

Supplemental Information

SUPPLEMENTAL TABLE 4 Attitudes Regarding MM Use, Comparing 2 Multivariable Models

	Model 1: Adjusted OR (95% CI)	Adjusted <i>P</i>	Model 2: Adjusted OR (95% CI)	Adjusted <i>P</i>
Willing to help patients access MM	0.61 (0.17–2.15)	.44	0.38 (0.11–1.34)	.13
Approve of patients smoking MM	0.25 (0.11–0.55)	.0005	0.31 (0.14–0.72)	.0059
Approve of patients using oral formulations of MM	0.17 (0.05–0.53)	.0025	0.18 (0.06–0.57)	.0036
Approve of using MM as cancer-directed therapy	0.04 (0.01–0.09)	<.0001	0.04 (0.01–0.11)	<.0001
Approve of using MM to manage symptoms	0.16 (0.05–0.52)	.0026	0.22 (0.07–0.69)	.0098

We conducted a sensitivity analysis, comparing the results of 2 multivariable models, adjusted for provider age, gender, race, and location of practice: (1) comparing attitudes of ETC to n-ETC providers (reference group); and (2) comparing attitudes of physicians to non-physicians (reference group). We observe that adjusted odds ratios and 95% confidence intervals do not substantially differ between models 1 and 2. Results from model 1 are presented in Table 5.

SUPPLEMENTAL TABLE 5 Favorable Attitudes, Stratified by Provider Type

	Physicians, All of Whom Are Legally ETC (<i>n</i> = 83), <i>n</i> (%)	Nurse Practitioners and Physician Assistants Who Are Legally ETC (<i>n</i> = 13), <i>n</i> (%)	Providers n-ETC (<i>n</i> = 192), <i>n</i> (%)
Approve of patients smoking MM	27 of 63 (43)	2 of 12 (17)	104 of 159 (65)
Approve of patients using oral formulations of MM	48 of 64 (75)	8 of 12 (67)	167 of 174 (96)
Approve of using MM as cancer-directed therapy	17 of 70 (24)	2 of 10 (20)	139 of 156 (89)
Approve of using MM to manage symptoms	58 of 70 (83)	9 of 12 (75)	169 of 176 (96)

Among providers legally ETC for MM (*n* = 96), 83 were physicians, whereas 13 were nurse practitioners or physician assistants solely from Washington state, which allows advance practice providers to be certified for MM. In determining how to optimally classify these 13 nurse practitioners and physician assistants, we stratified attitudes by provider type. The results above suggest that the attitudes of advance practice providers who are legally ETC more closely align with the attitudes of physicians rather than those of n-ETC providers. Hence, these advance practice providers may be best classified with ETC providers. If we were to alternatively conduct our analyses comparing physicians with nonphysicians (see model 2 in Supplemental Table 4), our results would be diluted by the inclusion of these advance practice providers from Washington state in the nonphysician group.