, among others, three psychoactive substances:
  - THC 9-tetrahydrocannabinol
  - CBN cannabinol
  - CBD cannabidiol
- Most widely used illicit drug worldwide, 2.6-5% of the world's population
- Consumed in many ways but we are going to focus on smoking/inhalation
  - Joint, pipe, blunt\*, vape
- Smoked in a different manner than tobacco
  - Larger volumes, longer inspiration/hold, smoked without a filter (↑ particulate matter and temp)
- Hard to study the joint-year, information bias, variable tobacco consumption

# Pulmonary health effects of smoking cannabis (epi level)

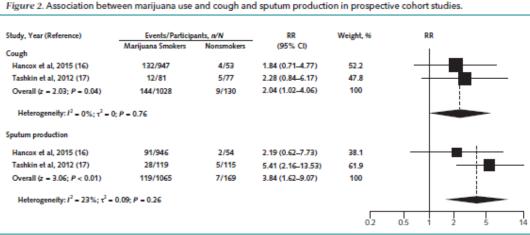
- Lung cancer
- Other chronic respiratory illness
  - COPD, chronic bronchitis, etc



#### **Annals of Internal Medicine**

#### Marijuana Use, Respiratory Symptoms, and Pulmonary Function A Systematic Review and Meta-analysis

Mehmaz Ghasemiesfe, MD; Divya Ravi, MD, MPH; Marzieh Vali, MSc; Deborah Korenstein, MD; Mehrdad Arjomandi, MD; James Frank, MD; Peter C. Austin, PhD; and Salomeh Keyhani, MD, MPH



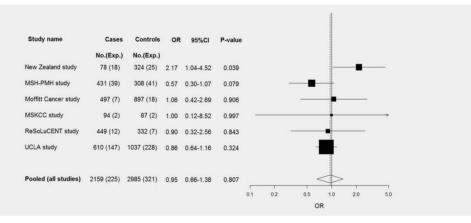
 No clear link to airway obstruction by spirometry (but maybe subtle measures - sRaw)

 Chronic cough and sputum production appear to be associated

We used the Paule-Mandel method for estimating  $\sigma^2$ . The squares indicate RRs from primary studies, and size reflects the statistical weight of the studies. The horizontal lines indicate 95% Cls. The diamonds represent the subtotal and overall RR and 95% Cl. The vertical solid line shows the line of no effect (RR = 1). The pooled RR was not significant after the Knapp-Hartung small-sample adjustment for cough (P = 0.10) and sputum production (P = 0.20). RR = risk ratio.

#### Cannabis smoking and lung cancer risk: Pooled analysis in the International Lung Cancer Consortium

- 2,159 cases and 2,985 controls in six studies that met criteria
- Habitual use: 1 joint-year (1 joint daily for 1 year)
  - Including non-tobacco users (370 cases and 1,358 controls)



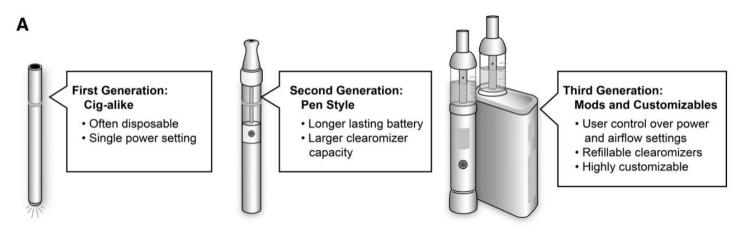
cision was low at high exposure levels. Results from our pooled analyses provide little evidence for an increased risk of lung cancer among habitual or long-term cannabis smokers, although the possibility of potential adverse effect for heavy consumption cannot be excluded.

Zhang et al, Intl J Cancer, 2015

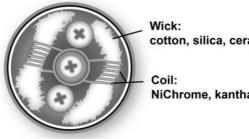
#### EVALI



#### Basic anatomy of e-cig devices



В



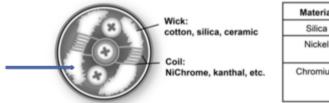
cotton, silica, ceramic

NiChrome, kanthal, etc.

Chun L et al, AJPLCMP, May 2017.

# E-cig risk from the device

- Plastic mouthpiece probably the least harmful part of the apparatus
- Wick



Material	Known Risks				
Silica	Silicosis				
Nickel	Carcinogenesis, lung injury, immune suppression				
Chromium	Carcinogenesis, lung injury, immune suppression, reproductive toxicity				

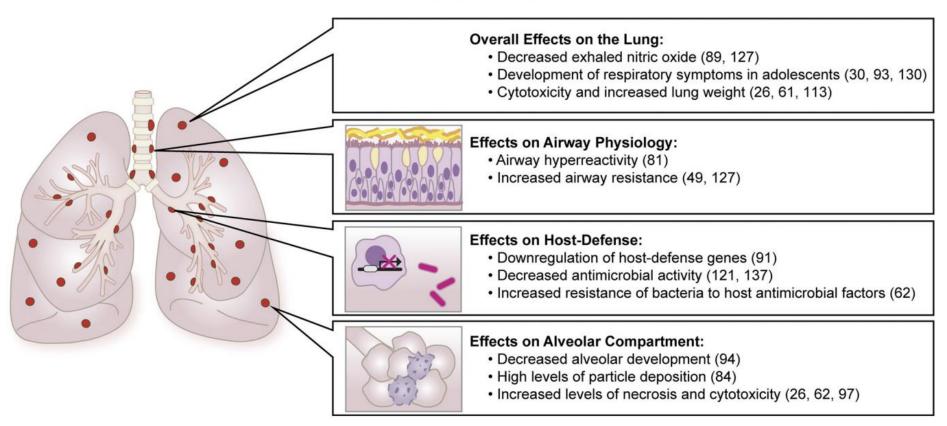
- Lithium ion battery thermal burns
- Coil remember power = voltage<sup>2</sup> / resistance
  - User can the material and energy to vary the experience
  - Varies the heat and downstream inhaled material (metallic fumes, leaches into vape liquid)

## E-cig risk from the liquid

- Vegetable glycerin or propylene glycol (stage smoke)
  - GRAS by the FDA for ORAL CONSUMPTION but no long term studies on lung health
  - Different puffing topography
- Nicotine
- Additives
- Leach from coil

L202

#### PULMONARY TOXICITY OF E-CIGARETTES



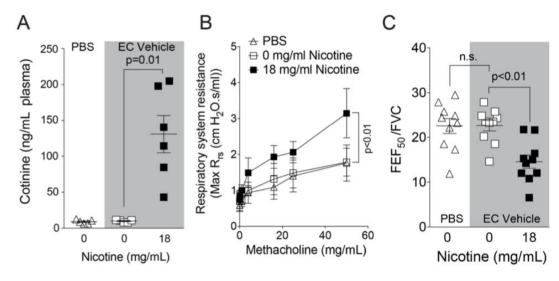
Chun L et al, AJPLCMP, May 2017.



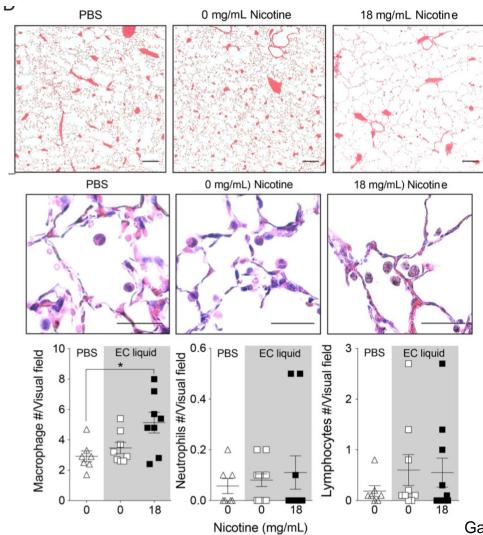
ORIGINAL ARTICLE

# Chronic electronic cigarette exposure in mice induces features of COPD in a nicotine-dependent manner

Itsaso Garcia-Arcos,<sup>1,2</sup> Patrick Geraghty,<sup>1,2</sup> Nathalie Baumlin,<sup>3</sup> Michael Campos,<sup>3</sup> Abdoulaye Jules Dabo,<sup>1,2</sup> Bakr Jundi,<sup>4</sup> Neville Cummins,<sup>5</sup> Edward Eden,<sup>5</sup> Astrid Grosche,<sup>3</sup> Matthias Salathe,<sup>3</sup> Robert Foronjy<sup>1,2</sup>



Garcia-Arcos et al, Thorax, 2017.



Garcia-Arcos et al, Thorax, 2017.

# Epidemiology of EVALI outbreak (as of Nov 5)

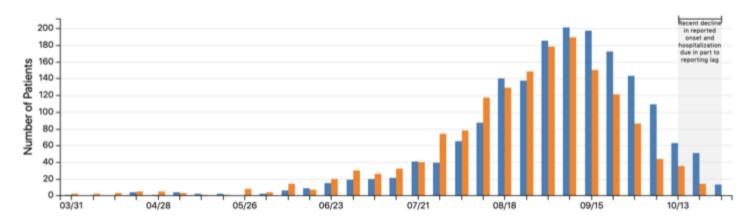
- 2,051 cases as of Nov 5, 2019, may be decreasing
- 39 deaths (2% fatality rate)
- 70% male
- 79% are under 35 years old (14% under 18 years old)
- 86% reported using THC-containing products; 34% exclusively
- 64% reported using nicotine-containing products; 11% exclusively

#### Number of Lung Injury Cases Reported to CDC as of November 5, 2019

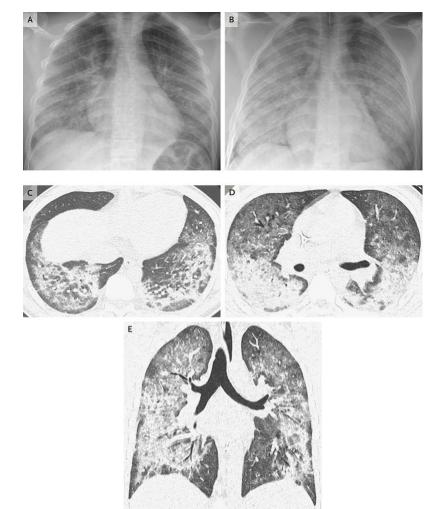


#### Dates of symptom onset and hospital admission for patients with lung injury associated with e-cigarette use, or vaping — United States, March 31-November 2, 2019

Date of Admission (N=1749) Date of Symptom Onset (N=1566) (Reset)



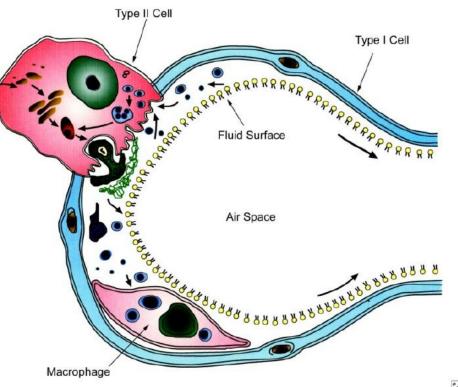




NEJM, September 2019

# **EVALI:** potential mechanisms

- VG/PG
- Nicotine
- Heat
- Coil
- THC formulations
- Other?
- Interactions





Morbidity and Mortality Weekly Report November 8, 2019

Evaluation of Bronchoalveolar Lavage Fluid from Patients in an Outbreak of E-cigarette, or Vaping, Product Use–Associated Lung Injury — 10 States, August–October 2019

- Bronchoalveolar lavage (BAL) fluid from 29 patients in 10 states
- Looked for: vitamin- E-acetate, medium chain triglycerides. Plant oils, petroleum distillates, (including mineral oil), diluent terpenes. Cannabinoids, and nicotine
- Controlled for diplamitoylphosphatidylcholine (\*DPPC, primary lipid in lung surfactant)

### **Bronchoalveolar lavage**



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Figure 3 The bronchoalveolar lavage fluid gradually became bloody from the left tube to the right tube.

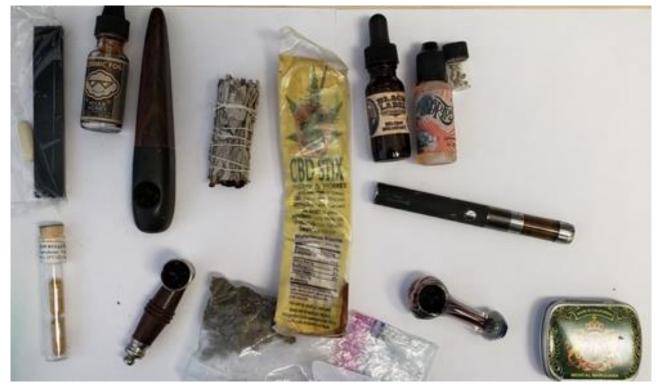
# CDC findings suggest vitamin E-acetate may be culprit

- 27 Samples analyzed
- Median age 23 year (range 16-67)
- Vitamin E detected in all samples (with negligible levels of the other compounds in question)

### Pathology reports range widely

- Diffuse alveolar damage
- Lipoid pneumonia
- Acute necrotizing pneumonitis
- Organizing pneumonia with lipid-laden macrophages
- Non-specific inflammation
- Hypersensitivity pneumonitis
- Eosinophilic pneumonia

#### Which is the culprit(s)? Take a good exposure hx!



Dr. Carolyn Calfee, UCSF

#### The inside scoop from www.dabconnection.com



#### Dank Vapes contained pesticides either way

Hearing about this at first did surprise me and lowered their credibility. They've failed multiple times in lab tests, containing several types of pesticides. Also, they ranked as low as 65% *THC*. Shown below are their most recent **lab results**;

<u>=</u> = P	LABS		3935 Varvids Dr Ann Anlan AM 42358 (734) 369 4275		Artigly-class and records: 17425-2017 Artist Advert, A #30-records		24				
King Louie											
Songle ID: 1911/990219.36 Strate: - King Law Matrix: Concentrates & Extra Type: Other	Batch KD			Probund Colucted Completed 12/03/2018 Sample Size - : Betch -	Orveland Canvalin Consulting U.c.# Npalaett, MI 45195						
Pesticides									Fa		
Analyte	100	Unit	Mass PPM	Status	Analyte	100	Limit	Mass	State		
Abamectin		0.50	ND	Pass	Imagail	0.20		ND	Pas		
Acephote	0.40	0.45	ND	Paus	Imidacloprid	0.40	0.40	ND	Pas		
Acequinocul			ND	Pass	Knispelm Methyl			ND	Pas		
Acetamiprid			ND	Pass	Malathion			ND	Pas		
Aldicarb	0.40	0.40	ND	Pass	Metalaxyl			10.64	54		
Azoxystrobin			ND	Pass	Methiocarb			ND	Pas		
Biltenazate			5.17	Fall	Methonyl	0.40	0.40	ND	Pas		
Bilenthrin .			2.90	Fail	Methyl Parathion			NO.	¥.		
Boscald	0.40	0.40	ND	Pass	MGK-264		0.20	ND.	Pa.		
Carbaryl			ND	Pass	Myclobutanil			5.34	1.0		
Carboharan	0.20	0.20	ND	Pass	Naled	0.10	0.50	ND	Pas		
Chlorantraniliprole			ND	Pass	Oxamyl	1.00	1.00	ND	Pas		
Chlorfenapyr	1.00	1.00	ND	Pass	Paciobutrazol	6,40	0.40	ND	Pas		
Chlorpyrifes			ND	Pass	Permethrins.	0.20		30.17	Fa		
Clafentezine	0.36	0.20	ND	Pass	Phoninet	8.20	0.20	ND	Pai		
Cyfluthrin	1.00	1.00	ND	Pass	Piperonyi Butoxide		-2.00	ND	Pas		
Cypermethrin	1.00	3.00	ND	Pass.	Prafiethrin	0.20	0.20	ND.	9.85		
Daminocide	1.00	1.00	ND	Pass	Propiconazole	0.45	0.40	ND	Pat		
DOVP	0.10	0.30	ND	Pass	Proposur	0.20	0.20	ND	Pas		
Diszinon	0.20		ND	Pass	Pyrethrins	1.00	1.00	ND	Pas		
Dimethoate	0.20	0.20	ND	Pass	Pyridaben	0.20	0.20	ND	Pas		
Ethoprophos	0.20	0.20	ND	Pass	Spinosad	0.20	0.20	ND	Pas		
Etolengras	0.40	0.40	ND	Para	Spiromesiten	0.20	0.20	ND	Pas		
Etoxazole	0.20	0.20	ND	Pass	Spirotetramat	0.20	0.20	ND	Pan		
Fenorycarb	0.20	0.35	ND	Pass	Spirokamine	/0.40	0.40	ND	Pas		
Fenpyroximate	0.40	0.40	ND	Pass	Tebuconazole	0.40	0.40	0.54	T a		
Figranii	0.40	0.40	ND.	Pass	Thiacloprid	0.70	0.20	ND	Pas		

#### To sum up, we hope Dank Vapes to return stronger than ever

Dank Vapes were fast to react to their last counterfeit situation. Now they have to stay consistent with building their brand reputation. As of now, what they're doing is calling out people selling fake cartridges through their Instagram. If you ever encounter people selling fakes, you can just notify them and they will take care of the rest.

In the meantime, I personally won't be picking these up until I know they are authentic or not. I really do believe all of these problems really will go away one marijuana becomes recreational in most states. Than, all this will become irrelevant, having trademarks and more lab results. Meanwhile, I recommend you as always to pick up from a licensed

how reliable this company really is. Despite how good each flavor taste, Dank Vapes have been suspicious because of how many fakes are out. This issue has been hurting their company negatively, loosing credibility and trustworthy.

# **EVALI** management notes

- Much like ARDS
  - Lung protective ventilation
  - Supportive care (pressors, etc)
  - Rule out infection
  - ECMO if needed

#### Conclusions

- Nothing but air should go into the lungs
- Smoking combustible cannabis causes chronic bronchitis but lung cancer risk much less clear than with tobacco
- Maintain a high index of suspicion in patients presenting with acute respiratory complaints
- Take a good exposure history
- EVALI may be due to the diluent vitamin-E acetate but very little is known with certainty
- If cessation is the only (maybe...) legitimate use for ENDs, perhaps require a prescription?

# Thank you

- All of you for standing up for sensible tobacco/nicotine control policy
- Dr. Carolyn Calfee, UCSF