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# Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer – Gecp Expert Consensus Statement.

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# CONFLICTO DE INTERESES

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# Agenda

- **Background**
- **Methodology**
- **Results**
- **Conclusions**

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# Sexual Dysfunction in Patients with Lung Cancer : Background

- New therapeutic options have increased the population of survivors with lung cancer.
- Sexual dysfunction (SD) related with oncological treatment has a high prevalence among patients with lung cancer.
- Currently, sexual health assessments are not included in oncology follow-up.
- It is necessary to provide multidisciplinary support for sexual dysfunction to patients with lung cancer undergoing oncological treatment and follow-up.

# Sexual Dysfunction in Patients with Lung Cancer : Background



## ORIGINAL ARTICLE

### LUDICAS: sexual dysfunction in patients with lung cancer, a multicenter cross-sectional study<sup>☆</sup>

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**ORIGINAL ARTICLE**

**LUDICAS: sexual dysfunction in patients with lung cancer, a multicenter cross-sectional study**★

Lead by GECP

Multicenter, cross-sectional, observational study.

From July 2023 until February 2024.

448 patients from 24 hospitals in Spain, Colombia, Argentina, and Portugal were included.

277 (61.83%) were male and 365 (81.48%) had metastatic disease.

284 (63.39%) reported the onset of SD following the initiation of oncological treatment.

Males and females reported a high frequency of severe impairment of sexual response phases, which was twice as high in females (P 0.001).

**ORIGINAL ARTICLE**

**LUDICAS: sexual dysfunction in patients with lung cancer, a multicenter cross-sectional study**★

Female sex was a factor for severe impairment of desire, arousal, and orgasm [ (OR) 3.72, 95% confidence interval (CI) 2.48-5.60, P 0.001] and decreased sexual activity (OR 1.98, 95% CI:1.17-3.19, P 0.01), in addition to age over 65 years (OR 3.86, 95% CI 1.01-15.25, P 0.004) and high educational level (OR 0.29, 95% CI 0.09-0.94, P 0.0040).

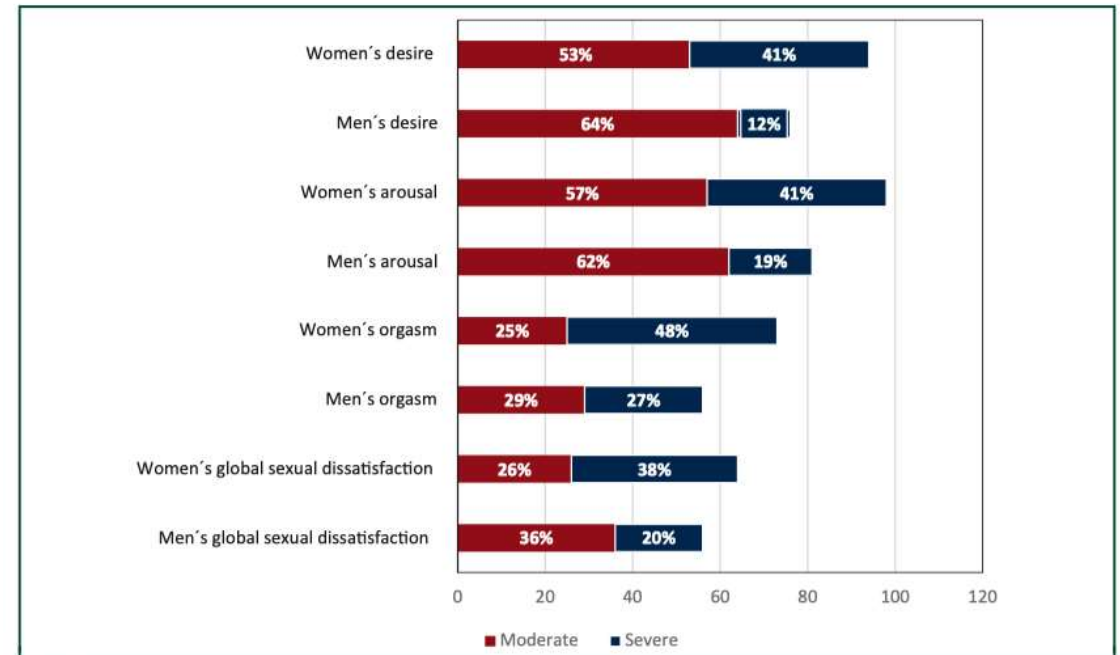


Figure 1. Severe and moderate impairment of sexual response phases by sex.  $\chi^2 = 41.86, P = 0.001$ .

**ORIGINAL ARTICLE**

**LUDICAS: sexual dysfunction in patients with lung cancer, a multicenter cross-sectional study**★

Patients from Portugal and Latin America were more likely to report dissatisfaction with sexual activity (OR 3.75, 95% CI 1.06-13.22, P 0.0039).

Female sex (OR 3.53, 95% CI 1.88-6.6, P 0.001), smoking history (OR 1.77, 95% CI 1.01-4.01, P 0.04), and obesity (OR 1.70 95% CI 1.01-3.16, P 0.05) were associated with global sexual dissatisfaction.

**ORIGINAL ARTICLE**

**LUDICAS: sexual dysfunction in patients with lung cancer, a multicenter cross-sectional study**★

**Conclusions:**

Our patients with lung cancer had a high prevalence of SD after initiation of oncological treatment. There was remarkable sex disparity in the frequency and severity of this disorder as well as an important influence of sociocultural factors in the clinical presentation.

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# Sexual Dysfunction in Patients with Lung Cancer: Background

The Spanish Lung Cancer Group (GECRP) held a formal consensus process on a multidisciplinary approach to addressing SD in patients with lung cancer.

The goal was to develop recommendations for screening and managing SD in this oncological population.

# Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer – GECRP Expert Consensus Statement: Methodology

- ✓ From May to October 2024.
- ✓ Review of relevant scientific literature and developed a 33-question questionnaire for voting.
- ✓ Panel of 28 experts was formed, including specialists in medical oncology, gynecology, urology, family medicine, sexology, psychology, psychiatry, and oncology nursing.
- ✓ Mixed technique (modified Delphi and nominal group) was used for voting and discussions.

# Agenda

- Background
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# Participants

- Aylen Vanessa Ospina-Serrano. HUPHM
- Constanza Maximiano-Alonso. HUPHM
- Pau Guillén-Sentís. Institut Català Oncologia Badalona.
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- Manuel Dómine. Hospital Universitario Fundación Jiménez Díaz, Madrid.
- Raquel Romão. Hospital de Santo António. Unidade Local de Saúde. Porto. Portugal.
- Silvia Muñoz-Borrajo. Hospital General Granollers.
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- Augusto Pereira-Sánchez. HUPHM
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- Josep Torremadé-Barreda. Asociación Española de Urología.
- Angel Luis Montejo. Hospital Universitario de Salamanca,
- Miren Larrazabal. Lyx Instituto de Urología.
- Carlos de la Cruz Martin-Romo. PROTEDIS. Raquel Alvarez-Garcia. Hospital Vall d'Hebrón, Barcelona.
- Froilan Sánchez. Academia Española de Sexología y Medicina
- Virginia Calvo. HUPHM
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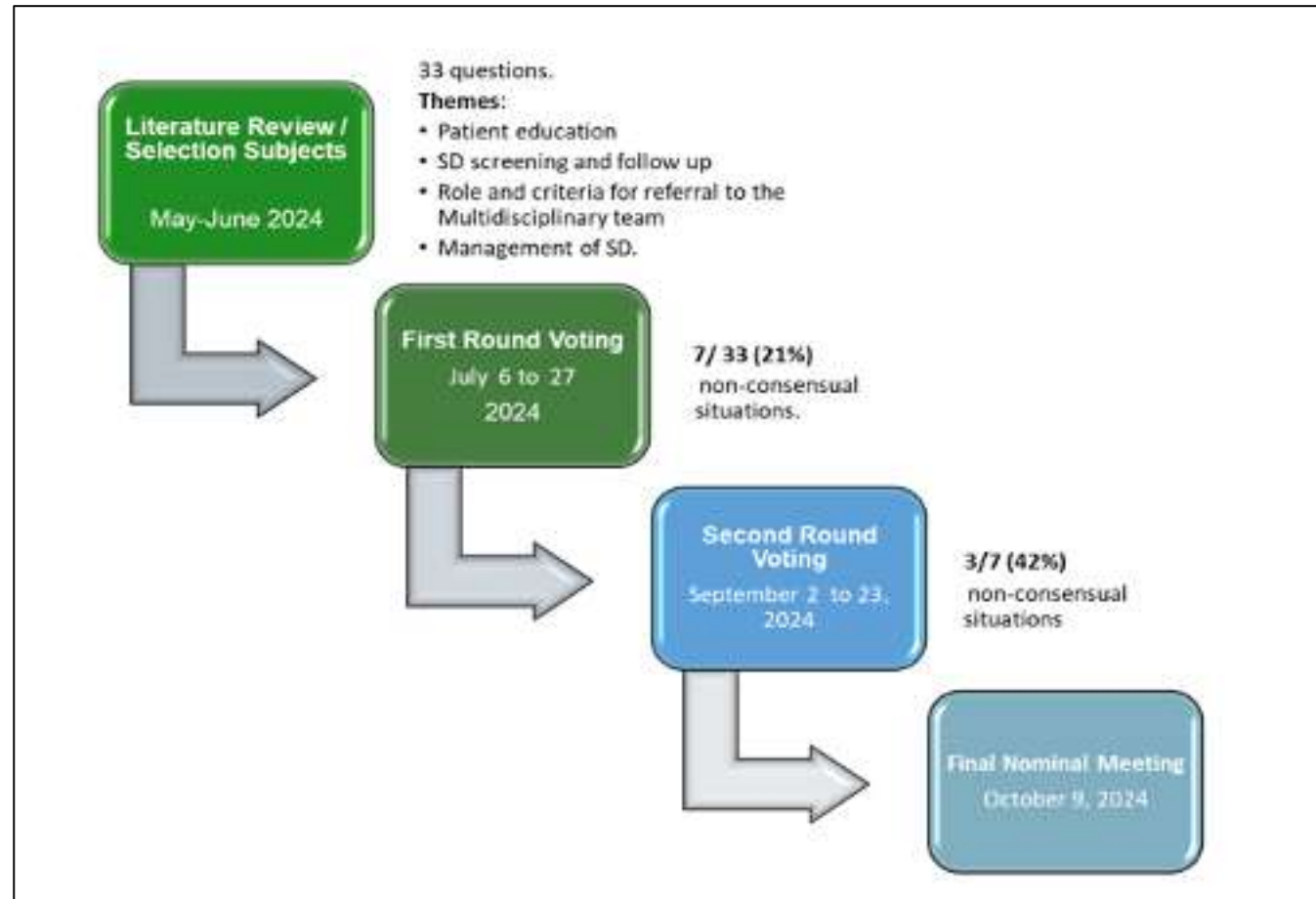
# Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer – GECRP Expert Consensus Statement: Results

- ✓ Subjects for discussion : SD patient education, SD screening and follow-up, the role and criteria for referral to the multidisciplinary team and SD management.
- ✓ The threshold for the agreement to be considered in the vote of the experts was 85%.

# Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer – GECRP Expert Consensus Statement: Results

- ✓ Two rounds of voting were held, followed by a final nominal group meeting to reach conclusions where consensus had not previously been achieved.
- ✓ In cases of inadequate scientific support or controversial data, suggestions were based on the participating experts' experience.

# Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer – GECAP Expert Consensus Statement: Results



# Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer – GECP Expert Consensus Statement: Results

**Table 1. Suggestions for Sexual Dysfunction education in patients with Lung Cancer.**

Statement	GoR/ LoE
1. The medical oncologist should explain to all patients with LC, regardless of tumor stage, the possibility of experiencing SD related to cancer treatment and/or the situation of diagnosis and treatment of the malignancy.	III, C
2. A multidisciplinary team of specialists involved in the approach to SD must be involved in the education of patients	III, C
3. All information provided to patients about SD in the context of oncological treatment must be understandable and adapted to their educational level, religious beliefs and sexual orientation.	III, C
4. Partners of patients should be involved in SD education when applicable	III, C
5. Patients starting cancer treatment should be offered a series of lectures on a recurrent interval (at least every six months) to educate them about SD related to antitumor treatment. These should include topics on the multidisciplinary approach provided by professionals from the health care team.	Expert Opinion
6. Throughout active treatment and oncologic follow-up, the medical oncologist should continue to assess SD and offer multidisciplinary support for its management.	Expert Opinion
7. In collaboration with the medical oncologist, nursing staff or oncology nurses should reinforce patient education and offer the possibility of receiving multidisciplinary care and support if they suffer from SD	Expert Opinion

SD: Sexual Dysfunction, LC: Lung Cancer, GoR, grades of recommendation, LoE, levels of evidence.

# Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer – GECIP Expert Consensus Statement: Results

**Table 2. Suggestions for Sexual Dysfunction screening and follow up.**

Statement	GoR/ LoE
<ol style="list-style-type: none"> <li>1. Patients who request additional information about SD related to cancer treatment after receiving the initial explanation, or who report SD after starting treatment, should be offered an additional visit to receive specific support, either alone or with their partner.</li> <li>2. Women, in addition to patients with a history of smoking and obesity, as well as hypertension, diabetes mellitus, a history of psychiatric illness, and use of psychoactive substances, are at high risk of developing SD. Therefore, these patients should receive more attention and a meticulous follow-up.</li> <li>3. Patients who express interest or concern about SD should be offered to complete a screening questionnaire specific to women and men.</li> <li>4. The medical oncologist should continue to screen for SD in all patients undergoing active cancer treatment or follow-up and offer to fill out the proper sexual function questionnaire to those interested.</li> </ol>	<p>Expert Opinion</p> <p>III, C</p> <p>Expert Opinion</p> <p>Expert Opinion</p>

**SD:** Sexual Dysfunction, **WSF:** Woman Sexual Function, **MSF:** Men Sexual Function, **GoR,** grades of recommendation, **LoE,** levels of evidence.

# Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer – GECP Expert Consensus Statement: Results

**Table 3. Suggestions for Multidisciplinary Team: Structure, Role and Referral Criteria.**

Statement	GoR/ LoE
The multidisciplinary team for the management of SD in patients with LC should include specialists in psychiatry, gynecology, urology, and medical oncology, as well as nurses and psychologists (including psychology, oncology psychology, and sexual psychology, depending on availability in each institution.)	III, C
<b>Role of Members of Multidisciplinary Team</b>	
1. All members of the multidisciplinary team should support education about SD for patients, initially through educational sessions planned in conjunction with medical oncology units and on a recurrent schedule, then according to the specific needs of each patient.	III, C
2. The urologist should manage patients with erectile dysfunction or other ejaculatory disorders during cancer treatment.	III, C
3. The gynecologist should manage women who present with sexual dysfunction associated with climacteric symptoms and/or vaginal dryness and dyspareunia.	III, C
4. The psychologist should address patients who show anxiety, sadness, hopelessness about their cancer diagnosis, changes in their body image, decreased libido, or concern about presenting with SD or relationship problems with their partner.	III, C
5. The psychiatrist should manage patients who have persistent depressive symptoms, persistent relationship problems with their partner despite psychological support, or those with a history of psychiatric illness or psychoactive substance use.	III, C
6. The medical oncologist should inform patients about SD in the context of cancer diagnosis and treatment. Identify patients at risk for or affected by SD, provide initial management according to their capabilities, and refer them to members of the multidisciplinary team for timely collaborative support according to the needs of each patient.	III, C
2. The nurse/oncology nurse should collaborate in the screening and application of SD assessment surveys and the identification of patients at risk of or affected by SD.	III, C

<b>Multidisciplinary Team Referral Criteria.</b>	
1. All men presenting with difficult-to-manage erectile dysfunction or other persistent ejaculatory dysfunction should be referred for evaluation by a urologist. They should also be assessed by a psychologist for emotional support in managing these symptoms.	III, C
2. All women who report SD associated with menopausal symptoms and/or vaginal dryness and difficult-to-manage dyspareunia should be referred for assessment by a gynecologist. They should also be assessed by a psychologist for emotional support in managing this symptomatology.	III, C
3. All patients who experience anxiety, sadness, hopelessness about their cancer diagnosis, altered body image, decreased libido, or concern about experiencing SD and/or relationship problems with their partner should be referred to psychology.	III, C

**SD:** Sexual Dysfunction, **LC:** Lung Cancer, **GoR,** grades of recommendation, **LoE,** levels of evidence

# Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer – GECPLung Cancer Expert Consensus Statement: Results

**Figure 2. Composition of the multidisciplinary team for the management of sexual dysfunction in patients with lung cancer.**



# Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer – GECP Expert Consensus Statement: Results

**Table 4. Suggestion for Management of Sexual Dysfunction in patients with lung cancer**

Statement	GoR/ LoE
<b>Non-pharmacological interventions</b>	
<b>Psychosocial interventions</b>	
1. Psychosexual counseling by clinical psychology or psycho-oncology, preferably with training in sexology, should be offered to all patients with SD and their partners during cancer treatment and/or follow-up.	III, C
2. If the treating institution does not have a clinical psychology service, a referral pathway to an external service focused on cancer patients should be established.	Expert Opinion
3. It is recommended that patients have access to cognitive-behavioral and educational/psychoeducational therapies that can help reduce cancer-related fatigue in survivors after cancer treatment.	III, C
<b>Nutrition</b>	
All patients should be advised to maintain a healthy diet. Preferably, they should be referred to a dietician who specializes in oncological population.	III, C
<b>Physical activity</b>	
1. Patients should be educated about the importance of maintaining an adequate level of physical activity.	I, A
2. All patients who have a good performance status, are not experiencing severe symptoms from the malignancy, and have no other contraindications should be encouraged to do 150 minutes per week of moderate physical activity (such as brisk walking, bicycling, or swimming), in addition to two or three additional sessions of resistance training.	I, A
3. While receiving cancer treatment, it is recommended that patients undergo exercises that combine physical and mental activities, including mindfulness, qigong, tai chi, and yoga.	I, A

## Pharmacological interventions.

1. The management of menopausal symptoms (hot flashes) in women can be addressed with estrogen therapy (oral, transdermal, or intravaginal), antidepressants such as Venlafaxine, medications for neuropathy such as Gabapentin, or agents that effect on the nervous system such as Fezolinetant.
2. These medications can be prescribed by the medical oncologist, the primary care physician, or the gynecology specialist, according to the characteristics and complexity of each case.
3. The management of vaginal dryness can be given with moisturizing creams, lubricants, and non-hormonal gels, or with low-dose estrogen tablets or creams administered intravaginally. These medications should be prescribed by the gynecologist according to the characteristics of each case.
4. The management of erectile dysfunction can be addressed with type 5 phosphodiesterase 5 inhibitors. In cases where this approach is ineffective, interventions such as vacuum erection devices (VEDs), medicated urethral systems for erection, or extracavernous injection should be considered. The urologist will determine the appropriate medication or intervention based on the patient's individual characteristics.

III, C

Expert Opinion

III, C

III, C

SD: Sexual Dysfunction, LC: Lung Cancer, GoR, grades of recommendation, LoE, levels of evidence.

# Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer – GECP Expert Consensus Statement: Results

## Results Publication



Sep 23, 2025

Dear Dr. Ospina-Serrano,

Your submission entitled "Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer - GECP Expert Consensus." has been assigned the following manuscript number: **JTOCRR-D-25-00365**.

You will be able to check on the progress of your paper by logging on to Editorial Manager as an author:


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The screenshot shows the Editorial Manager (EM) interface for the author. The header includes the EM logo, the journal name "JTO Clinical and Research Reports", and the user's name "Aylen Ospina-Serrano" with a "Logout" link. The navigation menu contains "Home", "Main Menu", "Submit a Manuscript", "About", and "Help". The main content area is titled "Submissions Being Processed for Author" and shows a table of submissions. The table has columns for "Action Links", "Manuscript Number", "Title", "Initial Date Submitted", "Status Date", and "Current Status". One submission is listed with the manuscript number JTOCRR-D-25-00365, the title "Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer - GECP Expert Consensus", an initial date of Sep 23, 2025, a status date of Nov 20, 2025, and a current status of "Decision in Process".

Action Links	Manuscript Number	Title	Initial Date Submitted	Status Date	Current Status
<a href="#">Action Links</a>	JTOCRR-D-25-00365	Multidisciplinary Approach of Sexual Dysfunction in Patients with Lung Cancer - GECP Expert Consensus.	Sep 23, 2025	Nov 20, 2025	Decision in Process

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# Conclusions

- After a multidisciplinary debate, a consensus was reached on a series of proposals to address the most relevant scenarios of SD related to oncological treatment in patients with LC.
- Considering the multidimensional nature of sexuality, it is crucial to emphasize the role of the multidisciplinary team in addressing SD in patients with LC and the importance of integrating this into oncology treatment centers.

# Conclusions

- Given the lack of sexual health assessment in the oncologic follow-up of patients with LC, who suffer significant impairment of their sexual health, the development of an expert consensus document is a valuable tool to help implement strategies to improve the care and quality of life of this oncologic population.

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THANK YOU