Vaccination in Oncology Practice and Predictors

Dear Colleague,

Primary prophylaxis is an essential part of our daily practice. Vaccination is an important tool that is efficient in prevention of disease related morbidity and mortality. Cancer patients are prone to infection due to consequences of the primary disease and therapeutic modalities. Vaccination in is an important part of oncology practice.

The purpose of this study is to evaluate the attitude of medical oncologists towards vaccination in their daily practice and predictors of vaccination practice in oncology.

Thank you for your cooperation,

1. Your age? ....................

2. Sex? Male Female

3. Academic rank? (please provide if practice location is academic)
   - Professor
   - Associate Professor
   - Assistant Professor
   - Instructor
   - not applicable

4. Primary place of work?
   - Academic Medical center/ University
   - General hospital (private or government)
   - Private practice
   - Training program (Residency or fellowship)
   - Retired
   - Other

5. How many years have you been actively working in the field of oncology?
   - Less than 1 year
   - 1-5 years
   - 5-10 years
   - More than 10 year

6. How many cancer patients do you care daily?
   - Less than 10
   - 10-20
   - 20-40
7. Do you evaluate cancer patients for vaccination in your daily practice? *

<table>
<thead>
<tr>
<th>1- Never</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5- Frequently</th>
</tr>
</thead>
</table>

8. How often do you recommend/prescribe vaccination to cancer patients? *

<table>
<thead>
<tr>
<th>1- Never</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5- Frequently</th>
</tr>
</thead>
</table>

9. Which vaccines do you recommend/prescribe routinely? (You can select more than one answer)
- Influenza (flu)
- Pneumococcus
- Varicella zoster
- Tetanus
- haemophilus influenza B
- Human papilloma virus (HPV)
- Hepatitis B
- Other…………………………………

10. When you recommend vaccination, do you consider the type of cancer?
- Yes, I recommend in specific types of cancer
- No, I recommend in all types of cancer

11. If yes, in which types of cancer do you recommend vaccination? (You can select more than one answer)
- Lung Cancer
- Breast Cancer
- Colorectal Cancer
- Prostate Cancer
- Lymphoma/ Myeloma
- Other……………………………………

12. In which group of patients do you recommend vaccination? (You can select more than one answer)
- Patients in remission and under follow-up
- Patients with a plan of therapy- before starting therapy
- Patients treated- after therapy
13. When you recommend vaccination, do you consider the age of the patients?
   - No, I recommend in all ages
   - Yes, I only recommend vaccination to patients older than 65
   - Yes, I only recommend vaccination to patients younger than 65

14. When you recommend vaccination, do you consider the comorbidities of the patients? *
   - Yes, I only recommend vaccination to patients with comorbidities
   - No, I recommend vaccination regardless of the comorbidities of the patients

15. If yes, in which comorbidities do you recommend vaccination? (You can select more than one answer)
   - Hypertension
   - Diabetes Mellitus
   - Chronic obstructive pulmonary disease
   - Coronary artery disease
   - Thyroid dysfunction-disease
   - Other…………………………………………………………………….

16. In patients under active treatment, in which stage of the therapy (chemotherapy, radiotherapy or both) do you recommend vaccination?
   - Independent of the timing of therapy
   - Before starting therapy
   - After the end of therapy
   - Between courses (cycles) of chemotherapy

17. Do you recommend vaccination to people who live with the patient?
   - Yes
   - No

18. Do you think that your recommendations on vaccination are efficient/satisfying?
   - Yes
   - No
   - No idea

19. What are the limitations or problems in your daily practice about vaccination? (You can select more than one answer)
   - Lack of knowledge and experience about vaccination in patients with cancer
   - Lack of time during outpatient clinic visit
   - Conflicting recommendations in guidelines
   - Conflicting results of clinical trials
   - Unconvinced about efficacy of vaccination
   - Fear of side/adverse effects
   - Unavailability of vaccine through health insurance
   - Patients' or patients' relatives negative thoughts about vaccination
• Unsure of need of vaccine
  Other…………………………………………………………

20. Have you ever worked in a center in which you had an experience with autologous or allogeneic bone marrow transplant patients? *
  • Yes
  • No

21. Have you ever lost your patient due to infection of influenza or varicella zoster infection? *
  • Yes
  • No