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Title Who is asking about medicinal cannabis in palliative care?

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There is increasing interest in the use of medicinal cannabis for patients with cancer and cancer related symptoms,(1) however evidence to guide practice is not well established. Currently, there is low to moderate quality evidence to suggest medicinal cannabis may improve the experience of pain, wasting, vomiting, or nausea for people with cancer.(2-6) Research is being undertaken in multiple sites in Australia, including clinical trials, in order to address limitations in the evidence to date.(7-10)

Despite this limited evidence,(11, 12) there have been recent regulatory changes in Australia to allow for the prescribing of medicinal cannabis products for patients, including those with cancer.(11-15) These changes have been driven partly by public interest, advocacy groups, the media and developments in other countries.(13) Australia's regulatory changes now permit a registered medical practitioner to access medicinal cannabis products for the treatment of patients through the Australian Government Therapeutic Goods Administration Special Access Scheme, authorised prescriber scheme or clinical trials, plus additional state based requirements.(16)

With this changing environment, discussions about and requests for medicinal cannabis are occurring between patients with cancer and their clinicians, ranging from information seeking through to formal prescription requests. A recent survey, conducted in the United States in a state with both legalized medicinal and recreational cannabis use, of patients with cancer at varied stages of treatment and treatment completion revealed 74% of participants had a strong interest in learning and wanting information about cannabis from their cancer specialist.(1) A quarter of these study participants reported current use of cannabis for physical and neuropsychiatric symptoms of pain, nausea, appetite, coping, management of stress, improving mood and sleep.(1) Other US

centres have documented up to 20% of cancer patients consulting palliative care for specialised symptom management were using cannabis for self-treatment.(17)

With recent regulatory changes, we sought to understand the discussions about and requests for medicinal cannabis occurring between cancer patients and their palliative care clinicians. The aim of this study was to characterise the population of patients and/or carers who initiate discussions about and requests for medicinal cannabis and the clinical outcomes of these discussions. This exploration of clinical discussions was undertaken as part of a broader study which also sought to understand the informational needs of patients with cancer and their carers to inform the development of resources for use in clinical practice.

This study involved prospective data collection by 28 medical specialists and specialty trainee registrars involved in the care of inpatients or outpatients with cancer in palliative care settings of three major metropolitan teaching hospitals in Victoria, Australia between September 2018 and February 2019. Palliative care clinicians were orientated to and completed a standardised case report form following clinical interactions during which a patient with cancer and/or their carer and the clinician had a discussion regarding the use of medicinal cannabis. De-identified data collected included: patient's age, gender, tumour type and stage of disease; who initiated the discussion about and/or request for medicinal cannabis; reason(s) for intended use; and outcome(s) of the discussion.

Ethical approval was granted by the Peter MacCallum Cancer Centre Human Research Ethics Committee (LNR/44579/PMCC-2018).

Descriptive statistics, including percentage, median and range, were used to describe participant characteristics and summarise study findings.

In the six month period, approximately 1,700 new patients were seen across participating services. A total of 104 case reports were completed documenting discussions and requests for medicinal cannabis had between palliative care clinicians and patients and/or carers. The majority of requests (n= 85) were from one participating hospital site. Patients median age was 51 years, and half were female and had a range of cancer types (Table 1). Eighty-seven percent of patients had metastatic disease.

Table 1. Demographic and clinical characteristics of patient sample

Patient characteristics	N = 104 n (%)
Female	52 (50)
Age (years)	
18-24	2 (2)
25-34	13 (12.5)
35-44	24 (23)
45-54	18 (17)
55-64	27 (26)
65-74	13 (12.5)
75-84	5 (5)
Not reported	2 (2)
Cancer	
Breast	24 (23)
Colorectal	16 (15)
Melanoma	12 (12)
Oesophageal/Stomach	10 (10)
Lung	9 (9)
Pancreatic	6 (6)
Bone	5 (5)
Haematological	4 (4)
Other	17 (16)

Patients and carers initiated 93% of discussions (Table 2). Two thirds of patients (66%) indicated multiple reasons for their intended use of medicinal cannabis, with most common symptoms including pain, nausea, and poor appetite. A quarter (25%) of discussions involved patients and/or their carers wanting to use medicinal cannabis as a form of cancer control or cancer cure. Of the 30 patients who disclosed their self-sourced cannabis use, over half reported using a cannabis oil.

Of the 42 (40%) documented discussions involving a request for medicinal cannabis, 28 (27%) discussions had an outcome of medicinal cannabis being prescribed or an existing medicinal cannabis prescription managed or discussed.

Table 2. Nature of reported discussions regarding medicinal cannabis (n=104)

Characteristics		n (%)
Discussion initiator(s)	Patient	67 (64)
	Carer	14 (14)
	Patient and carer	16 (15)
	Clinician	6 (6)
	Not reported	1 (1)
Reason for discussion	Seeking information	62 (60)
	Request for medicinal cannabis	42 (40)
Reason(s) for intended use of medicinal cannabis†	Pain	66 (64)
	Nausea	50 (48)
	Appetite	36 (35)
	Cancer control	26 (25)
	Vomiting	17 (16)
	Anxiety	5 (5)
	Sleep	5 (5)
	Cough	5 (5)
	Mood/Relaxation	3 (3)
	Not reported	1 (1)
Disclosure of self-sourced cannabis use	Yes	30 (29)
	No	74 (71)
Form of self-sourced cannabis used	Cannabis oil/product (self-sourced / self-made)	18 (60)
	Cannabis dried leaf/bud(s)	5 (17)
	Not reported	7 (23)
Outcome(s) of discussion‡	Information provided	67 (64)
	Medicinal cannabis prescribed, or prescription discussed or renewed	28 (27)
	Alternative treatment provided	16 (15)

Other§	15 (14)

† Multiple reasons for intended use of medicinal cannabis could be given; ‡ Multiple outcomes could be recorded for one patient case report; § Other discussions relating to symptoms, aspects of self-sourced personal cannabis use, continued use of medicinal cannabis upon admission to hospital

Discussion

In this prospective study, cannabis was regularly discussed in consultations, averaging four discussions per week over the six month period. Such discussions occurred across ages and across cancer types. Indeed, almost half the patients (44%) were over 55 years of age, highlighting an interest in medicinal cannabis for older cancer patients. This is in contrast with others findings who showed that interest in cannabis or reported self-sourced use was more likely for a younger patient demographic.(17) This broad interest across age may be prompted by high levels of media coverage heightening community awareness.(18, 19)

Of note, in this study the discussions were overwhelmingly initiated by patients and/or carers. Patient and carer information seeking and interest in discussing and learning more about medicinal cannabis is consistent with previous research,(1) but the low levels of clinician initiation of such discussions has not been previously documented. Clinicians locally have reported uncertainty about the role of medicinal cannabis, concern about the limited evidence supporting use, and a lack of confidence about the processes of prescribing.(18, 20) This mismatch between patient and carer interest and clinician reluctance is likely to be reflected in the low levels of prescribing to date in Australia,(19) as well as media reporting of patient dissatisfaction with clinician responses.(18) Almost a third of patients in this study used self-sourced cannabis, and this is a figure consistent with previous research identifying a total of 20% of patients with cancer reporting cannabis use.(17). We

did not collect data as to the reasons for self-sourced cannabis use versus medicinal cannabis use, although this may be related to cost, clinician reluctance to prescribe, or preparations available.(10, 18)

Patients and carers sought information about, or made requests for, medicinal cannabis for a variety of cancer-related symptoms that have low to moderate evidence for its efficacy.(2-6) Despite little scientific evidence for supporting cannabis use as a control or cure for cancer, a quarter (25%) of patient and/or carers were seeking information or requesting medicinal cannabis for this intent. A survey-based study of cancer patients in the United States found a similar percentage (26%) of patients believed cannabis helped treat their cancer.(1)

Limitations of this study include the collection of de-identified patient data which was important to allow recording of self-sourcing of cannabis, but which did not allow for a more detailed examination of each individual patient. Additionally, it is possible that participating clinicians did not report all medicinal cannabis discussions and requests between clinicians and patients, resulting in an underreporting of these discussions and requests. This study of consultations in palliative care practice focused on patient and carer discussions from an end stage cancer population. Further research is required to understand the nature of medicinal cannabis discussions and requests between clinicians and patients experiencing earlier stage cancer diagnosis and/or treatment. Nevertheless, these data present an important snapshot in time of the heightened interest in medicinal cannabis and the responses emerging from discussions, documenting changing clinical patterns following legislative change.

This study shows that medicinal cannabis is of great interest for patients with cancer across age, cancer type and for a variety of symptoms. Findings are clear that patients and carers are driving

these discussions. Low levels of clinician-initiated discussions highlight the potential reluctance and uncertainty clinicians have regarding the role of medicinal cannabis in cancer. This study suggests a future role for informational resources to aid clinicians in their discussions as these issues are raised by patients with cancer and their carers.

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Abstract

Following legislative changes in the availability and prescribing of medicinal cannabis in Australia, we sought to prospectively understand the nature of information seeking and requests for medicinal cannabis in consultations between palliative care clinicians and patients with cancer. The 104 discussions were overwhelmingly initiated by patients and carers (93%) and were for a variety of symptoms, reflecting high levels of patient interest in the use of medicinal cannabis in cancer.

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