

PRESENTATION: ORAL PRESENTATION (FAST PRESENTATION)

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994 – Multimodal interventions for sexual dysfunction in breast cancer survivors: a systematic review of randomized controlled trials

Antonio Carlos Queiroz de Aquino¹, Nicoli Serquiz¹, Pedro Fernandes Vital¹, José Arthur Freitas¹, André Souza de Lima¹, Raphael Lucas de Araújo Teixeira¹, Ayane Cristine Alves Sarmiento¹, Ana Khatherine Gonçalves¹

¹Universidade Federal do Rio Grande do Norte – Natal (RN), Brazil.

Introduction: Sexual dysfunction is a distressing consequence of breast cancer and its treatment. The etiology is multifactorial, involving endocrine alterations, treatment-related toxicity, and psychosocial factors. Although several interventions have been proposed, their effectiveness remains uncertain.

Objective: To evaluate interventions to manage sexual dysfunction in breast cancer survivors.

Methods: A systematic review of randomized controlled trials (RCTs) was conducted by searching the Embase, PubMed, Scopus, Web of Science, Cochrane Library, PsycINFO, and PEDro databases, and ClinicalTrials.gov. RCTs assessing pharmacological, physical, psychological, and educational interventions in breast cancer survivors with sexual dysfunction were eligible. Two authors independently performed study selection, data extraction, and risk-of-bias assessment using the Revised Cochrane risk-of-bias tool for randomized trials (RoB 2). The certainty of the evidence was evaluated using the Grading of Recommendations Assessment, Development and Evaluation (GRADE).

Results: A total of 4,112 records were identified, of which 32 RCTs met the inclusion criteria. Among these, 9 studies evaluated pharmacological interventions (vaginal lubricants, moisturizers, and hormonal therapies), 6 investigated physical interventions (pelvic floor muscle training and physiotherapy), 11 addressed psychosocial interventions (including cognitive-behavioral therapy and sexual counseling), and 6 evaluated educational or psychoeducational interventions, often combined with other approaches. Psychosocial and educational interventions were the most frequently investigated and demonstrated consistent improvements in sexual function and satisfaction. Pharmacological interventions were effective in alleviating genitourinary symptoms, particularly vaginal dryness and dyspareunia. Physical interventions showed beneficial effects in reducing pain and improving aspects of sexual response, although the number of trials was limited. The overall risk of bias was low, and the certainty of the evidence was rated as moderate.

Conclusion: RCT evidence suggests that interventions for sexual dysfunction in breast cancer survivors are effective, especially multimodal strategies combining psychosocial and biological approaches. However, heterogeneity in protocols and outcomes limits comparability. Further well-designed RCTs are needed to strengthen the evidence and guide practice.

Ethics: Public data – Literature review.

Registry: International Prospective Register of Systematic Reviews (PROSPERO) CRD42024509028.

Keywords: breast neoplasm; sexual dysfunction, physiological; survivors; randomized controlled trial; systematic reviews.