



META-ANALYSIS OF MEDICAL CANNABIS OUTCOMES AND ASSOCIATIONS WITH CANCER

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Systematic review &
sentiment-based
meta-analysis

Study Overview

A Meta-analysis
of over 10,000
studies on cannabis
and cancer

+

Synthesized 10,641
peer-reviewed studies

Evaluated 30,767
sentiment-tagged
data points

Focus:

Therapeutic value, safety,
and cancer applications



Key Objectives



Identify scientific consensus
on medical cannabis in cancer



Assess effectiveness for
symptoms and cancer progression



Measure sentiment across
decades of research

Methods Used



10,000+ studies reviewed
Sorted by positive, negative, or
unclear outcomes



Strength of connection measured
Only included patterns with clear
links



Findings had to be strong and
unlikely due to chance

Sentiment Results: What the Research Says



Most studies show support for medical cannabis

65%



Fewer studies show risks or doubt about medical cannabis

31%



Very few had unixed or uncertain results

5%

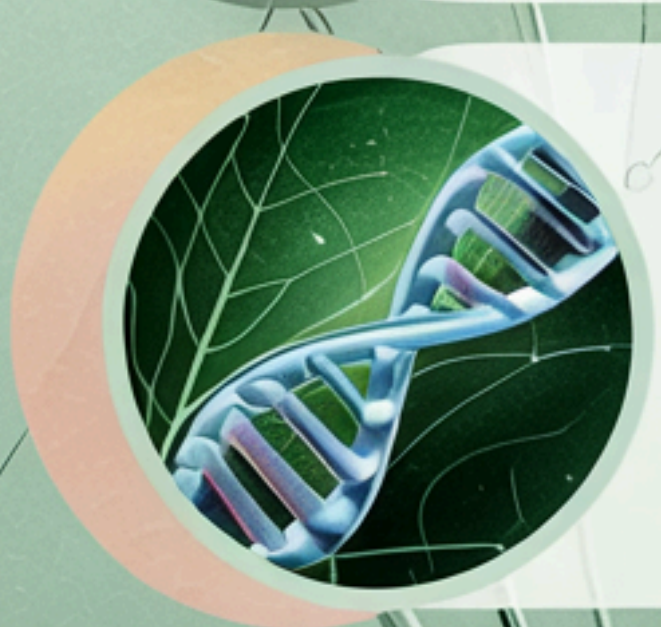
Health Benefits Category



Cannabis shows strong support for reducing inflammation



Therapeutic use has the strongest overall support across studies.



Studies rarely report risks or unclear results in these areas

Cannabis and Cancer Treatment: What Works



Appetite

Studies often show cannabis helps people eat more during treatment



Pain Relief

Strong agreement that cannabis lowers cancer-related pain



Nausea

Many studies support cannabis as effective for nausea relief

Cannabis and Cancer Progression



Cannabis may slow tumor growth

Studies often report slower growth or smaller tumors in lab settings



May help cancer cells self-destruct

Some research shows cannabis triggering cancer cell death



Unclear if cannabis improves remission

Not enough evidence shows cannabis helps people stay cancer-free

CONCLUSION AND RELEVANCE



Cannabis shows strong support as adjunct and potential anticarcinogenic agent

71.4%
studies showed supported dominant sentiment

Implications for policy, clinical practice, and research funding

Citation



Castle, R. D., Marzolf, J., Morris, M., & Bushell, W. C. (2025).
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