



BC Cancer Agency

Michele Kubby RESEARCH
Sun Peaks, British Columbia

Dear Michele,

Summary of my medical assessment for Steve Kubby.

Diagnosis: locally recurrent and metastatic pheochromocytoma

Documentation:

1. Persistently elevated urinary catecholamine levels, typically greater than 2 to 3 times normal.
2. Abnormal concentration of radio-MIBG in the persistent retroperitoneal tumor.
3. Recurrent tachycardia, hypertension, diaphoresis and flushing when adequate suppression of the catecholamine effects is not present.

Brief summary:

This patient has persistent locally recurrent and metastatic pheochromocytoma despite previous surgical attempts to cure the disease by resection. Unresectable recurrent pheochromocytoma such as this is not curable with currently available techniques; however, the symptomatic problems caused by the excessive catecholamine release from the tumor can be controlled with medical measures. Previous attempts to control these catecholamine related symptoms with alpha and beta blocking agents failed to do so adequately. Empiric attempts to control the symptoms with marijuana proved successful making this the current treatment of choice for his disease. For this reason, I have recommended continued medicinal use of inhaled marijuana for control of his potentially life-threatening catecholamine-related symptoms.

Some patients with locally recurrent or metastatic pheochromocytoma can be helped with the use of therapeutic doses of radio-MIBG, a radioactive material concentrated by pheochromocytoma tumors. This patient was given one such treatment under the supervision of Dr McEwan at the Cross Cancer Center in Edmonton. Although the tumor did concentrate the radio-MIBG, further documenting the persistent cancer, no useful clinical effect was obtained and further treatment with radio-MIBG has been deferred.

When locally recurrent or metastatic pheochromocytoma cannot be effectively treated with surgical removal or radio-MIBG, as is true in this case, it is incurable. In this situation the only known palliative treatments that can temporarily control symptoms are medical and involve the use of alpha and beta blocking agents. When such agents fail to adequately control symptoms, as has happened in this patient's case, there is no well-defined effective treatment known. The empiric observation that marijuana does control his symptoms provides clear justification for its continued use. In addition to the use of medicinal marijuana, because the release of catecholamines is induced by stress, it is prudent for this patient, as is true for all patients with pheochromocytoma, to avoid stressful situations as much as possible.

Further medical questions about this patient's pheochromocytoma should be directed to me.

Sincerely,

Joseph M Connors, MD
Chair, Lymphoma Tumor Group
Chair, Research Ethics Board
BC Cancer Agency, 600 West 10th Avenue, Vancouver, BC V5Z 4E6
604-877-6000 x 2746; fax 604-877-0585; jconnors@bccancer.bc.ca

600 West 10th Avenue Tel: 604.877.6000
Vancouver, BC, Canada V5Z 4E6 Fax: 604.877.4596
www.bccancer.bc.ca

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