

**LARGE  
RANDOMIZED  
CONTROLLED  
TRIALS (RCT)<sup>1</sup>**

Strongest evidence available.

**SMALL RCT<sup>s</sup><sup>2,3</sup>**

Placebo controlled studies are reproducible and reduce bias.

**OBSERVATIONAL RESEARCH<sup>1,4</sup>**

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

More placebo-controlled trials are needed to better investigate the ideal clinical indication.

**CASE REPORTS/ANIMAL DATA<sup>5</sup>**

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

**EXPERT OPINION/PERSONAL EXPERIENCE<sup>3</sup>**

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

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**EVIDENCE-BASED APPROACH TO CANNABINOIDS**

**LARGE  
RCTs**

represent the foundation of evidence for the FDA drug approval process.<sup>6</sup>

**SMALL RCTs**

help to screen experimental therapies before they are widely distributed in large RCTs.<sup>6</sup>

An **OBSERVATIONAL STUDY** of cannabis use for medical symptoms showed a positive correlation, but study is limited with lack of formal studies on efficacy and dose.<sup>4</sup>

**ANIMAL STUDIES** investigate proof of concept: Does cannabis improve health problems in rats?<sup>7,8</sup>

**EXPERT OPINION** has reported cannabis to relieve symptoms of an ailment in some individuals.<sup>9</sup>

**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.<sup>10-13</sup>

There are several synthetic cannabinoid and botanical drug products undergoing clinical trials in the FDA-approval process.<sup>14-16</sup>

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

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There are hundreds of unregulated dispensary products that have not undergone the FDA-approval process.<sup>17</sup>

**CANNABINOID AVAILABILITIES**

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