

Patient Comprehension of Breast Pathology Report Terminology:

The Need for Patient-Centered Resources



Alexandra Verosky¹, Laura D. Leonard², Christopher Quinn², Sudheer Vemuru², Emily Warncke³, Ben Himelhoch³, Victoria Huynh², Dulcy Wolverton³, Kshama Jaiswal¹, Gretchen Ahrendt², Sharon Sams⁴, CT Lin⁵, Ethan Cumbler^{2,5}, Richard Schulick², and Sarah E. Tevis²
¹ University of Colorado, School of Medicine, ² University of Colorado, Department of Surgery, ³ University of Colorado, Department of Radiology, ⁴ University of Colorado, Department of Pathology, ⁵ University of Colorado, Department of Medicine

Background

- The 21st Century Cures Act now requires healthcare institutions to immediately release all medical records to patients
- Studies in other fields have determined patient understanding of medical jargon is poor
- Patient comprehension of breast pathology terms has not been well studied

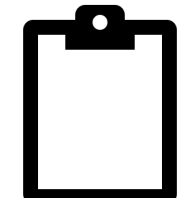
Objective

Evaluate patient comprehension of terminology common to breast biopsy pathology reports

Methods

- Survey administered at 4 distinct screening mammography sites:

1. Define and interpret 8 medical terms

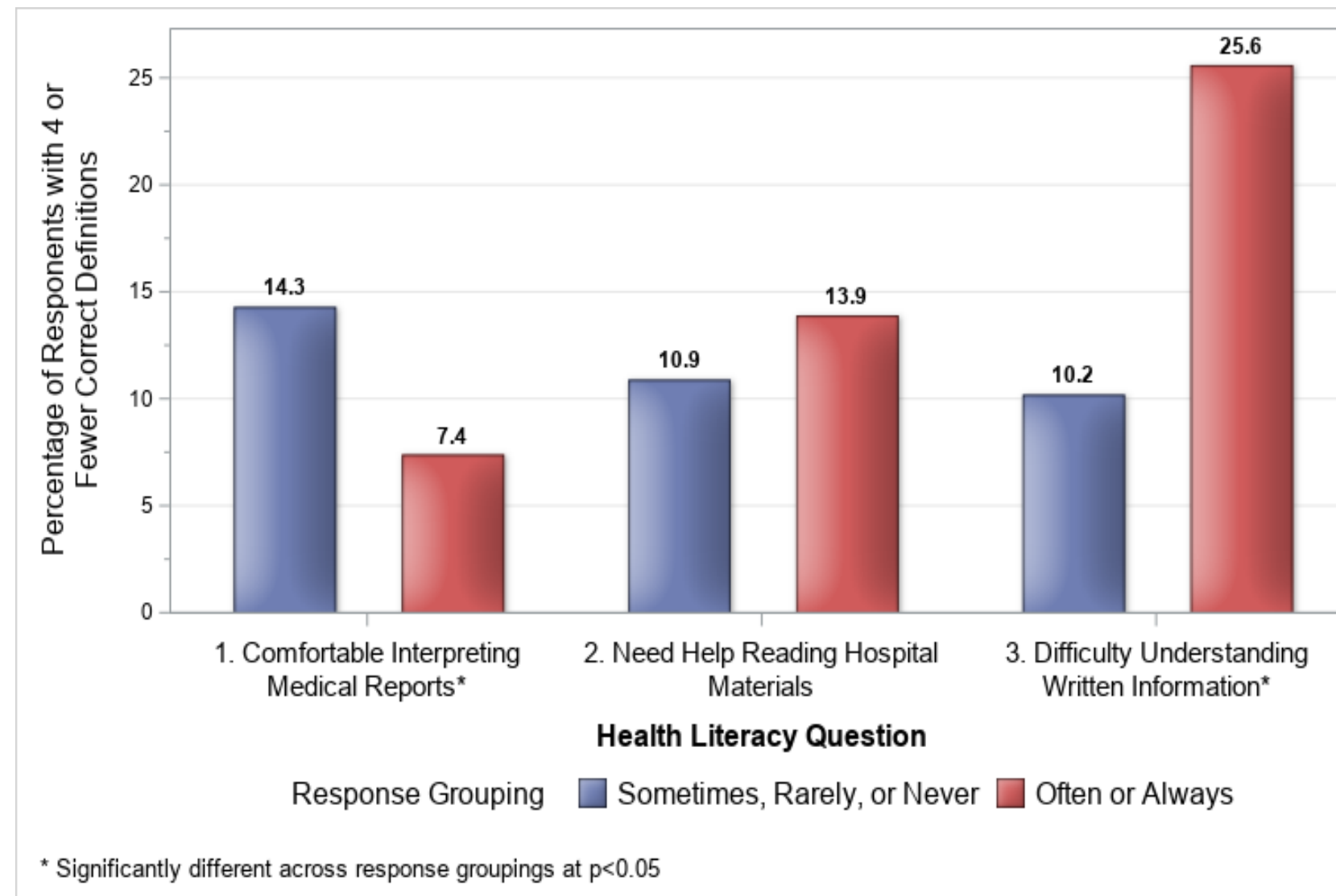
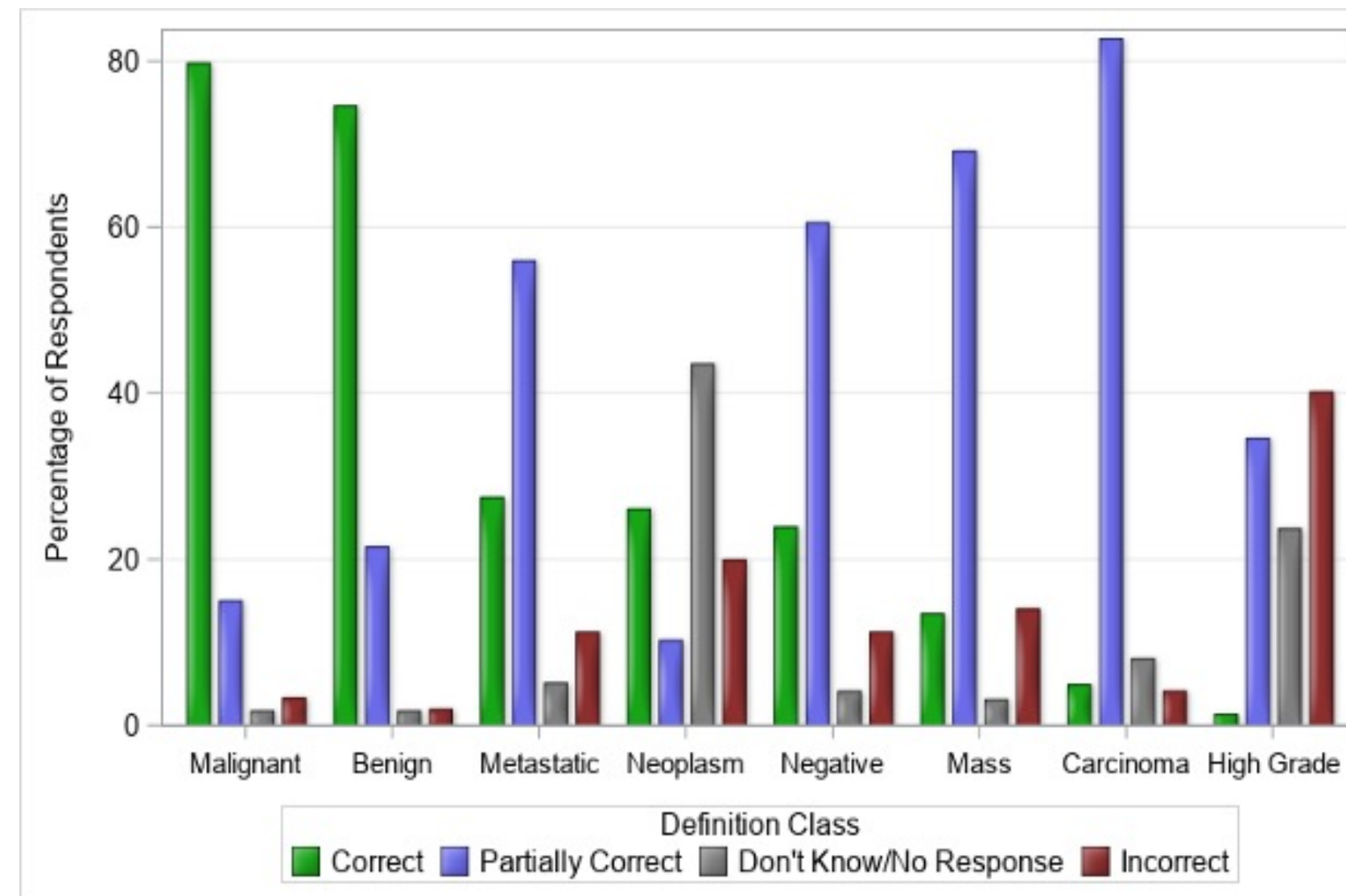


2. 3 health literacy screening questions

3. Patient demographics

- Patient responses independently scored by 2 reviewers using pre-determined rubric of definitions

Results



Patients need resources when reviewing their medical records

- 527 patients completed the survey.
- Most correctly defined: 'Malignant' (80%) and 'Benign' (73%)
- Least correctly defined: 'High Grade' (1%)
- ≤ 4 correct terms associated with:
 - Feeling uncomfortable interpreting medical reports
 - Often/always have difficulty understanding written information.
 - Black/African American race
 - Education level
- No difference if working in healthcare or a prior history of cancer treatment

Adjusted odds ratios (AOR) for having 4 or fewer correct definitions of medical jargon terms

| Independent variable | Adjusted odds ratio | 95% CI for AOR | | P value |
|---|---------------------|----------------|-------|---------|
| | | Lower | Upper | |
| Race/ethnicity | | | | |
| White; Hispanic/Latino | 1.00 (ref); 3.75 | 1.42 | 9.90 | .008 |
| Black/African American | 4.81 | 3.35 | 6.90 | <.001 |
| Other | 1.61 | 0.51 | 5.13 | .416 |
| English is primary language | | | | |
| Yes; No | 1.00 (ref); 1.32 | 0.50 | 3.49 | .574 |
| Education level | | | | |
| Graduate or professional degree; high school diploma/equivalent or less | 1.00 (ref); 7.31 | 3.28 | 16.32 | <.001 |
| Some college/trade or vocational/associate's degree | 5.28 | 2.35 | 11.88 | <.001 |
| Bachelor's degree | 2.86 | 1.19 | 6.86 | .019 |
| Age: 1-year increase | 0.98 | 0.94 | 1.02 | .253 |
| Health-related occupation | | | | |
| Yes; No | 1.00 (ref); 2.45 | 0.85 | 7.10 | .098 |
| Current cancer treatment or surveillance | | | | |
| Yes; No | 1.00 (ref); 1.13 | 0.60 | 2.12 | .709 |

Robust, treatment center-clustered standard errors used in confidence interval estimation.

Conclusions

- Terminology common to breast biopsy pathology reports is largely misunderstood
- Lower scores correlated with reporting difficulty understanding written information and feeling uncomfortable interpreting medical reports
- Race/ethnicity & education level correlate most with odds of scoring poorly
- Assumptions about patient understanding based on the patients past medical history and/or prior exposure to healthcare could be displaced

Implications

- Patients need resources while independently reviewing their medical records.
- Future work must focus on designing educational tools to improve the patient experience

Disclosures

No disclosures or conflicts of interest