

Medical Cannabis Oncology Provider Survey

Our team would like to better understand the opinions of oncology care providers about the use of medical cannabis. Your results will help us as we design future research studies. Please help us by completing this survey. Your responses are confidential and will only be reported in aggregate.

1. What is your role as an oncology provider?

- Medical Oncologist
- Oncology Advanced Practice Clinician (NP, PA)
- Radiation Oncologist
- Surgeon
- Palliative Care Clinician
- Other (please specify): _____

2. How many years have you been practicing oncology?

- 0 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21+ years

3. How would you describe your primary practice setting?

- Academic
- Community
- Other (please specify): _____

4. What is your primary healthcare system affiliation?

- | | |
|--|---|
| <input type="radio"/> Affiliated Community Medical Centers | <input type="radio"/> Mayo |
| <input type="radio"/> Allina | <input type="radio"/> North Memorial Health |
| <input type="radio"/> CentraCare | <input type="radio"/> Olmsted Medical Center |
| <input type="radio"/> Children's Hospitals and Clinics | <input type="radio"/> Park Nicollet |
| <input type="radio"/> Essentia | <input type="radio"/> Sanford Health |
| <input type="radio"/> Fairview | <input type="radio"/> St. Luke's |
| <input type="radio"/> Gillette Children's Hospital | <input type="radio"/> University of Minnesota |
| <input type="radio"/> HealthPartners | <input type="radio"/> VA Health Care System |
| <input type="radio"/> HealthEast | <input type="radio"/> Other (please specify): _____ |
| <input type="radio"/> Hennepin County Medical Center | |

5. Have you registered with the Minnesota Medical Cannabis Program in order to certify patients?

- Yes
- No

6. Have you certified any patients for the Minnesota Medical Cannabis Program?

- Yes
 No

7. How confident are you in your ability to discuss the risks and benefits of medical cannabis with a patient who may be a candidate for certification?

- Very confident
 Somewhat confident
 Somewhat not confident
 Not at all confident

8. How confident are you in your ability to describe to patients the organization and operations of the Minnesota Medical Cannabis Program? (e.g., certifiable conditions, process for patient participation, role of medical cannabis distribution centers, etc.)

- Very confident
 Somewhat confident
 Somewhat not confident
 Not at all confident

9. Does your primary organization allow you to register and enroll patients in the Minnesota Medical Cannabis Program?

- Yes
 No, there is a formal policy that prevents this
 No, there is an informal policy that prevents this
 Unsure

10. How much of a barrier do you consider each of the following reasons to be in discussing medical cannabis with qualified patients?

	No barrier 1	2	3	4	Very large barrier 5
a. Perceived cost to patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Unsure of side effects/benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Research inadequate to justify use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Unsure of quality of products offered in Minnesota	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Products are not FDA approved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Unsure of legal ramifications to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Unsure of legal ramifications to patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Concern about abuse/misuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I don't want to be identified as someone who prescribes medical cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. My health group/leadership does not allow/support providers certifying patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Other (please elaborate): _____					

- 11. In efforts to examine the effectiveness of medical cannabis on cancer-related symptoms, we are currently designing a research study for patients with stage IV cancers undergoing chemotherapy and requiring opioids. In this study, half of the patients would be randomly assigned to receive medical cannabis immediately for 3 months at no cost. The other half of the patients would receive medical cannabis 3 months later (also at no cost and for a 3 month duration). All patients would complete a monthly symptom survey over the phone.**

If you had an eligible patient, how likely would you be to offer this study to them?

- Very likely
 Somewhat likely
 Somewhat unlikely
 Very unlikely
 Other (please elaborate): _____

- 12. In 2013, the NEJM published this online scenario:**

Marilyn is a 68-year-old woman with metastatic breast cancer metastatic to the lungs and bones. She is currently undergoing chemotherapy with doxorubicin. She reports having very low energy, minimal appetite, and substantial pain in her thoracic and lumbar spine. For relief of nausea, she has taken ondansetron and prochlorperazine, with minimal success. She has been taking 1000 mg of acetaminophen every 8 hours for the pain. Sometimes at night she takes 5 mg or 10 mg of oxycodone to help provide pain relief. During a visit with you she asks about the possibility of using marijuana to help alleviate the nausea, pain, and fatigue.

As her physician, which one of the following approaches do you find appropriate for this patient? Base your choice on the published literature, your clinical experience, recent guidelines, and other sources of information.

- Recommend the Medicinal Use of Marijuana
 Recommend against the Medicinal Use of Marijuana

- 13. What additional education regarding medical cannabis would you be interested in receiving? Please mark all educational forms that would interest you.**

- Written summary of peer-reviewed literature
 Online learning programs (e.g., video lectures, powerpoint slides)
 Symposia/conferences
 Newsletter
 I am not interested in receiving further education
 Other (please elaborate): _____

