

Diagnosis and Treatment of Patients with early and advanced Breast Cancer



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Health Literacy and Communication

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Health Literacy

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- **Versions 2020-2024:**
Albert / Bauerfeind / Ditsch / Maass / Rhiem / Schmidt / Schütz
- **Version 2025:**
Friedrich / Heil

Consulting patient advocates of the AGO-Patient-Taskforce:

R. Haidinger, Brustkrebs Deutschland e.V.

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Health Literacy Definition

“Health literacy is linked to literacy and entails people’s knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course.”

Sørensen et al., (2012)

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Digital Health Literacy

Definition

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Digital health literacy is the ability to search for, find, understand and evaluate health-related information in relation to digital applications and digital information services and to apply the acquired knowledge to solve a health problem.

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Health Literacy

Patient-centered Communication

Oxford

LoE	AGO
3a	+

Aim of a physician-patient communication: enable a self-determined decision based on sufficient health competence (Shared Decision Making)

Doctor-patient communication is key for acquiring health competence. It is the basis for successful oncological treatment and support. Core elements are, for example:

- **Non-directive communication** - i.e. those seeking advice have the right to choose their own goals in life, even if they contradict generally accepted, even evidence-based, recommendations after well-founded consideration.
- **Comprehensible communication** - i.e. geared to the level of knowledge, reception habits, competence requirements and preferences of the different patients



Health Literacy

Basic Principles of Patient-centered Communication

- **Communicate information truthfully and empathetically**
- **Impart medical evidence-based knowledge in lay language**
- **Critical debate of pseude-scientific recommendations**
- **Active listening**
- **Showing empathy**
- **actively listening and expressing empathy**
- **Find out if and how the patient wants to be informed about his / her situation**
- **use understandable language avoiding or explaining technical terms**
- **Continuously improve understanding through e.g. repetitions, breaks, summary, comprehensible information material**
- **Encourage asking questions and expressing feelings**
- **Identifying individual stresses, problems and needs**
- **Motivating self-determination and personal activities ("empowerment")**
- **Giving hope for healing and relief**
- **Offer further assistance (e.g. psycho-oncology, self-help)**

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Health Literacy

Communication

Non-directive and evidence-based doctor-patient communication geared to the current needs, values, problems, resources and preferences of patients has beneficial effects.

	<u>Oxford</u>
	LoE
■ Reduction of fear	2b
■ Trust in treating oncologists is increased	2b
■ Treatment satisfaction is increased	2a
■ Therapy adherence is increased	2a
■ Decision making is improved	2a
■ Mental complaints are improved	2a

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Communication Training

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Oxford

LoE

AGO

+

Qualified training measures can help to promote communicative skills.

communication training for doctors can e.g.

- | | |
|---|-----------|
| ▪ Enhance empathy | 2a |
| ▪ Extend and enrich communication skills | 2a |
| ▪ Increase patient satisfaction (information, support, consideration of concerns) | 2b |
| ▪ Improve transmission of information | 2b |

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Shared Decision Making - Participatory Decision

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- **Patients want to be integrated actively involved into decision making at an early stage and open discussions about prognosis, treatment options, and quality of life**
- **Doctors should motivate patients to ask questions, demand clarification, express emotions, opinions, and preferences**
- **Active involvement of caregivers/trusted persons**

Oxford

LoE	GR	AGO
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1b	A	
----	---	--

3b	C	+
----	---	---

4	C	+
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Decision Aids

Decision aids address

- a wide range of preventive, diagnostic and therapeutic applications
- are offered as brochures, decision charts, videos or computer programs
- contain information on advantages and disadvantages, available options and instructions for individualized decision-making
- are used individually or as components of structured counseling or training.

The minimum quality standards are evidence-based, complete, unbiased and comprehensible.

Medical decision aids do not replace medical advice.

Health Literacy

Decision Aids for Patients

- not breast cancer specific -

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The use of decision support in the physician-patient communication

- improves knowledge about treatment options
- reduces the decision conflict
- improves the level of information
- increases the feeling about the clarity of personal values
- encourages a more active role in decision-making
- improves risk perception
- improves the match between the chosen option and the patient's values

Oxford

LoE

AGO

+

1a

1a

1a

1a

2b

2b

3a



Health Literacy

Decision coaching - not breast cancer specific -

Oxford		
LoE	GR	AGO

+

The use of decision coaching by health professionals based on evidence-based patient information can improve the decision-making process of patients.

Decision coaching is able to improve

- **the knowledge of patients**
- **the active role of patients in the process of decision making**

2a B

2b B

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Use of eHealth in breast cancer patients

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- **Use of DiGA to improve quality of life during and after breast cancer therapy**
- **PRO-based management for reduction of therapy-associated side effects and for improvement of quality of life**
- **PRO-based management for improvement of survival in metastatic breast cancer**

	Oxford		
	LoE	GR	AGO
	1b	B	+
	1b	A	+
	1b	B	+/-

* See current DiGA status / reimbursement