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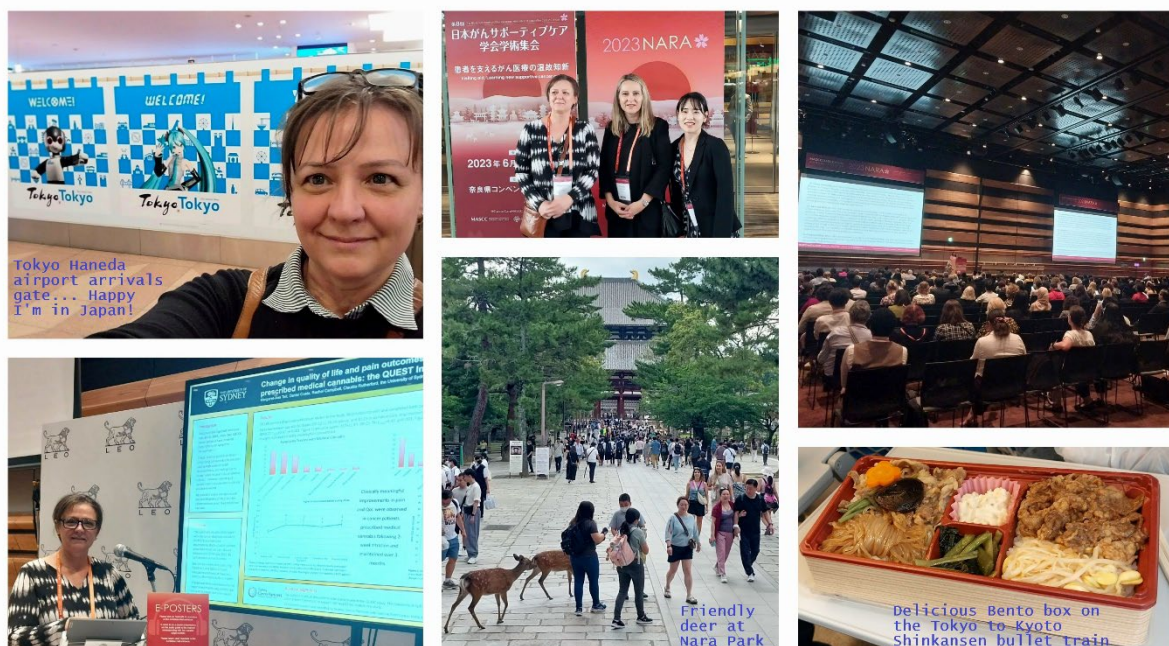
**Tait M, Costa DSJ, Campbell R, Rutherford C.** Change in quality of life and pain outcomes for cancer patients accessing prescribed medical cannabis: the QUEST Initiative 3-month results. Abstracts for MASCC/JASCC/ISOO Annual Meeting 2023. *Support Care Cancer*, 31 (Suppl 1), 399 (2023):p.S23-S24. <https://doi.org/10.1007/s00520-023-07786-4>.

**Conference/Meeting Name:** Multinational Association of Supportive Care in Cancer (MASCC) Annual Meeting

**Location:** Nara, Japan

**Dates:** 22-24 June 2023

**Presentation Type:** ePoster



The Multinational Association of Supportive Care in Cancer (MASCC) is an international, interdisciplinary organisation dedicated to the practice, education, and research of supportive care in cancer. MASCC and the International Society of Oral Oncology (ISOO) hold a joint Annual Meeting each June to showcase the latest ideas and research in supportive care.

This year, the Japanese Association of Supportive Care in Cancer (JASCC), hosted the **MASCC/JASCC/ISOO 2023 Annual Meeting** in Nara, Japan. The ancient city of Nara was Japan's first capital city, with heritage listed buildings, old temples and shrines, and the wild (but friendly and timid) deer in beautiful Nara Park. The Cancer Care Research Unit team at the University of Sydney sent three members (Claudia Rutherford, Bora Kim, and me) to Japan to attend and present our research.

The overall theme of the conference was *Interdisciplinary Nature of Supportive Cancer Care*, with plenaries covering Robotics and Digital Medicine, Disparities in the Availability of Supportive care, and When Evidence-Based Medicine Meets Traditional Medicine.

The first day was devoted to robotics (for both rehabilitation and for assisting surgery), antiemetics (including medicinal cannabis, a treatment I'm researching for my PhD), and Artificial Intelligence (is AI the future of tailoring treatment pathways? Where does AI source its information? How does AI make judgement calls? Can you sue AI for bad advice?).

The second day tackled the debate on whether traditional medicine is compatible with evidence-based medicine in the management of new treatments, such as immuno-oncology. Probably the biggest message was that a lot of patients explore traditional or alternative medicines without telling their doctor, which may lead to dangerous drug-drug interactions. Research found the most common reason why patients do not tell their doctor about using alternative medicines was that "the doctor didn't ask". On another note, I was surprised by the quantity of high-quality evidence on the benefits of yoga (reminder to self: sign up for yoga classes).

An interesting event I attended in the main hall was on 'consumer codesigned digital solutions.' Prof Ashbury (Canada) and Professors Schofield and Jefford (Australia) joined Australian writers of The Prostate Zone, Mr Allen White and his wife Fiona, to role-play the Do's and Don'ts for a consumer workshop on sexual rehabilitation. They demonstrated the importance of codesigning interventions and services to improve quality, accessibility, and engagement.

The final day featured a plenary on Disparities in Supportive Care, and approaches to overcome them. While governments across Asia have different policies and approval processes for their pharmaceutical and medical devices, interestingly, almost all will allow access to pharmaceutical and medical devices that have already been approved in Japan.

Every day was busy in the ePoster hall with brief presentations rolling on concurrently across 6 stages. Thankfully, during my presentation on stage 5 I saw a lot of nodding and interested expressions on the faces of the half dozen attendees. Although I wasn't asked any questions at the time, I did catch-up afterwards with Dr Megan Crichton from Queensland University of Technology who had completed a systematic review of medicinal cannabis for cancer pain. She would like to run a randomised control trial and I offered to share my experiences collecting patient-reported data when she designs her project. I was pleased to meet other researchers looking at medicinal cannabis for symptom management and to hear their plans going forward.

Over the three days, more than 1,300 delegates from nearly 50 countries attended the conference – including oncologists, radiologists, surgeons, allied health practitioners, and researchers from Australia, Asia, Europe, Africa and the Americas. I also met some of our Melbourne colleagues in person for the first time!

It was an amazing experience, and I am very grateful to Sydney Cancer Partners for the Conference Support so that I could attend and present my research.



## Introduction

Since Australia legalised medicinal cannabis in 2016, more than 10,600 cancer patients have received prescriptions for symptom management.<sup>1</sup>

Clinical practice guidelines favour prescribing cannabis due to patients' placing high value on small improvements, and willingness to accept small-modest risks of adverse effects.<sup>2</sup> However, reporting of patient-reported outcomes in clinical practice is limited.

We aimed to assess changes in pain and overall quality of life (QoL) for cancer patients prescribed medicinal cannabis.

## Methods

This sub-study includes participants with any cancer diagnosis recruited to QUEST; a prospective observational study of adult patients prescribed medicinal cannabis oil between Nov 2020 -Dec 2021, by 117 clinicians across Australia.

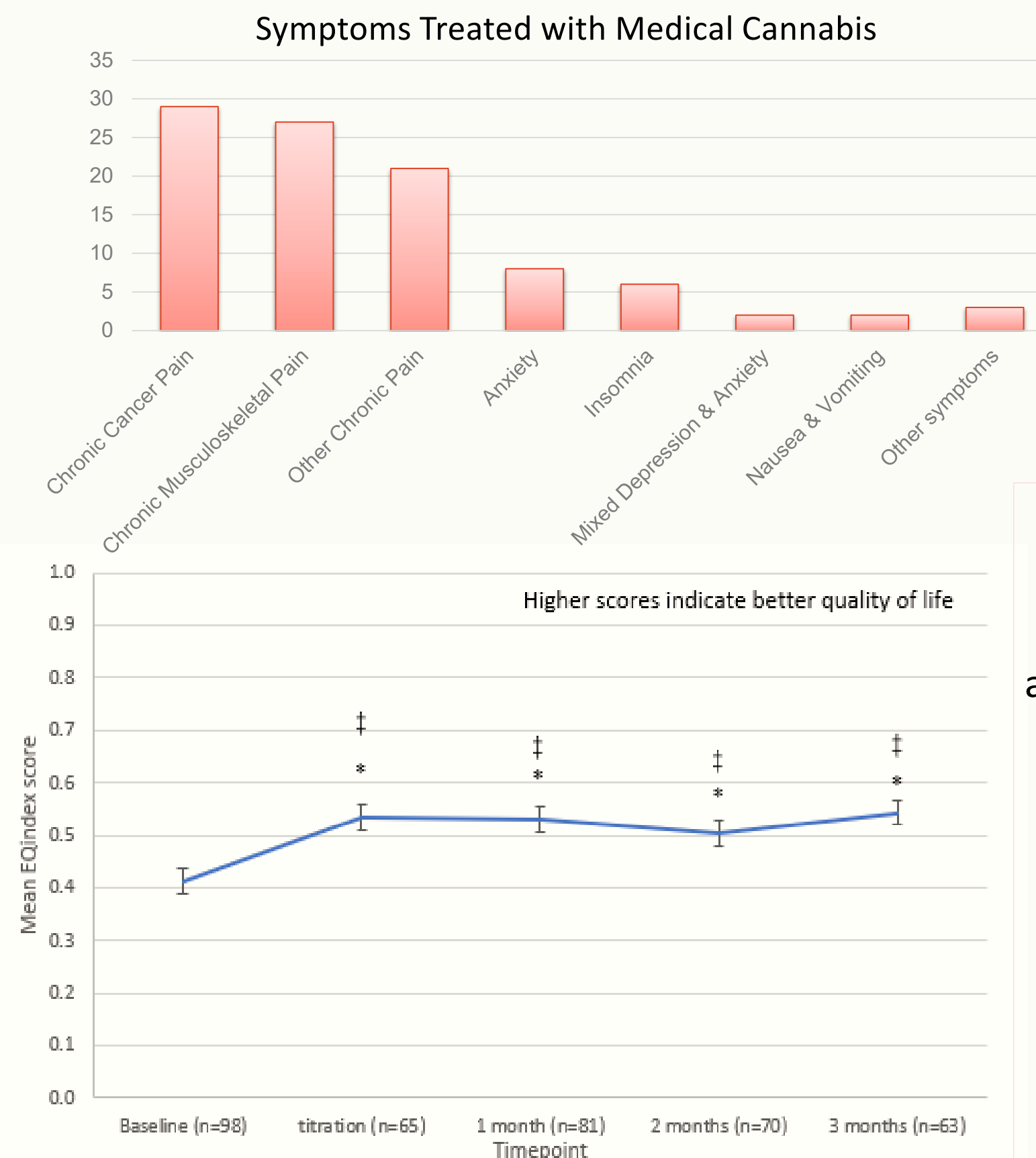
QoL and pain were assessed using EQ-5D-5L<sup>3</sup>, and QLQ-C30<sup>4</sup> pain subscale respectively, at baseline, titration, then monthly for 3 months.

Change over time was analysed using linear mixed models adjusted for age, sex, pain duration, and prior use of cannabis.

## Results

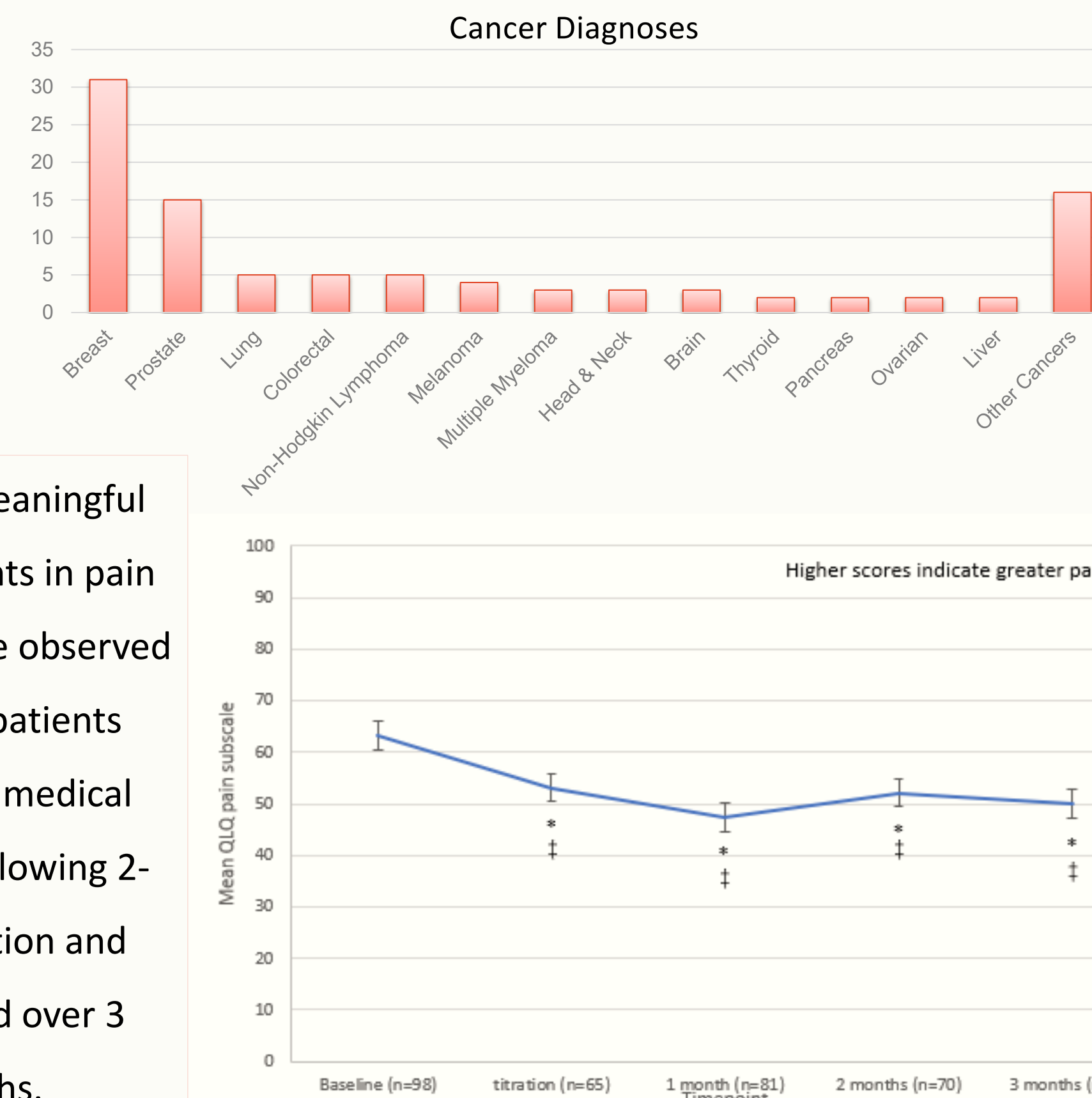
Of 145 patients diagnosed with cancer invited to the study, 98 provided consent and completed both baseline and at least one follow-up questionnaire.

Participants mean age was 61.3years (SD:13.1), 58.2% female, and 10.2% in palliative care. Improvements were observed from baseline to follow-up in QoL (MD=0.11, SD=0.27;  $t_{(363)}=3.87$ ,  $p<0.001$ ; Figure 1) and pain scores (MD=11.53, SD=25.78;  $t_{(366)}=4.43$ ,  $p<0.001$ ; Figure 2). Following questionnaire interpretation guidelines, these changes indicated clinically meaningful improvement.



**Figure 1.** Change over time in mean EQ-5D-5L utility index scores for 98 participants prescribed medicinal cannabis in the QUEST Initiative cancer sub-study (with SE bars; \*indicates significant change from baseline,  $p<0.05$ ; † indicates clinically meaningful change from baseline  $\geq 0.07$  points).

Clinically meaningful improvements in pain and QoL were observed in cancer patients prescribed medical cannabis following 2-week titration and maintained over 3 months.



**Figure 2.** Change over time in mean QLQ-C30 pain subscale scores for 98 participants with cancer prescribed medicinal cannabis in the QUEST Initiative study (with SE bars; \*indicates significant change from baseline  $p<0.05$ ; † indicates clinically meaningful change from baseline  $\geq 10$  points).

## Conclusions

Findings suggest that prescribing medicinal cannabis in clinical practice may:

- alleviate cancer patients' symptoms and improve overall QoL,
- avoid potential risks of cannabis abuse by self-medicating,
- allow clinicians to monitor possible adverse events.

Interpretation of results is limited by a lack of control group. The QUEST Initiative follows patients for 12-months to determine whether 3-month improvements are maintained long-term.

## References

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## Further information

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