STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No.	Recommendation	Page No.	Relevant text from manuscript
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	01.	***Methodology:*** *In this observational study, the prevalence of chronic HBV & occult HBV infection was assessed among patients receiving chemotherapy*
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	*01*	***Methodology:*** *In this observational study, the prevalence of chronic HBV & occult HBV infection was assessed among patients receiving chemotherapy. Serological markers of HBV infection (HBsAg/anti-HBc/anti-HBs) were evaluated for all participants. Those who tested negative for HBsAg but positive for Total anti-HBc were*

				*tested for HBV DNA levels.**Results:** In our study, the prevalence of Chronic Hepatitis B (CHB) within the study cohort was determined to be 2.3% (95% CI: 1.0-4.2). Additionally, the prevalence of Occult Hepatitis B infection*
Introduction				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	03	*Reactivation of Hepatitis B virus (HBV) infection is a well-known threat that can occur spontaneously or following immunosuppressive therapies, including cancer chemotherapy [1]. This reactivation adds to the morbidity and mortality burden, which is preventable if at-risk individuals are identified through screening and started on antiviral*

				prophylaxis[1]. The prevalence of chronic Hepatitis B (CHB) infection and occult Hepatitis B infection (OBI) among oncology and hemato-oncology patients receiving chemotherapy is an important area of study.
Objectives	3	State specific objectives, including any prespecified hypotheses	03	*This observational study aimed to estimate the prevalence of chronic hepatitis B (CHB) and occult hepatitis B infection (OBI) in newly diagnosed oncological and hemato-oncological patients before starting chemotherapy.*
Methods				
Study design	4	Present key elements of study design early in the paper	03	*This observational study aimed to estimate the prevalence of chronic hepatitis B (CHB) and occult hepatitis B infection (OBI) in newly diagnosed oncological and hemato-oncological patients before starting chemotherapy. The*

				study population included both male and female patients from urban and rural areas, aged 18 years or older, who were seeking treatment at a tertiary care oncology center
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	04	*The study population included both male and female patients from urban and rural areas, aged 18 years or older, who were seeking treatment at a tertiary care oncology center. Data was collected from a total of 400 patients over two years. All patients underwent screening for HBsAg and Total Anti HBc. Patients who tested positive for either of these markers were further tested for HBV DNA quantification using polymerase chain reaction (PCR) analysis.*
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	04	

		Case-control study—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants		
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case		
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	NA	NA
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group		
Bias	9	Describe any efforts to address potential sources of bias		NONE IDENTIFIED
Study size	10	Explain how the study size was arrived at		1. To study the prevalence of HBsAg positivity, the calculated sample size as per the existing prevalence (3.65 % in general population)of Chronic Hepatitis B is 365

2. For the purpose of studying the prevalence of Total Anti HBc positivity, the calculated sample size as per the existing prevalence (4.4%) is 382
3. Therefore, a total of 400 patients were be included in the study to assess the prevalence for both entities.

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Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	NA	NA	
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	NA		The numerical variables such as biochemical parameters and age of patients were expressed as mean ± standard deviation (SD) or median (range) as per the data distribution pattern. The categorical variables were presented as absolute values or percentage/ proportions. The Chi (χ^2) square test was used

				where distribution was skewed and for categorical variables. For all tests of significance, p-values less than 0.05 were considered statistically significant
		(*b*) Describe any methods used to examine subgroups and interactions		
		(*c*) Explain how missing data were addressed	NA	NA
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy		
		(*e*) Describe any sensitivity analyses		
Results				
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed		
		(b) Give reasons for non-participation at each stage	NA	NA
		(c) Consider use of a flow diagram		
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	NA	NA
		(b) Indicate number of participants with missing data for each variable of interest	NA	NA
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)		
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time		
		Case-control study—Report numbers in each exposure category, or summary measures of exposure		
		Cross-sectional study—Report numbers of outcome events or summary measures		

Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	04
		(*b*) Report category boundaries when continuous variables were categorized	
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	

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Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.