



Supplemental Materials for

Rates of cannabis use in patients with cancer

K. Martell, A. Fairchild, B. LeGerrier, R. Sinha, S. Baker, H. Liu, A. Ghose, I.A. Olivotto, M. Kerba

Listing of Supplemental Material(s):

Supplemental Appendix 1: Alberta Cannabis Survey

Supplemental Appendix 1. Alberta Cannabis Survey.

Dear Sir or Madam,

Thank you for taking the time to respond to this survey.

At present we, as healthcare providers do not have complete information about cannabis (marijuana) use in our cancer patients. We are requesting patients to volunteer to complete this survey to help us understand how often patients are using cannabis (marijuana) or have considered using it through the course of their treatment and evaluation of related factors such as costs and access.

Any information you provide will be kept **anonymous and considered strictly confidential** and any results from this study will only be presented as a summary of everyone's responses. Your responses will not be shared with your doctor/oncologist and your decision to participate or not to participate in this survey will not impact your treatment. We want to collect information from as many different people as possible so we will be giving out the survey to every patient at their visit. Therefore, you might receive this form more than once. **If you have already completed this survey, you do not need to complete it again, please return it to the clerk or administrative assistant who you received it from.** If you have any questions about this survey please contact us at the number or address listed below.

When you have finished this survey please return it to the box located at the front desk where you checked in.

Please read each question in this survey carefully, you can skip any question you do not feel comfortable answering. Once completed, please return this survey to the bin found at the desk where you checked in.

Your participation in this study is voluntary, if you decide not to complete this survey please return it to the person at the desk where you checked in.

Instructions: Please select the best answer for each question.
SHADE in choice boxes like this: using a blue or black ballpoint pen.
If you make a mistake, put an X through the incorrect choice box like this:

Demographic Information

1. How old are you?
 Less than 30 30 to 39 40 to 49 50 to 59 60 to 69 70 to 79 80 years or older
2. What is your gender?
 Male Female Other
3. What is the highest level of education you have attained?
 Some or no high school Some university/college An undergraduate degree A doctorate or professional degree
 Completed high school Completed a college diploma A master's degree

Cancer Background

4. What kind of cancer do you have? If your cancer has spread, please check the **primary site** of cancer (i.e. where the cancer started from). *Please check the one that **best** applies.*

<input type="checkbox"/> Breast	<input type="checkbox"/> Esophageal or Stomach	<input type="checkbox"/> Muscle or Soft tissue
<input type="checkbox"/> Lung	<input type="checkbox"/> Colon, Rectal or Anal	<input type="checkbox"/> Ovary, Endometrial, Vagina
<input type="checkbox"/> Prostate, Bladder or Testicle	<input type="checkbox"/> Blood or Lymph nodes	<input type="checkbox"/> Don't know
<input type="checkbox"/> Brain	<input type="checkbox"/> Bones	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Head and Neck	<input type="checkbox"/> Skin	
5. When were you diagnosed with cancer or your illness?
 Less than 6 months ago More than 6 months ago
6. Which of the following sentences **best** describes your reason for today's visit?
 I am here for treatment
 I am here for a follow-up visit
 I was just diagnosed with cancer and I am here to discuss my options for treatment
 Other (please specify): _____
7. Are you on any active treatment for your cancer (e.g. radiation, chemotherapy, immunotherapy, hormonal therapy)?
 Yes No → *If No, skip to question 9*
8. Which treatment(s) are you receiving?
Please check all that apply.
 - Chemotherapy/Immunotherapy/Targeted Drug Therapy
 - Hormonal Therapy
 - Radiotherapy
 - Surgery
 - Other (please specify): _____

Cannabis (Marijuana) Use

9. Have you ever used cannabis (marijuana) in your lifetime?
 Yes No → *If No, skip to question 16*
10. How did you acquire your cannabis (marijuana)? *Please select all that apply.*
 Through a friend
 From a dispensary
 By prescription
 Other (please specify): _____
11. In what form(s) did you use cannabis (marijuana)? *Please select all that apply.*
 Dry leaf (smoked/vaporized)
 Oils/Edibles
 Hashish
 Topical formulations
 Other (please specify): _____
12. When was the last time you used cannabis (marijuana)?
 Less than 1 week ago
 More than 1 week but less than 6 months ago
 More than 6 months ago but less than 5 years ago → *Skip to question 16*
 More than 5 years ago → *Skip to question 16*
13. If you have used cannabis (marijuana) in the last 6 months, how much did you spend on cannabis (marijuana) during that time?
 \$10 to \$49 \$100 to \$199 \$500 to \$999 Prefer not to answer
 \$50 to \$99 \$200 to \$499 \$1000 or more
14. If you have used cannabis (marijuana) in the last 6 months, when did you start using cannabis (marijuana)?
 I started less than 6 months ago
 I have used cannabis for between 6 months and 5 years
 I have used cannabis for more than 5 years
15. If you have used cannabis (marijuana) in the last 6 months, for which of the following reasons did you use cannabis (marijuana)? *Please check all that apply.*
 Cancer related symptoms of pain
 Cancer related symptoms of nausea
 Cancer related symptoms other than pain or nausea
 Other non-cancer related illness or symptoms
 Other (please specify): _____

Feelings Regarding Cannabis Use

16. Please mark how strongly you agree or disagree with the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure / Don't know
Regular use of cannabis (marijuana) is harmful to the body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that using cannabis (marijuana) helps cure cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis (marijuana) interferes with how other medications work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using cannabis (marijuana) helps treat symptoms related to cancer like nausea and pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis (marijuana) should be used only under the guidance of a doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis (marijuana) should be legalized for recreational use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comfort level about discussing cannabis (marijuana) with oncologists in Alberta

17. If you currently use cannabis (marijuana) would you feel comfortable telling your doctor (oncologist)?
- Yes → *If Yes, skip to the end (you have completed the survey)*
 - Yes but only if the doctor (oncologist) asked about it → *If Yes, skip to the end (you have completed the survey)*
 - No
 - Unsure/Don't know
 - I have never used cannabis (marijuana)
18. Have you thought about using cannabis (marijuana) as part of your treatment for cancer or cancer symptoms?
- Yes
 - No → *If No, skip to the end (you have completed the survey)*
 - Unsure/Don't know
19. Would you feel comfortable talking to your doctor (oncologist) about cannabis (marijuana)?
- Yes
 - Yes but only if the doctor (oncologist) brought it up
 - No
 - Unsure/Don't know

*Thank you for completing this survey!
Please return this survey to the bin found at the desk where you checked in.*

Supplemental Table 1. Description of available data for excluded cases in ordinal regression modelling.

	Excluded Patients n=163 (%)
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Age [years]	
<30	6 (4)
30-39	2 (1)
40-49	3 (18)
50-59	24 (15)
60-69	43 (26)
70-79	46 (28)
≥80	8 (5)
Unknown	16 (10)
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Gender	
Male	58 (36)
Female	70 (43)
Other	2 (1)
Unknown	33 (20)
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Completed Education	
≤High school	85 (52)
Diploma/bachelor's	4 (23)
Master's or higher	6 (4)
Unknown	35 (21)
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Primary Cancer Site	
Breast	20(12)
Genitourinary	13 (8)
Gynecologic	3 (2)
Skin	0 (0)
Lung	8 (5)
Gastrointestinal	24 (15)
Hematologic	12 (7)
Other	13 (8)
Unknown	70 (43)
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Lifetime Cannabis Use	
Yes	40 (25)
No	64 (39)
Unknown	59 (36)
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