Readability of Online Patient and Physician Education Materials for Blood Cancer Diagnoses UTHealth Authors: Ashley Shin BS,¹ Surbhi Banubakode BS,¹ Sara Taveras Alam MD,² Anneliese O. Gonzalez MD² Houston ¹McGovern Medical School at UTHealth, Houston, Texas ²Division of Hematology/Oncology, McGovern Medical School at UTHealth, Houston, Texas

Introduction

About 10% of all cancer diagnoses in the United States a cancers, including leukemia, lymphoma, myeloma. Additional cancer accounts for 25% of pediatric cancer diagnoses. people turn to the internet for healthcare related information, re available should be at a reading level that most people ca understand. Based on the National Institute of Health and A Medical Association recommendations, public patient e materials should be at or under the 6th to 7th grade reading levels

Methods

- We reviewed educational materials from 3 nationally red cancer organizations: Leukemia & Lymphoma Society, A Cancer Society, National Comprehensive Cancer Network o 50 leukemia & 42 lymphoma materials 9 health professional education materials (HPEMs)
- We assessed readability with 5 readability methodologies Reading Ease Formula (FREF), Flesch-Kincaid Grad Gunning Fog Index (GFI), Simple (FKGL), Mea Gobbledygook Index (SMOG), Coleman-Liau Index (CLI)
- Images, tables, figures, glossaries, indexes, and refere present in the materials, were excluded

Conclusion

Of all the patient education materials, only 3.96% scored at or below the 7th grade reading level in any scoring modality. HPEMs were consistently appropriate at a graduate reading level, highlighting that medical communications are difficult to read due to the lengthy medical jargon. If the reading level is higher than patients can understand, patients may seek information from other sources that may have incorrect information, which could influence the patient's understanding of their disease and the recommended treatment. Therefore, these materials should not replace physician counseling, and existing patient education materials should be revised so that patients will be well informed of their diagnosis and treatment options. Author Contact: Ashley Shin, Ashley.K.Shin@uth.tmc.edu, Surbhi Banubakode, Surbhi.Banubakode@uth.tmc.edu

Results

are blood ally, blood As more resources an easily American education evel.	Leukemia vs. Lymphoma Average [SD]			Leukemia vs. HPEM Average [SD]			Lymphoma vs. HPEM Average [SD]		
	Leukemia FKGL	Lymphoma FKGL	p-value	Leukemia FKGL	HPEM FKGL	p-value	Lymphoma FKGL	HPEM FKGL	p-value
	9.60 [1.70]	9.60 [1.08]	0.9871	9.60 [1.70]	14.63 [5.76]	0.0002*	9.60 [1.08]	14.63 [5.76]	0.0002*
	Leukemia SMOG	Lymphoma SMOG	p-value	Leukemia SMOG	HPEM SMOG	p-value	Lymphoma SMOG	HPEM SMOG	p-value
	12.65 [1.46]	12.73 [2.10]	0.7753	12.65 [1.46]	16.10 [3.76]	0.0006*	12.73 [2.10]	16.10 [3.76]	0.0006*
	Leukemia GFI	Lymphoma GFI	p-value	Leukemia GFI	HPEM GFI	p-value	Lymphoma GFI	HPEM GFI	p-value
	12.69 [1.25]	12.74 [1.26]	0.8555	12.69 [1.25]	18.33 [7.61]	0.0003*	12.74 [1.26]	18.33 [7.61]	0.0002*
es: Flesch ide Level asure of	Leukemia CLI	Lymphoma CLI	p-value	Leukemia CLI	HPEM CLI	p-value	Lymphoma CLI	HPEM CLI	p-value
	11.91 [1.80]	11.85 [1.95]	0.8203	11.91 [1.80]	15.75 [4.39]	0.0005*	11.85 [1.95]	15.75 [4.39]	0.0003*
rences, if	Table 1 : Average readability scores and standard deviations [SD] and T-Test p-values, * indicates statistically significant								

difference (p<0.05)