**Supplemental Table 5**. Outcomes reported in studies on cannabis.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1st author, year | Primary outcome | Secondary outcome(s) | Adverse Events | Remarks |
| Abrams 200742 | Mean daily VAS (graph)Patients with >30% reduction in painCannabis: 52%Placebo: 24% | Improvements in cannabis group (vs placebo) in:* Immediate reduction in chronic pain ratings

No difference between groups in:* Long Thermal Stimulation procedure
* Heat Capsaicin Sensitization model
* PMS
 | More patients had AE (anxiety, sedation, disorientation, confusion, dizziness) during active treatment. No patient withdrew due to adverse effects | 1 patient had grade 3 dizziness, 1 patient had grade 3 anxietyPlacebo group achieved better improvement on depression-dejection portion of Profile of Mood States compared to cannabis |
| Wilsey 200847 | Absolute effects by time, pain intensity reduction (10 point VAS) per minute (SE)THC 3.5%: -0.0085 + 0.001THC 7%: -0.0085 + 0.001Placebo: -0.0040 + 0.001 | Improvements in cannabis groups (vs placebo) in:* Pain unpleasantness
* PGIC
* NPS

No difference between groups in:* Allodynia
* QST
 | No patient withdrew due to adverse effects. No specific reporting adverse effects. In general, side effects and changes in mood were relatively inconsequential |  |
| Ellis 200943 | Reduction in pain (using Descriptor Differential Scale) (graph):Median difference in pain reduction = 3.3 DDS points; effect size = 0.60 | Improvements in cannabis group (vs placebo) in:* SIP
* PMS
* BSR
 | Cannabis group patients had greater frequency of concentration difficulties, fatigue, sleepiness or sedation, increased duration of sleep, reduced salivation, and thirst | 1 patient withdrew due to psychosis, 1 patient withdrew due to intractable cough. Blinding effect was preserved in crossover |
| Wallace 201544 | Proportion of participants with >30% NRS reductionTHC 7%: 81%THC 4%: 80%THC 1%: 67% Placebo: 62% | Improvements in cannabis groups (vs placebo) in:* Evoked pain (foam brush and Von Frey)

No difference between groups in:* Neurocognitive testing (mean differences from baseline between doses at different time points): Trail-making test A and B, PASAT
 | No patients withdrew form study due to adverse effects. Study only examined euphoria and somnolence as adverse effects with significant placebo effect (euphoria: 56%; somnolence: 38%) | Significant response to placebo for >30% NRS reduction. Higher % THC resulted in significantly higher subjective highness scores compared to placebo. |
| Ware 201045 | Average pain intensity score over five days of interventionTHC 9.4%: 5.4 (1.7)*a*THC 6.0%: 6.0 (1.8)THC 2.5%: 5.9 (1.9)Placebo: 6.1 (1.6) | Improvements in cannabis group (vs placebo) in:* Leeds Sleep Questionnaire*a*
* Anxiety or depression of EQ-5D*a*

No difference between groups in:* PMS
* MPQ
 | No serious or unexpected adverse events reported. Most frequent drug-related adverse events reported in THC 9.4% group: headache, dry eyes, burning sensation, dizziness, numbness and cough | Participants in placebo and THC 9.4% correctly identified assignment >50% of the time during later cycles |
| Wilsey 201346 | Proportion of participants with >30% VAS reductionTHC 3.53%: 61%THC 1.29%: 57%Placebo: 26% | Improvements in cannabis groups (vs placebo) in:* PGIC
* NPS

No difference between groups in:* Heat pain threshold
* Mood
 | No patient withdrew due to adverse effects. | Participants in all 3 groups correctly identified assignment >60% of the time. Dose effect differences seen in neuropsychological testing |
|  |  |  |  |  |

BSR: Brief Symptom Recovery; EQ-5D: European Quality-of-Life 5 Domains; MPS: McGill Pain Questionnaire; NPS: Neuropathic Pain Scale; PASAT: Paced Auditory Serial Attention Test; PGIC: Patient’s Global Impression of Change; PMS: Profile of Mood States; QST: Quantitative Sensory Testing; SIP: Sickness Impact Profile

*a* Only THC 9.4% was statistically significant compared to placebo