I'd like to turn it over to Dr. Norman Sharpless director at the National Cancer Institute and Dr. Robert Croyle, director of the division of cancer control and population sciences at the National Cancer Institute.

Wondering is Bob going to start talking? Oh, yeah, but then I'm going to let you open things up and I'll follow you again. All right. Hi, I did thanks. For that introduction. Bob very efficient note. Just retrenched. Yeah, this is a really important thing we're doing here. Precisely, because there's really a lot of interest in this topic and a lot of research needs to happen.

And so I really support the sort of effort to understand the role of adenoids and cancer care.

I think it's a perfect topic for the NCR to take on this way. I'd like to begin by acknowledging the people who've helped put this on, have been really the driving force of this event.

The planning committee has really done a marvelous job, and I have for my congratulations to all of those involved to name. But let me recognize the CO chairs with Gary Ellison, Ali, 100 solid group and Jeff White. And I, thank you to you and your teams for doing such a great job.

And I also think this is a really good example of how despite a global pandemic we can get together and do really important work such as this.

As I think all of you are aware of the, I think is very much risen to the challenge of the global pandemic.

Doing a number of things to support ongoing cancer research during difficult times. This includes, you know, providing flexibility to our researchers allowing them to carry over funds doing clinical trials differently, starting a large clinical trial on infection and patients with cancer a modeling the impact of the pandemic on cancer instance, and mortality and then with new funding from Congress launching a whole new program in research building on long expertise in the history of expertise and Immunology.

So there's just a few of the things that we've really done to address this global pandemic emergency.

Uh, but all the, all the while keeping cancer search going at a great pace and taking on new topics such as the topic at hand today.

This is something I have been interested in for a long time, but particularly more so, after spending 7 months is acting commissioner. The FDA where can avenues are causing a tremendous amount of trouble for that agency. I think as many of you are aware cannabis, the grown plant has many bio active compounds in it, but the main 2 are CBD can have a dial and they are highly similar structurally.

I think we differ by 1 Atom, but they've had very different potency for the receptor.

Which, which produces most of the cycle active effects of CBD, I think as many of you are aware was make legal. By the 2018 farm bill, which legalized the production of hemp and hemp and cannabis are distinguished by the content of and the drive plant. So, above a threshold, it becomes cannabis and below that number it's. And so now, CBD is flooded the American market in a number of ways and it's still largely in regulated. It's a medical product. Epic dialects is used procedures. The dietary supplement found in stores throughout the country. It's a food ingredient. You can have CBD, adulterated pizza or coffee. It's a consumer product, they're CBD candles and bath oil. It's pet food. It's an animal drug. It's an additive tobacco product and it has other uses as well.

And the FDA is really not figured out how to handle all of those different marketed applications for that compound. Which is, as I said, newly legal on the other hand is still illegal at the federal level and therefore it is. Largely regulated at the federal level, but it has been legalized or decriminalized at the state level in many instances. And this. So, this means is very poor national guidance around how to regulate TC. And this has led to some problems perhaps the most notable was the.

Outbreak in 2019 of the valley epidemics, which was an acute lung injury that we think is largely caused by beeps that were laced with an adulteress vitamin acetate.

And that 2nd, thousands of Americans and leak nearly 100 depth of young adults. So the lack of regulation in this field is a legitimate concern. And the explosion of use is a legitimate concern. Against that backdrop of these changing regulatory structure of cannabinoids and cannabis. Uh, there's lots of interest in the lung cancer patients for using an adenoid. There are there are claims that can happen always have a therapeutic role in cancer, but I do not believe these data are very strong. But there is quite a lot of data, perhaps the best data in the topic of symptom management. Where we know, can't cancer patients have been using in various forms to mitigate the side effects of cancer and its treatments.

Despite modest scientific evidence for the. Sort of unregulated versions of his molecules and their utility in that role. They're also drugs both and natalyn, which are FDA approved. Or patients to relieve nausea and vomiting from chemotherapy. And so these successes, I think indicated need for more research and the potential cannabinoids, particularly in symptom management of cancer care, as I think you're aware, it's also being prescribed by me positions for anorexia.

I induced by cancer and related conditions and there's also interest, I think in the safety of cannabis, I mentioned the valley epidemic. But there are other concerns there are links to persistent use to psychotic episodes and younger patients. And then there's concerns that the inhaled burning plant version of cannabis might have a carcinogenic risk. They're really in my opinion, not good data on this topic. Either way, and it really are not great data on this topic. Cannabinoids have been historically a very hard thing to study for a variety of reasons. Patients will not admit to its use in email surveys.

It's taught C, unrelated compounds, reschedule and drug. So, the research this question has been very, very challenging.

Which is why I'm highly excited about the NCI looking at this question and trying to figure out. Where we can play a role, perhaps with our partner institutions like. So, given all this information, it's understandable that many cancer patients are very interested in learning about cannabis during treatment and want information from their providers. Many of whom are not equipped to provide information on this topic presently. And so patients that are getting information from sources outside of the clinical setting. And they're getting conflicting data, because, as I mentioned the lack of research, and many of these topics is sub optimal. And I think it really falls to the research community to try and address these research gaps. And they would be an important part of directing that research.

Uh, the provided administrative supplement funds to the designated cancer centers. To conduct surveys of cancer patients, and in some cases, their providers. To determine the prevalence and patterns of cannabis use among patients with cancer who are undergoing active treatment or completed treatment. These surveys will include information of past and current use tumor type and advocacy, and simply control. And a total of 12 supplements were awarded in September this year. The awards were designed to be geographically diverse, taking into account varying state laws, governing the use of medical and non-medical cannabis. We feel the geographical diversity these awards will offer the most useful information understanding. Of what's working best under the legal frameworks unique to each state.

Clearly there are very passionate opinions about the role and potential cannabis care. Currently there is not nearly enough research data to scientifically validate these opinions. And that is where the in comes in. So, today, the research community is faced with great opportunity to bring the potential into that. These compounds pose into the alignment with a scientific understanding of the use. So, I look forward to working with all of you to do just that, and I, thank you for participating and as important workshop. And for your ongoing work on behalf of people with cancer. And thanks for the opportunity to come in comment this morning and listen on for a little bit.

Thanks, very much for kicking us off. I also want to think of all the participants, and especially the planning committee as well. So some of, you know, Gary Ellison chairs and interest group, interest group that connects us across all the divisions that cannabis on cancer, research, interest group. And this is really kind of form the foundation for generating a lot of the ideas and the planning. Around this meeting 1 of the things that became clear early on was just the diversity and breadth of types of expertise that we needed to bring into this meeting.

And hopefully, as you've looked across the program for the 3 days, you can see the many different disciplines institutions, organizations and perspectives that are represented at this meeting, in terms of getting involved in this area. Some of, you might say, but better late than never in the sense that they did that appetite for evidence in this area has been growing for a number of years. And I think now,

clinicians and patients are really just really, really need more scientific evidence for decision making,

and not only to inform clinical decisions but also to counterbalance the junk evidence that as just all over and social media, the Internet and anecdotal claims.

And so it's a real challenge for cancer patient, or a family member, or others. Now, these days are trying to navigate a really confusing informational landscape. There's a data fog of anecdotes and stories and YouTube videos and makes things really difficult. And then the variety of policy approaches across different states. So, when a state decriminalize us, or when a state allows medical license, cannabis licenses for some users, that Internet itself sends a message to the public about assumptions. That policy makers may be making about risk and benefits.

And use, and the fact that there is this desperate approach across different states, I'll also add to the confusion we recognize as NAD mentioned that a lot of other funders and players have established.

Lines of research that are relevant to this discussion, and we want to take advantage of that particular our colleagues across the and H, and also colleagues at city C and other agencies that have a long history of related work in this area that we're now trying to use as a platform and to inform the cancer related work also, as NAD mentioned that cancer center supplements is just realize that's just a toe in the water.

But we felt that we were leaving to do to help you get your research programs, have been going was provide a little bit of a broader foundation of preliminary evidence just on what is happening currently among cancer patients. So, we recognize that the surveys don't cover the whole country. They'll focus on those being served out of cancer centers. There are some diversity about that, but we just wanted to provide support to all of you to provide some preliminary evidence for your own work and also to kind of inform us of the broader landscape terms of what really is current status. We recognize that self-report that surveillance in this area is really challenging and there may be facilitated discussions that will be supporting across the supplemental about how to harmonize and use some common measures.

But they recognize that as a part, I was just 1 participant and an inter-agency discussion across the federal government on the challenges of cannabis surveillance that we still haven't worked out all the logical challenges in just assessing prevalence. And you've given us complexity the complex array of different products, different types of use different frequencies, have use it just a real challenge in terms of getting that baseline assessment that we need typically, in our risk factor behavior, or health behavior cannabis use.

I'm going to turn things back over to Gary, but also look forward to the meeting and for the although you've who're session chairs and presenters. Thanks for helping and see, I put all this together. We're really relying on many different people from many different organizations. And hopefully all of you will learn something from the 3-day meeting, because it is going to cover a very wide landscape, a lot of materials cover. So I'll turn things back over to Gary Ellison. Thanks, Gary.