## Survey

1. Name

a. Yesb. No

| 2.  | UNOS center designation                                                                        |
|-----|------------------------------------------------------------------------------------------------|
| 3.  | What organs does your center transplant?                                                       |
|     | a. Liver                                                                                       |
|     | b. Intestine                                                                                   |
|     | c. Kidney                                                                                      |
|     | d. Pancreas/Islet                                                                              |
|     | e. Heart                                                                                       |
|     | f. Lung                                                                                        |
| 4.  | Are you a solid organ transplant center program director?                                      |
|     | a. Yes                                                                                         |
|     | b. No                                                                                          |
| 5.  | Does your transplant center consider marijuana use a risk factor for graft and patient failure |
|     | greater, similar, or lesser to more commonly accepted relative factors such as cardiac         |
|     | disease, peripheral vascular disease, obesity, old age, and frailty?                           |
|     | a. Greater                                                                                     |
|     | b. Similar                                                                                     |
|     | c. Lesser                                                                                      |
| 6.  | Does your transplant center drug test potential transplant recipients?                         |
|     | a. Yes                                                                                         |
|     | b. No                                                                                          |
| 7.  | Does your transplant center require potential transplant recipients to stop using all illicit  |
|     | drugs?                                                                                         |
|     | a. Yes                                                                                         |
|     | b. No                                                                                          |
| 8.  | Does your transplant center test for marijuana?                                                |
|     | a. Yes                                                                                         |
|     | b. No                                                                                          |
| 9.  | Does your transplant center require potential transplant recipients to stop using marijuana?   |
|     | a. Yes                                                                                         |
|     | b. No                                                                                          |
| 10. | Does your transplant center require potential transplant recipients to stop smoking            |
|     | marijuana but permit them to take it in other methods?                                         |

- 11. If Yes, which methods?
  - a. Edibles
  - b. Vaping / E-cigarettes
  - c. Topicals
  - d. Not applicable
- 12. Does your center distinguish between those using marijuana for medical indication versus recreational use?
  - a. Yes
  - b. No
- 13. For which of the following reasons are you concerned with marijuana use in your potential transplant recipients?
  - a. Risk for pulmonary aspergillus
  - b. Risk for medication noncompliance
  - c. Drug interactions
  - d. Other (please specify)
- 14. If your center requires patients to stop using and a patient tests positive for marijuana, do you?
  - a. Deny them listing / remove them from your waitlist
  - b. Offer them an opportunity to stop using and stop the workup or put them on hold until certain negative testing criteria are met
  - c. Counsel them to stop but do not alter their status with respect to your waitlist because of it
- 15. Do you require potential transplant recipients to stop using alcohol?
  - a. For all organs?
  - b. Just for livers?
- 16. Do you require potential transplant recipients to stop smoking tobacco?
  - a. Yes
  - b. No
- 17. Do you require potential transplant recipients to stop using chewing tobacco?
  - a. Yes
  - b. No