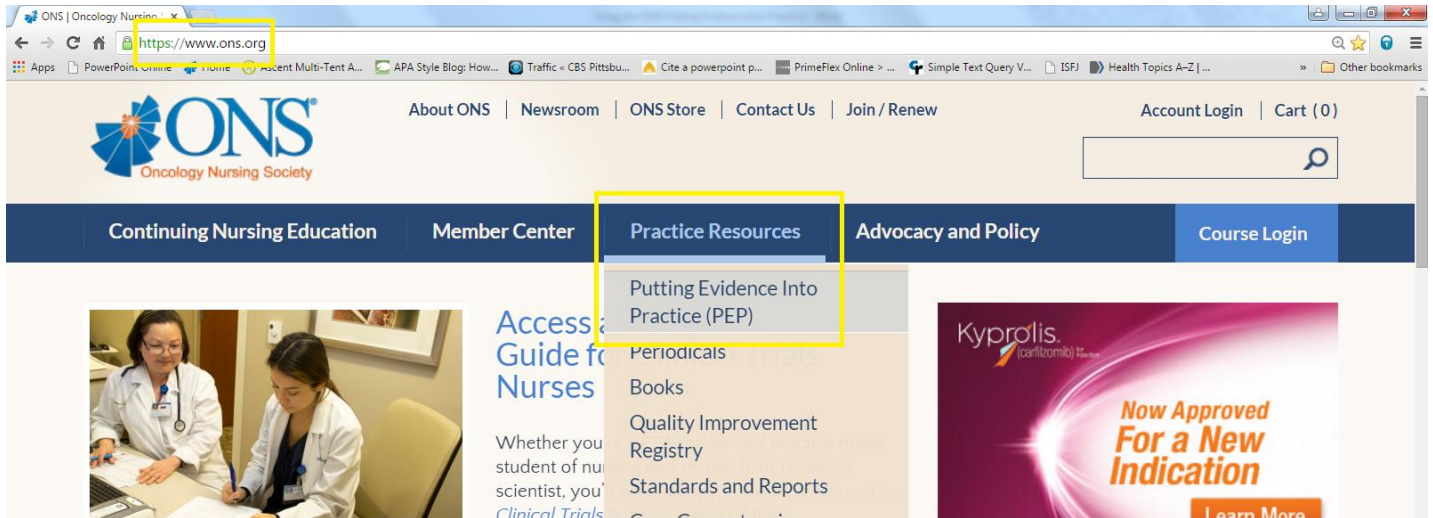


Using the ONS Putting Evidence Into Practice (PEP) Webpages

Navigating to the PEP main webpage:

The PEP main webpage is located at <https://www.ons.org/practice-resources/pep>. It may also be accessed by going to www.ons.org, clicking on the Practice Resources tab, and selecting Putting Evidence Into Practice (see below).



Navigating among the PEP webpages:

The main PEP page (pictured in part below) and all the PEP topic pages include a menu bar (highlighted) on the left side of the window where you may access the pages related to each PEP topic. The main page also describes the processes used in PEP and the categories for assigning levels of evidence to the interventions.

A screenshot of the 'PEP Rating System Overview' page. On the left, a navigation menu is highlighted with a yellow box. It includes 'PUTTING EVIDENCE INTO PRACTICE (PEP)' with a sub-link for 'Weight-of-Evidence Classification', and 'PEP TOPICS' with a list of categories: 'Anorexia', 'Anxiety', 'Caregiver Strain and Burden', 'Chemotherapy-Induced Nausea and Vomiting' (expanded to show 'Chemotherapy-Induced Nausea and Vomiting—Adult' and 'Chemotherapy-Induced Nausea and Vomiting—Pediatric'), and 'Recommended for Practice'. The main content area is titled 'PEP Rating System Overview' and contains text about the purpose of PEP resources and a brief overview of PEP terminology. It lists two points: 'Topics are patient-centered outcomes, such as symptoms, that are selected by a survey of ONS members and determination of availability of evidence in the topic.' and 'PEP evidence syntheses answer the question of what interventions are effective in preventing or treating the outcome of interest. Topic teams categorize the interventions by consensus application of the ONS PEP Classification Schema into the categories outlined here.' At the bottom, a green box is labeled 'Recommended for Practice' with the text 'Interventions for which effectiveness has been demonstrated by strong evidence from rigorously'.

PEP topic pages:

Each PEP topic page provides a brief description of the topic and a listing of all the interventions that have been evaluated and their assigned levels of evidence. Clicking on an intervention name displays a page devoted to that intervention within that topic. An intervention may pertain to more than one topic but may not have the same level of evidence assigned in different topics. The topics of CINV, diarrhea, pain, and prevention of infection have been divided into subtopics, each having a corresponding webpage. PEP topic pages also include on the right side of the window a search strategy and link to a pertinent *Clinical Journal of Oncology Nursing* PEP article (Note that the topic of skin effects does not have a related PEP article.).

PEP TOPICS	Hot Flashes	About This Topic
Anorexia	<h3>Hot Flashes</h3> <p><u>Cancer treatment-related hot flashes</u> may also be referred to as hot flashes, vasomotor symptoms, night sweats, and menopausal symptoms. A hot flash has been defined as a sensation of heat that may be accompanied by facial flushing, perspiration, chills, heart palpitations, night sweats, and feelings of anxiety. Hot flashes may be part of a symptom cluster that includes other problems such as fatigue and sleep disturbance. This experience tends to be transient and unpredictable, and has been most often described among women with breast cancer and men with prostate cancer who have received medical or surgical castration (androgen ablation). Androgen ablation has been associated with hot flashes in up to 80% of patients, and the prevalence of hot flashes among breast cancer survivors has been reported to be more than 78%. Cancer treatment can result in earlier onset of menopause and worsening of existing menopausal symptoms among women.</p> <p>Have a question about how to apply this PEP topic to your practice? Ask a nurse on ONS staff at clinical@ons.org.</p> <p>This topic was updated on June 19, 2015.</p>	Hot Flashes Search Strategy
Anxiety		CJON 2014 article--Hot Flash Management: Update of the Evidence for Patients with Cancer
Caregiver Strain and Burden		
Chemotherapy-Induced Nausea and Vomiting		
Chemotherapy-Induced Nausea and Vomiting--Adult		
Chemotherapy-Induced Nausea and Vomiting--Pediatric		
Cognitive Impairment		
Constipation		
Depression		
Diarrhea		
Radiation-Induced Diarrhea		
Chemotherapy-Induced Diarrhea		
Dyspnea	Likely to Be Effective	
Fatigue	<ul style="list-style-type: none">GabapentinVenlafaxine	
Hot Flashes	Benefits Balanced With Harm	
Lymphedema	<ul style="list-style-type: none">Paroxetine	
	Effectiveness Not Established	
		Other Resources

PEP intervention pages:

Intervention pages give a brief description of the intervention and the level of evidence assigned. Reviews of the articles used to categorize the intervention are listed, organized according to the type of article: research evidence, systematic review/meta-analysis, and guideline/expert opinion. Clicking on the citation for the review reveals the actual review.

PEP TOPICS

- Anorexia
- Anxiety
- Caregiver Strain and Burden
- ▼ Chemotherapy-Induced Nausea and Vomiting
 - Chemotherapy-Induced Nausea and Vomiting—Adult
 - Chemotherapy-Induced Nausea and Vomiting—Pediatric
- Cognitive Impairment
- Constipation
- Depression
- ▼ Diarrhea
 - Radiation-Induced Diarrhea
 - Chemotherapy-Induced Diarrhea
- Dyspnea
- Fatigue
- Hot Flashes

Gabapentin

PEP Topic Hot Flashes

Description
Gabapentin is in a class of medications called anticonvulsants. Gabapentin treats seizures by decreasing excitement in the brain. Gabapentin has been studied for its effect in patients with cancer who have neuropathic pain or symptoms of peripheral neuropathy. It changes the way the body senses pain. It has also been studied for its effect on anxiety, chemotherapy-induced nausea and vomiting, and hot flashes.

Likely to Be Effective

Research Evidence Summaries

▼ Biglia, N., Sgandurra, P., Peano, E., Marengo, D., Moggio, G., Bounous, V., . . . Sisoni, P. (2009). Non-hormonal treatment of hot flushes in breast cancer survivors: Gabapentin vs. vitamin E. *Climacteric*, 12, 310–318.
doi:10.1080/13697130902736921

▼ Bordeleau, L., Pritchard, K. I., Loprinzi, C. L., Ennis, M., Jugovic, O., Warr, D., . . . Goodwin, P. J. (2010). Multicenter, randomized, cross-over clinical trial of venlafaxine versus gabapentin for the management of hot flashes in breast cancer survivors. *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology*, 28(35), 5147–5152.
doi:10.1200/JCO.2010.29.9230

PEP article reviews:

To open and close the article review, click on the small arrow to the left of the citation or the citation itself.

▲ Bordeleau, L., Pritchard, K. I., Loprinzi, C. L., Ennis, M., Jugovic, O., Warr, D., . . . Goodwin, P. J. (2010). Multicenter, randomized, cross-over clinical trial of venlafaxine versus gabapentin for the management of hot flashes in breast cancer survivors. *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology*, 28(35), 5147-5152.

doi:10.1200/JCO.2010.29.9230



Study Purpose:

Evaluate the efficacy of venlafaxine versus gabapentin for hot flashes in breast cancer survivors

Intervention Characteristics/Basic Study Process:

Patients were randomly assigned to receive venlafaxine for 4 weeks, then after a 2-4 week washout receive gabapentin for 4 weeks, or to have the medications in the reverse order. Patients were given venlafaxine 37.5 mg daily for 7 days and then 75 mg daily for 21 days. Gabapentin