

## Pathology Communication Following Endoscopy

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**Background:** Colonoscopies and esophagogastroduodenoscopies (EGDs) are commonly performed to screen for polyps and Barrett's esophagus (BE), respectively. Findings from screening exams determine if, and when, surveillance is needed. Within the Veterans Health Administration (VHA), communication of test results is mandated; however, there is no clear guidance on how to communicate these results. The aim of this study was to determine the content and readability of endoscopy pathology letters that are used to relay results to patients within the VHA.

**Methods:** We used Corporate Data Warehouse to identify patients who had a colonoscopy for colorectal cancer screening or post-polypectomy surveillance, or an EGD for BE screening or surveillance, between 2010-2018. We then identified patients who had either: low-risk colon adenomas (LRA), high-risk colon adenomas (HRA), non-dysplastic BE (NDBE), BE with low-grade dysplasia (BE-LGD), or BE with high-grade dysplasia (BE-HGD). Pathology letters for each of these findings were obtained and reviewed by two reviewers independently to categorize as containing 'alarming,' 'not alarming,' or 'balanced' terminology. The readability of each letter was determined by using Microsoft Word to obtain the Flesch-Kincaid reading ease and grade level equivalency scores.

**Results:** Pathology letters from Richard L. Roudebush VA Medical Center were found to be non-alarming for LRAs, HRAs, and NDBE; balanced for BE-LGD; and alarming for BE-HGD. The average Flesch-Kincaid reading ease and grade level equivalency scores for the letters were 41.44 and 10.28, respectively.

**Conclusion and Potential Impact:** While pathology letters may contain risk-appropriate terms to describe lesions, readability measures indicate that the content is above the recommended reading ease and grade level for an average adult in the U.S. Improving the readability of pathology letters could improve patients' understanding of their risk status, thus leading to increased adherence to surveillance endoscopy recommendations.