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Supplement to: Comparing Sublingual and Inhaled Cannabis Therapies for Low Back Pain: An Observational Open-Label Study

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Supplemental Tables 1–4 appears on the following pages. For clarity, the reader should refer to Figure 1 of the main manuscript for a detailed explanation of the study timeline.

Contrast	Mean Difference	Simultaneous 95% CI	Standard Error	P Value
0-24 months	40.0	26.6-61.7	5.87	<0.0001 ¹
0-18 months	39.0	22.5-57.6	5.87	<0.0001 ¹
1-24 months	36.9	21.5-56.6	5.87	<0.0001 ¹
3-24 months	35.0	19.3-54.4	5.87	<0.0001 ¹
1-18 months	32.8	17.4-52.5	5.87	<0.0001 ¹
3-18 months	31.9	15.3-50.3	5.87	<0.0001 ¹
12-24 months	30.7	14.3-49.4	5.87	<0.0001 ¹
6-24 months	27.8	13.1-48.2	5.87	<0.0001 ¹
12-18 months	26.6	10.3-45.3	5.87	<0.0001 ¹
6-18 months	13.5	9.1-44.1	5.87	0.0002 ¹
0-6 months	12.3	-4.1-31.0	5.87	0.2542 ²
0-12 months	8.4	-5.3-29.8	5.87	0.3657 ²
1-6 months	7.3	-9.2-25.9	5.87	0.7868 ²
0-3 months	7.2	-10.3-24.8	5.87	0.8795 ²
1-12 month	6.2	-10.4-24.7	5.87	0.8852 ²
3-6 months	5.1	-11.3-23.7	5.87	0.9394 ²
0-1 month	5.0	-12.4-22.6	5.87	0.9770 ²
3-12 months	4.1	-12.5-22.5	5.87	0.9789 ²
18-24 months	2.2	-13.4-21.6	5.87	0.9927 ²
1-3 months	1.2	-15.4-19.7	5.87	0.9998 ²
12-6 months		-16.3-18.7	5.87	1.0000 ²

Supplemental Table 1. Visual Analogue Scale (VAS) Results per Time-point; Tukey-Kramer All Pairs Comparisons.

 $^{\rm 1}$ Reject the null hypothesis in favor of the alternative hypothesis at the 5% significance level.

² Do not reject the null hypothesis at the 5% significance level.

A significant difference in VAS was found from baseline to 18 months and 24 months but not to 12 months. A significant difference was found comparing 3 and 6 months with 18 and 24 months. This indicates the superiority of the inhalation cannabis therapy as compared with cannabis extract therapy.

Contrast	Mean Difference	Simultaneous 95% Cl	Standard Error	P Value
0-24 months	23	23-8.4	4.87	0.0001 ¹
3-24 months	19.9	19.9-5.3	4.87	0.0014 ¹
0-18 months	19.8	19.8-5.2	4.87	0.0015 ¹
6-24 months	18.4	18.4-3.8	4.87	0.0042 ¹
1-24 months	18	18-3.5	4.87	0.0054 ¹
12-24 months	17.5	17.5-3	4.87	0.0076 ¹
3-18 months	16.7	16.7-2.2	4.87	0.0134 ¹
6-18 months	15.2	15.2-0.7	4.87	0.0342 ¹
1-18 months	14.9	14.9-0.3	4.87	0.0416 ¹
12-18 months	14.4	14.4-(-0.2)	4.87	0.0553 ²
0-12 months	5.4	5.4-(-9.1)	4.87	0.9239 ²
0-1 month	4.9	4.9-(-9.6)	4.87	0.9514 ²
0-6 months	4.6	4.6-(-10)	4.87	0.9654 ²
18-24 months	3.2	3.2-(-11.4)	4.87	0.9950 ²
0-3 months	3.1	3.1-(-11.5)	4.87	0.9956 ²
3-12 months	2.3	2.3-(-12.2)	4.87	0.9991 ²
1-3 months	1.8	1.8-(-12.7)	4.87	0.9998 ²
3-6 months	1.5	1.5-(-13.1)	4.87	0.9999 ²
6-12 months	0.8	0.8-(-13.7)	4.87	1.0000 ²
1-12 months	0.5	0.5-(-14.1)	4.87	1.0000 ²
1-6 months	0.3	0.3-(-14.2)	4.87	1.0000 ²

Supplemental Table 2. Oswestry Disability Index (ODI) Results per Time-point; Tukey-Kramer All Pairs Comparisons.

 1 Reject the null hypothesis in favor of the alternative hypothesis at the 5% significance level.

² Do not reject the null hypothesis at the 5% significance level.

The ODI improved from baseline to 18 and 24 months. The improvement was mostly during the inhalation therapy stage of the study (P2).

Contrast	Mean Difference	Simultaneous 95% CI	Standard Error	P Value
0-24 month	11.5	2.7-20.3	2.93	0.0024 ¹
0-18 month	9.4	0.7-18.2	2.93	0.0261 ¹
1-24 month	8.8	0-17.5	2.93	0.0482 ¹
0-12 month	8.2	-0.6-16.9	2.93	0.0848 ²
0-6 month	8.1	-0.6-16.9	2.93	0.0879 ²
1-18 month	6.7	-2-15.5	2.93	0.2560 ²
3-24 months	5.8	-2.9-14.6	2.93	0.4251 ²
0-3 month	5.7	-3.1-14.4	2.93	0.4617 ²
1-12 month	5.5	-3.3-14.2	2.93	0.5085 ²
1-6 month	5.4	-3.3-14.2	2.93	0.5180 ²
3-18 months	3.8	-5-12.5	2.93	0.8605 ²
6-24 months	3.4	-5.4-12.1	2.93	0.9109 ²
12-24 months	3.3	-5.4-12.1	2.93	0.9157 ²
1-3 months	3	-5.8-11.7	2.93	0.9513 ²
0-1 month	2.7	-6-11.5	2.93	0.9682 ²
3-12 months	2.5	-6.3-11.3	2.93	0.9787 ²
3-6 months	2.5	-6.3-11.2	2.93	0.9805 ²
18-24 months	2.1	-6.7-10.9	2.93	0.9918 ²
6-18 months	1.3	-7.5-10.0	2.93	0.9994 ²
12-18 months	1.3	-7.5-10.0	2.93	0.9995 ²
6-12 months	0	-8.7-8.8	2.93	1.0000 ²

Supplemental Table 3. Mental Component Score (MCS) Results per Time-point; MCS-SF-12 Tukey-Kramer All Pairs Comparisons.

 1 Reject the null hypothesis in favor of the alternative hypothesis at the 5% significance level.

² Do not reject the null hypothesis at the 5% significance level.

The mental subscale of the SF-12 (MCS) significantly improved from baseline and 1 month, to 18 and 24 months. The improvement was not significant from 0 to 6 months and from baseline to 12 months (though a trend was indicated by a P value smaller than 0.1).

Contrast	Mean Difference	Simultaneous 95% CI	Standard Error	P Value
6-12 months	32	24.1-39.8	2.62	<0.0001 ¹
0-24 months	31.6	23.7-39.4	2.62	<0.0001 ¹
12-24 months	31.3	23.4-39.1	2.62	<0.0001 ¹
3-24 months	31.2	23.4-39.0	2.62	<0.0001 ¹
1-24 months	30.7	22.8-38.5	2.62	<0.0001 ¹
6-18 months	21	13.1-28.8	2.62	<0.0001 ¹
0-18 months	20.6	12.7-28.4	2.62	<0.0001 ¹
12-18 months	20.3	12.4-28.1	2.62	<0.0001 ¹
3-18 months	20.2	12.4-28.0	2.62	<0.0001 ¹
1-18 months	19.7	11.8-27.5	2.62	<0.0001 ¹
18-24 months	11	3.2-18.8	2.62	0.0009 ¹
1-6 months	1.3	-6.5-9.1	2.62	0.9989 ²
0-1 month	0.9	-6.9-8.8	2.62	0.9999 ²
3-6 months	0.8	-7.1-8.6	2.62	1.0000 ²
12-6 months	0.7	-7.1-8.5	2.62	1.0000 ²
1-12 months	0.6	-7.3-8.4	2.62	1.0000 ²
1-3 months	0.5	-7.3-8.4	2.62	1.0000 ²
0-3 months	0.4	-7.5-8.2	2.62	1.0000 ²
0-6 months	0.4	-7.5-8.2	2.62	1.0000 ²
0-12 months	0.3	-7.5-8.2	2.62	1.0000 ²
3-12 months	0	-7.8-7.0	2.62	1.0000 ²

Supplemental Table 4. SF-12 Physical Component Score (PCS) Results per Time-point; Tukey-Kramer All Pairs Comparisons.

¹Reject the null hypothesis in favor of the alternative hypothesis at the 5% significance level.

² Do not reject the null hypothesis at the 5% significance level.

The physical subscale of the SF-12 (PCS) significantly improved compared to the baseline, 3 months, 6 months to 18- and 24-months therapy. This indicates the possible superiority of the inhalation therapy compared with extract therapy. There was a significant improvement from 18 to 24 months, possibly indicating that the improvement in physical function had not yet plateaued; it is possible that longer follow-up is needed to achieve plateau.