

Sexual Health and its Impact On Quality of Life of Patients with Lung Cancer

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INTRODUCTION

- The prevalence of sexual dysfunction in lung cancer patients is still unknown and little reported in our daily practice.
- With the emerging new treatments and improved survival, **more studies are needed** to acknowledge the impact of lung cancer (LC) diagnosis and treatments on the quality of sexual life.

METHODS

- This cross-sectional study evaluated the **sexual activity and satisfaction** of LC patients treated at the Medical Oncology department of our center.
- A **male and female version of a multiple-choice questionnaire** in Portuguese, wondering about **sexual activity and satisfaction over the “past 30 days”** was specifically designed for LC patients by the study team.

- ◆ Eligibility Criteria
- Age > 18 years old
 - diagnosed with LC
 - able to read
 - completed at least 1 mo of systemic treatment

- Descriptive analysis was performed using SPSS® absolute and relative frequencies, means and SD for continuous variables when presented with a normal distribution, or median and quartiles instead when the data did not have a normal distribution.

REFERENCES

1. Florez, N.; et al. Sexual Health Assessment in Women with Lung Cancer study: Sexual health assessment in women with lung cancer. Cancer 2024, 130, 375–384.
2. Ospina Serrano.; et al. 251P Sexual dysfunction in patients with lung cancer: Interim analysis of the LUDICAS study. ESMO Open 2024, 9, 102713

RESULTS

Table 1,2. patient disease and treatment characteristics.

Characteristic	N (%)
All	45 (100)
Sex	
Male – n (%)	31 (69)
Age	
Median (range)	66 (46-87)
ECOG PS (0 and 1)	42 (93)
Former smokers	17 (38)
Active smokers	15(33)
COPD or emphysema	8 (18)
Anxiety or depression	3 (7)

NSCLC	
Adenocarcinoma	29 (64)
Squamous cell	10 (22)
Adenosquamous	1 (2)
NOS	1 (2)

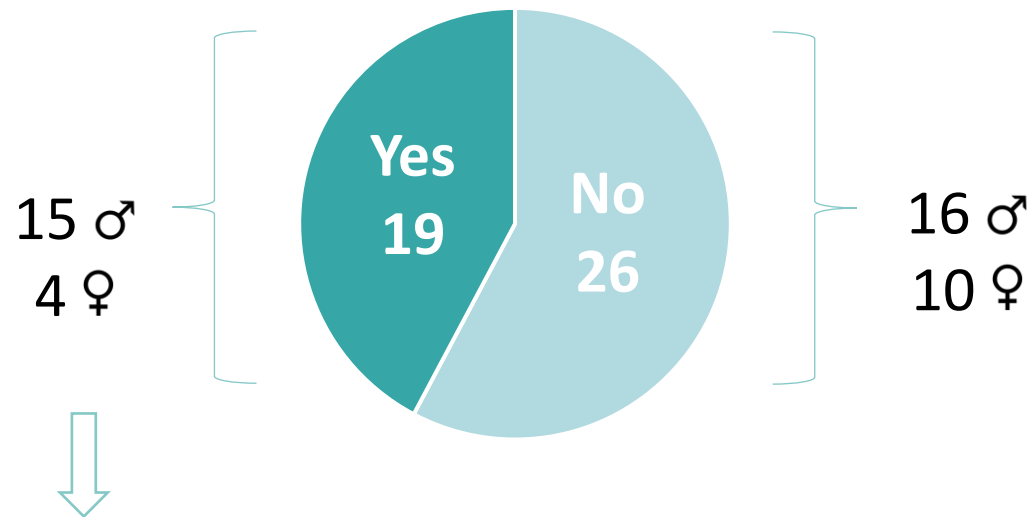
SCLC	4 (9)
Disease stage	31 (64)
Stage IV	
Median time since diagnosis	11 months (2-126)

Characteristic	N (%)
Systemic treatment	
TKI	9 (20)
Immunotherapy	12 (27)
Chemoimmunotherapy	8 (18)
Chemotherapy	13 (29)
Chemoradiotherapy	2 (4)
Bispecific antibodies	1 (2)

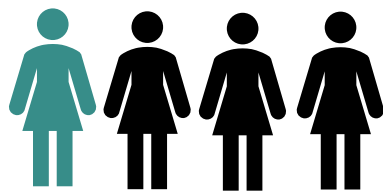
Radiotherapy	
SRS	3 (7)
Holocraneal RT	5 (11)
SBRT lung	3 (7)
RT lung	20 (44)

Surgery	
Lobectomy	3 (7)
Bilobectomy	1 (2)
Atypical resection	1 (2)
Brain surgery	2 (4)

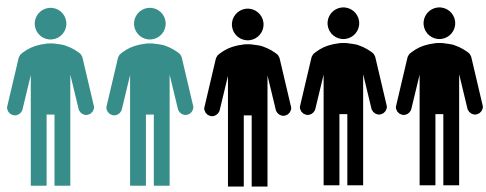
Graph 1. Sexual activity in the last 30 days.



63% not at all satisfied or only slightly satisfied with their sex life

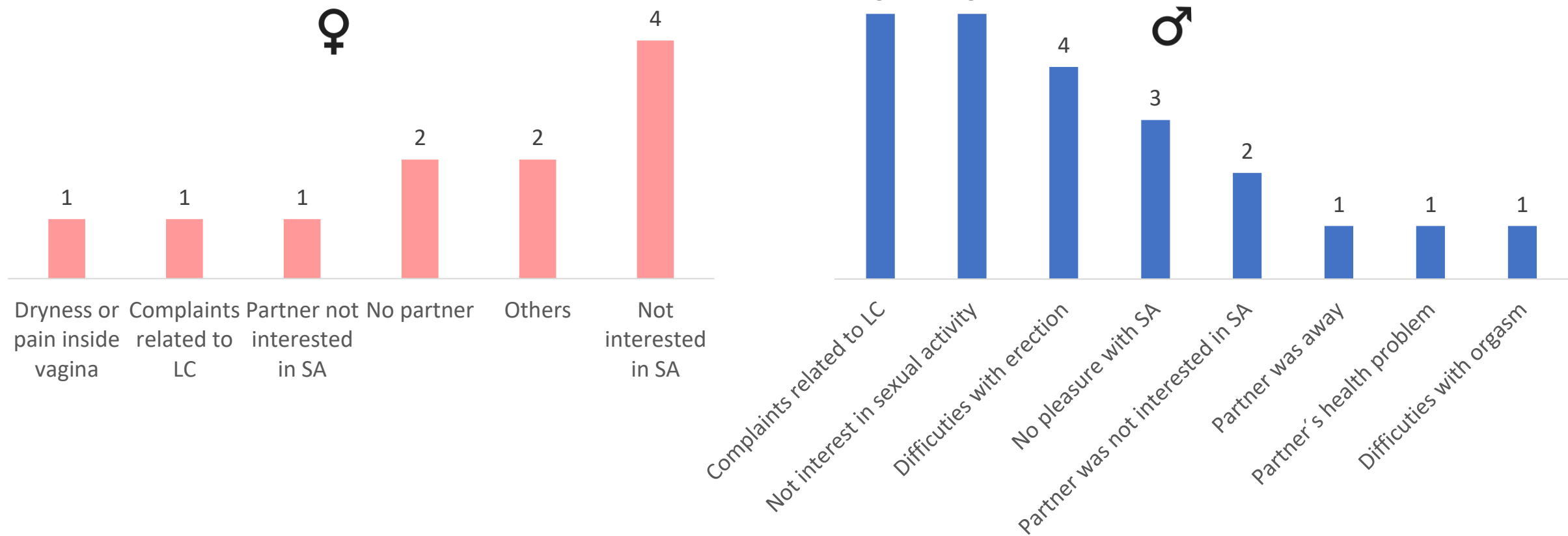


Complains of vaginal discomfort

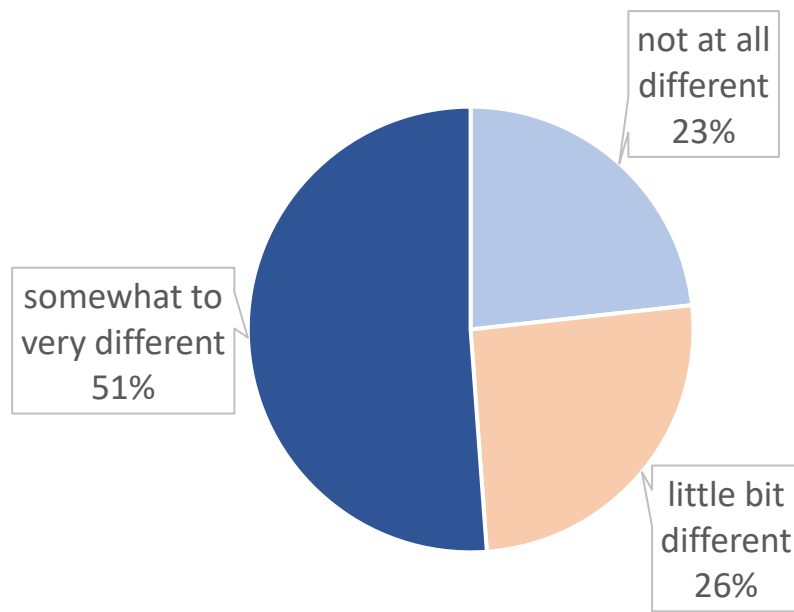


Achieved an erection more than half the time

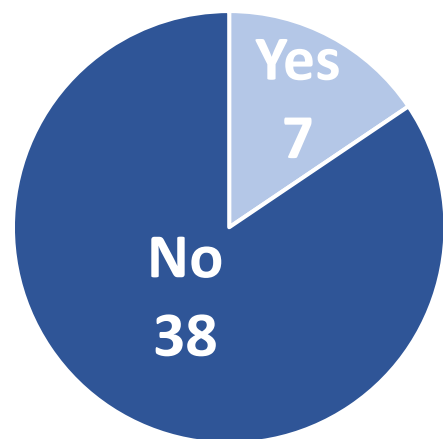
Graph 2,3. with the patient-reported reasons for not having sexual activity in the last 30 days.



Graph 4. Patient-reported change in their sex life since diagnosis.



Graph 5. Did you talk to your physician about any change in the quality of sex life?



Emotional factors		Disease-related factors		Treatment-related factors	
anxiety, stressed, or angry	13 (28,6)	fatigue	17 (37,7)	Sensitivity changes	8 (17,7)
depressed, sad, or unhappy	9 (20)	dyspnea or cough	9 (20)	GTI changes	4 (8,8)
		weight loss	2 (4,4)	medical device (port, oxygen)	2 (4,4)

Table 3. Patient-reported factors negatively affecting the quality of sex life.

CONCLUSIONS

- Sexual dysfunction is prevalent among LC patients and **several factors** related to the disease and treatment contribute to this. It is important to be aware of the **impact on quality of life** and implement assessment strategies and interventions to maintain a healthy sexual life for LC patients.

Graph 6. Patients' reasons for not talking about sex life problems to their physician.

