

Appendix 2: Summary of results

Respondents' demographics	69% < 50 years of age 61% male 76% practiced in an university setting 42% treated solid malignancies 38% treated hematologic malignancies
Respondents' beliefs in HBV screening prior to chemotherapy	53% agreed that screening is important 28% were uncertain 19% disagreed that screening is important
Respondents' estimation of HBV prevalence in Canada	51% correctly identified the prevalence of HBV as 1 to 5% 18% underestimated the prevalence of HBV 27% over-estimated the prevalence of HBV 4% did not respond
Respondents' estimation of HBV reactivation risk	22% correctly identified the reactivation risk of HBV in hematologic malignancies 23% correctly identified the reactivation risk of HBV in solid malignancies
Respondents' HBV screening practices prior to administering chemotherapy	22% tested or intended to test all patients 36% tested or intended to test only those patients with risk factors for HBV carriage 40% rarely or never tested their patients
Respondents' previous experience of HBV reactivation	43% had previous experience with HBV reactivation in their clinical practice
Respondents' knowledge of existing guidelines and risk factors for HBV carriage	23% were aware of existing guidelines or institutional policies regarding HBV screening prior to chemotherapy 30% were able to list the major risk factor for HBV carriage – country of origin 2% of were able to correctly identify all the continents with HBV endemic regions
Respondents' HBV carriers prior to administering chemotherapy	43% would seek guidance from an expert (hepatologist or infectious disease specialist) 24% would start the patient on an anti-HBV nucleoside/nucleotide analogue (eg. lamivudine) and proceed with chemotherapy 2% would give an anti-HBV nucleoside/nucleotide analogue and delay chemotherapy 8% would monitor liver enzymes and proceed with chemotherapy

HBV, hepatitis B virus