Commentary: Unlocking knowledge: Navigating readability challenges in thoracic surgery patient education materials

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The standard of care in noncardiac thoracic surgery is continually advancing, including progress in the area of biomarkers such as immune-checkpoint blockade status and circulating tumor DNA, among many others. Such paradigm evolution has led to a more intricate and nuanced patient selection process for therapy. Although these advances offer providers enhanced capabilities in treatment optimization, contemporary guidelines rightly advocate for shared decision making with patients regarding their options. Although the promotion of shared decision making is widely endorsed, patients’ understanding of their diagnosis and available therapeutic options is integral to this concept. Consequently, patient education materials (PEMs) emerge as essential tools for providing patients with the requisite information to not only understand their diagnoses, but also to actively engage in shared decision making. Nevertheless, a notable challenge pertains to the evaluation of PEMs and their effectiveness in fulfilling their intended role.

Chen and colleagues conducted a comprehensive review of PEMs related to noncardiac thoracic surgical procedures, accessible on the websites of the top 50-ranked hospitals. Despite the American Medical Association’s guideline recommending the presentation of health information at a sixth-grade reading level for optimal comprehension, the authors discovered an average Fry readability score of 13.9 across more than 350 examined PEMs. This readability level surpasses a college reading level (score of 13) and contravenes the American Medical Association’s recommendation. The authors advocate for enhancing readability and, underscoring the significance of linguistic diversity, they emphasize the necessity for culturally competent and equitably comprehensible PEMs. Furthermore, the authors propose a judicious balance in crafting nuanced materials to prevent information overload.

This contribution by Chen and colleagues holds significant value within the contemporary push toward greater patient involvement in oncology care. Particularly in light of advances in screening modalities leading to the identification of an increasing number of patients with lung cancer, a disease that may be unfamiliar to many patients with diverse cultural backgrounds, each potentially approaching health care and treatment options differently. Although readability is a critical aspect of PEMs, involving patient advocates in the design process for these materials might offer insights into the specific cultural competencies required to ensure the effectiveness of these products for the population they aim to serve.

Moreover, alternative modalities such as visual and audio media may be employed for the delivery of PEMs, introducing challenges in their validation compared with text-based materials. Nonetheless, this highlights another crucial aspect in the design and dissemination of PEMs, which is the necessary validation by qualified peers to mitigate the potential for misinformation, a concern already prevalent in the abundance of online health information.
In conclusion, PEMs should be accessible and readable, prioritizing the patients’ perspective, and fostering a shared-decision-making approach to thoracic oncology management. Further research on PEMs is crucial to ensure that patients are empowered to actively participate in their health care decisions, and we applaud Dr Chen and colleagues for paving the way in this knowledge gap. At the larger-scale level, legislative bodies and professional societies may consider providing tools and incentives for health care organizations to improve their PEMs, tailoring them to effectively meet the needs of the populations served.

Conflict of Interest Statement
The authors reported no conflicts of interests.

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References