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.
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](image-url)

**Hot Flashes**

*Cancer treatment-related hot flashes* may also be referred to as hot flushes, 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.

Have a question about how to apply this PEP topic to your practice? Ask a nurse on ONS staff at [clinicalonc.org](http://clinicalonc.org).

This topic was updated on June 19, 2015.

**Likely to Be Effective**

- Cabergoline
- Venlafaxine

**Benefits Balanced With Harm**

- Fluoxetine

**Effectiveness Not Established**
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.

**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**

  
  doi: 10.1080/13695800701768923

  
  doi: 10.1200/JCO.2010.29.3230
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.

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doi:10.1200/JCO.2010.29.9230

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**Study Purpose:**

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

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**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