

# Abstract 251P: Sexual dysfunction in patients with lung cancer: interim analysis of the LUDICAS study.

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## Background

- There has been an increase in the number of surviving patients with lung cancer (LC) who may suffer from long-term effects related to oncological treatment, including sexual dysfunction (SD).
- Our aim was to describe characteristics of SD in a cohort of Ibero-American patients with LC.

## Methods

- Analytical observational study .
- From July to December 2023.
- Clinical and demographic variables were collected.
- Evaluation of sexual function using a questionnaire validated and addressed to each gender.
- Descriptive and logistic regression analyses were performed. The significance level for P was <0.10 (10%).

## Results

- 276 patients were included from 18 hospitals.

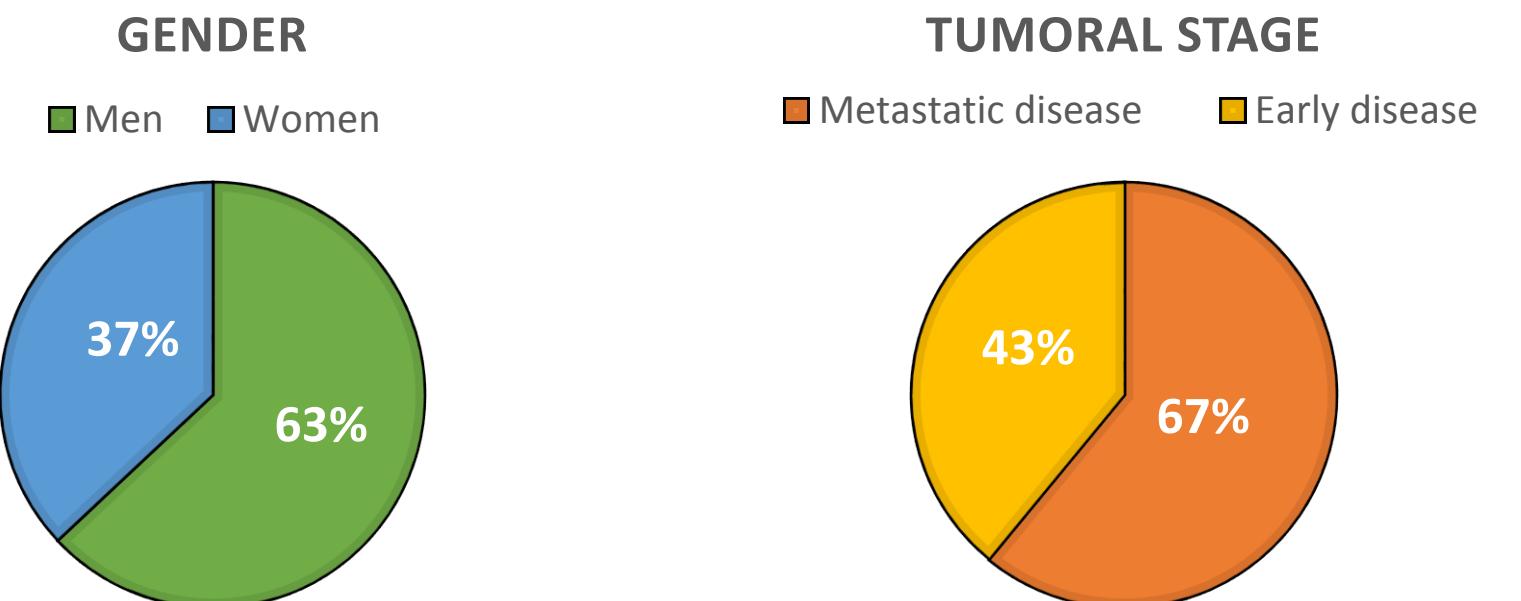


Table 1. Characteristics of population

Characteristics of population	% (N 276)
<b>Mean Age</b>	60 years (range 34-70)
<b>Residence area</b>	
Urban	81%(224)
Rural	19%(52)
<b>Smoking status</b>	
Never smoker	14%(39)
Former smoker	58%(160)
Current smoker	28%(77)
<b>Comorbidities</b>	
Hypertension	25% (69)
Obesity	14% (39)
Chronic bronchitis	13% (36)
Diabetes mellitus	10% (27)
<b>Histological type</b>	
Adenocarcinoma	67%(184)
Squamous Cell carcinoma	16%(45)
Small Cell	10%(28)
Other	7%(19)
<b>Time from diagnosis</b>	
≥ 3 years	24% (66)
1-3 years	40% (111)
<1 year	36% (99)
<b>Frequency of severe disturbances of sexual response</b>	
Desire	16%(44)
Arousal	19%(52)
Erection	48%(132)
Orgasm	38%(105)
Satisfaction	49%(135)
<b>Type of treatment</b>	
Immunotherapy	29% (80)
Chemo immunotherapy	22% (61)
iTKs	20% (55)
Chemotherapy	11% (30)
<b>Intention of treatment</b>	
Neo/adjuvant	15% (41)
Palliative	75% (124)

- 88% of patients thought it is relevant to be assessed for SD.
- 89% (245) were receiving active treatment.
- 62% (171) reported SD after starting anticancer treatment.
- 9% reported improvement of symptoms after discontinuing oncological therapy.
- 68% never interrupted treatment.

Statistically significant risk factors for SD were:

- ✓ Progression from early to metastatic disease OR 1.6 (p 0.08)
- ✓ Metastatic disease at diagnosis OR 1.7 (p 0.1)
- ✓ Current smoking OR 1.9 (p 0.09).

## Conclusions

- Our patients with LC have a high prevalence of sexual dysfunction.
- It is necessary to continue this research to better define the characteristics and risk factors of this disorder.



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The presenter author has no conflict of interests to declare.