

## Appendix 1: Questionnaire

### Hepatitis B screening prior to chemotherapy: A survey of current practice

1. Do you treat cancer patients with chemotherapy?
  - a) Yes
  - b) No or very rarely – *You do not need to fill out the rest of the questionnaire. Please return the uncompleted questionnaire in the enclosed envelope. Thank you for your time.*
  
2. What is your age?
  - a) <30 yrs
  - b) 30 – 39 yrs
  - c) 40 – 49 yrs
  - d) 50 – 59 yrs
  - e) 60 – 69 yrs
  - f) >70 yrs
  
3. What is your gender?
  - a) Male
  - b) Female
  
4. What is your medical specialty?
  - a) Medical oncology
  - b) Hematology
  - d) Both of above
  - e) Other: \_\_\_\_\_
  
5. Where do you perform the majority of your clinical practice?
  - a) University-affiliated hospital
  - b) Community hospital
  - c) Free-standing clinic
  - d) Other: \_\_\_\_\_

6. How many years have you been in independent practice?

- a) <5 yrs
- b) 5 – 10 yrs
- c) 11 – 15 yrs
- d) 16 – 20 yrs
- e) 21 – 25 yrs
- f) >25 yrs

7. How many half-day clinics do you do in a week?

- a) 1 – 2
- b) 3 – 4
- c) 5 – 10
- d) > 10

8. What types of malignancy do you treat? **Check the one that is most applicable.**

- a) Predominantly (> 80%) solid tumors
- b) Predominantly (> 80%) hematological malignancies
- c) A mixture of solid tumors and hematologic malignancies
- d) Other: \_\_\_\_\_

***Please indicate your agreement or disagreement with the following two statements:***

9. The potential risk of hepatitis B reactivation is something that I routinely consider before starting a patient on chemotherapy.

- a) Strongly agree
- b) Agree
- c) Uncertain
- d) Disagree
- e) Strongly disagree

10. Screening for hepatitis B prior to administration of chemotherapy is important.

- a) Strongly agree
- b) Agree
- c) Uncertain
- d) Disagree
- e) Strongly disagree

11. Are you aware of any existing guidelines regarding screening for hepatitis B prior to administering chemotherapy.

- a) Yes
- b) No
- c) Uncertain

12. What would you estimate the prevalence of hepatitis B carriers (hepatitis B surface antigen positive individuals) is in Canada?

- a) < 1%
- b) 1-5%
- c) 6-10%
- d) >10%

13. What would you estimate the prevalence of hepatitis B carriers (hepatitis B surface antigen positive individuals) is in your practice?

- a) < 1%
- b) 1-5%
- c) 6 -10%
- d) >10%

14. What do you think the risk of hepatitis B reactivation is in hepatitis B chronic carriers (hepatitis B surface antigen positive individuals) who are receiving chemotherapy for a hematological malignancy?

- a) < 5%
- b) 5-10%
- c) 11-30%
- d) 31-50%
- e) > 50%

15. What do you think the risk of hepatitis B reactivation is in hepatitis B chronic carriers (hepatitis B surface antigen positive individuals) who are receiving chemotherapy for a solid tumor?

- a) < 5%
- b) 5-10%
- c) 11-30%
- d) 31-50%
- e) > 50%

16. Please list as many patient risk factors for hepatitis B as you can think of (ie. factors that indicate a patient is at higher risk of testing positively for hepatitis B):

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17. In which parts of the world is hepatitis B endemic?

**Please check all that apply.**

- a) North America
- b) Central America
- c) South America
- d) Europe
- e) Africa
- f) Asia
- g) Australia

18. What is your current screening practice for hepatitis B prior to starting chemotherapy?

- a) I never test for hepatitis B prior to chemotherapy
- b) I rarely test for hepatitis B prior to chemotherapy
- c) I routinely screen patients for hepatitis B risk factors prior to chemotherapy and do hepatitis B testing if risk factors are present
- d) I intend to screen patients for hepatitis B risk factors prior to chemotherapy and do hepatitis B testing if risk factors are present, but sometimes forget
- e) I routinely test all my patients for hepatitis B prior to chemotherapy
- g) I intend to test all my patients for hepatitis B prior to chemotherapy, but I sometimes forget

19. If you do **not** routinely test all patients for hepatitis B prior to chemotherapy, please indicate why you do not. **Please check all that apply.**

- a) Because the incidence of hepatitis B is likely low in my patient population
- b) Because testing for hepatitis B would not change my management
- c) Because testing for hepatitis B could introduce delays in the administration of chemotherapy
- d) Because I have concerns about the cost-effectiveness of Hepatitis B testing prior to chemotherapy
- e) Because I am not aware of convincing evidence or guidelines recommending Hepatitis B testing prior to chemotherapy
- f) Because I am uncertain as to what to do with a positive hepatitis B result
- g) This question does not apply to me because I routinely test all patients prior to chemotherapy

20. If a patient is found to be positive for Hepatitis B surface antigen, prior to starting chemotherapy, what do you usually do?

- a) I have never encountered this situation
- b) I proceed with chemotherapy and monitor liver enzymes
- c) I seek guidance from an expert in hepatitis B (e.g a hepatologist or infectious disease specialist)
- d) I start the patient on an anti-HBV nucleoside/nucleotide analogue (eg. lamivudine) and proceed with chemotherapy
- e) I start the patient on an anti-HBV nucleoside/nucleotide analogue (eg. lamivudine) and delay chemotherapy (if possible) until there is a safe level of hepatitis B DNA

21. Does your institution/hospital have a policy or guidelines regarding screening for Hepatitis B prior to starting chemotherapy?

- a) Yes
- b) No
- c) Uncertain

22. Do you have any previous experience with hepatitis B reactivation in patients receiving chemotherapy?

- a) no
- b) Yes, 1-2 cases
- c) Yes, 3-5 cases
- d) Yes, 6-10 cases
- e) > 10 cases