LARGE RANDOMIZED CONTROLLED TRIALS (RCT)¹

Strongest evidence available.

SMALL RCTs^{2,3}

Placebo controlled studies are reproducible and reduce bias.

OBSERVATIONAL RESEARCH¹

Broken into descriptive and analytic studies, they show correlation, but correlation does not equal causation.

CASE REPORTS/ANIMAL DATA⁴

Limitations to animal and cell research may not translate to reliable information for humans.

EXPERT OPINION/PERSONAL EXPERIENCE^{1,2}

Drives theories that lead to research, but investigations with larger numbers are necessary to reliably extrapolate data to applicable populations.

CANNABINOID E

EVIDENCE-BASED APPROACH TO CANNABINOIDS

represent the foundation of evidence for the FDA drug approval process.⁵

SMALL RCTs

help to screen experimental cannabinoid therapies before they are widely distributed in large RCTs.^{1,3}

An **OBSERVATIONAL STUDY** of cannabis use for medical symptoms showed a positive correlation, but conclusions limited due to insufficient control of confounding factors.⁶

ANIMAL STUDIES investigate proof of concept: Does cannabis improve health problems in animal models of disease?⁶

EXPERT OPINION has reported cannabis to relieve symptoms of an ailment in some individuals.⁵

TYPES OF EVIDENCE

Where cannabinoids currently are on the evidence pyramid

There are synthetic cannabinoids and plant-derived cannabinoids that have undergone the FDA-approval process.⁷⁻¹⁰

There are several synthetic cannabinoid and botanical drug products undergoing clinical trials in the FDA-approval process.¹¹⁻¹³

Sources of product for these studies vary and are sometimes unknown.

Sources of product for these studies vary and are sometimes unknown.

There are hundreds of unregulated dispensary products that have not undergone the FDA-approval process.¹⁴

CANNABINOID AVAILABILITIES

CANNABINOID E

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