The Binding Of Isaac: Afterbirth Update 21 2018 No Survey __EXCLUSIVE__

the first observation was made by breslow and colleagues who examined the results of a large retrospective cancer incidence study in san francisco. their work involved calculating the population-attributable fraction (paf) of lung cancer, lung cancer deaths, and overall cancer death in cannabis users compared with non-cannabis users in this large cohort of san francisco patients. this study used data from a large, single-center, retrospective cohort study of patients at the san francisco general hospital who were included in the electronic medical

record from 2003 to 2012. patients diagnosed with cancer were identified by review of the san francisco medical records (n = 1,053). patients were categorized as current tobacco, current cannabis, or both current tobacco and cannabis users. of the 474 patients included in the study, there were 267 current tobacco users, and of these, 56 reported a history of cannabis use. the largest group were 166 current cannabis users, and of these, 18 reported a history of tobacco use. in a multivariable analysis adjusted for age, gender, race, ethnicity, and medical comorbidities, the paf for the total cancer death was 8.1% (95% confidence interval [ci]: 6.7–9.6%). this paf of 8.1% (95% ci: 6.6%) was for all cancers combined, but when the analysis was restricted to the cancer types where recent studies have shown an increased risk, the paf for lung cancer death was 20% (95% ci: 5.6–32.0%), and for squamous cell carcinomas (scc) was 12% (95% ci: 9.0–16.4%). the paf for lung cancer death in this cohort of patients was 12% (95% ci: 9. the paf for lung cancer death in tobacco users was 6.3% (95% ci: 3.8–8.7%), and in cannabis users, it was 21.0% (95% ci: 11.0–32. the paf for lung cancer death in

patients who smoked cannabis and tobacco was 20.8% (95% ci: 13.9–29.3%).

while cannabidiol (cbd) is one of the two primary non-psychoactive cannabinoids contained within cannabis, a recent study reported that cbd produced a weak sedation effect in healthy volunteers equivalent to that produced by a moderate dose of thc in a cannabis extract preparation reference 153 . a higher dose of cbd (1500 mg vs. 600 mg) produced, according to the results of this study, a greater sedation response than the thc-containing preparation, suggesting that the presence of thc in the preparation is not necessary to produce the sedative effect reference 153 . reported adverse events included confusion, amnesia, and somnolence. while the majority of studies in humans have utilized oral administration of cannabis, there has been growing interest in the intranasal route for cannabis administration in that it is believed to bypass the blood-brain barrier, an event that may result in selective delivery of the drug to the brain. this route is also believed to result in higher brain (cognitive) levels of cannabinoids than those attained via

the oral route. a recent study reported that brain levels of cannabidiol reached a similar level after intranasal administration with a mild cannabis extract preparation as after oral administration with a strong cannabis extract preparation reference 154 . the investigators have also reported that the pharmacokinetics of cbd following intranasal administration are consistent with the sinus (airway) to nasopharynx to olfactory bulbs route of administration, rather than the venous route of administration, as was previously thought. adverse events such as confusion, dizziness, and somnolence were reported in both the oral and intranasal groups. importantly, none of the subjects reported experiencing an intoxication-like effect (e.g. feeling drowsy, feeling mellow, feeling a good drug effect, feeling sedated, feeling stimulated, addiction research center inventory marijuana scale) with the oral administration, and only one subject reported an intoxication-like effect with the intranasal administration. the study investigators concluded that further studies are warranted to investigate the validity of the intranasal route as a viable approach to cannabis administration in

humans regardless of route of administration of the vehicle reference 154 5ec8ef588b

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