



Multiple Myeloma and Medical Cannabis: A Preliminary Glance into Patient-Provider Cannabis Communication and Reasons for Use

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BACKGROUND

- Multiple Myeloma (MM) is a cancer that disrupts the normal production of blood cells in the bone marrow.¹
- The prevalence of cannabis use among MM patients is increasing alongside expanding access to medical cannabis.

OBJECTIVE

- Examine cannabis consumption patterns and patient-provider communication among adults with MM.

METHODS

- Data are from a case series of 10 MM patients who participated in the Cannabis and Cancer Study (N=437) at Sylvester Comprehensive Cancer Center.
- The NCI's Cannabis Core Questionnaire (designed during this study in collaboration with 11 other cancer centers) measured cannabis frequency, source, method of use, and provider communication.
- Descriptive statistics was employed to analyze frequency and proportion for each variable.

Cannabis Use Frequency	Primary Sources of Cannabis	Awareness of Cannabinoid Content	Discussion with Providers
Daily	Dispensary	Delta-9-THC	Comfort Level (e.g., Likert Scale)
Occasional	Informal Sources	CBD	Frequency (e.g., How often discussed)
Past Use	-	Delta-8-THC	-

RESULTS

CONSUMPTION PREFERENCES:

- 75% obtained cannabis from dispensaries
- 40% used delta-9-THC-dominant products, 40% used CBD-dominant, 20% used delta-8-THC
- 75% primarily consumed cannabis via eating or drinking
- 62.5% reported daily use during MM treatment

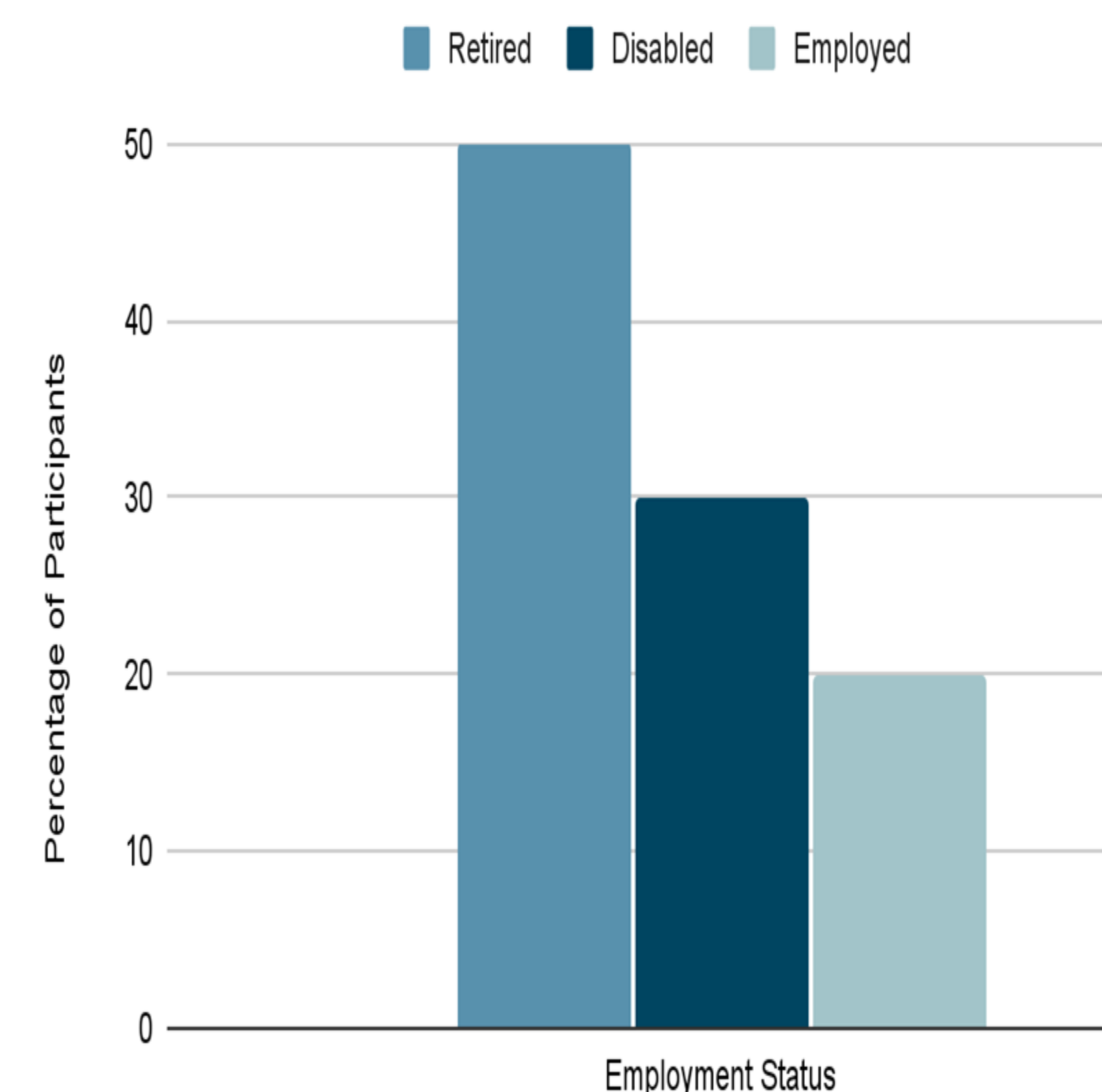


Figure 1: Employment Status of Study Participants

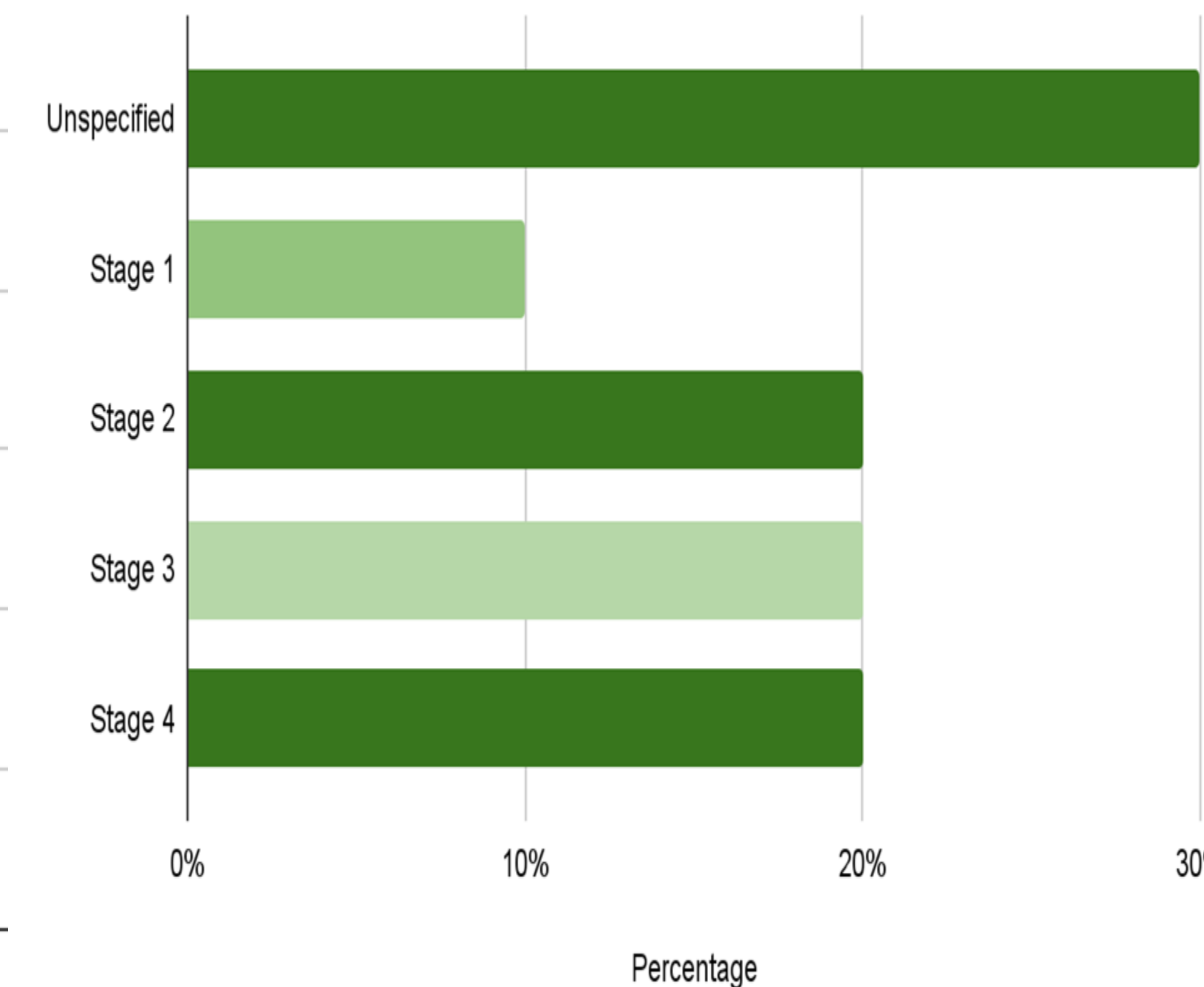
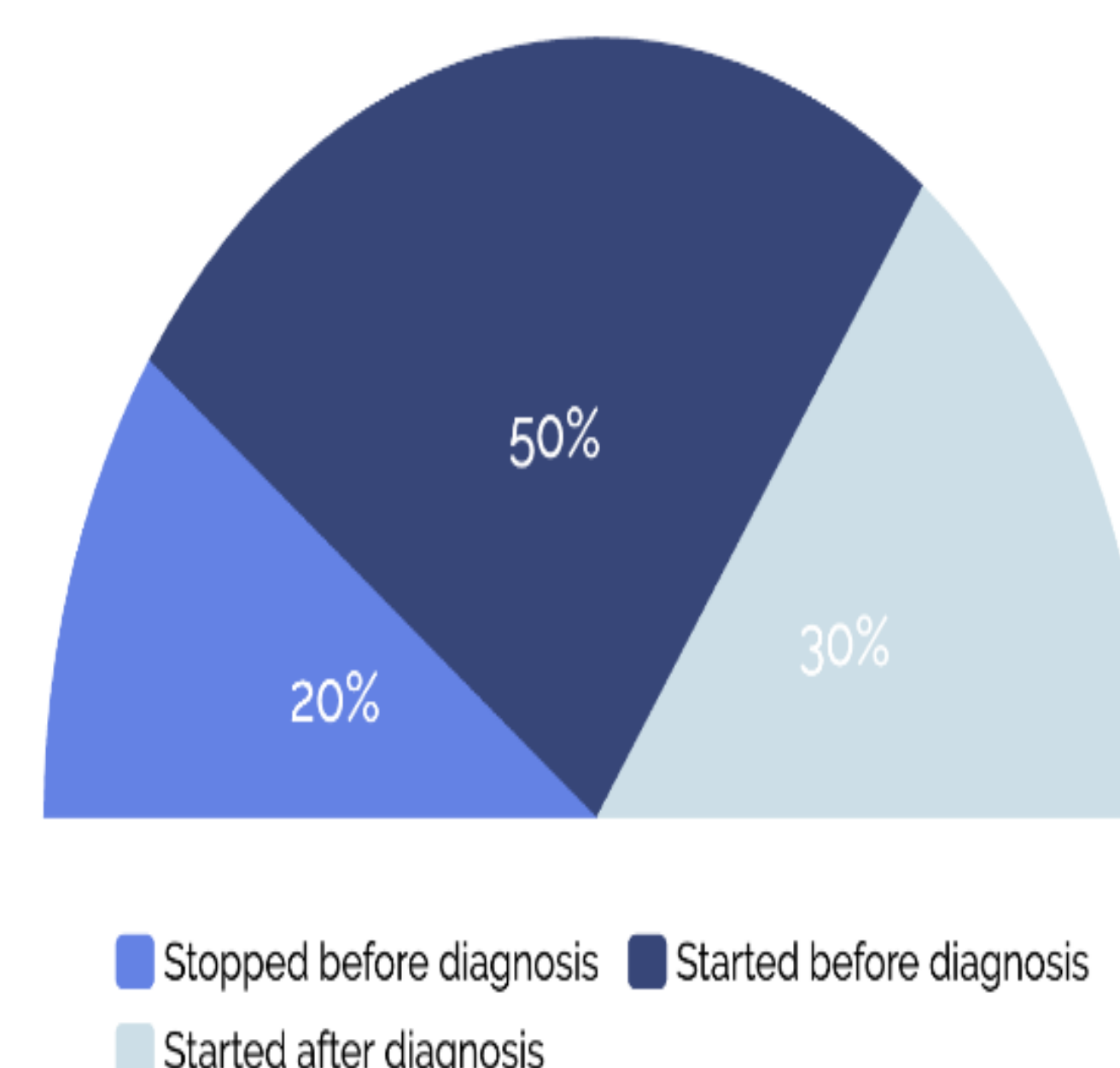


Figure 2: Cancer Stages of Study Participants

Cannabis Use Patterns in Patients with MM:



Patient-Provider Communication:

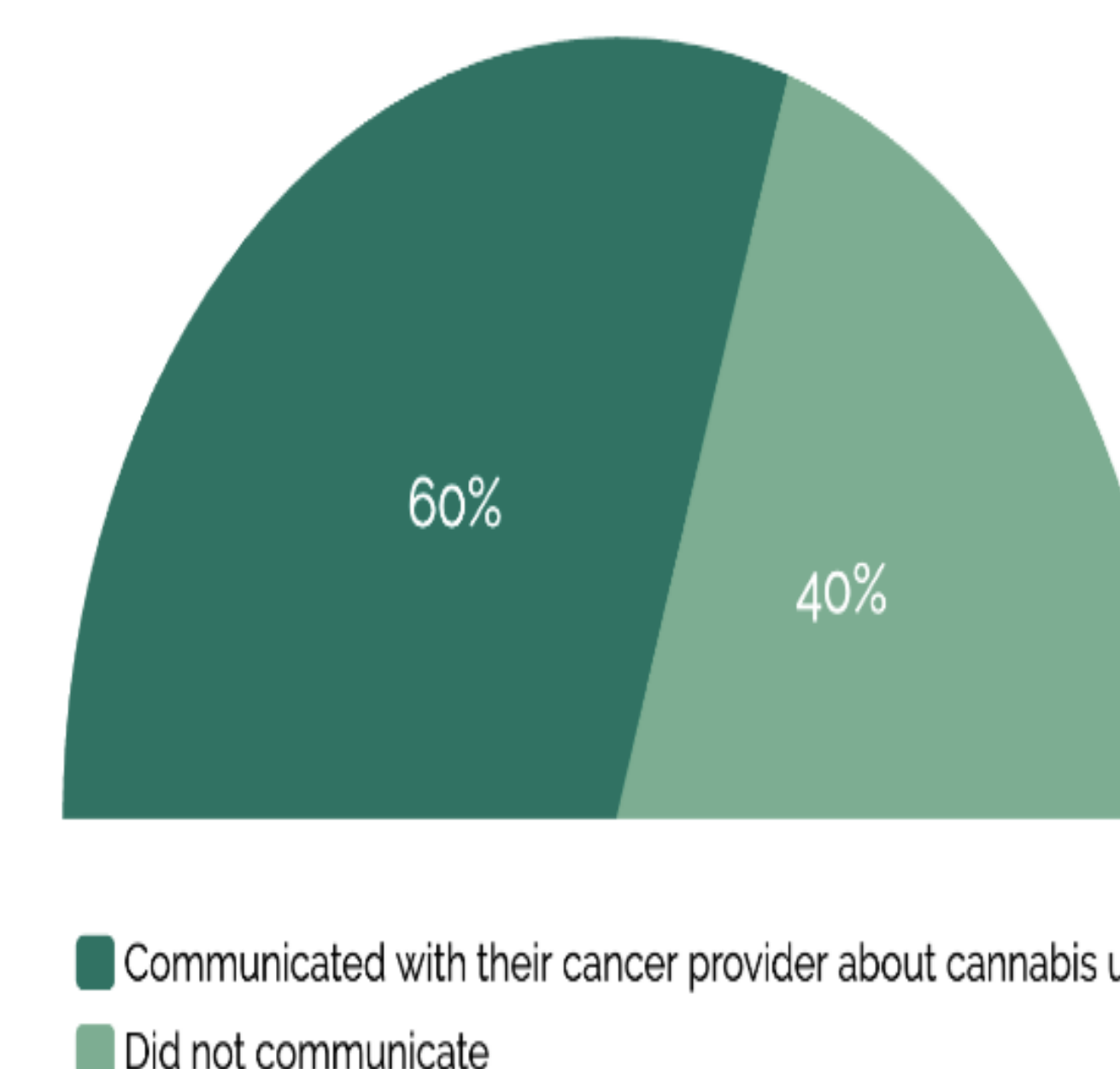


Figure 3: Cannabis Use Patterns Among Patients with MM and Patient Provider Communication Regarding Cannabis Use

KEY FINDINGS

- THC-dominant cannabis was the most commonly reported dominant cannabinoid in the cannabis consumed.
- Pain management was the primary reason (90%) for cannabis consumption.
- A significant gap still exists between comfort in discussing cannabis and communication with healthcare providers.

CONCLUSION

- Findings from this preliminary analysis suggest a need for better patient-provider discussions on cannabis use among MM.
- Further research should evaluate the safety, effectiveness, and long-term effects of cannabis use during MM treatment.
- Increased education and clinical training on cannabis use for general cancer symptom management can help bridge the communication gap between patients and healthcare providers.

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