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Poster 55: Communication preferences for patients

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Topic
Quality & Healthcare Systems

Objectives

Communication is an important component of patient care and can impact patient wellbeing and provider burn out. This study aims to explore patient preferences for communication of test results to optimize patient-centered care and satisfaction.

Methods

This qualitative survey study took place at a large academic cancer center. Patients in the oncology clinics were randomly selected to be surveyed by members of the study team and answers were collected anonymously. Inclusion criteria were who had an established oncologist, ≥ 18 years old, and managed their own health-related communications. No previously published validated survey on communication preferences exists, therefore we created a short multiple-choice survey with the help from a patient advisory committee. The survey included basic patient characteristics, preferences on mode of communication, and overall satisfaction. Data were analyzed using chi-square tests and Fisher's exact tests to evaluate associations between preference and result type, with Mann-Whitney U and Wilcoxon signed-rank tests used for ordinal comparisons.

Results

A total of 50 patients with various cancer types were surveyed between June 2025 - September 2025 with an average age of 55.8 years (range 21 - 85) of which half identified as female (n=25, 50%). Overall, patients strongly preferred to receive normal results via electronic message (70%) and abnormal results via phone call (47.3%) and clinic visit (26%) ($\chi^2 = 56.9$, $p < 0.001$). This trend held for all result types (labs, imaging, and pathology) with the strongest trend for pathology results with 54% of patients preferring phone calls and 30% preferring in person visits ($\chi^2 = 23.4$, $p < 0.001$). A multiple linear regression analysis showed that age and treatment phase were significant predictors of overall communication satisfaction, with older age associated with higher communication satisfaction ($\beta = .03$, $p = .01$), while being in surveillance was associated with lower communication satisfaction ($\beta = -.60$, $p = .04$).

Conclusions

Utilization and satisfaction of different methods of communication is specific for different patient populations and result types. Further studies are warranted to best align communication methods to improve patient satisfaction.

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Abstract Table or Graph

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